

SN 1001-06, Card 1007-08, Batch 1009-13

STICK SERIAL
NUMBER LABEL

Date of interview	1014-15 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	AM interview	1018 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">1</div>	1st visit	1019 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">1</div>
Month of interview	1016-17 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	PM interview	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">2</div>	2 nd visit	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">2</div>

SURVEY OF SMOKING, DRINKING AND DRUG USE AMONG SCHOOL CHILDREN IN ENGLAND 2009

**WE PROMISE THAT YOUR ANSWERS ARE CONFIDENTIAL.
THEY WILL NOT BE SHOWN TO *ANYONE* THAT YOU KNOW**

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you. You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

Yes	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;">✓₁</div>	→ Q4
No	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; text-align: center; vertical-align: middle;"></div>	→ Q5

Or sometimes you have to write a number in the box, for example:

14

 days

Or sometimes you have to tick a box and write in an answer, for example:

Something else (Tick and write in)

✓

Chocolate

Q1 Are you a boy or a girl?

1020

Boy

1

Girl

2

Q2 Which year are you in at school?

1021

Year 7

1

Year 8

2

Year 9

3

Year 10

4

Year 11

5

Q3 How old are you now?

1022-23

10 years old

01

11 years old

02

12 years old

03

13 years old

04

14 years old

05

15 years old

06

16 years old

07

17 years old

08

Q4 When were you born?

Month

1024-25

Year

1026-27

/

Q5 What is your ethnic group?

	1028-29
White British	<input type="text"/> 01
White Irish	<input type="text"/> 02
Any other White background (please write in)	<input type="text"/> 03
<hr/>	
White and Black Caribbean	<input type="text"/> 04
White and Black African	<input type="text"/> 05
White and Asian	<input type="text"/> 06
Any other Mixed background (please write in)	<input type="text"/> 07
<hr/>	
Indian	<input type="text"/> 08
Pakistani	<input type="text"/> 09
Bangladeshi	<input type="text"/> 10
Any other Asian background (please write in)	<input type="text"/> 11
<hr/>	
Caribbean	<input type="text"/> 12
African	<input type="text"/> 13
Any other Black background (please write in)	<input type="text"/> 14
<hr/>	
Chinese	<input type="text"/> 15
Any other ethnic group (please write in)	<input type="text"/> 16
<hr/>	

Q6 The next questions are about cigarettes. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q7 Do you smoke cigarettes at all nowadays?

1030

Yes	<div><div></div><div>1</div></div>
No	<div><div></div><div>2</div></div>

Q8 Now read the following statements carefully and tick the box next to the one which best describes you.

I have never smoked	<div><div>1031</div><div></div><div>1</div></div>	→ Q9
I have only ever tried smoking once	<div><div></div><div>2</div></div>	→ Q10
I used to smoke sometimes but I never smoke a cigarette now	<div><div></div><div>3</div></div>	→ Q10
I sometimes smoke cigarettes now but I don't smoke as many as one a week	<div><div></div><div>4</div></div>	→ Q10
I usually smoke between one and six cigarettes a week	<div><div></div><div>5</div></div>	→ Q10
I usually smoke more than six cigarettes a week	<div><div></div><div>6</div></div>	→ Q10

Q9 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	<div><div>1032</div><div></div><div>1</div></div>	→ Q11 on page 6
I did once have a puff or two of a cigarette, but I never smoke now	<div><div></div><div>2</div></div>	→ Q10
I do sometimes smoke cigarettes	<div><div></div><div>3</div></div>	→ Q10

Q10 How old were you when you first tried smoking a cigarette, even if it was only a puff or two? Write in the box your **age then**, in numbers not words.

1033-34

I was years old

Q11 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.

Q12 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Yes ¹⁰³⁵ ₁ → **Q13**
No ₂ → **Q36 on page 12**

Q13 How old were you when you had your first proper alcoholic drink? Write in the box your **age then**, in numbers not words.

I was ¹⁰³⁶⁻³⁷ years old

Q14 How often do you **usually** have an alcoholic drink?

¹⁰³⁸
Every day or almost every day ₁
About twice a week ₂
About once a week ₃
About once a fortnight ₄
About once a month ₅
Only a few times a year ₆
I never drink alcohol now ₇

Q15 When did you **last** have an alcoholic drink?

¹⁰³⁹
Today ₁ → **Q16**
Yesterday ₂ → **Q16**
Some other time during the last 7 days ₃ → **Q16**
1 week, but less than 2 weeks ago ₄ → **Q34 on page 11**
2 weeks, but less than 4 weeks ago ₅ → **Q34 on page 11**
1 month, but less than 6 months ago ₆ → **Q36 on page 12**
6 months ago or more ₇ → **Q36 on page 12**






- Q16** On which of these days during the **last seven days** did you have an alcoholic drink?
Tick all that apply

Sunday	1040-53 <input type="checkbox"/> 01
Monday	<input type="checkbox"/> 02
Tuesday	<input type="checkbox"/> 03
Wednesday	<input type="checkbox"/> 04
Thursday	<input type="checkbox"/> 05
Friday	<input type="checkbox"/> 06
Saturday	<input type="checkbox"/> 07

- Q17** During the **last 7 days**, how much BEER, LAGER AND CIDER have you drunk? Please don't include drinks labelled low alcohol.

Half a pint or more	1054 <input type="checkbox"/> 1	→ Q18
Less than half a pint	<input type="checkbox"/> 2	→ Q20 on page 8
Have not drunk beer, lager or cider in the last 7 days	<input type="checkbox"/> 3	→ Q20 on page 8

- Q18** 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		1055-56 <input type="text"/>
half pints		1057-58 <input type="text"/>
large cans		1059-60 <input type="text"/>
small cans		1061-62 <input type="text"/>
bottles		1063-64 <input type="text"/>





Q19 Do you usually drink normal strength or strong beer? If you usually drink both normal and strong beer, please tick the type you drank most recently.

Normal strength beer	1065 <input type="checkbox"/>
Strong beer	<input type="checkbox"/> 2

Q20 During the **last 7 days**, how much SHANDY have you drunk?

Half a pint or more	1066 <input type="checkbox"/> 1	→ Q21
Less than half a pint	<input type="checkbox"/> 2	→ Q23
Have not drunk shandy in the last 7 days	<input type="checkbox"/> 3	→ Q23

Q21 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		1067-68 <input type="text"/>
half pints		1069-70 <input type="text"/>
large cans		1071-72 <input type="text"/>
small cans		1073-74 <input type="text"/>

Q22 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	1075 <input type="checkbox"/> 1
Mostly lager or beer	<input type="checkbox"/> 2
About half and half of each	<input type="checkbox"/> 3

Q23 During the **last 7 days**, how much WINE have you drunk?

One glass or more	1076 <input type="checkbox"/> 1	→ Q24
Less than a glass	<input type="checkbox"/> 2	→ Q25 on page 9
Have not drunk wine in the last 7 days	<input type="checkbox"/> 3	→ Q25 on page 9


Q24 Write in the box below the number of glasses of WINE drunk in the last 7 days.

glasses  1077-78

Q25 During the **last 7 days**, how much MARTINI AND SHERRY have you drunk?

