

Guernsey FE 2007



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Personal Background

* Are you male or female?

(Click the circle)

- Male
 Female



How old are you?

- 14 15 16 17 18 19 20 +

Which year group are you in?

- 8 9 10 11 12 13+

* What is your ethnic background?

- Guernsey
 Chinese
 English
 Latvian
 Polish
 Portuguese/ Maderian
 I do not wish ethnic background to be recorded
 Other (please write below)

Other

1. Which parish do you live in?

- St Peter Port
 St Martins
 Forest
 St Andrews
 St Saviours
 St Peters
 Castel
 Torteval
 St Sampsons
 Vale

2. Which adults do you live with?

- Mother and father together
 Mainly or only mother
 Mainly or only father
 Mother and father shared
 Mother and stepfather/partner
 Father and stepmother/partner
 Foster parents/carers
 Other



Other carer (please write) _____

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3. How many people live in your home (include yourself)?

Please choose the nearest answer. (Include step- and half- brothers and sisters if they live at home. If more than 8, select 8)

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

4. How many bedrooms are there in your home?

Please choose the nearest answer

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



ENJOYING & ACHIEVING

5. How much do you agree with the following statements

Please select the number that indicates your level of agreement for each (1=Completely agree, 4=Not sure, 7=Completely disagree)

1 2 3 4 5 6 7

- I'm glad I am who I am. 1 2 3 4 5 6 7
- I generally feel happy. 1 2 3 4 5 6 7



6. In general, how happy do you feel with your life at the moment?

Please choose the nearest answer

- Not at all
- Not much
- Not sure
- Quite a lot
- Very much

7. Please think about each of the following statements.

Please answer on each line

	Disagree	Not sure	Agree
"I feel happy talking to other students at school/college."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"There are lots of things about myself that I would like to change."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"When I have something to say in front of teachers/lecturers in class, I usually feel uneasy."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I often fall out with other pupils at school/college."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I often feel lonely at school/college."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I think other pupils/students usually say nasty things about me."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"When I want to tell a teacher/lecturer something I usually feel shy."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- "I often have to find new friends because my old ones are with somebody else."
- "I usually feel foolish when I have to talk to my parents."

8. Please respond to each of these statements about your school/college.

Please answer on each line

- | | Definitely true | Mostly true | Not sure | Mostly false | Definitely false |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel like a real part of my school/college. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There's at least one lecturer or adult in this school/college I can talk to if I have a problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People at this school/college are friendly to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am included in lots of activities in my school/college. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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BEING HEALTHY

9. Do you know your height in cm? cm OR I don't know

Use the number keys to enter your height or click the "I don't know" box

Height Converter: feet inches

10. How recently have you checked your height?

- This week
- This month
- In the last 6 months
- Longer ago than 6 months

11. Do you know your weight in kg? kg OR Don't know

Weight Converter: stones pounds

12. How recently have you checked your weight?

- This week
- This month
- In the last 6 months
- Longer ago than 6 months

13. Which statement describes you best?

Please choose the nearest answer

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



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14. Did you eat or drink anything before lessons/lectures this morning?

Please select each place that you had something

- No, nothing at all
 Yes, something at home
 Yes, something on the way to school/college
 Yes, something at school/college

15. What did you have to eat or drink before lessons/lectures this morning?

Tick everything that you had

- | | No | Yes |
|-------------------------------------|-----------------------|-----------------------|
| Nothing at all to eat or drink | <input type="radio"/> | <input type="radio"/> |
| A drink | <input type="radio"/> | <input type="radio"/> |
| Cereal | <input type="radio"/> | <input type="radio"/> |
| Porridge/Ready Brek | <input type="radio"/> | <input type="radio"/> |
| Toast or bread | <input type="radio"/> | <input type="radio"/> |
| Fruit | <input type="radio"/> | <input type="radio"/> |
| Yoghurt | <input type="radio"/> | <input type="radio"/> |
| | No | Yes |
| Crisps | <input type="radio"/> | <input type="radio"/> |
| Chocolate bar, sweets | <input type="radio"/> | <input type="radio"/> |
| Breakfast bar | <input type="radio"/> | <input type="radio"/> |
| Pop tarts, cakes, muffins | <input type="radio"/> | <input type="radio"/> |
| Cooked breakfast | <input type="radio"/> | <input type="radio"/> |
| Something else (please write below) | <input type="radio"/> | <input type="radio"/> |



Something else (please write)

16. How much water did you drink yesterday?

Only count plain water, do not count tea, coffee, squash-type drinks or fizzy drinks. A class water bottle is usually about 330ml (1/3 litre), which is about 2 cupfuls.

