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**Schools Survey - Health and Well-being of S1-S4 Pupils in  
New Learning Community Schools in Glasgow City**

*Final Headline Report*

*Prepared for*



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## 1 Introduction

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### 1.1 Introduction

In 2007, some 9,246 secondary school pupils (S1-S4) across 28 Glasgow City schools completed a health and wellbeing survey questionnaire. This represents nearly 50% of the S1-S4 roll in Glasgow City. The study was commissioned by NHS Greater Glasgow and Clyde and carried out by the SCRE centre at University of Glasgow.

The aims of the study were to provide information which could be used to inform developments within each individual school/New Learning Community and also to provide a baseline of pupil health and wellbeing data against which future progress can be measured.

The survey covered the following topics:

- Demographics – including age, gender, deprivation category, ethnicity, feeder primary, carer/guardian with whom pupils have main residence;
- Mental health, self esteem, locus of control, worries;
- Bullying, racism, accidents, illness and disability;
- Oral health, diet, exercise and travel;
- Smoking, alcohol, drugs;
- Awareness and use of – health services, youth clubs, Childline;
- Antisocial behaviour, carer status and future hopes.

The survey questionnaire can be found in Appendix A.

The SCRE centre prepared the main findings report from the study. The main report presents the findings for all pupils together, and examines differences by the following key variables:

- Sex (male or female);
- Year Group (lower school or upper school);
- Self-esteem (low, middle or high – measured separately for males and females);
- Chronic Illness or Disability (disabled/chronic illness or no disability/chronic illness);
- Ethnicity;
- Deprivation (high or low deprivation).

### 1.2 Survey Methodology<sup>1</sup>

The project specification required the research team to organise the administration of a pre-existing questionnaire in all Glasgow City's secondary schools with a 50% sample of pupils in S1–S4. Such a sample would provide substantial questionnaire numbers which would allow for robust statistical analysis as well as provide sufficient data at the school

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<sup>1</sup> This section is replicated from the main findings report produced by SCRE.

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level to conduct, for example, gender and year group cross-tabulations. Key to the successful completion of this exercise was the cooperation of schools and the ability to complete fieldwork in a relatively short period of time.

### Questionnaire administration

All secondary schools in the city were contacted and provided with an information pack which gave details about the project and its aims, the support available from the research team, and what would be expected from the schools. To encourage participation in the survey SCRE also produced a short information sheet for pupils to inform them of the survey aims, stress their individual anonymity and let them know what the results will be used for.

Most schools opted to administer questionnaires to pupils in classes such as PSE (which were not organised by ability). In a few cases schools organised large numbers of pupils to complete the questionnaire in gymnasium or dining hall settings. In a number of instances the health development officer provided additional support for the questionnaire administration. Whatever method schools adopted for the administration of the questionnaire, research team members were available to help. Approximately half of the schools took up the offer of support for administering the questionnaire while the others organised their own procedures. At all stages of the fieldwork the survey manager liaised with schools to check on their procedures, timetable, and sample selection (to ensure it was representative of the pupil population). Key to the success of the survey was ensuring that the research team were able to meet the support requests from schools and to work with schools to ensure the minimum disruption to the schools work and timetable.

In the project specification the funder NHS Greater Glasgow and Clyde (NHSGGC) had indicated a particular interest in the experiences of minority ethnic students, asylum seekers, and pupils who had recently come to Glasgow from the A8 countries<sup>2</sup> – the eight Eastern European nations who had joined the European Union since 2004. In schools where such pupils were present, the survey manager team asked schools to include such pupils in the survey. However, schools were not always keen to do this, suggesting that this could make such pupils feel 'singled out'.

The SCRE Centre also employed a small number of students from within the Faculty of Education to provide additional support for the fieldwork. These students were trained in the administration of the questionnaire and were required to submit reports on their experiences in each of the schools that they were involved with.

Returned questionnaires from each school were sorted by year group and were checked against the school roll and year group totals. After reviewing the initial returns and following discussion with NHSGGC it was decided to ask a number of schools to 'top up' their samples for particular year groups. Completed questionnaires were despatched to a professional data processing agency for 'punching and verifying'.

A datafile for the first few hundred processed questionnaires was returned to SCRE for checking before larger batches of questionnaires were processed.

In general the majority of pupils coped with the questionnaire. However, while administering the questionnaire it was noted by the research team that in many of the schools, small numbers of students failed to complete the questionnaires in the time available. In a few instances, there were pupils who lacked a sufficient grasp of English to undertake the questionnaire without substantial support.

As part of the research project's quality assurance and monitoring procedures, those administering the survey across the schools provided feedback on any issues to arise

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<sup>2</sup> The A8 Countries are Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia

concerning pupils' ability to complete the survey. While the numbers of pupils who reported difficulty with certain questions was limited, it is important to take their comments into account, both for the interpretation of the findings emerging from the particular questions and to inform the design of subsequent survey instruments. The main issues to emerge from survey administrators' observations were:

- Completing the survey in 'exam conditions' in classrooms as opposed to large-scale administration in gymnasium or dining hall situations, often meant pupils were more aware of being supervised and, therefore, paid more attention to the task.
- Survey administrators reported that S1 pupils were more likely than other year groups to experience difficulty understanding questions.
- Pupils did not always follow the routing directions throughout the questionnaire.
- Some pupils with English as a second language had difficulty completing the questionnaire.

## Survey responses

In total 28<sup>3</sup> out of 29 Glasgow secondary schools took part in the survey giving a school response rate of 97%. In terms of the *questionnaire* response rate, the number of questionnaires returned was 9,246, out of a potential 10,382, representing 89% of the expected sample (50% of S1 to S4 pupils). Given the tight timetable for conducting the fieldwork this represents a particularly sound response rate. Indeed the figures compare favourably with the most recent SALSUS study in Scottish secondary schools, which achieved a school response rate of 69%, and a pupil response rate of 82% (SALSUS, 2006).

### 1.3 This Report

This report has been prepared by Traci Leven Research. It presents headline findings for Glasgow City and for each of the five Community Health Care Partnerships (CHCPs) in Glasgow. Separate reports will also be available which will provide the detailed findings for each CHCP together with comparisons with the findings for Glasgow City.

The key indicator data presented here are:

- % of children living with 2 parents; 1 parent; re-partnered families; other families;
- % of children with a family member with a disability, long term illness or drug or alcohol problem;
- % of these children who spend time caring;
- % positive about their general health;
- % with a long term illness or disability;
- % of these with asthma; eczema;
- % of boys with high self esteem;
- % of girls with high self esteem;
- % of boys with low self esteem;
- % of girls with low self esteem;
- % of children who brushed their teeth twice or more a day;
- % of children who exercised 4 or more times a week for 30 minutes or more on each occasion;

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<sup>3</sup> This includes Glasgow Gaelic school at which there were only 30 respondents. Due to the small sample size of this school, findings are not reported separately for Glasgow Gaelic in this report, hence there are findings for 27 rather than 28 schools.

- % of children who eat 5 or more portions of fresh fruit or veg in a day;
- % smoking on at least some days;
- % smoking on at least some days in S4;
- % of children who report drinking alcohol weekly;
- % of children who report drinking alcohol weekly in S4;
- % of S4s who report getting drunk at least once a week;
- % taken non prescription drugs in the last year;
- % taken non prescription drugs in the last year in S4;
- The 3 most common non prescription drugs used;
- % admitting anti social behaviour;
- % admitting to anti social behaviour in S4;
- Most common forms of anti social behaviour;
- % carrying a weapon in school;
- % carrying a weapon out of school;
- % who had been bullied in the previous year;
- % victimised or treated differently because of skin colour;
- % of children with a computer at home;
- % of children with access to the internet at home;
- Awareness levels for local services including childline; health services and youth services;
- % who would not use childline even if they had to;
- % who hold a young scot card;
- Most common activity with the young scot card;
- % aim to stay on at school or further education;
- % aim to get a job;
- % who think it is unlikely they'll have a criminal record by the time they are 20;
- % with a criminal record;
- % who think it likely they will have a criminal record.

The survey questionnaire and the base N for each indicator are provided in the appendices.

## 2 Families

Table 2.1 below shows the indicator data relating to family composition and caring responsibilities for Glasgow City and each CHCP. Across Glasgow, 61% of pupils were living with both their parents. There was not a large amount of variation across the city, but pupils in the South East CHCP were most likely to be living with both parents (67%).