One glass or more 1079 ₁ → **Q26**
Less than a glass ₂ → **Q27**
Have not drunk martini or sherry in the last 7 days ₃ → **Q27**

Q26 Write in the box below the number of glasses of MARTINI AND SHERRY drunk in the last 7 days.

glasses  1080-81

Q27 During the **last 7 days**, how much SPIRITS and LIQUEURS (*eg whisky, vodka, gin, tequila, Baileys, Tia Maria*) have you drunk?
By a glass we mean a single pub measure.

One glass or more 1082 ₁ → **Q28**
Less than a glass ₂ → **Q29**
Have not drunk spirits or liqueurs in the last 7 days ₃ → **Q29**



Q28 Write in the box below the number of glasses of SPIRITS and LIQUEURS (*eg whisky, vodka, gin, tequila, Baileys, Tia Maria*) drunk in the last 7 days.

glasses  1083-84

Q29 During the last 7 days, how many ALCOPOPS (*eg Bacardi Breezer, Red Square, Reef, Smirnoff Ice, WKD, Archers*) have you drunk?

One bottle or more 1085 ₁ → **Q30 on page 10**
Less than a bottle ₂ → **Q31 on page 10**
Have not drunk alcopops in the last 7 days ₃ → **Q31 on page 10**

Q30 Write in the boxes below the number of cans and bottles of ALCOPOPS (eg *Bacardi Breezer*, *Red Square*, *Reef*, *Smirnoff Ice*, *WKD*, *Archers*) drunk in the last 7 days.

small cans		1086-87 <input type="text"/>
bottles		1088-89 <input type="text"/>







Q31 Have you drunk any other types of alcoholic drink in the last 7 days?

Yes	1090 <input type="text"/> ₁	→ Q32
No	<input type="text"/> ₂	→ Q34 on page 11

Q32 What other alcoholic drink(s) have you drunk? Please write in the name(s) below.

1091-1100

Q33 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		1101-112 <input type="text"/>
half pints		1113-114 <input type="text"/>
large cans		1115-116 <input type="text"/>
small cans		1117-118 <input type="text"/>
bottles		1119-120 <input type="text"/>
glasses		1121-122 <input type="text"/>

Q34 Have you been drunk **in the last 4 weeks?**

Yes ¹¹²³₂ → **Q35**

No ₃ → **Q36 on page 12**

Q35 How many times have you been drunk **in the last 4 weeks?**

Write the **number** in the box.

I have been drunk ¹¹²⁴⁻¹²⁵ times

Q36 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.

Q37 The next questions are about **Cannabis**, also called **Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy**.

Q38 Have you ever **heard of** Cannabis?

Yes ¹¹²⁶
☐ ₁ → **Q39**
No ☐ ₂ → **Q44 on page 13**

Q39 Have you ever been **offered** Cannabis?

Yes ¹¹²⁷
☐ ₁
No ☐ ₂

Q40 Have you ever **tried** Cannabis (even if only once)?

Yes ¹¹²⁸
☐ ₁ → **Q41**
No ☐ ₂ → **Q44 on page 13**

Q41 How old were you when you first **tried** Cannabis? Write in the box your **age then**, in numbers not words.

I was ¹¹²⁹⁻¹³⁰
 years old

Q42 When did you last **use** or **take** Cannabis?

In the last month ¹¹³¹
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q43 On how many occasions have you **used** or **taken** Cannabis?

Once ¹¹³²
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q44 The next questions are about **Speed** and other **Amphetamines**, also called **Whizz, Sulphate, Billy, Methamphetamine, Crystal Meth, Dexies**.

Q45 Have you ever **heard of** Speed or other Amphetamines?

Yes ¹¹³³ ₁ → **Q46**
No ₂ → **Q52 on page 14**

Q46 Have you ever been **offered** Speed or other Amphetamines?

Yes ¹¹³⁴ ₁
No ₂

Q47 Have you ever **tried** Speed or other Amphetamines (even if only once)?

Yes ¹¹³⁵ ₁ → **Q48**
No ₂ → **Q52 on page 14**

Q48 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 ¹¹³⁶⁻¹³⁷ years old

Q49 When did you last **use** or **take** Speed or other Amphetamines?

In the last month ¹¹³⁸ ₁
In the last year ₂
Longer ago ₃

Q50 On how many occasions have you **used** or **taken** Speed or other Amphetamines?

Once ¹¹³⁹ ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q51 How do you usually take Speed or other Amphetamines? Please tick any that apply.

I sniff or swallow them ¹¹⁴⁰⁻¹⁴¹ ₁
I inject them ₂

Q52 The next questions are about **LSD**, also called **Acid, Trips, Dots, Flash, Smilies**.

Q53 Have you ever **heard of** LSD?

Yes ¹¹⁴²
☐ ₁ → **Q54**
No ☐ ₂ → **Q59 on page 15**

Q54 Have you ever been **offered** LSD?

Yes ¹¹⁴³
☐ ₁
No ☐ ₂

Q55 Have you ever **tried** LSD (even if only once)?

Yes ¹¹⁴⁴
☐ ₁ → **Q56**
No ☐ ₂ → **Q59 on page 15**

Q56 How old were you when you first **tried** LSD? Write in the box your **age then**, in numbers not words.

I was ¹¹⁴⁵⁻¹⁴⁶
 years old

Q57 When did you last **use** or **take** LSD?

In the last month ¹¹⁴⁷
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q58 On how many occasions have you **used** or **taken** LSD?

Once ¹¹⁴⁸
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q59 The next questions are about **Ecstasy**, also called '**E**', **Mitsubishis**, **Rolex's**, **Dolphins**, **XTC**.

Q60 Have you ever **heard of** Ecstasy?

Yes ¹¹⁴⁹
☐ ₁ → **Q61**
No ☐ ₂ → **Q66 on page 16**

Q61 Have you ever been **offered** Ecstasy?

Yes ¹¹⁵⁰
☐ ₁
No ☐ ₂

Q62 Have you ever **tried** Ecstasy (even if only once)?

Yes ¹¹⁵¹
☐ ₁ → **Q63**
No ☐ ₂ → **Q66 on page 16**

Q63 How old were you when you first **tried** Ecstasy? Write in the box your **age then**, in numbers not words.

I was ¹¹⁵²⁻¹⁵³
 years old

Q64 When did you last **use** or **take** Ecstasy?

In the last month ¹¹⁵⁴
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q65 On how many occasions have you **used** or **taken** Ecstasy?

Once ¹¹⁵⁵
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q66 The next questions are about **Semeron**, also called **Sem**.

Q67 Have you ever **heard of** Semeron?

Yes ¹¹⁵⁶
 ₁ → **Q68**
No ₂ → **Q73 on page 17**

Q68 Have you ever been **offered** Semeron?

Yes ¹¹⁵⁷
 ₁
No ₂

Q69 Have you ever **tried** Semeron (even if only once)?

Yes ¹¹⁵⁸
 ₁ → **Q70**
No ₂ → **Q73 on page 17**

Q70 How old were you when you first **tried** Semeron? Write in the box your **age then**, in numbers not words.

I was ¹¹⁵⁹⁻¹⁶⁰
 years old

Q71 When did you last **use** or **take** Semeron?