- Nothing
 1 or 2 cups
 3-5 cups
 About a litre (6 cups)
 1 - 2 litres
 About 2 litres (12 cups)
 More than 2 litres

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17. How often did you eat or drink the following in the last 7 days?

Please answer on each line

	Not at all	One day	2-3 days	On most days
Any meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any fish/fish fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any dairy produce (e.g. cheese, milk, yoghurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetarian main meal (e.g. soya, tofu, beans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any bread (e.g. wholemeal, naan, pitta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chips or other potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice or pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar-coated cereals (e.g. Frosties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-fibre cereals (e.g. Branflakes or muesli)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all	One day	2-3 days	On most days
Fresh fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baked beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-calorie drinks (e.g. diet coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fizzy drinks (not low-calorie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweets, chocolate, choc bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How many portions* of fruit and vegetables did you eat yesterday?

- None
 1
 2
 3
 4
 5
 6
 7
 8 or more

*** A portion is about a handful. To help you decide, all of these examples count as ONE portion. ONE portion = 80g = any of these.**

- 1 apple, banana, pear, orange, or other similar sized fruit.
- 3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned).
- 1 cupful of grapes, cherries, or berries.
- A glass (150ml) of fruit juice (however much you drink, fruit juice contains as a maximum of one portion a day).
- A dessert bowl of salad.

N.B. Potatoes don't count when thinking about 5-a-day.

19. When choosing what to eat, do you consider your health?

Please choose the nearest answer

- Never
 Sometimes
 Quite often
 Very often
 Always

20. How much do you enjoy physical activities?

Please choose the nearest answer

- Not at all
- A little
- Quite a lot
- A lot

21. How often do you play or do any of these things in your own time or in school clubs? (NOT in school lessons)

Please answer on each line. Include those activities that you have done in the past 12 months (NOT in school lessons).

	Never or hardly ever	Once or twice a month	Weekly	Twice a week or more
Rugby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hockey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Netball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Club cycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track/field (e.g. athletics, hurdles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never or hardly ever	Once or twice a month	Weekly	Twice a week or more
Sailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash, racketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Table tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Badminton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judo, karate, boxing, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gymnastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness/Aerobics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never or hardly ever	Once or twice a month	Weekly	Twice a week or more
Dancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cricket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rounders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canoeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse Riding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorbike Scrambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiking/orienteering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never or hardly	Once or twice a	Weekly	Twice a week or

	ever	month		more
Going for walks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-a-side football	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roller-blading/-skating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skate-boarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Darts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pool/Snooker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

Please write **BUT** please make sure what you are typing isn't already in the list above

22. For the activities you have done in the past 7 days, please indicate:

Please answer on each line

- a) the number of separate occasions you did any activity...
- b) the number of separate occasions which lasted 30 minutes or more...
- c) the number of occasions where the effect of sport or exercise made you feel out of breath or sweaty...

23. Does anything stop you from being as physically active as you would like?

Yes No

- It is too expensive to take part in things I like
- The facilities don't offer what I want
- I don't have enough time
- It is too far away
- I don't like the facilities
- I don't like the people who go there
- I am self-conscious in front of others
- I don't know what to do
- I feel awkward trying new things
- Other (please describe below)



Other...

24. How long did you spend doing each of these things below after school/college yesterday?

Please choose the nearest answer on each line

	No time at all	Up to 1 hour	Up to 2 hours	Up to 3 hours	More than 3 hours
Watching live or recorded TV programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing computer games (e.g. Playstation, Gameboy, PC, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking or texting on the 'phone or MSN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Did you spend any time doing any of these things AFTER SCHOOL/COLLEGE YESTERDAY?*Please answer on each line*

No Yes

- | | | |
|---------------------------------------|-----------------------|-----------------------|
| Met with friends | <input type="radio"/> | <input type="radio"/> |
| Used a computer for school work | <input type="radio"/> | <input type="radio"/> |
| Read a book for enjoyment | <input type="radio"/> | <input type="radio"/> |
| Cared for pets | <input type="radio"/> | <input type="radio"/> |
| Played a musical instrument | <input type="radio"/> | <input type="radio"/> |
| Sport | <input type="radio"/> | <input type="radio"/> |
| Caring for family members | <input type="radio"/> | <input type="radio"/> |
| Helping/volunteering outside the home | <input type="radio"/> | <input type="radio"/> |
| Listening to the radio | <input type="radio"/> | <input type="radio"/> |

Other activity...*Please write*

--

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26. Which statement describes you best?