**Table 2.1: Family Composition and caring responsibilities– Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Living with 2 parents</b>	60.7%	57.8%	60.1%	59.6%	67.2%	60.2%
<b>Living with 1 parent<sup>1</sup></b>	26.1%	27.4%	26.2%	28.4%	22.6%	25.1%
<b>Living with re-partnered families<sup>2</sup></b>	8.0%	8.5%	8.5%	7.9%	6.3%	8.6%
<b>Other families</b>	5.1%	6.3%	5.2%	4.1%	3.9%	6.1%
<b>Have a family member with a disability, long term illness or drug or alcohol problem</b>	30.0%	29.9%	32.9%	30.1%	27.5%	28.1%
<b>% of these children who spend time caring</b>	52.3%	56.9%	53.4%	49.7%	50.3%	51.0%

**Notes:**

1 'Living with 1 parent' included those living part-time with one parent and part time with the other as well as those living full time with either their mother or their father

2 'Re-partnered' families includes those living with their father and their father's partner or their mother and their mother's partner

Questions used for these indicators were Q95, Q76 and Q77. See Appendix A for survey questionnaire and Appendix B for Base N for each question.

Nearly a third of pupils (30%) in Glasgow were living with a family member with a disability, long term illness or drug or alcohol problem. Of these, just over half (52%) spent time caring for their family member.

### 3 Health and Illness

Table 3.1 gives headline indicator data relating to health and illness. Overall, nearly three quarters (74%) of pupils were positive about their general health. Over a fifth of pupils (22%) had some long term illness or disability, the most common of which were asthma and eczema. Findings were similar for all CHCPs for these indicators.

**Table 3.1: Health Indicators– Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Positive about general health</b>	74.0%	73.5%	74.5%	74.9%	76.9%	70.5%
<b>With a long term illness or disability</b>	21.9%	21.7%	20.7%	22.3%	21.7%	23.3%
<b>% of these who have asthma</b>	53.3%	56.1%	57.1%	47.0%	54.6%	52.3%
<b>% of these who have eczema</b>	21.0%	21.9%	22.9%	22.3%	13.3%	22.7%

**Notes:**

Questions used for these indicators were Q7, Q17 and Q18. See Appendix A for survey questionnaire and Appendix B for Base N for each question.



## 4 Self Esteem

This chapter provides headline data on self esteem for males and females.

### Note on Self Esteem<sup>4</sup>

Males were significantly more likely to record as higher self-esteem than females. Forty-four percent (44%, 1,637 pupils) of males compared to 26% (1,052 pupils) of females were scored as high, while 21% (774 pupils) of males and 40% (1,578 pupils) of females were scored as low. Given this situation and based on previous SCRE experience of using the self-esteem instrument (which time and again has scored greater proportions of females as having lower self-esteem and males as having higher self-esteem), it was decided to consider self-esteem for males and females separately. Subsequently males and females were allocated to categories (low, medium, high) based on the distribution of self-esteem scores within their sex grouping. The tables below give details these groupings. The range of scores for each was selected to match as closely as possible to thirds of each of the distributions.

*Self-esteem groupings by sex:*

Self-esteem	Males (%)	Self-esteem	Females (%)
Low (10-29)	28	Low (10-27)	32
Medium (30-33)	37	Medium (28-31)	34
High (34-40)	36	High (32-40)	34
<i>N=3,693</i>		<i>N=4,019</i>	

Table 4.1 below shows the proportion of girls and boys with high and low self esteem for Glasgow City and for each of the five CHCPs. Using the gender-specific measures of self esteem described in the note above, 36% of boys and 34% of girls across Glasgow had high self esteem; 28% of boys and 32% of girls had low self esteem. Patterns were similar across all CHCPs.

<sup>4</sup> This note is replicated from the Main Findings Report produced by SCRE.

**Table 4.1: Self Esteem– Glasgow City and each CHCP**

	<b>Glasgow City</b>	<b>North CHCP</b>	<b>East CHCP</b>	<b>West CHCP</b>	<b>South East CHCP</b>	<b>South West CHCP</b>
<b>Boys with high self esteem</b>	35.5%	32.3%	35.1%	37.5%	36.9%	36.0%
<b>Girls with high self esteem</b>	33.9%	33.6%	29.9%	35.1%	38.4%	34.1%
<b>Boys with low self esteem</b>	27.7%	28.5%	27.3%	27.4%	27.3%	28.1%
<b>Girls with low self esteem</b>	32.3%	31.6%	33.3%	30.8%	29.6%	35.3%

**Notes:**

Measures of self-esteem were derived from Q9. See Appendix A for survey questionnaire and Appendix B for Base N for the self-esteem variable.

## 5 Indicators of Oral Health, Exercise and Fruit/Vegetable Consumption

This chapter presents indicator data for oral health, exercise and fruit and vegetable consumption. Table 5.1 shows these indicators for Glasgow City and for each of the five CHCPs.

**Table 5.1: Indicators of Oral Health, Exercise and Fruit and Vegetable Consumption– Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Brush teeth twice or more a day</b>	77.2%	74.5%	78.7%	80.0%	77.4%	74.5%
<b>Exercise 4 or more times per week with an average of duration of more than 30 minutes</b>	36.0%	34.2%	36.9%	35.2%	36.3%	37.3%
<b>Eat 5 or more portions of fresh fruit/veg in a day</b>	33.9%	29.0%	30.0%	42.1%	36.6%	32.1%

**Notes:**

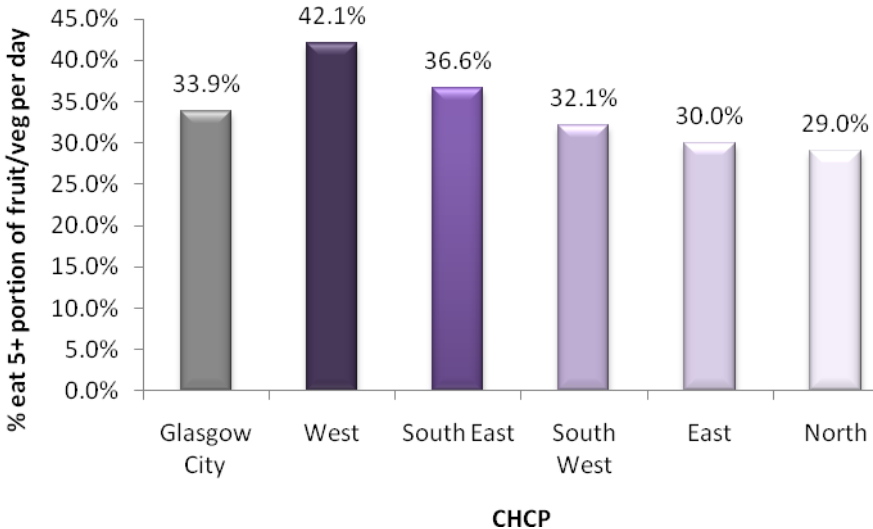
Questions used for these indicators were Q21, exercise indicator derived from Q29 and Q30, fruit/veg indicator derived from Q40 and Q41. See Appendix A for survey questionnaire and Appendix B for Base N for each question/indicator.

Overall, just over three quarters (77%) of pupils in Glasgow had brushed their teeth two times or more in the previous day. There was little variation across CHCPs, ranging from 74% in the North and South West to 80% in the West.

Just over a third (36%) of pupils in Glasgow said that they exercised four or more times per week where activities had an average duration of more than 30 minutes. All CHCPs showed similar results for this indicator.

A third (34%) of pupils said that they had eaten five or more portions of fruit and/or vegetables in the previous day. There was some variation between CHCPs, ranging from 29% consuming five portions in the North CHCP to 42% in the West CHCP. This is shown in Figure 5.1 below.

**Figure 5.1: Proportion of Pupils who eat 5 or More Portions of Fruit/Vegetables Per Day – Glasgow City and CHCPs**



## 6 Smoking, Alcohol Consumption and Drug Taking

Table 6.1 shows the key indicator data relating to smoking, alcohol consumption and drug taking for Glasgow City and each of the CHCPs.