In the last month ¹¹⁶¹
 ₁
In the last year ₂
More than a year ago ₃

Q72 On how many occasions have you **used** or **taken** Semeron?

Once ¹¹⁶²
 ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q73 The next questions are about **Poppers**, also called **Amyl nitrite**, **Liquid Gold**, **Ram**.

Q74 Have you ever **heard of** Poppers?

Yes ¹¹⁶³
 ₁ → **Q75**
No ₂ → **Q80 on page 18**

Q75 Have you ever been **offered** Poppers?

Yes ¹¹⁶⁴
 ₁
No ₂

Q76 Have you ever **tried sniffing** Poppers (even if only once)?

Yes ¹¹⁶⁵
 ₁ → **Q77**
No ₂ → **Q80 on page 18**

Q77 How old were you when you first **tried sniffing** Poppers?
Write in the box your **age then**, in numbers not words.

I was ¹¹⁶⁶⁻¹¹⁶⁷
 years old

Q78 When did you last **sniff** Poppers?

In the last month ¹¹⁶⁸
 ₁
In the last year ₂
More than a year ago ₃

Q79 On how many occasions have you **sniffed** Poppers?

Once ¹¹⁶⁹
 ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q80 The next questions are about **Tranquilisers**, also called **Downers, Moggies, Jellies, Roofies, Benzos**.

Q81 Have you ever **heard of** Tranquilisers?

Yes ¹¹⁷⁰ ₁ → **Q82**
No ₂ → **Q87 on page 19**

Q82 Have you ever been **offered** Tranquilisers?

Yes ¹¹⁷¹ ₁
No ₂

Q83 Have you ever **tried** Tranquilisers (even if only once)?

Yes ¹¹⁷² ₁ → **Q84**
No ₂ → **Q87 on page 19**

Q84 How old were you when you first **tried** Tranquilisers?
Write in the box your **age then**, in numbers not words.

I was ¹¹⁷³⁻¹¹⁷⁴ years old

Q85 When did you last **use** or **take** Tranquilisers?

In the last month ¹¹⁷⁵ ₁
In the last year ₂
More than a year ago ₃

Q86 On how many occasions have you **used** or **taken** Tranquilisers?

Once ¹¹⁷⁶ ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q87 The next questions are about **Heroin**, also called **Brown, Smack, Skag, Horse, Gear, 'H'**.

Q88 Have you ever **heard of** Heroin?

Yes ¹¹⁷⁷
☐ ₁ → **Q89**
No ☐ ₂ → **Q94 on page 20**

Q89 Have you ever been **offered** Heroin?

Yes ¹¹⁷⁸
☐ ₁
No ☐ ₂

Q90 Have you ever **tried** Heroin (even if only once)?

Yes ¹¹⁷⁹
☐ ₁ → **Q91**
No ☐ ₂ → **Q94 on page 20**

Q91 How old were you when you first **tried** Heroin? Write in the box your **age then**, in numbers not words.

I was ¹¹⁸⁰⁻¹¹⁸¹
 years old

Q92 When did you last **use** or **take** Heroin?

In the last month ¹¹⁸²
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q93 On how many occasions have you **used** or **taken** Heroin?

Once ¹¹⁸³
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q94 The next questions are about **Magic Mushrooms**, also called **Shrooms, Magics, Liberties**.

Q95 Have you ever **heard of** Magic Mushrooms?

Yes ¹¹⁸⁴
 ₁ → **Q96**
No ₂ → **Q101 on page 21**

Q96 Have you ever been **offered** Magic Mushrooms?

Yes ¹¹⁸⁵
 ₁
No ₂

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

Yes ¹¹⁸⁶
 ₁ → **Q98**
No ₂ → **Q101 on page 21**

Q98 How old were you when you first **tried** Magic Mushrooms? Write in the box your **age then**, in numbers not words.

I was ¹¹⁸⁷⁻¹⁸⁸
 years old

Q99 When did you last **use** or **take** Magic Mushrooms?

In the last month ¹¹⁸⁹
 ₁
In the last year ₂
More than a year ago ₃

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

Once ¹¹⁹⁰
 ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q101 The next questions are about **Methadone**, also called **Linctus**, **Physeptone**, **Meth**.

Q102 Have you ever **heard of** Methadone?

Yes ¹¹⁹¹ ₁ → **Q103**
No ₂ → **Q108 on page 22**

Q103 Have you ever been **offered** Methadone?

Yes ¹¹⁹² ₁
No ₂

Q104 Have you ever **tried** Methadone (even if only once)?

Yes ¹¹⁹³ ₁ → **Q105**
No ₂ → **Q108 on page 22**

Q105 How old were you when you first **tried** Methadone? Write in the box your **age then**, in numbers not words.

I was ¹¹⁹⁴⁻¹⁹⁵ years old

Q106 When did you last **use** or **take** Methadone?

In the last month ¹¹⁹⁶ ₁
In the last year ₂
More than a year ago ₃

Q107 On how many occasions have you **used** or **taken** Methadone?

Once ¹¹⁹⁷ ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q108 The next questions are about **Crack**, also called **Rocks, Stones, Freebase, Wash**.

Q109 Have you ever **heard of** Crack?

Yes ¹¹⁹⁸
 ₁ → **Q110**
No ₂ → **Q115 on page 23**

Q110 Have you ever been **offered** Crack?

Yes ¹¹⁹⁹
 ₁
No ₂

Q111 Have you ever **tried** Crack (even if only once)?

Yes ¹²⁰⁰
 ₁ → **Q112**
No ₂ → **Q115 on page 23**

Q112 How old were you when you first **tried** Crack? Write in the box your **age then**, in numbers not words.

I was ¹²⁰¹⁻²⁰²
 years old

Q113 When did you last **use** or **take** Crack?

In the last month ¹²⁰³
 ₁
In the last year ₂
More than a year ago ₃

Q114 On how many occasions have you **used** or **taken** Crack?

Once ¹²⁰⁴
 ₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q115 The next questions are about **Cocaine**, also called **Charlie, 'C', Snow, Percy, Toot**.

Q116 Have you ever **heard of** Cocaine?

Yes ¹²⁰⁵
☐ ₁ → **Q117**
No ☐ ₂ → **Q122 on page 24**

Q117 Have you ever been **offered** Cocaine?

Yes ¹²⁰⁶
☐ ₁
No ☐ ₂

Q118 Have you ever **tried** Cocaine (even if only once)?

Yes ¹²⁰⁷
☐ ₁ → **Q119**
No ☐ ₂ → **Q122 on page 24**

Q119 How old were you when you first **tried** Cocaine? Write in the box your **age then**, in numbers not words.

I was ¹²⁰⁸⁻¹²⁰⁹
 years old

Q120 When did you last **use** or **take** Cocaine?

In the last month ¹²¹⁰
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q121 On how many occasions have you **used** or **taken** Cocaine?

Once ¹²¹¹
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q122 The next questions are about **Ketamine**, also called **Green**, **'K'**, **super K**.

Q123 Have you ever **heard of** Ketamine?

Yes ¹²¹²
☐ ₁ → **Q124**
No ☐ ₂ → **Q129 on page 25**

Q124 Have you ever been **offered** Ketamine?