Please choose the nearest answer

- I have never smoked at all, not even a puff
- I have tried smoking once or twice
- I used to smoke, but I don't now
- I smoke occasionally (less than 1 cigarette a week)
- I smoke regularly but would like to give it up
- I smoke regularly and don't want to give it up



27. How many people smoke, including yourself and regular visitors, on most days indoors in your home?

Please choose the nearest answer. (If more than 8, select 8)

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

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Branch Point Start

28. How many cigarettes have you smoked during the last 7 days? _____

Please type the approximate number if you can't remember exactly. If NONE, type 0

Do you feel that you could give up smoking?

- I don't want to
- No
- Yes with difficulty
- Yes

If yes, would you like help to give up?

- Yes
- No

If you have smoked recently, where did you get/buy your last cigarettes from?

Please choose the nearest answer

- I don't smoke
- From shop
- From friends
- Given them
- Parent
- From a pub or bar
- Off-licence
- Stolen
- Duty free
- Vending machine
- From a relative
- Someone bought them for me
- Garage
- Somewhere else

Branch Point End

29. Is there any help locally for people who want to give up smoking?

- Yes
- No
- Don't know

30. Last July, all public enclosed places went smoke free. Do you use public places more now they are smoke free?

- Yes
- No

31. Have you had any alcoholic drink during the last 7 days?

- Yes
- No

Branch Point Start

32. On which days did you drink alcohol, in the last 7 days?

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

On which days did you get drunk in the last 7 days?

- | | No | Yes |
|-----------|-----------------------|-----------------------|
| None | <input type="radio"/> | <input type="radio"/> |
| Sunday | <input type="radio"/> | <input type="radio"/> |
| Monday | <input type="radio"/> | <input type="radio"/> |
| Tuesday | <input type="radio"/> | <input type="radio"/> |
| Wednesday | <input type="radio"/> | <input type="radio"/> |
| Thursday | <input type="radio"/> | <input type="radio"/> |
| Friday | <input type="radio"/> | <input type="radio"/> |
| Saturday | <input type="radio"/> | <input type="radio"/> |

33. Have YOU bought alcoholic drink at any of these places during the last 7 days?

Do not include canned shandy

- | | No | Yes |
|--------------------------------|-----------------------|-----------------------|
| I bought it in a supermarket | <input type="radio"/> | <input type="radio"/> |
| I bought it in an off-licence | <input type="radio"/> | <input type="radio"/> |
| I bought it in a pub or bar | <input type="radio"/> | <input type="radio"/> |
| I bought it in a disco or club | <input type="radio"/> | <input type="radio"/> |

34. Have you drunk alcoholic drink at any of these places during the last 7 days?

Do not include canned shandy

- | | No | Yes |
|---|-----------------------|-----------------------|
| I drank alcohol at home | <input type="radio"/> | <input type="radio"/> |
| I drank alcohol at a friend's or relation's home | <input type="radio"/> | <input type="radio"/> |
| I drank alcohol at a disco, club or party | <input type="radio"/> | <input type="radio"/> |
| I drank alcohol in a pub or bar | <input type="radio"/> | <input type="radio"/> |
| I drank alcohol outside in a public place (street, park, etc) | <input type="radio"/> | <input type="radio"/> |



35. During the last 7 days, how much of the following alcoholic drinks did you drink, if any?

For halves type "0.5". Assume that 1 small can = 0.5 of a large can and 1 large can = 1 pint.