**Table 6.1: Smoking, Alcohol Consumption and Drug Taking– Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Smoking on at least some days</b>	9.7%	9.1%	9.0%	10.4%	9.7%	10.1%
<b>Smoking on at least some days in S4</b>	15.8%	19.9%	11.4%	16.9%	16.3%	15.9%
<b>S4s who report getting drunk at least once a week</b>	25.7%	24.7%	28.0%	24.4%	24.1%	26.7%
<b>Taken non prescription drugs in the last year</b>	18.2%	18.4%	20.3%	17.5%	18.4%	15.7%
<b>Taken non prescription drugs in the last year in S4</b>	29.6%	31.4%	32.1%	29.1%	31.5%	24.5%

**Notes:**

Questions used for these indicators were Q42, Q53 and Q56. See Appendix A for survey questionnaire and Appendix B for Base N for each question/indicator.

One in ten pupils in Glasgow was smoking on at least some days. There was little variation across CHCPs for this indicator. However, more variation is observed in the proportion of **S4 pupils** who were smoking on at least some days: while 16% of S4 pupils in Glasgow smoked on at least some days, this ranged from 11% in the East to 20% in the North. This is shown in Figure 6.1 below.

**Figure 6.1: Proportion of S4 pupils who Smoke on at Least Some Days – Glasgow City and CHCPs**



A quarter (26%) of S4 pupils said that they got drunk at least once a week. This varied little across the city. Overall, 18% of pupils in Glasgow had taken non-prescription drugs in the last year, and 30% of those in S4 had done so. Levels of drug use were similar across CHCPs.

Among those who had taken drugs, the most common types of drugs taken were Cannabis (80%), Ecstasy (27%) and Cocaine (16%). Use of Ecstasy appeared to be particularly high in the East CHCP, where 40% of all those who had taken a non-prescription drug in the last year had taken ecstasy.

**Table 6.2: Three Most Common Non Prescription Drugs Used in Last Year (% of all those who had used any drugs).**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Cannabis</b>	79.6%	80.3%	79.8%	81.0%	78.4%	77.8%
<b>Ecstasy</b>	27.4%	23.8%	40.0%	20.2%	18.0%	28.2%
<b>Cocaine</b>	15.8%	16.6%	19.5%	11.5%	14.9%	15.0%

**Notes:**

Question used for these indicators was Q56. See Appendix A for survey questionnaire and Appendix B for Base N for each question/indicator.

## 7 Anti Social Behaviour and Bullying

Table 7.1 below shows the indicator data relating to anti social behaviour and bullying. Here, anti social behaviour includes:

- Truancing;
- Shoplifting;
- Fighting;
- Gang fighting;
- Threatening/bullying/harassing a person;
- Carrying a weapon outside school;
- Carrying a weapon inside school;
- Drug dealing;
- Vandalism/graffiti;
- Breaking into school, shop or another person's home.

**Table 7.1: Anti Social Behaviour and Bullying– Glasgow City and each CHCP**

	<b>Glasgow City</b>	<b>North CHCP</b>	<b>East CHCP</b>	<b>West CHCP</b>	<b>South East CHCP</b>	<b>South West CHCP</b>
<b>Admit anti social behaviour</b>	48.6%	48.8%	50.5%	47.2%	49.3%	47.1%
<b>Admit anti social behaviour in S4</b>	56.6%	56.4%	57.8%	56.3%	58.7%	54.1%
<b>Carry a weapon in school</b>	2.4%	2.9%	1.9%	2.5%	2.2%	2.3%
<b>Carry a weapon out of school</b>	8.1%	8.7%	9.1%	7.0%	7.5%	7.8%
<b>Been bullied in the past year at school</b>	13.1%	11.1%	11.3%	15.3%	12.9%	15.3%
<b>Been victimised or treated differently because of skin colour</b>	13.5%	14.7%	9.9%	14.1%	15.0%	14.9%

**Notes:**

Questions used for these indicators were Q71, Q12 and Q15 See Appendix A for survey questionnaire and Appendix B for Base N for each question/indicator.

Overall, half (49%) of pupils in Glasgow City admitted at least one of the listed types of anti social behaviour in the past year. Among S4 pupils, 57% admitted to at least one form of anti social behaviour. Results for all CHCPs were very similar for this indicator. The three most commonly admitted types of anti social behaviour were fighting (28% of all pupils), truancing (28%) and vandalism (17%).

**Table 7.2: Most Common Forms of Anti-Social Behaviour– Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Fighting</b>	28.2%	29.0%	30.6%	24.5%	28.0%	28.6%
<b>Truancing</b>	27.6%	26.6%	26.7%	30.6%	27.1%	26.6%
<b>Vandalism</b>	17.1%	18.9%	19.9%	15.2%	16.3%	14.4%

**Notes:**

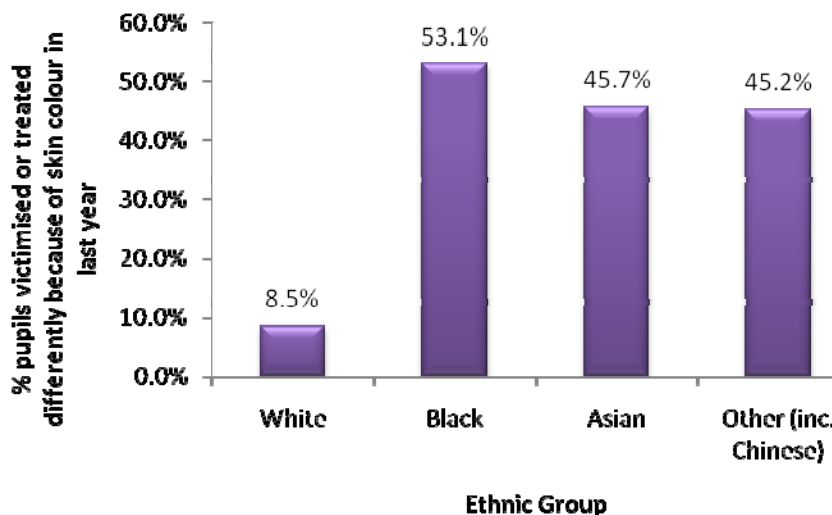
Question used for these indicators was Q71. See Appendix A for survey questionnaire and Appendix B for Base N for each question/indicator.

In Glasgow, 2% of pupils admitted carrying a weapon in school and 8% admitted carrying a weapon out of school.

In Glasgow as a whole, 13% of pupils said they had been bullied in the past year at their school. This was lowest in the North and East CHCPs (11%) and highest in the West and South West (15%).

Overall, 14% of pupils felt that they had been victimised or treated differently because of their skin colour in the last year (not necessarily at school). This included being physically attacked, being called names, being picked on or otherwise treated differently (e.g. not been chosen for something). Figure 7.1 below shows how this indicator varied by ethnic group – with around half of all ethnic minority groups feeling that they had been victimised or treated differently because of their skin colour.

**Figure 7.1: Proportion victimised or treated differently because of skin colour by ethnic group**



**Notes:**

'White'= all responses at Q96 section a. 'Black'=all responses at Q96 section b. 'Asian'=all responses at Q96 section c. 'Other (inc. Chinese)' = all responses at Q96 sections d and e. See Appendix A for survey questionnaire.



## 8 Access to Internet and Awareness/Use of Services

The table below shows the key indicators relating to access to the internet and the awareness and use of services for Glasgow City and each CHCP.

**Table 8.1: Access to Internet and Awareness/Use of Services– Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Have a computer at home</b>	92.7%	92.1%	91.5%	94.0%	95.2%	91.2%
<b>Have access to the internet at home</b>	83.6%	84.1%	79.5%	87.2%	88.2%	80.7%
<b>Aware of Childline</b>	94.4%	92.8%	95.1%	94.8%	94.0%	95.0%
<b>Of these, would not use Childline even if they had to</b>	40.8%	44.4%	40.2%	38.5%	41.1%	40.8%
<b>Aware of the Sandyford Initiative</b>	7.5%	4.1%	10.5%	13.3%	3.2%	4.0%
<b>Aware of The Place at Sandyford</b>	4.2%	2.8%	5.6%	7.5%	1.6%	2.0%
<b>Hold a Young Scot Card</b>	79.2%	81.1%	79.0%	80.2%	75.7%	79.6%

**Notes:**

Questions used for these indicators were Q72, Q74, Q60, Q61 and Q63. See Appendix A for survey questionnaire and Appendix B for Base N for each question/indicator.

Nearly all (93%) of pupils had a computer in their home while 84% had access to the internet at home. Access to the internet was lowest in the East CHCP (80%) and highest in the South East (88%).