Yes ¹²¹³
☐ ₁
No ☐ ₂

Q125 Have you ever **tried** Ketamine (even if only once)?

Yes ¹²¹⁴
☐ ₁ → **Q126**
No ☐ ₂ → **Q129 on page 25**

Q126 How old were you when you first **tried** Ketamine? Write in the box your **age then**, in numbers not words.

I was ¹²¹⁵⁻¹²¹⁶
 years old

Q127 When did you last **use** or **take** Ketamine?

In the last month ¹²¹⁷
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q128 On how many occasions have you **used** or **taken** Ketamine?

Once ¹²¹⁸
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q129 The next questions are about **Anabolic Steroids**, also called **Roids**.

Q130 Have you ever **heard of** Anabolic Steroids?

Yes ¹²¹⁹
☐ ₁ → **Q131**
No ☐ ₂ → **Q136 on page 26**

Q131 Have you ever been **offered** Anabolic Steroids?

Yes ¹²²⁰
☐ ₁
No ☐ ₂

Q132 Have you ever **tried** Anabolic Steroids (even if only once)?

Yes ¹²²¹
☐ ₁ → **Q133**
No ☐ ₂ → **Q136 on page 26**

Q133 How old were you when you first **tried** Anabolic Steroids?
Write in the box your **age then**, in numbers not words.

I was ¹²²²⁻¹²²³
 years old

Q134 When did you last **use** or **take** Anabolic Steroids?

In the last month ¹²²⁴
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q135 On how many occasions have you **used** or **taken** Anabolic Steroids?

Once ¹²²⁵
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q136 The next questions are about **Glue, gas (butane, lighter refills), aerosols or solvents (to inhale or sniff)**.

Q137 Have you ever **heard of** Glue, gas, aerosols or solvents?

Yes ¹²²⁶
☐ ₁ → **Q138**
No ☐ ₂ → **Q143 on page 27**

Q138 Have you ever been **offered** Glue, gas, aerosols or solvents to inhale or sniff?

Yes ¹²²⁷
☐ ₁
No ☐ ₂

Q139 Have you ever **tried sniffing** Glue, gas, aerosols or solvents (even if only once)?

Yes ¹²²⁸
☐ ₁ → **Q140**
No ☐ ₂ → **Q143 on page 27**

Q140 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 ¹²²⁹⁻¹²³⁰
 years old

Q141 When did you last **sniff** Glue, gas, aerosols or solvents?

In the last month ¹²³¹
☐ ₁
In the last year ☐ ₂
More than a year ago ☐ ₃

Q142 On how many occasions have you **sniffed** Glue, gas, aerosols or solvents?

Once ¹²³²
☐ ₁
2-5 occasions ☐ ₂
6-10 occasions ☐ ₃
More than 10 occasions ☐ ₄

Q143 The next questions are about **other drugs** (other than those that you could get from a doctor or chemist).

Q144 Have you ever **heard of** any other drugs that would **not** be given to you by a doctor or chemist?

Yes ¹²³³₁ → **Q145**
No ₂ → **Q151 on page 28**

Q145 What other drugs have you heard of? Please write in the names below.

_____ ¹²³⁴⁻²⁸³

Q146 Have you ever been **offered** these other drugs?

Yes ¹²⁸⁴₁
No ₂

Q147 Have you ever **tried** these other drugs (even if only once)?

Yes ¹²⁸⁵₁ → **Q148**
No ₂ → **Q151 on page 28**

Q148 How old were you when you first **tried** these other drugs?
Write in the box your **age then**, in numbers not words.

I was ¹²⁸⁶⁻¹²⁸⁷ years old

Q149 When did you last **use** or **take** these other drugs?

In the last month ¹²⁸⁸₁
In the last year ₂
More than a year ago ₃

Q150 On how many occasions have you **used** or **taken** these other drugs?

Once ¹²⁸⁹₁
2-5 occasions ₂
6-10 occasions ₃
More than 10 occasions ₄

Q151 Just to check, have you ever **used** or **taken** any drugs, including sniffing glue or solvents? (even if only once).

Yes ☐ ¹²⁹⁰ **→ Q152**
 No ☐ ² **→ Q175 on page 37**

Spare 1291-1299

Q152 Thinking about the **first time** you **tried** any drugs (including sniffing glue or solvents but not cigarettes or alcohol), which of the following did you take?
 Please tick all that you tried.

- Cannabis**, also called Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy ☐ ¹³⁰⁰⁻¹³³¹ ₀₁
- Speed** and other **Amphetamines**, also called Whizz, Sulphate, Billy, Methamphetamine, Crystal Meth, Dexies. ☐ ₀₂
- LSD**, also called Acid, Trips, Dots, Flash, Smilies ☐ ₀₃
- Ecstasy**, also called 'E', Mitsubishis, Rolex's, Dolphins, XTC ☐ ₀₄
- Semeron**, also called Sem ☐ ₀₅
- Poppers**, also called Amyl nitrite, Liquid Gold, Ram ☐ ₀₆
- Tranquilisers**, also called Downers, Moggies, Jellies, Roofies, Benzos ☐ ₀₇
- Heroin**, also called Brown, Smack, Skag, Horse, Gear, 'H' ☐ ₀₈
- Magic Mushrooms**, also called Shrooms, Magics, Liberties ☐ ₀₉
- Methadone**, also called Linctus, Physeptone, Meth ☐ ₁₀
- Crack**, also called Rocks, Stones, Freebase, Wash ☐ ₁₁
- Cocaine**, also called Charlie, 'C', Snow, Percy, Toot ☐ ₁₂
- Ketamine**, also called Green, 'K', super K ☐ ₁₃
- Anabolic Steroids**, also called Roids ☐ ₁₄
- Glue, gas (butane, lighter refills), aerosols or solvents** (to inhale or sniff) ☐ ₁₅
- Other** drugs that would **not** be given to you by a doctor or chemist (Please tick box write below the name of the drugs) ☐ ₁₆

Q153 The **first** time you tried the drugs, who did you get them from?

1332-1333

My brother or sister

☐
01

A friend of my own age

☐
02

A friend older than me

☐
03

A friend younger than me

☐
04

My boyfriend or girlfriend

☐
05

My mother, father or step-parent

☐
06

Someone I knew of, but didn't know personally

☐
07

A stranger

☐
08

Someone else (please tick the box and write below how you knew the person)

☐
09

Q154 Why did you try the drugs, the **first** time? **You may tick more than one box.**

1334-1355

I wanted to get high or feel good

☐
01

Because my friends were doing it

☐
02

Because it's cool

☐
03

It was a dare

☐
04

I had nothing better to do

☐
05

I wanted to see what it was like

☐
06

I wanted to forget my problems

☐
07

Just because I was offered it

☐
08

Other reasons (please tick the box and write in below)

☐
09

I don't remember

☐
10

I don't know

☐
11

Q155 The **first** time you used or took drugs, how did they make you feel?

You may tick more than one box.