- | | |
|---|---|
| Pints of mixed shandy (beer + lemonade) | 0 |
| Pints of beer or lager | 0 |
| Pints of cider | 0 |
| Cans/ bottles of pre-mixed drinks (e.g. Bacardi Breezer, WKD, Smirnoff Ice) | 0 |
| Glasses of wine | 0 |
| Measures of spirits (e.g. gin, whisky, vodka, rum, etc.) | 0 |
| Something else | 0 |

Some other type of alcoholic drink



Branch Point End

36. Do your parents know if you drink alcohol?

Please choose the nearest answer

- I do not drink alcohol
- My parents always know
- My parents usually know
- My parents sometimes know
- My parents never know

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Branch Point Start

During the last year, how regularly have you drunk more alcohol than you intended?

- Never
 Less than once a month
 Once or twice a month
 Once a week or more

During the last year, how often has your use of alcohol caused a problem, for you or anyone else?

- Never
 Less than once a month
 Once or twice a month
 Once a week or more

Which of the following best describes your reasons for drinking alcohol?

	Never	Sometimes	Often	Always
To feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To feel confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To relieve stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To socialise and have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For something to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because adults do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because friends do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other reason _____

Branch Point End

37. What are the recommended limits or daily benchmarks for...

Please write in the box

Men | units OR Not sure

Women | units OR Not sure

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38. Do you know anyone personally who you think takes illegal drugs?

Please choose the nearest answer

- No
 Not sure
 Fairly sure
 Certain

39. Have you ever been OFFERED any of these drugs? (This list gives their real names and some street names)

Please answer on each line

	No	Don't know	Yes
Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates (e.g. downers, barbies, sleepers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (resin, leaf or oil, e.g. hash, grass, pot, skunk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khat (e.g. Quat, qat, qaadka, chat, ghat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (e.g. MDMA, E, Doves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g. snow, charlie, coke, nose)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (e.g. rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal meth (e.g. Ice, glass, Tina and Christine, yaba)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal highs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: natural (e.g. magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	No	Don't know	Yes
Hallucinogens: synthetic (e.g. acid, angel dust, LSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (e.g. H, junk, skag, smack, brown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (e.g. Special K, Vitamin K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle-building steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (e.g. methadone, morphine, pethidine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers (e.g. Liquid Gold, Rush, TNT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquillisers (e.g. Librium, Valium, Temazepam, Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Date rape' drugs (e.g. GHB, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Have any of the following talked with you about drugs?

	Yes	No
My parents/carers	<input type="radio"/>	<input type="radio"/>
Teachers in school lessons	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>
Visitors in school lessons	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>
Brothers, sisters, other close relations	<input type="radio"/>	<input type="radio"/>
Workmates	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

41. Which of these should be your main source of information about drugs?

	Yes	No
My parents	<input type="radio"/>	<input type="radio"/>
School lessons	<input type="radio"/>	<input type="radio"/>

Friends	<input type="radio"/>	<input type="radio"/>
Brothers, sisters, other close relations	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>
Advice Centre	<input type="radio"/>	<input type="radio"/>
TV, films	<input type="radio"/>	<input type="radio"/>
	Yes	No
Magazines	<input type="radio"/>	<input type="radio"/>
Posters, leaflets, reference books	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>
Telephone helplines	<input type="radio"/>	<input type="radio"/>
Workmates	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>



42. This question is about your EXPERIENCE of these drugs (not prescribed by a doctor)

Look at the list of drugs below, and choose an answer from each line

	I have never taken this drug	I have taken during the last month	I have taken during the last year	I took this drug more than one year ago
Amphetamines (e.g. speed, sulphates, sulph, whizz, uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates (e.g. downers, barbies, sleepers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (resin, leaf or oil, e.g. hash, grass, pot, skunk, dope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Khat (e.g. Quat, qat, qaadka, chat, ghat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (e.g. MDMA, E, Doves)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (e.g. snow, charlie, coke, nose)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (e.g. rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: natural (e.g. magic mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens: synthetic (e.g. acid, angel dust, LSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have never taken this drug	I have taken during the last month	I have taken during the last year	I took this drug more than one year ago
Heroin (e.g. H, junk, skag, smack, brown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (e.g. Special K, Vitamin K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle-building steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (e.g. methadone, morphine, pethidine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers (e.g. Liquid Gold, Rush, TNT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents used as drugs (e.g. glue, gas refills, aerosols, cleaning fluid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquillisers (e.g. Librium, Valium, Temazepam, Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Date rape' drugs (e.g. GHB, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other illegal drugs...