Nearly all (94%) of pupils were aware of Childline, and of these 41% said that they would **not** use the service even if they had cause to. The proportion who said they would **not** use it ranged from 38% in the West CHCP to 44% in the North CHCP.

Overall, 8% of pupils across Glasgow had heard of the Sandyford Initiative. However, there was considerable variation across CHCPs. Awareness was lowest in the South East (3%) and highest in the West (13%).

**Figure 8.1: Proportion of Pupils Aware of the Sandyford Initiative: Glasgow City and CHCPs**



Overall, 4% of pupils had heard of The Place at Sandyford. This ranged from 2% in the South East to 8% in the West.

Overall, 79% of pupils in Glasgow City held a Young Scot Card. The most common activity with a Young Scot Card was swimming (77% of all Young Scot card holders). This was the most common activity for all CHCPs and all schools.

## 9 Plans/Views of the Future

Table 9.1 shows the key indicators for pupils aims and expectations of the future. Overall, among those who knew what they aimed to do after S4, two thirds (68%) of pupils in Glasgow aimed to stay on at school or in further education after S4, while 16% aimed to get a job. West CHCP had the highest proportion of pupils aiming to stay in education (78%) and the lowest proportion aiming to get a job (12%).

**Table 9.1: Plans/Views of the future – Glasgow City and each CHCP**

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Aim to stay on at school/ further education</b>	73.8%	72.8%	72.2%	78.4%	75.4%	70.2%
<b>Aim to get a job</b>	17.5%	20.0%	18.8%	12.3%	15.6%	20.8%
<b>Think it is unlikely that they will have a criminal record by the time they are 20</b>	68.3%	65.0%	66.6%	71.0%	69.2%	69.7%
<b>Have a criminal record</b>	6.7%	8.2%	7.0%	6.0%	6.4%	5.9%
<b>Think it is likely that they will have a criminal record</b>	6.2%	5.4%	7.2%	6.0%	5.4%	6.6%

Two thirds of pupils (68%) in Glasgow felt that it was unlikely that they would have a criminal record by the time they are 20, while 6% felt that it was likely and 7% already had a criminal record. These findings were very similar for each of the CHCPs.

## GLASGOW HEALTH AND WELLBEING QUESTIONNAIRE

Thank you for agreeing to complete this questionnaire.

Remember that it is **COMPLETELY CONFIDENTIAL**, so you can be **COMPLETELY HONEST**.

Please try and complete as many of the questions as possible. The information you provide will be really helpful in trying to make improvements in the life and well-being of young people in your school, your community and across the city.

### YOUR SCHOOL

1 What secondary school do you go to?

PLEASE WRITE IN THE BOX

2 Which primary school did you go to?

PLEASE WRITE IN THE BOX – IF YOU WENT TO MORE THAN ONE PLEASE WRITE IN THE ONE YOU WENT TO JUST BEFORE YOU STARTED SECONDARY SCHOOL

3 How old are you?

PLEASE WRITE IN THE BOX

 YEARS OLD

4 What year group are you in?

PLEASE TICK ONE BOX ONLY

S1

S2

S3

S4

### HOW DO YOU FEEL?

5 How have you felt about yourself in general, over the last year?

PLEASE TICK ONE BOX ONLY



**6 How much control do you have over the way your life is going in general?**  
PLEASE TICK ONE BOX ONLY

**None**  
 <sub>1</sub>

**A little**  
 <sub>2</sub>

**Some**  
 <sub>3</sub>

**A lot**  
 <sub>4</sub>

**7 How have you felt, about your health in general, over the last year?**  
PLEASE TICK ONE BOX ONLY

  
 <sub>1</sub>

  
 <sub>2</sub>

  
 <sub>3</sub>

  
 <sub>4</sub>

  
 <sub>5</sub>

**8 Here are some descriptions of feelings. Thinking about the last month, please say whether you have felt this way most of the time, sometimes or never.**  
PLEASE TICK ONE BOX FOR EACH STATEMENT

	Most of the time	Sometimes	Never
a) I've felt too tired to do things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) I've had trouble getting to sleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) I've had trouble staying asleep	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d) I've felt unhappy, sad or depressed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e) I've felt hopeless about the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f) I've felt tense or nervous	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g) I've worried too much about things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**9 How much do you agree with the following?**  
PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly disagree	Disagree	Agree	Strongly agree
a) I am pretty sure about myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) I often wish I was someone else	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) I am easy to like	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) I have a low opinion of myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) I am a failure	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) There are lots of things about myself that I would like to change	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) I am able to do things well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) Most of the time I am, satisfied with myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i) I have a number of good qualities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j) I like myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**10a Which, if any, of these things do you worry about?**

PLEASE TICK ALL THAT APPLY

School	<input type="checkbox"/>	1	Family rows	<input type="checkbox"/>	9	Your health	<input type="checkbox"/>	17
Being bullied	<input type="checkbox"/>	2	Feeling different	<input type="checkbox"/>	10	Friends	<input type="checkbox"/>	18
Money problems	<input type="checkbox"/>	3	Relationship with parents	<input type="checkbox"/>	11	Skin problems	<input type="checkbox"/>	19
Racism	<input type="checkbox"/>	4	Drugs	<input type="checkbox"/>	12	Brothers / sisters	<input type="checkbox"/>	20
The way I look	<input type="checkbox"/>	5	Getting a job	<input type="checkbox"/>	13	Fear of violence / gangs	<input type="checkbox"/>	21
Boyfriend/Girlfriend	<input type="checkbox"/>	6	Drinking	<input type="checkbox"/>	14	Family health problems	<input type="checkbox"/>	22
Exams	<input type="checkbox"/>	7	Gossip	<input type="checkbox"/>	15	The future	<input type="checkbox"/>	23
Loneliness	<input type="checkbox"/>	8	Being called gay	<input type="checkbox"/>	16	Sexual harassment	<input type="checkbox"/>	24
Other (PLEASE WRITE IN)								25
I have no worries at the moment				<input type="checkbox"/>	26	→ <b>GO TO Q11a</b>		

**10b Which one do you worry about the most?**

PLEASE TICK ONE ONLY

School	<input type="checkbox"/>	1	Family rows	<input type="checkbox"/>	9	Your health	<input type="checkbox"/>	17
Being bullied	<input type="checkbox"/>	2	Feeling different	<input type="checkbox"/>	10	Friends	<input type="checkbox"/>	18
Money problems	<input type="checkbox"/>	3	Relationship with parents	<input type="checkbox"/>	11	Skin problems	<input type="checkbox"/>	19
Racism	<input type="checkbox"/>	4	Drugs	<input type="checkbox"/>	12	Brothers / sisters	<input type="checkbox"/>	20
The way I look	<input type="checkbox"/>	5	Getting a job	<input type="checkbox"/>	13	Fear of violence / gangs	<input type="checkbox"/>	21
Boyfriend/Girlfriend	<input type="checkbox"/>	6	Drinking	<input type="checkbox"/>	14	Family health problems	<input type="checkbox"/>	22
Exams	<input type="checkbox"/>	7	Gossip	<input type="checkbox"/>	15	The future	<input type="checkbox"/>	23
Loneliness	<input type="checkbox"/>	8	Being called gay	<input type="checkbox"/>	16	Sexual harassment	<input type="checkbox"/>	24
Other (PLEASE WRITE IN)								25

**11a Is there anyone you can talk to and trust about personal things or worries?**

PLEASE TICK ONE BOX ONLY

Yes  **1 GO TO Q11B**      No  **2 GO TO Q12**

**11b Who, if any, of the following do you talk to and trust about personal things or worries?**

PLEASE TICK ALL THAT APPLY

Friends	<input type="checkbox"/> 1	Teachers	<input type="checkbox"/> 4
Parents / guardians	<input type="checkbox"/> 2	Neighbours	<input type="checkbox"/> 5
Other family members	<input type="checkbox"/> 3	Others	<input type="checkbox"/> 6

**12 Have you been bullied in this school in the past year?**

PLEASE TICK ONE BOX ONLY

Yes  1                      No  2

**13 Do you ever feel afraid of going to school because of bullying?**

PLEASE TICK ONE BOX ONLY

<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**14 Have you bullied or frightened someone in this school in the past year?**

PLEASE TICK ONE BOX ONLY

<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**15 Have any of these things happened to you because of your skin colour in the past year?**