	1356-371
I felt sad	<input type="checkbox"/> 01
I felt fantastic	<input type="checkbox"/> 02
I felt sick	<input type="checkbox"/> 03
I felt confident	<input type="checkbox"/> 04
I felt guilty	<input type="checkbox"/> 05
I felt relaxed	<input type="checkbox"/> 06
I felt out of control	<input type="checkbox"/> 07
None of these	<input type="checkbox"/> 08

Q156 The first time you took drugs, overall how did you feel?

	1372
I felt good	<input type="checkbox"/> 1
I felt bad	<input type="checkbox"/> 2
I felt no different	<input type="checkbox"/> 3

Q157 When did you last take drugs (including sniffing glue or solvents)?

	1373	
In the last four weeks	<input type="checkbox"/> 1	➔ Q158
In the last year	<input type="checkbox"/> 2	➔ Q159 on page 31
More than a year ago	<input type="checkbox"/> 3	➔ Q175 on page 37

Q158 **In the last four weeks**, how many times have you taken drugs (including sniffing glue or solvents)?

	1374-375
None	<input type="checkbox"/> 01
Once	<input type="checkbox"/> 02
Twice	<input type="checkbox"/> 03
Three times	<input type="checkbox"/> 04
Four times or more	<input type="checkbox"/> 05

Q159 Last time you used or took drugs, which of the following drugs did you use or take? If you used or took more than one drug at the same time, please tick all those you used or took.

Cannabis, also called Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy

1376-1407

☐ 01

Speed and other **Amphetamines**, also called Whizz, Sulphate, Billy, Methamphetamine, Crystal Meth, Dexies

☐ 02

LSD, also called Acid, Trips, Dots, Flash, Smilies

☐ 03

Ecstasy, also called 'E', Mitsubishis, Rolex's, Dolphins, XTC

☐ 04

Semeron, also called Sem

☐ 05

Poppers, also called Amyl nitrite, Liquid Gold, Ram

☐ 06

Tranquilisers, also called Downers, Moggies, Jellies, Roofies, Benzos

☐ 07

Heroin, also called Brown, Smack, Skag, Horse, Gear, 'H'

☐ 08

Magic Mushrooms, also called Shrooms, Magics, Liberties

☐ 09

Methadone, also called Linctus, Physeptone, Meth

☐ 10

Crack, also called Rocks, Stones, Freebase, Wash

☐ 11

Cocaine, also called Charlie, 'C', Snow, Percy, Toot

☐ 12

Ketamine, also called Green, 'K', super K

☐ 13

Anabolic Steroids, also called Roids

☐ 14

Glue, gas (butane, lighter refills), aerosols or solvents
(to inhale or sniff)

☐ 15

Other drugs that would **not** be given to you by a doctor or chemist
(Please tick box write below the name of the drugs)

☐ 16

Q160 The last time you used or took drugs, were you also drinking alcohol?

1408

Yes

☐ 1

No

☐ 2

Q161 The **last** time you used or took drugs, who did you get them from?

1409-410

My brother or sister

☐
01

A friend of my own age

☐
02

A friend older than me

☐
03

A friend younger than me

☐
04

My boyfriend or girlfriend

☐
05

My mother, father or step-parent

☐
06

Someone I knew of, but didn't know personally

☐
07

A stranger

☐
08

Someone else (please tick the box and write below how you knew the person)

☐
09

Q162 Where were you when you bought or were given the drugs the **last** time?

1411

At home

☐
1

In someone else's home

☐
2

At a party, club, disco or rave

☐
3

At school

☐
4

Out on the street, in a park or other outdoor area

☐
5

Other place (please tick the box and write in where you were)

☐
6

Q163 Why did you use or take drugs that day?
You may tick more than one box.

1412-433

I wanted to get high or feel good

☐
01

Because my friends were doing it

☐
02

Because it's cool

☐
03

It was a dare

☐
04

I had nothing better to do

☐
05

I wanted to see what it was like

☐
06

I wanted to forget my problems

☐
07

Just because I was offered it

☐
08

Other reasons (please tick the box and write in below)

☐
09

I don't remember

☐
10

I don't know

☐
11

Q164 The **last** time you used or took drugs, were you with other people or were you on your own?

I was with other people ☐ ¹⁴³⁴₁ → **Q165**

I was on my own ☐ ₂ → **Q166**

Spare 1435-1451

Q165 Which of the following people were you with the **last** time you used or took drugs.
You may tick more than one box.

My girlfriend or boyfriend ☐ ¹⁴⁵²⁻⁴⁶⁵₀₁

Friends of the same sex as me ☐ ₀₂

Friends of the opposite sex ☐ ₀₃

A group of friends of both sexes ☐ ₀₄

My parents (or step-parents) ☐ ₀₅

My brother, sister or other relatives ☐ ₀₆

Someone else (tick the box and write below how you knew the person) ☐ ₀₇

Q166 The **last** time you used or took drugs, how did they make you feel?
You may tick more than one box.

I felt sad ☐ ¹⁴⁶⁶⁻⁴⁸¹₀₁

I felt fantastic ☐ ₀₂

I felt sick ☐ ₀₃

I felt confident ☐ ₀₄

I felt guilty ☐ ₀₅

I felt relaxed ☐ ₀₆

I felt out of control ☐ ₀₇

None of these ☐ ₀₈

Q167 The last time you took drugs, overall how did you feel?

1482

I felt good	<input type="text"/>
I felt bad	<input type="text"/>
I felt no different	<input type="text"/>

Q168 Would you like to stop using or taking drugs altogether?

1483

Yes, I would like to give up now	<input type="text"/>
Yes, I would like to give up in the future	<input type="text"/>
No	<input type="text"/>
Not sure	<input type="text"/>

Q169 Have you ever felt that you needed to get help or treatment because you were using or taking drugs?

1484

Yes	<input type="text"/>
No	<input type="text"/>

Q170 For the next set of questions, you should include sniffing glue or other solvents but not smoking cigarettes or alcohol. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q171 On how many occasions have you taken drugs (including sniffing glue or other solvents but not including cigarettes or alcohol)?

1485

Once	<input type="text"/>	→ Q175 on page 37
2-5 occasions	<input type="text"/>	→ Q172
6-10 occasions	<input type="text"/>	→ Q172
More than 10 occasions	<input type="text"/>	→ Q172

Q172 How often do you usually take drugs (including sniffing glue or other solvents but not including cigarettes or alcohol)?

1486

I take drugs most days	<input type="text"/>
I take drugs at least once a week	<input type="text"/>
I take drugs once or twice a month	<input type="text"/>
I take drugs a few times a year	<input type="text"/>
I take drugs about once a year or less often	<input type="text"/>

Q173 How does your family feel about you taking drugs (including sniffing glue or solvents but not cigarettes or alcohol)?

- | | | |
|---|---|-------------------|
| They try to stop me | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">1487
1</div> | ➔ Q176 on page 37 |
| They try to persuade me not to take drugs | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">2</div> | ➔ Q176 on page 37 |
| They do nothing | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">3</div> | ➔ Q176 on page 37 |
| They encourage me to take drugs | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">4</div> | ➔ Q176 on page 37 |
| They don't know I take drugs | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">5</div> | ➔ Q174 |
| Don't know | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">6</div> | ➔ Q176 on page 37 |

Q174 How do you think your family would feel if they knew that you took drugs (including sniffing glue or solvents but not cigarettes or alcohol)?