Please name.

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Branch Point Start

43. If you have ever taken any of these drugs, please write your age when you first used any of them:

Years OR Don't know

44. Have you EVER taken more than one type of drug listed above on the same occasion?

Please choose the nearest answer

- No
 Don't know
 Yes

45. Have you EVER taken any of the drugs listed above and alcohol on the same occasion?

Please choose the nearest answer

- No
 Don't know
 Yes

46. Thinking about your current drug use, would you like to change it?

Please choose the nearest answer

- I never want to take drugs
 Take fewer drugs than I do usually
 Take the same amount
 Take more drugs than I do usually

*Branch Point End***These questions are about STAYING SAFE**

47. When in the sun, do you try any of the following ways to avoid sunburn?

Please answer on each line

	Never	Sometimes	Usually	Always
Wear a hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear long sleeves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put on sun cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay in the shade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



48. How long ago did you last visit the dentist?

Please choose the nearest answer

- In the past 7 days
 In the past month
 In the past 3 months
 In the past 6 months
 In the past year
 More than a year ago



49. Do you ever feel afraid of going to school/college because of bullying?

- Never
 Sometimes
 Often
 Very often

50. Have you been bullied at or near school/college in the last 12 months?

- Yes
 No
 Don't know

51. Have you bullied someone else at school/college in the last 12 months?

- No
- Don't know
- Yes

52. Do you think your school/college takes bullying seriously?

- No
- Don't know
- Yes

53. Have any of the following happened to you in the last month?

Check all that apply

	No	Yes
Being teased/made fun of	<input type="radio"/>	<input type="radio"/>
Called nasty names	<input type="radio"/>	<input type="radio"/>
Bullied through my mobile phone	<input type="radio"/>	<input type="radio"/>
Pushed/hit for no reason	<input type="radio"/>	<input type="radio"/>
Had belongings taken/broken	<input type="radio"/>	<input type="radio"/>
Been threatened for no reason	<input type="radio"/>	<input type="radio"/>
Been asked for money	<input type="radio"/>	<input type="radio"/>
Been ganged up on	<input type="radio"/>	<input type="radio"/>
Other (please write)	<input type="radio"/>	<input type="radio"/>

Branch Point Start

54. Where did these examples of bullying happen?

Please tick all that apply

- | | No | Yes |
|---|-----------------------|-----------------------|
| At or near home | <input type="radio"/> | <input type="radio"/> |
| On the way to or from school/college | <input type="radio"/> | <input type="radio"/> |
| Going out at other times during the day | <input type="radio"/> | <input type="radio"/> |
| Going out at other times in the dark | <input type="radio"/> | <input type="radio"/> |
| During lesson time | <input type="radio"/> | <input type="radio"/> |
| In a classroom (break/lunchtime) | <input type="radio"/> | <input type="radio"/> |
| In the toilets | <input type="radio"/> | <input type="radio"/> |
| In the corridors | <input type="radio"/> | <input type="radio"/> |
| Outside at school/college (break/lunchtime) | <input type="radio"/> | <input type="radio"/> |
| Received nasty/threatening text message | <input type="radio"/> | <input type="radio"/> |
| Received nasty/threatening email | <input type="radio"/> | <input type="radio"/> |
| Somewhere else | <input type="radio"/> | <input type="radio"/> |

Somewhere else

Please write

55. Do you think you are being picked on or bullied for any of the following?

Please answer on each line

- | | No | Yes |
|---|-----------------------|-----------------------|
| Your size or weight | <input type="radio"/> | <input type="radio"/> |
| The way you look | <input type="radio"/> | <input type="radio"/> |
| The clothes you wear | <input type="radio"/> | <input type="radio"/> |
| Your colour, race or religion | <input type="radio"/> | <input type="radio"/> |
| Your sexuality (being gay, lesbian or bisexual) | <input type="radio"/> | <input type="radio"/> |
| A disability | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> |

Other

Please write

Branch Point End

56. In general, please rate how safe you feel in relation to the following:

1 means not at all safe, 5 means very safe

- | | 1 | 2 | 3 | 4 | 5 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Property crime (theft, vandalism etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical crime/ violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

57. How do you rate the following in the area where you live?

Please answer on each line

- | | Very poor | Poor | Adequate | Good | Very good |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your safety when going out after dark | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- Your safety when going out during the day
- Your safety at school/college
- Your safety when going to and from school/college

58. In the last 12 months, have you been the victim of violence or aggression in the area where you live?

- No
- Not sure
- Yes

59. Have you experienced emotional or psychological problems (for example depression, anxiety, worry or stress that interfered with your life)?