PLEASE TICK ALL THAT APPLY

I have been hit or beaten up	<input type="checkbox"/> 1
I have been called names	<input type="checkbox"/> 2
I have been picked on	<input type="checkbox"/> 3
I have been treated differently to others (eg not chosen for something)	<input type="checkbox"/> 4
Other (PLEASE WRITE IN WHAT HAPPENED)	<input type="checkbox"/> 5
None of the above	<input type="checkbox"/> 6

**16 Have any of these things happened to you because of your religion in the past year? PLEASE TICK ALL THAT APPLY**

- I have been hit or beaten up  1
- I have been called names  2
- I have been picked on  3
- I have been treated differently to others (eg not chosen for something)  4
- Other (PLEASE WRITE IN WHAT HAPPENED)  5
- None of the above  6

**ILLNESS & DISABILITY**

**17 Do you have any illness or disability that is likely to go on for a long time? PLEASE TICK ONE BOX ONLY**

- Yes  1 *GO TO Q18*                      No  2 *GO TO Q21*

**18 What is your illness or disability? PLEASE TICK ALL THAT APPLY**

- |  |   |
|--|---|
| Asthma <input type="checkbox"/> 1  | Epilepsy <input type="checkbox"/> 5                 |
| Diabetes <input type="checkbox"/> 2  | Injury (eg broken bones) <input type="checkbox"/> 6 |
| Dyslexia <input type="checkbox"/> 3  | Painful joints <input type="checkbox"/> 7           |
| Eczema <input type="checkbox"/> 4  | Physical disability <input type="checkbox"/> 8      |
| Other (PLEASE WRITE IN) <input style="width: 300px; height: 20px;" type="text"/> 9 |   |

**19 Does this illness or disability limit what you can do? PLEASE TICK ONE BOX ONLY**

- No  1                      Yes – in what way(s)?  2



**20 Have any of these things happened to you because you have a disability in the past year?**

PLEASE TICK ALL THAT APPLY

I have been hit or beaten up

 1

I have been called names

 2

I have been picked on

 3

I have been treated differently to others (eg not chosen for something)

 4

Other (PLEASE WRITE IN WHAT HAPPENED)

 5

None of the above

 6

**ABOUT YOUR TEETH**

**21 How many times did you clean your teeth yesterday?**

PLEASE TICK ONE BOX ONLY

Not at all

 1

Once

 2

Twice

 3

3 times or more

 4

**22 When did you last go to the dentist?**

PLEASE TICK ONE BOX ONLY

Within the last 6 months

 1

6–12 months ago

 2

More than 12 months ago

 3

Never

 4

Can't remember

 5

**PHYSICAL ACTIVITY**

**23 How do you usually travel to school? (most days)**

PLEASE TICK ONE BOX ONLY

Walk

 1

Train

 4

Cycle

 2

Car

 5

Bus

 3

Other (PLEASE WRITE IN)

 6

**24 If you go to school by car, how many other children at your school are usually in the car as well?**

IF YOU DO NOT GO TO SCHOOL BY CAR, PLEASE GO TO Q25

PLEASE WRITE THE NUMBER OF CHILDREN TRAVELLING IN THE CAR

Children travelling in the car

**25 How many days in the past week (if any) did you walk, cycle or skate to or from school?**  
PLEASE TICK ONE BOX ONLY

<b>None</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Every day</b>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**26 Do you own a bicycle?**  
PLEASE TICK ONE BOX ONLY

Yes <sub>1</sub>      No <sub>2</sub>

**27 How long does it take you to travel to school (one way)?**  
PLEASE TICK ONE BOX ONLY

Less than 5 minutes	<input type="checkbox"/> <sub>1</sub>
At least 5 minutes but less than 15 minutes	<input type="checkbox"/> <sub>2</sub>
At least 15 minutes but less than half an hour	<input type="checkbox"/> <sub>3</sub>
Half an hour or longer	<input type="checkbox"/> <sub>4</sub>

**28 If you had the choice how would you prefer to travel to school?**  
PLEASE TICK ONE BOX ONLY

Walk	<input type="checkbox"/> <sub>1</sub>	Train	<input type="checkbox"/> <sub>4</sub>
Cycle	<input type="checkbox"/> <sub>2</sub>	Car	<input type="checkbox"/> <sub>5</sub>
Bus	<input type="checkbox"/> <sub>3</sub>	Other (PLEASE WRITE IN)	<input type="text"/> <sub>6</sub>

**29 Including activities done at school and outside school, how many times a week do you take part in sport, exercise or physical activity that makes you breathe harder or sweat a bit?**  
PLEASE TICK ONE BOX ONLY

Never <sub>1</sub> **GO TO Q33**

Once <sub>2</sub>      Twice <sub>3</sub>      3 times <sub>4</sub>      4 times or more <sub>5</sub>

**30 On average how long do each of these periods of activity last?**  
PLEASE TICK ONE BOX ONLY

<b>Less than 10 mins</b>	<b>11–20 mins</b>	<b>21–30 mins</b>	<b>More than 30 mins</b>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**31 Do you take part in any sport, exercise or physical activity in your spare time (that is, outside of school PE lessons)?**

PLEASE TICK ONE BOX ONLY

Yes <sub>1</sub> GO TO Q32 No <sub>2</sub> GO TO Q33

**32 Generally speaking, how often do you do sport / exercise in your spare time?**

PLEASE TICK ONE BOX ONLY

Once a week  
or less

<sub>1</sub>

Twice a week

<sub>2</sub>

Three times  
a week

<sub>3</sub>

Four times a  
week or more

<sub>4</sub>

## YOUR DIET

**33 Did you eat breakfast this morning?**

PLEASE TICK ONE BOX ONLY

Yes <sub>1</sub> No <sub>2</sub> GO TO Q36

**34 Where did you eat your breakfast?**

PLEASE TICK ONE BOX ONLY

At home

<sub>1</sub>

In the street

<sub>3</sub>

In the school canteen

<sub>2</sub>

Somewhere else  
(PLEASE WRITE IN)

<sub>4</sub>

**35 What did you have for your breakfast this morning?**

PLEASE TICK ALL THAT APPLY

A drink

<sub>1</sub>

Sweets

<sub>5</sub>

Cereal (including porridge)

<sub>2</sub>

Crisps

<sub>6</sub>

Toast or bread

<sub>3</sub>

Other  
(PLEASE WRITE IN)

<sub>7</sub>

Cooked breakfast

<sub>4</sub>

**36 Did you eat anything at lunchtime yesterday? (If you were not at school yesterday, please think about the last day you were at school.)**

PLEASE TICK ONE BOX ONLY

Yes <sub>1</sub> GO TO Q37 No <sub>2</sub> GO TO Q40

**37 Where did you eat lunch yesterday? (or the last day you were at school)**

PLEASE TICK ONE BOX ONLY

In the school canteen	<input type="checkbox"/>	1	At home	<input type="checkbox"/>	4
In the school playground	<input type="checkbox"/>	2	In the street	<input type="checkbox"/>	5
Somewhere else in the school	<input type="checkbox"/>	3	Somewhere else (PLEASE WRITE IN)	<input type="text"/>	

**38 What did you have for lunch yesterday? (or the last day you were at school)**

PLEASE TICK ALL THAT APPLY

Standard meal (eg meat, vegetable, potatoes)	<input type="checkbox"/>	1	Pasta / Salad	<input type="checkbox"/>	4
Sandwich / filled roll	<input type="checkbox"/>	2	Soup	<input type="checkbox"/>	5
Snack meal (eg burger, hot-dog, chips)	<input type="checkbox"/>	3	Sweets / crisps	<input type="checkbox"/>	6
Something else (PLEASE WRITE IN)	<input type="text"/>				7

**39 What drink or drinks did you have during lunch time yesterday? (or the last day you were at school)**

PLEASE TICK ALL THAT APPLY

Nothing to drink	<input type="checkbox"/>	1	Juice drink (eg Ribena, Oasis, Sunny Delight)	<input type="checkbox"/>	6
Fizzy Drink (eg regular Irn Bru)	<input type="checkbox"/>	2	Milk (full fat)	<input type="checkbox"/>	7
Diet Fizzy Drink	<input type="checkbox"/>	3	Milk (low fat, eg semi-skimmed / skimmed)	<input type="checkbox"/>	8
Water	<input type="checkbox"/>	4	Tea / Coffee	<input type="checkbox"/>	9
Fruit juice	<input type="checkbox"/>	5	Something else (PLEASE WRITE IN)	<input type="text"/>	