- | | | |
|---|---|-------------------|
| They would try to stop me | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">1488
1</div> | ➔ Q176 on page 37 |
| They would try to persuade me not to take drugs | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">2</div> | ➔ Q176 on page 37 |
| They would do nothing | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">3</div> | ➔ Q176 on page 37 |
| They would encourage me to take drugs | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">4</div> | ➔ Q176 on page 37 |
| Don't know | <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 0 auto;">5</div> | ➔ Q176 on page 37 |

Q175 How do you think your family would feel if you started taking drugs?

	1489
They would try to stop me	<input type="checkbox"/> 1
They would try to persuade me not to take drugs	<input type="checkbox"/> 2
They would do nothing	<input type="checkbox"/> 3
They would encourage me to take drugs	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 5

Q176 The next questions should be answered by ALL pupils. You should include sniffing glue or other solvents but not smoking cigarettes or drinking alcohol. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q177 Have you ever refused a drug that was offered to you (including sniffing glue or other solvents but not including cigarettes or alcohol)?

	1490	
Yes	<input type="checkbox"/> 1	→ Q178
No	<input type="checkbox"/> 2	→ Q179 on page 38
Never been offered drugs	<input type="checkbox"/> 3	→ Q179 on page 38

Q178 Which of the following are reasons why you have refused to take drugs?

You may tick more than one box.

	1491-1506
They are too expensive	<input type="checkbox"/> 01
I was frightened of taking them	<input type="checkbox"/> 02
I thought they were dangerous	<input type="checkbox"/> 03
I didn't want to get addicted	<input type="checkbox"/> 04
I didn't know enough about the drugs	<input type="checkbox"/> 05
I thought I would get into trouble if I took drugs	<input type="checkbox"/> 06
I think taking drugs is wrong	<input type="checkbox"/> 07
I just didn't want to take them	<input type="checkbox"/> 08

Q179 How easy would it be for **you** to get illegal drugs if you wanted to?

1507

Very easy	<input type="text"/>
Fairly easy	<input type="text"/>
Fairly difficult	<input type="text"/>
Very difficult	<input type="text"/>
Don't know	<input type="text"/>

Q180 How easy would it be for **you** to get heroin if you wanted to?

1508

Very easy	<input type="text"/>
Fairly easy	<input type="text"/>
Fairly difficult	<input type="text"/>
Very difficult	<input type="text"/>
Don't know	<input type="text"/>

Q181 How easy would it be for **you** to get cocaine or crack if you wanted to?

1509

Very easy	<input type="text"/>
Fairly easy	<input type="text"/>
Fairly difficult	<input type="text"/>
Very difficult	<input type="text"/>
Don't know	<input type="text"/>

Q182 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.

Q183 Thinking about people your own age, how many of them do you think smoke cigarettes?

	1510
All of them	<input type="text"/> 1
Most, but not all	<input type="text"/> 2
About half	<input type="text"/> 3
Only a few	<input type="text"/> 4
None of them	<input type="text"/> 5

Q184 How many people your own age do you think drink alcohol?

	1511
All of them	<input type="text"/> 1
Most, but not all	<input type="text"/> 2
About half	<input type="text"/> 3
Only a few	<input type="text"/> 4
None of them	<input type="text"/> 5

Q185 How many people your own age do you think take drugs (including sniffing glue or other solvents)?

	1512
All of them	<input type="text"/> 1
Most, but not all	<input type="text"/> 2
About half	<input type="text"/> 3
Only a few	<input type="text"/> 4
None of them	<input type="text"/> 5

Spare 1513-1516

Q186 Do you think it is OK for someone your age to do the following?
Tick one box per row.

	It's OK	It's not OK	Don't know
Try smoking a cigarette to see what it's like	1517 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Try drinking alcohol to see what it's like	1518 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Try getting drunk to see what it's like	1519 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Try sniffing glue to see what it's like	1520 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Try taking cannabis to see what it's like	1521 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Try taking cocaine to see what it's like	1522 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q187 Do you think it is OK for someone your age to do the following?
Tick one box per row.

	It's OK	It's not OK	Don't know
Smoke cigarettes once a week	1523 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Drink alcohol once a week	1524 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Get drunk once a week	1525 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sniff glue once a week	1526 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Take cannabis once a week	1527 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Take cocaine once a week	1528 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q188 Have you got helpful information about **smoking cigarettes**, from any of these people?

Tick one box on each row.

	Yes 1529	No
Parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Brothers or sisters	<input type="checkbox"/> 1530	<input type="checkbox"/> 2
Other relatives	<input type="checkbox"/> 1531	<input type="checkbox"/> 2
Friends	<input type="checkbox"/> 1532	<input type="checkbox"/> 2
Family doctor or GP	<input type="checkbox"/> 1533	<input type="checkbox"/> 2
Teachers	<input type="checkbox"/> 1534	<input type="checkbox"/> 2
Other adults at school (e.g. school nurse, Connexions advisors, counselling service)	<input type="checkbox"/> 1535	<input type="checkbox"/> 2
The police	<input type="checkbox"/> 1536	<input type="checkbox"/> 2

Q189 Have you got helpful information about **drinking alcohol** from any of these people?

Tick one box on each row.

	Yes 1537	No
Parents	<input type="checkbox"/> 1538	<input type="checkbox"/> 2
Brothers or sisters	<input type="checkbox"/> 1539	<input type="checkbox"/> 2
Other relatives	<input type="checkbox"/> 1540	<input type="checkbox"/> 2
Friends	<input type="checkbox"/> 1541	<input type="checkbox"/> 2
Family doctor or GP	<input type="checkbox"/> 1542	<input type="checkbox"/> 2
Teachers	<input type="checkbox"/> 1543	<input type="checkbox"/> 2
Other adults at school (e.g. school nurse, Connexions advisors, counselling service)	<input type="checkbox"/> 1544	<input type="checkbox"/> 2
The police	<input type="checkbox"/> 1544	<input type="checkbox"/> 2

Q190 Have you got helpful information about **taking drugs** from any of these people?

Tick one box on each row.

	Yes 1545	No
Parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Brothers or sisters	<input type="checkbox"/> 1546 1	<input type="checkbox"/> 2
Other relatives	<input type="checkbox"/> 1547 1	<input type="checkbox"/> 2
Friends	<input type="checkbox"/> 1548 1	<input type="checkbox"/> 2
Family doctor or GP	<input type="checkbox"/> 1549 1	<input type="checkbox"/> 2
Teachers	<input type="checkbox"/> 1550 1	<input type="checkbox"/> 2
Other adults at school (e.g. school nurse, Connexions advisors, counselling service)	<input type="checkbox"/> 1551 1	<input type="checkbox"/> 2
The police	<input type="checkbox"/> 1552 1	<input type="checkbox"/> 2

Q191 Have you got helpful information about **smoking cigarettes**, from any of these places?

Tick one box on each row.