- Yes, this term
- Yes, in the past
- No, never

60. Have you ever received counselling or other help for depression or other emotional problems listed above

- Yes, this term
- Yes, in the past
- No, never

61. If so, was this help effective?

- Yes, effective
- Not sure
- No

62. If you wanted to share any of the problems listed below, to whom would you probably turn?

Please answer on each line

	Mother and father	Mother	Father	Brother or sister	Friend	Teacher	School nurse	Other adult	Keep it to myself
School-work problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exams and tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puberty and growing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking you are gay, lesbian or bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



63. Do you have a close confiding relationship with someone? (i.e. a person you feel you can talk to

about any of your concerns, anxieties, fears or other feelings).

Please select all that apply

- Yes, with somebody at School/College/Work
- Yes, with someone at home
- Yes, with someone elsewhere
- No, not with anybody



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64. Which of the following best describes your knowledge about sex?

Please select one answer

- I don't know enough
 My knowledge is OK, but I would still like to know more
 I know pretty much all I need



65. Which of the following best describes your sources of information about sex?

Please select one answer

- I know where to go for more information/support
 I don't know where to go for more information/support

66. Here is a list of sexually transmitted infections.

For each one, please choose the answer that describes best what you know about them.

	Never heard of it	Know nothing about it	Can be treated but NOT cured	Can be treated AND cured
Genital herpes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital warts (papilloma virus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pubic lice (crabs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. Here is a list of methods of contraception (birth control/family planning). For each one, please choose the answer that describes best what you know about them.

Please choose the nearest answer on each line

	Never heard of it	Know nothing about it	Not reliable to stop pregnancy	Reliable to stop pregnancy
Condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pill (Contraceptive pill or mini-pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female condom (Femidom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning-after Pill / Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe period/Rythm method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex without penetration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Please select all the contraceptive methods listed that are reliable to stop infections like HIV/AIDS.

Please choose all that apply

- Condoms
 Diaphragm (Cap)
 Pill (Contraceptive Pill or mini-pill)
 Female condom (Femidom)
 Morning-after Pill
 Safe period/Rythm method
 Sex without penetration ('outercourse')

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69. We know that most young people have not yet had sex (only 28% of under 16's report having sex for example). We need to know the local situation for your age group. Which of the following best describes you?

Please select one answer

- Not had a sexual relationship
- Currently in a relationship and thinking about having sex
- Had a sexual relationship in the past
- Currently in a sexual relationship

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Branch Point Start

70. On the last occasion you had sexual intercourse did you use any sort of contraception or other protection?

- Yes
 No
 Don't know

If Yes, what type of contraception did you use?



71. If you used a condom on the last occasion did you use it mainly to reduce the chances of pregnancy?, infection? or both?

- Pregnancy
 Infection
 Both

72. Have you or your partner ever taken emergency contraception? (the 'morning after pill')

- Yes
 No
 Don't know about partner

If Yes:

a) how many times? times

b) where did you (or your partner) get emergency contraception? (the 'morning after pill')

- Pharmacist
 Own GP
 Family planning service
 sexual health service
 Other (please write below)

Other...

Please write



73. Have you or your partner ever had a sexually transmitted infection?

- Yes
 No
 Don't know about partner

If so, was it any of the following?

Please select all that apply

- Chlamydia
 Thrush
 Gonorrhoea
 Genital herpes
 NSU (non-specific urethritis)
 Genital warts
 Pubic lice (crabs)
 Syphilis
 HIV
 Hepatitis B

Branch Point End

74. Is there a special contraception & advice service for young people available locally?

- No
- Don't know
- Yes

75. For how long after sexual intercourse is emergency contraception (the 'morning after pill') effective?

hours

76. How much do you agree or disagree with these statements?

Please answer on each line

	Disagree	Not sure	Agree
"I am in charge of my health."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"If I keep healthy, I've just been lucky."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"If I take care of myself I'll stay healthy."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Even if I look after myself I can still easily fall ill."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. How often have you worried about the things listed below in the last month?