**40 How many portions of fruit did you eat yesterday?**

(A portion of fruit would be something like 1 banana or 1 apple or 1 slice of melon or 2 satsumas. A glass of fruit juice also counts as one portion)

PLEASE WRITE THE NUMBER OF PORTIONS IN THE BOX

Portions

**41 How many portions of vegetable or salad (not potatoes) did you eat yesterday?**

(A portion of vegetables would be something like a large spoonful of carrots or baked beans and includes fresh, frozen or tinned vegetables)

PLEASE WRITE THE NUMBER OF PORTIONS IN THE BOX

Portions

## SMOKING

**42 Which of the following best describes you? PLEASE TICK ONE BOX ONLY**

I have never tried smoking

 1

I have only tried smoking once or twice

 2

I used to smoke but I have given up

 3

I smoke some days

 4

I smoke every day

 5

GO TO Q49

GO TO Q43

**43 If you smoke every day, please write in the number of cigarettes you smoke in an average day.**

PLEASE WRITE IN THE BOX

 Cigarettes per day

**If you smoke some days, please write in the number of cigarettes you smoke in an average week.**

PLEASE WRITE IN THE BOX

 Cigarettes per week

**44 How old were you when you had your first puff of a cigarette? PLEASE WRITE IN THE BOX**

 YEARS OLD

**45 Where do you usually get your cigarettes from? PLEASE TICK ALL THAT APPLY**

I buy them from shop

 1

I ask someone I don't know to buy them

 6

I buy them from people I know

 2

I take them from a family member without their knowledge

 7

I buy them from a machine

 3

A friend gives them to me

 8

A friend, who is my age, buys them

 4

Other PLEASE WRITE IN

A friend, who is older than me, buys them

 5

 9

**46 How much do you usually spend on cigarettes in an average week?**  
PLEASE TICK ONE BOX ONLY

- Less than £5  1
- Between £5–£10  2
- Between £11 and £15  3
- Between £16 and £20  4
- £21 or more  5
- Nothing  6 **GO TO Q48**

**47 Where do you get the money to buy cigarettes?**  
PLEASE TICK ALL THAT APPLY

- Pocket money  1
- Wages from a part-time job  2
- From my parents / guardian  3
- From my brothers/ sisters  4
- From another family member  5
- I use my dinner money  6
- I steal it  7
- Other (PLEASE WRITE IN)  8

**48 Would you like to stop smoking?** PLEASE TICK ONE BOX ONLY

- Yes  1      Possibly  2      No  3

**49 Does anyone in your home smoke?** PLEASE TICK ONE BOX ONLY

- Yes  1      No  2

**50 Do any of your friends smoke?** PLEASE TICK ONE BOX ONLY

- Yes  1      No  2

# DRINKING ALCOHOL

**51 How often do you drink alcohol? PLEASE TICK ONE BOX ONLY**

- |                                   |                          |   |                                     |
|-----------------------------------|--------------------------|---|-------------------------------------|
| Never                             | <input type="checkbox"/> | 1 | <b>GO TO Q55 AND READ PARAGRAPH</b> |
| Once a week or more               | <input type="checkbox"/> | 2 | } <b>GO TO Q52</b>                  |
| Every 1 – 2 weeks                 | <input type="checkbox"/> | 3 |                                     |
| Every 3 – 4 weeks                 | <input type="checkbox"/> | 4 |                                     |
| Once every 2 – 3 months           | <input type="checkbox"/> | 5 |                                     |
| Less often (once or twice a year) | <input type="checkbox"/> | 6 |                                     |

**52 Which of the following do you drink? PLEASE TICK ALL THAT APPLY**

- |  |                          |   |
|--|--------------------------|---|
| Beer / Lager / Cider                                     | <input type="checkbox"/> | 1 |
| Shandy (lemonade and beer)                               | <input type="checkbox"/> | 2 |
| Alcohol fizzy drinks or Alcopops (WKD, Bacardi Breezers) | <input type="checkbox"/> | 3 |
| Wine (Red, White, Rose)                                  | <input type="checkbox"/> | 4 |
| Spirits (Vodka, Whisky)                                  | <input type="checkbox"/> | 5 |
| Fortified wine / sherry (Buckfast, Martini)              | <input type="checkbox"/> | 6 |
| Other (PLEASE WRITE IN)                                  | 7                        |   |

**53 How often would you say you get drunk? PLEASE TICK ONE BOX ONLY**

- |                       |                          |   |              |                          |   |
|-----------------------|--------------------------|---|--------------|--------------------------|---|
| Never or rarely       | <input type="checkbox"/> | 1 | Twice a week | <input type="checkbox"/> | 4 |
| Once or twice a month | <input type="checkbox"/> | 2 | Most days    | <input type="checkbox"/> | 5 |
| Once a week           | <input type="checkbox"/> | 3 | Don't know   | <input type="checkbox"/> | 6 |

**54 How much do usually spend on alcohol per week? PLEASE TICK ONE BOX ONLY**

- |          |                          |   |               |                          |   |
|----------|--------------------------|---|---------------|--------------------------|---|
| Nothing  | <input type="checkbox"/> | 1 | £11 – £15     | <input type="checkbox"/> | 5 |
| Under £2 | <input type="checkbox"/> | 2 | £16 – £20     | <input type="checkbox"/> | 6 |
| £2 – £5  | <input type="checkbox"/> | 3 | More than £20 | <input type="checkbox"/> | 7 |
| £6 – £10 | <input type="checkbox"/> | 4 |               |                          |   |

# DRUGS

## PLEASE READ THIS FIRST

We would now like to ask you some questions about drugs. By drugs we mean those that are not available in the shops or prescribed from a doctor (ie non prescription drugs). We are also interested in things that can be misused such as solvents and glue.

All information you provide will be kept anonymously and treated confidentially. The police will not be informed of any responses to this survey. It is used to plan NHS services.

### 55 Have you ever taken non-prescription drugs?

PLEASE TICK ONE BOX ONLY

Yes  GO TO Q56

No  GO TO Q57

### 56 Which, if any, of these drugs have you taken in the last year?

PLEASE TICK ALL THAT APPLY

Cannabis (Marijuana, dope, hash, blow, joints, wacky baccy)  1

Gas, glue or other solvents (Tipp-Ex, lighter fuel, aerosols to inhale or sniff)  2

Amphetamines (Speed, Whizz, Sulph)  3

LSD (acid, tabs, trips)  4

Ecstasy (E, Eccies, XTC)  5

Cyrobán (Cy / Cyber)  6

Poppers (Amyl Nitrates, Liquid Gold, Rush)  7

Tranquillisers (Downers, Jellies, Valium, Temazapan, Eggs)  8

Heroin (Smack, Skag, Gear, H)  9

Magic Mushrooms (Shrooms)  10

Methadone (Linctus, Physeptone, Meth)  11

Crack (Rock, Stone)  12

Cocaine (Coke, Charlie, C)  13

Anabolic Steroids (Roids)  14

Other drugs that would not be given to you by a doctor or chemist (PLEASE WRITE IN)

None in the last year  16



## SERVICES FOR YOUNG PEOPLE

**57 Do you go to a local youth club or centre? PLEASE TICK ONE BOX ONLY**

- Yes <sub>1</sub> } **GO TO Q59**  
No – I don't know of one that I could go to <sub>2</sub> }  
No – but I know of one that I could go to <sub>3</sub> **GO TO Q58**

**58 Is there anything stopping you, or putting you off going to a youth club or centre? PLEASE WRITE IN THE BOX**

**59 Are you aware of a health service in or near to your school that is for young people only? PLEASE TICK ONE BOX ONLY**

- No <sub>1</sub> Yes –PLEASE WRITE IN ITS NAME  <sub>2</sub>

**60 Have you heard of ChildLine? PLEASE TICK ONE BOX ONLY**

- No <sub>1</sub>  
Yes, and I would phone ChildLine if I needed to <sub>2</sub>  
Yes, but I would not phone ChildLine even if I needed to <sub>3</sub>