	Yes 1553	No
TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Radio	<input type="checkbox"/> 1554 1	<input type="checkbox"/> 2
Newspapers or magazines	<input type="checkbox"/> 1555 1	<input type="checkbox"/> 2
The internet	<input type="checkbox"/> 1556 1	<input type="checkbox"/> 2
FRANK	<input type="checkbox"/> 1557 1	<input type="checkbox"/> 2
Helplines	<input type="checkbox"/> 1558 1	<input type="checkbox"/> 2

Q192 Have you got helpful information about **drinking alcohol** from any of these places?

Tick one box on each row.

	Yes 1559	No
TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Radio	<input type="checkbox"/> 1560 1	<input type="checkbox"/> 2
Newspapers or magazines	<input type="checkbox"/> 1561 1	<input type="checkbox"/> 2
The internet	<input type="checkbox"/> 1562 1	<input type="checkbox"/> 2
FRANK	<input type="checkbox"/> 1563 1	<input type="checkbox"/> 2
Helplines	<input type="checkbox"/> 1564 1	<input type="checkbox"/> 2

Q193 Have you got helpful information about **taking drugs** from any of these places?

Tick one box on each row.

	Yes 1565	No
TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Radio	<input type="checkbox"/> 1566 1	<input type="checkbox"/> 2
Newspapers or magazines	<input type="checkbox"/> 1567 1	<input type="checkbox"/> 2
The internet	<input type="checkbox"/> 1568 1	<input type="checkbox"/> 2
FRANK	<input type="checkbox"/> 1569 1	<input type="checkbox"/> 2
Helplines	<input type="checkbox"/> 1570 1	<input type="checkbox"/> 2

Q194 In the last twelve months have you had any lessons, videos or discussions in class on the following topics:
Tick one box on each row.

	Yes 1571	No	Don't know
Smoking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Drugs in general?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q195 Just to check, in the last twelve months have you had **any** lessons about drugs (including sniffing glue or other solvents, but not including cigarettes or alcohol) in your school?

Yes	<input type="checkbox"/> 1	→ Q196
No	<input type="checkbox"/> 2	→ Q197 on page 45

Q196 Did the school lessons about drugs (including sniffing glue or other solvents, but not including cigarettes or alcohol) help you do any of these things?
Tick one box on each row.

	Yes 1575	No
They helped me find out more about drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me think about the risks of taking drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me realise that taking some drugs is against the law	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me think about what I would do if someone offered me drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me see that not as many young people take drugs as I thought	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me find out where to go to get information or help about drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me understand why people take drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
They helped me to avoid drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q197 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.

Q198 Do you get free school meals or vouchers for free school meals?

1583

Yes	<div><div></div><div>1</div></div>
No	<div><div></div><div>2</div></div>

Q199 Have you ever stayed away from school without permission (truanted)?

1584

Yes	<div><div></div><div>1</div></div>	➔ Q200
No	<div><div></div><div>2</div></div>	➔ Q201 on page 46

Q200 How often have you played truant in the last 12 months?

1585

Not played truant in the last 12 months	<div><div></div><div>1</div></div>
Once or twice	<div><div></div><div>2</div></div>
3 or 4 times	<div><div></div><div>3</div></div>
5-10 times	<div><div></div><div>4</div></div>
More than 10 times	<div><div></div><div>5</div></div>

Q201 Have you ever been excluded from school?

1586

Yes	<div><div></div><div>1</div></div>	➔ Q202
No	<div><div></div><div>2</div></div>	➔ Q203

Q202 How often have you been excluded from school in the last 12 months?

1587

Not been excluded in the last 12 months	<div><div></div><div>1</div></div>
Once or twice	<div><div></div><div>2</div></div>
3 or 4 times	<div><div></div><div>3</div></div>
5-10 times	<div><div></div><div>4</div></div>
More than 10 times	<div><div></div><div>5</div></div>

Q203 How many books are there in your home? (Do not count newspapers, magazines or your school books)

1588

None	<div><div></div><div>1</div></div>
Very few (1-10 books)	<div><div></div><div>2</div></div>
Enough to fill one shelf (11-50 books)	<div><div></div><div>3</div></div>
Enough to fill one bookcase (51-100)	<div><div></div><div>4</div></div>
Enough to fill two bookcases (101-200)	<div><div></div><div>5</div></div>
Enough to fill three or more bookcases (more than 200 books)	<div><div></div><div>6</div></div>

Q204 Finally, just to check, have you smoked any cigarettes in the last seven days ending yesterday?

Yes ₁ → **Q205**
No → **Q206**

Q205 How many cigarettes did you smoke on each day in the last seven days ending yesterday. If you **did not smoke** on a day write 0.

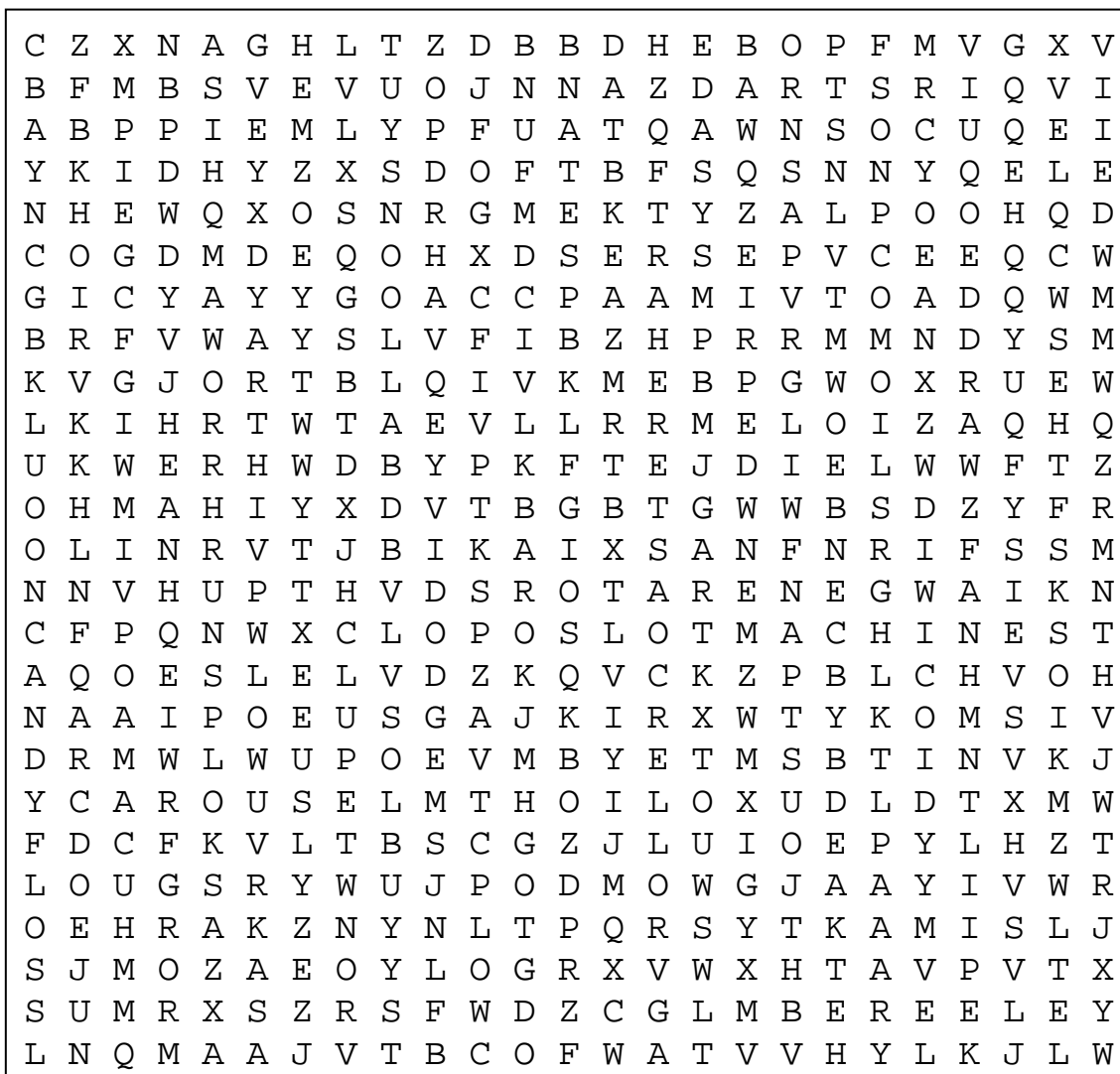
Last Monday I smoked	<input type="text" value="1590-591"/>	cigarettes
Last Tuesday I smoked	<input type="text" value="1592-593"/>	cigarettes
Last Wednesday I smoked	<input type="text" value="1594-595"/>	cigarettes
Last Thursday I smoked	<input type="text" value="1596-597"/>	cigarettes
Last Friday I smoked	<input type="text" value="1598-599"/>	cigarettes
Last Saturday I smoked	<input type="text" value="1600-601"/>	cigarettes
Last Sunday I smoked	<input type="text" value="1602-603"/>	cigarettes