Please answer on each line

	Never	Rarely	Sometimes	Often	Most days
Study, work-load problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with lecturers and teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boyfriend/girlfriend problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking you are gay, lesbian, bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Rarely	Sometimes	Often	Most days
The amount you are eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What people think of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Careers problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Other worry...

Please write

78. How much does this affect your school/college work?

Please choose the nearest answer

- Not at all
- A little
- Quite a lot
- Very much

79. When a friend wants me to do something I don't want to do...

- I can usually or always say no

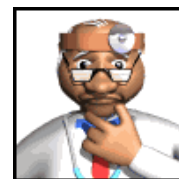
- I can sometimes say no
- I can rarely say no
- I can never say no

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80. How long ago did you last visit the doctor?

Please choose the nearest answer

- In the past 7 days
- In the past month
- In the past 3 months
- In the past 6 months
- In the past year
- More than a year ago



81. On this last visit, did you feel at ease with the doctor?

Please choose the nearest answer

- Very uneasy
- Quite uneasy
- A little uneasy
- At ease

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These questions are about ECONOMIC WELL-BEING

82. Have you done any paid work this term?

Please answer on each line

	Yes	No
Regular paid job	<input type="radio"/>	<input type="radio"/>
Irregular or casual paid work	<input type="radio"/>	<input type="radio"/>



Branch Point Start

83. Please select your regular paid term-time job from the following list.

If you do more than one, choose the one that pays the most.

- Babysitting
- Hairdressing
- Working in a shop
- Manual work
- Paper/milk round
- In a hotel, bar or cafe
- Farm work or gardening
- Paid housework
- Other work



Other work

Please write

84. How many hours did you work for money last week? hours

85. How much money did you receive LAST WEEK from your regular paid job? £ p OR Not sure

Use the number keys to type the number of pounds, then a ".", then the number of pence, e.g. 8.50

How much do you get paid per hour?

Branch Point End

86. How much does this work affect your school/college work?

Please choose the nearest answer

- Not at all
- A little
- Quite a lot
- Very much

87. People living in the same place often have lots of differences e.g. age, gender, beliefs, wealth. Do any of these differences cause you problems?

Please tick each line

	Often	Sometimes	Never
In education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In wealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between men and women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social status (class)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between younger and older generations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between people living in Guernsey permanently and people living here temporarily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In racial/ ethnic groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In religious groups/ beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other differences (please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. In the past 12 months, have you spoken to a police officer in Guernsey?

- Yes
- No

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Branch Point Start

Why was this?

please select all that apply

- They were telling you to move on
- You were in trouble/had done something wrong/were arrested or cautioned
- You were looking for help
- You were telling them about a crime
- They were giving a talk in school
- They were in contact through a youth club
- Other (please write below)

Branch Point End

89. How did you travel to school/ college today? Was it by...

Answer all that apply

- Car / Van
- School bus
- Other bus
- Motorbike
- Taxi
- Bicycle
- Walking
- Other (please describe below)



Other Travel

Please write

--

Branch Point Start

If you came by car did you drive your own car?

- Yes
- No

Branch Point End

Making a positive contribution

90. What are the three most important things facing young people in Guernsey at the moment?

91. If I were Guernsey's Chief Minister (the 'Head' of the States) I would...

92. What job would you like to do when you get older? _____

93. If we wanted to tell you about services for young people, what are the three best ways of letting you know?

	First choice	Second choice	Third choice
Newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaflets in libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth clubs/ centres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaflets in Beau Sejour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Websites/ e-mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV/ Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mass!ve magazine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CD or DVD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



94. Have you ever read Mass!ve magazine?

- Yes
- No

If yes, what do you think of it?

	Yes	No
Enjoy reading it	<input type="radio"/>	<input type="radio"/>
Useful	<input type="radio"/>	<input type="radio"/>
Boring	<input type="radio"/>	<input type="radio"/>
Waste of money	<input type="radio"/>	<input type="radio"/>

95. How do you rate the following services for young people?

	1	2	3	4	5	6	7	8	9	10
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Career Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Service/ Clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



96. In general, what do you think of the following?

1 is negative, 10 is positive

		1	2	3	4	5	6	7	8	9	10
How the media portray young people		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How the general public view young people		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>