**61 Have you heard of the Sandyford Initiative? PLEASE TICK ONE BOX ONLY**

- Yes <sub>1</sub> **GO TO Q62** No <sub>2</sub> **GO TO Q63**

**62 Please say in one sentence what you think Sandyford provides? PLEASE WRITE IN THE BOX**

**63 Have you heard of The Place at Sandyford?**  
PLEASE TICK ONE BOX ONLY

Yes <sub>1</sub> **GO TO Q64** No <sub>2</sub> **GO TO Q65**

**64 Please say in one sentence what you think The Place at Sandyford provides?** PLEASE WRITE IN THE BOX

**65 Do you currently hold a Glasgow Young Scot Card?**  
PLEASE TICK ONE BOX ONLY

Yes <sub>1</sub> **GO TO Q66** No <sub>2</sub> **GO TO Q67**

**66 Have you used it for any of the following activities?**  
PLEASE TICK ALL THAT APPLY

- |  |                                       |   |  |
|--|---------------------------------------|---|--|
| Free Swimming                                      | <input type="checkbox"/> <sub>1</sub> | Glasgow Film Theatre / Cinema   | <input type="checkbox"/> <sub>7</sub>  |
| Holiday Programme Activities                       | <input type="checkbox"/> <sub>2</sub> | Discounts in shops  | <input type="checkbox"/> <sub>8</sub>  |
| First Bus 'Get Around for a £1' (Summer Promotion) | <input type="checkbox"/> <sub>3</sub> | Discounts in Leisure Centres  | <input type="checkbox"/> <sub>9</sub>  |
| Fuelzone / healthy eating points                   | <input type="checkbox"/> <sub>4</sub> | Other (PLEASE WRITE IN BELOW)   |  |
| Borrowed books / CDs or DVDs                       | <input type="checkbox"/> <sub>5</sub> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <sub>10</sub>                          |
| Science Centre                                     | <input type="checkbox"/> <sub>6</sub> | None of these   | <input type="checkbox"/> <sub>11</sub> |

**67 Have you been to any of the following in the last year?**  
PLEASE TICK ALL THAT APPLY

- |               |                                       |                  |                                       |
|---------------|---------------------------------------|------------------|---------------------------------------|
| Museum        | <input type="checkbox"/> <sub>1</sub> | Sports Centre    | <input type="checkbox"/> <sub>3</sub> |
| Library       | <input type="checkbox"/> <sub>2</sub> | Community Centre | <input type="checkbox"/> <sub>4</sub> |
| None of these | <input type="checkbox"/> <sub>5</sub> | <b>GO TO</b>     |                                       |
|               | <b>Q69</b>                            |                  |                                       |

**68 Which one facility do you visit most often?** PLEASE TICK ONE BOX ONLY

- |         |                                       |                  |                                       |
|---------|---------------------------------------|------------------|---------------------------------------|
| Museum  | <input type="checkbox"/> <sub>1</sub> | Sports Centre    | <input type="checkbox"/> <sub>3</sub> |
| Library | <input type="checkbox"/> <sub>2</sub> | Community Centre | <input type="checkbox"/> <sub>4</sub> |

**69 How often do you go to the swimming pool?**

PLEASE TICK ONE BOX ONLY

- |                     |                            |                                  |                            |
|---------------------|----------------------------|----------------------------------|----------------------------|
| Once a week or more | <input type="checkbox"/> 1 | Once every 2 – 3 months          | <input type="checkbox"/> 4 |
| Every 1 – 2 weeks   | <input type="checkbox"/> 2 | Less often (one or twice a year) | <input type="checkbox"/> 5 |
| Every 3 – 4 weeks   | <input type="checkbox"/> 3 | Never                            | <input type="checkbox"/> 6 |

**70 Can you swim? PLEASE TICK ONE BOX ONLY**

- Yes  1                      No  2

**BEHAVIOUR**

**71 Which, if any, of these things have you done in the last year?**

PLEASE TICK ALL THAT APPLY

- |   |                            |  |                             |
|---|----------------------------|--|-----------------------------|
| Dogging / missing / skipping school         | <input type="checkbox"/> 1 | Carrying a weapon in school                            | <input type="checkbox"/> 7  |
| Shoplifting                                 | <input type="checkbox"/> 2 | Drug dealing   | <input type="checkbox"/> 8  |
| Fighting someone                            | <input type="checkbox"/> 3 | Vandalising others' property / graffiti                | <input type="checkbox"/> 9  |
| Gang fighting                               | <input type="checkbox"/> 4 | Breaking into a school, shop, or another person's home | <input type="checkbox"/> 10 |
| Threatening / bullying / harassing a person | <input type="checkbox"/> 5 | None of these  | <input type="checkbox"/> 11 |
| Carrying a weapon outside school            | <input type="checkbox"/> 6 |  |                             |

**HOME**

**72 Do you have a computer at home? PLEASE TICK ONE BOX ONLY**

- Yes  1 **GO TO Q73**                      No  2 **GO TO Q74**

**73 Are you allowed to use your computer at home?**

PLEASE TICK ONE BOX ONLY

- Yes  1                      No  2

**74 Do you have access to the internet at home?**

PLEASE TICK ONE BOX ONLY

- Yes  1                      No  2

**75 How long do you spend on a computer on an average day?**  
PLEASE WRITE THE AVERAGE NUMBER OF HOURS IN THE BOX

HOURS

**76 Does anyone in your family have any of the following?**  
PLEASE TICK ALL THAT APPLY

A disability	<input type="checkbox"/>	1	}	<b>GO TO Q77</b>
A long-term illness	<input type="checkbox"/>	2		
A drug or alcohol problem	<input type="checkbox"/>	3		
None of these	<input type="checkbox"/>	4		<b>GO TO Q80</b>

**77 Do you ever look after or care for them?** PLEASE TICK ONE BOX ONLY

Yes  1 **GO TO Q78**                      No  2 **GO TO Q80**

**79 How, if at all, do your caring responsibilities affect you?**  
PLEASE TICK ALL THAT APPLY

No effect at all	<input type="checkbox"/>	1	Helps me organise my time	<input type="checkbox"/>	8
Sometimes unable to do homework	<input type="checkbox"/>	2	Makes me tired	<input type="checkbox"/>	9
Sometimes miss school	<input type="checkbox"/>	3	It can be lonely	<input type="checkbox"/>	10
Sometimes get bullied at school	<input type="checkbox"/>	4	It makes me feel stressed	<input type="checkbox"/>	11
Makes it difficult to make friends	<input type="checkbox"/>	5	It makes me feel anxious	<input type="checkbox"/>	12
I can't join clubs	<input type="checkbox"/>	6	Other (PLEASE WRITE IN)		
Sometimes makes me late for school	<input type="checkbox"/>	7	<input type="text"/>		

**80 Do you have a part-time job?** PLEASE TICK ONE BOX ONLY

Yes  1 **GO TO Q81**                      No  2 **GO TO Q83**

**81 What job do you do?** PLEASE TICK ALL THAT APPLY

Paper / Milk round	<input type="checkbox"/>	1	Gardening / car washing	<input type="checkbox"/>	5
Food outlet (eg serving food)	<input type="checkbox"/>	2	General delivery	<input type="checkbox"/>	6
Shop work / hairdressing junior	<input type="checkbox"/>	3	Other (PLEASE WRITE IN)		
Babysitting	<input type="checkbox"/>	4	<input type="text"/>		

## YOUR LIFE IN THE PAST

### 82 Have any of the following ever happened to you?

PLEASE TICK ALL THAT APPLY

Your parents split up

 1

Someone close to you died

 2

You lived away from your parents

 3

You lived in care / foster care / home

 4

You lived between two or more homes

 5

You have been seriously ill

 6

Someone close to you was seriously ill

 7

The parent you live with got a new partner

 8

None of the above

 9

GO TO Q84

GO TO Q86

### 83 Would you say that any of these events are bothering / having an effect on you at the moment? PLEASE TICK ONE BOX ONLY

Yes

 1

GO TO Q85

No

 2

GO TO Q86

### 84 What effect is it / are they having on you? PLEASE WRITE IN THE BOX

## YOUR FUTURE

**86 What do you hope to do as soon as you finish school (at the end of S4)?**  
PLEASE TICK ONE ONLY

Go to further education / college / stay at school

 1

Take a gap year

 2

Obtain training or join a training scheme

 3

Get a job

 4

Have a baby / look after my child(ren)

 5

Don't know

 6

Other (PLEASE WRITE IN)

 7

**87 How likely do you think it is that you will be charged, fined or have a criminal record by the time you are 20?**  
PLEASE TICK ONE BOX ONLY