Q206 Were there any questions you meant to go back and complete?
Please check.

Thank you very much for your help.

The Funfair word search

Words can go in all directions and may overlap.



BALLOONS
BIG WHEEL
CANDY FLOSS
CAROUSEL
CHIPS
DARTS
DODGEMS

DONUTS
GENERATORS
GHOST TRAIN
GOLDFISH
HOOPLA
HOTDOGS
KIOSKS

MERRY GO ROUND
ROLLER COASTER
WRIST BAND
TOFFEE APPLES
SLOT MACHINES

1001-1004

School Serial Number

--	--	--	--

Card 1005-1006
Batch 1007-1011
Spare 1012

Survey of Smoking, Drinking and Drug use among secondary school children in England 2009

School Policy Information

Q 1 Does your school teach **pupils** about drugs (both illegal and prescribed), alcohol and tobacco?

	Yes 1013	No
Teach pupils about drugs	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">1</div>	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">2</div>
Teach pupils about alcohol	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">1</div>	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">2</div>
Teach pupils about tobacco	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">1</div>	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">2</div>

Q 2 Does your school have a policy on teaching **pupils** about drugs, including illegal and prescribed drugs, alcohol and tobacco?

Yes	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">1</div>	➔	Q 3
No	<div style="border: 1px solid black; width: 50px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-left: 2px;"></div> </div> <div style="text-align: right; font-size: 8px;">2</div>	➔	Q 5

Q 3 When did your school last update the policy on teaching **pupils** about drugs, including illegal and prescribed drugs, alcohol and tobacco?

In the last year	1017 <input type="checkbox"/> 1
1-2 years ago	<input type="checkbox"/> 2
3-5 years ago	<input type="checkbox"/> 3
Longer ago	<input type="checkbox"/> 4

Q 4 Who contributes to developing the school policy on teaching **pupils** about drugs? **Tick one box per row**

	Yes 1018 <input type="checkbox"/> 1	No <input type="checkbox"/> 2
School Drug Advisor / Local Authority	1019 <input type="checkbox"/> 1	<input type="checkbox"/> 2
PSHE Co-ordinator (member of school staff)	1020 <input type="checkbox"/> 1	<input type="checkbox"/> 2
School governors	1021 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Head teacher	1022 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Other teachers	1023 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Parents	1024 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Pupils	1025 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Someone else (Please write in)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q 5 Does your school have a policy that covers smoking for **adults**, that is teaching staff, non-teaching staff and adult visitors?

Yes	<div>1040</div> <div><div>1</div></div>	➔ Q 6
No	<div><div>2</div></div>	➔ Q 10

Q 6 Which statement best describes the school smoking policy for **adults during school hours**?

Smoking is **prohibited** anywhere on school premises (including the school grounds)

1041

1

Smoking is **permitted** in the school grounds

2

Q 7 Does the smoking policy apply at all times, or is it different outside schools hours?

Smoking policy applies at all times

1042

1

➔ Q 9

Smoking policy is different outside school hours

2

➔ Q 8

Q 8 Which statement best describes the school smoking policy for adults **outside school hours**?

Smoking is **prohibited** anywhere on school premises (including the school grounds)

1043
☐ 1

Smoking is **permitted** in the school grounds

☐ 2

Q 9 Who is responsible for deciding the school smoking policy for adults? **Tick one box per row**

	Yes	No
School Drug Advisor / Local Authority	1044 <input type="checkbox"/> 1	<input type="checkbox"/> 2
PSHE Co-ordinator (member of school staff)	1045 <input type="checkbox"/> 1	<input type="checkbox"/> 2
School governors	1046 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Head teacher	1047 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Other teachers	1048 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Parents	1049 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Pupils	1050 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Someone else (Please write in)	1051 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Q 10 Does your school have a written policy on managing incidents involving **pupils** smoking?

Yes	1063 <input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Q 11 What action(s) would be taken if pupils were found smoking on school premises? **Tick one box per row.**

	Yes 1064	No
Detention	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Verbal or written warning	1065 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Loss of privileges	1066 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Parents contacted	1067 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Police contacted	1068 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Note on the pupil's record	1069 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Counsellor or agency contacted	1070 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Temporary exclusion	1071 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Permanent exclusion	1072 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (Please write in)	1073 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Q 12 Does your school have a written policy on managing incidents involving **pupils** drinking alcohol?

Yes	1085 <input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Q 13 What action(s) would be taken if pupils were found drinking alcohol on school premises? **Tick one box per row.**

	Yes 1086	No
Detention	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Verbal or written warning	1087 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Loss of privileges	1088 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Parents contacted	1089 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Police contacted	1090 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Note on the pupil's record	1091 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Counsellor or agency contacted	1092 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Temporary exclusion	1093 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Permanent exclusion	1094 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (Please write in)	1095 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Q 14 Does your school have a written policy on managing incidents involving **pupils** taking drugs (both illegal and prescribed)?

Yes	1107 <input type="checkbox"/> 1
No	<input type="checkbox"/> 2

Q 15 What action(s) would be taken if pupils were found taking drugs (both illegal and prescribed) on school premises? **Tick one box per row.**

	Yes 1108	No
Detention	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Verbal or written warning	1109 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Loss of privileges	1110 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Parents contacted	1111 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Police contacted	1112 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Note on the pupil's record	1113 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Counsellor or agency contacted	1114 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Temporary exclusion	1115 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Permanent exclusion	1116 <input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (Please write in)	1117 <input type="checkbox"/> 1	<input type="checkbox"/> 2

Thank you for your help