Not likely

 1

I have one already

 3

Likely

 2

Don't know

 4

**88 Do your parents / carers encourage you to do your best at school?**  
PLEASE TICK ONE BOX ONLY

Yes

 1

No

 2

**89 Do your parents / carers encourage you to think about your future (eg getting a job, going to college or university)?**  
PLEASE TICK ONE BOX ONLY

Yes

 1

No

 2

**90 Does your school encourage you to do as well as you can?**  
PLEASE TICK ONE BOX ONLY

Yes

 1

No

 2

**91 How well do you think your school has prepared you for the future?**  
PLEASE TICK ONE BOX ONLY

<b>Very well</b>	<b>Fairly well</b>	<b>Not very well</b>	<b>Not at all well</b>	<b>Don't know</b>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**92 Have you done any of the following through school?**  
PLEASE TICK ALL THAT APPLY

Work placement	<input type="checkbox"/> <sub>1</sub>	CV (Curriculum Vitae) preparation	<input type="checkbox"/> <sub>4</sub>
Careers guidance	<input type="checkbox"/> <sub>2</sub>	Job search	<input type="checkbox"/> <sub>5</sub>
Employer visits	<input type="checkbox"/> <sub>3</sub>	Something else related to getting a job / working	<input type="checkbox"/> <sub>6</sub>

**93 What, if anything, could your school do better or differently to improve your health and happiness?** PLEASE TICK ALL THAT APPLY

Provide nicer / healthier food in canteen	<input type="checkbox"/> <sub>1</sub>	Provide support e.g. buddy or mentoring schemes	<input type="checkbox"/> <sub>8</sub>
Teach personal, social, and health education (PSHE)	<input type="checkbox"/> <sub>2</sub>	Encourage respect between teachers / staff and pupils	<input type="checkbox"/> <sub>9</sub>
Have outside agencies / people teaching PSHE	<input type="checkbox"/> <sub>3</sub>	Improve school buildings or grounds	<input type="checkbox"/> <sub>10</sub>
Provide more choice in PE / longer PE sessions	<input type="checkbox"/> <sub>4</sub>	Improve school corridors, classrooms or toilets	<input type="checkbox"/> <sub>11</sub>
Tell us more about health issues, eg using posters or an assembly	<input type="checkbox"/> <sub>5</sub>	Something else (PLEASE WRITE IN)	
Provide and encourage activities and clubs outside school hours	<input type="checkbox"/> <sub>6</sub>	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> <sub>12</sub>
Provide a drop-in centre where we can ask about health issues	<input type="checkbox"/> <sub>7</sub>	Nothing – it is fine as it is	<input type="checkbox"/> <sub>13</sub>

**ABOUT YOU**

**94 Are you...?** PLEASE TICK ONE BOX ONLY

Male	<input type="checkbox"/> <sub>1</sub>	Female	<input type="checkbox"/> <sub>2</sub>
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**95 Which of these best describes you? PLEASE TICK ONE BOX ONLY**

I live with my mum and dad	<input type="checkbox"/>	1	I live with my dad and his wife / partner	<input type="checkbox"/>	6
I spend some time living with my mum and some time living with my dad	<input type="checkbox"/>	2	I live with my grandparent(s)	<input type="checkbox"/>	7
I live with just my mum	<input type="checkbox"/>	3	I live with foster parents	<input type="checkbox"/>	8
I live with just my dad	<input type="checkbox"/>	4	I am in care	<input type="checkbox"/>	9
I live with my mum and her husband / partner	<input type="checkbox"/>	5	Other (PLEASE WRITE IN)	<input type="text"/>	

**96 To which of these groups do you consider you belong? PLEASE TICK ONE BOX IN ONE SECTION ONLY**

**a) White**

Scottish  1

Other British  2

Irish  3

Other White background (PLEASE WRITE IN BOX)  4

**b) Black, Black Scottish or Black British**

Caribbean  5

African  10

Other Black background (PLEASE WRITE IN BOX)  11

**c) Asian, Asian Scottish or Asian British**

Indian  6

Pakistan  7

Bangladesh  8

Other Asian background (PLEASE WRITE IN BOX)  9

**d) Other mixed background**

12

**e) Other ethnic background**

Chinese  13

Other Ethnic background (PLEASE WRITE IN BOX)  14



**97a Would you describe yourself as an Asylum Seeker?**  
PLEASE TICK ONE BOX ONLY

Yes  <sub>1</sub>

No  <sub>2</sub>

**97b If you have you come to Scotland from one of the following countries in the last three years, please tick which country?**  
PLEASE TICK ONE BOX ONLY

Czech Republic  <sub>1</sub>

Lithuania  <sub>5</sub>

Estonia  <sub>2</sub>

Poland  <sub>6</sub>

Hungary  <sub>3</sub>

Slovakia  <sub>7</sub>

Latvia  <sub>4</sub>

Slovenia  <sub>8</sub>

**98 What is your full postcode?**

For example, if your postcode was G27 2LD you would enter:

G	2	7		2	L	D	
---	---	---	--	---	---	---	--

PLEASE WRITE IN THE BOXES

--	--	--	--	--	--	--	--

# **THANK YOU FOR TAKING PART IN THIS SURVEY**

Please place the completed questionnaire in the envelope provided ready for collection.

Please hand it in to your supervisor when you have completed it.

## Appendix B – Base Numbers for Tables

### Base Numbers for Tables in Chapters 2-9: Glasgow City and CHCPs

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Q95 (family composition)</b>	8416	1517	2095	1823	1343	1638
<b>Q76 (whether family member has disability, long-term illness or drug/alcohol problem)</b>	8720	1583	2174	1893	1388	1682
<b>Q77 (for those answering yes to Q76, do you care for them?)</b>	2549	454	698	556	376	465
<b>Q7 How felt about health in general in last year</b>	9023	1646	2244	1966	1440	1727
<b>Q17 – Whether have long term illness or disability</b>	8745	1592	2185	1898	1399	1671
<b>Q18 (for those answering yes at Q17) asthma/eczema</b>	1913	345	452	423	304	389
<b>Self Esteem – Males</b>	3693	684	938	712	612	747
<b>Self Esteem - Females</b>	4019	678	969	977	594	801
<b>Q21 – How many times cleaned teeth yesterday</b>	9119	1665	2272	1985	1457	1740
<b>Indicator for physical activity (responses to Q29 and Q30)</b>	9014	1619	2255	1960	1448	1732
<b>Fruit and veg consumption (responses to Q40 and Q41)</b>	8609	1572	2158	1860	1365	1654

	Glasgow City	North CHCP	East CHCP	West CHCP	South East CHCP	South West CHCP
<b>Q42 (Smoking)</b>	8919	1611	2225	1954	1428	1701
<b>Q42 (Smoking) S4</b>	2074	321	481	438	393	441
<b>Proportion of S4s who get drunk (derived from Q51 and Q53)</b>	1971	308	464	414	365	420
<b>Whether taken drugs in last year (derived from Q55 and Q56)</b>	8709	1577	2171	1888	1384	1689
<b>Whether taken drugs in last year (derived from Q55 and Q56) – S4</b>	2021	318	473	426	371	433
<b>Types of Drugs Taken (Those who had used any)</b>	1582	290	440	331	255	266
<b>Q71 (Anti Social Behaviour)</b>	8597	1564	2136	1857	1382	1658
<b>Q71 (Anti Social Behaviour) – S4</b>	2018	312	469	423	378	436
<b>Q12 (Experience of bullying)</b>	9022	1651	2252	1960	1438	1724
<b>Q72 (Whether have a computer)</b>	8955	1634	2230	1937	1431	1723
<b>Q74 (Whether access to internet)</b>	8840	1607	2205	1919	1418	1691
<b>Q60 (Whether aware of Childline)</b>	8879	1599	2206	1936	1422	1716
<b>Of these, whether would use Childline</b>	8383	1484	2097	1835	1336	1631
<b>Q61 (Whether heard of Sandyford Initiative)</b>	8894	1592	2225	1941	1425	1711
<b>Q63 (Whether heard of The Place at Sandyford Initiative)</b>	8869	1547	2102	1777	1396	1677
<b>Q65 (Whether hold Young Scot card)</b>	9006	1627	2261	1946	1438	1734
<b>Q86 What hope to do after S4</b>	7617	1365	1872	1669	1218	1493
<b>Q87 How likely that you will have a criminal record</b>	8747	1581	2195	1886	1385	1700