

# MENTEES BASELINE

## Information for participants

**We will ask you some questions and this will take about 40-45 minutes.**

Some of the questions are quite personal but the reason we are asking these is to find out about the mentees in the project. We will ask you some similar questions in a years' time, to find out if your situation and views are different. We would really like you to answer as many of the questions as you can but if you do not want to answer something that's ok. We are not here to make any judgements about you.

We are employed by a University and are not part of Social Services. All of the information you tell us will be kept confidential to our research team. All of your information will be anonymised. This means we may report what you have said but no one will be able to identify that it was you who said it. The only time I will have to tell someone outside of this room what you have said is if you say something that makes me worry about your safety or the safety of someone else.

**B1. Participant ID number** .....

		/			/				
--	--	---	--	--	---	--	--	--	--

**B2. What is your date of birth?**

DAY                      MONTH                      YEAR

## SECTION 1: Background variables

<b>B3(a)</b>	<b>What country were you born in?</b>	
	England	<input style="width: 30px; height: 30px;" type="checkbox"/> 1
	Wales	<input style="width: 30px; height: 30px;" type="checkbox"/> 2
	Scotland	<input style="width: 30px; height: 30px;" type="checkbox"/> 3
	Northern Ireland	<input style="width: 30px; height: 30px;" type="checkbox"/> 4
	Republic of Ireland	<input style="width: 30px; height: 30px;" type="checkbox"/> 5
	Other country	<input style="width: 30px; height: 30px;" type="checkbox"/> 6

**B3(b)**

Other country

.....

**B4(a) How would you describe your ethnic group?**

White or White British

 1

Mixed ethnicity

 2

Asian or Asian British

 3

Black or Black British

 4

Chinese

 5

Other

 6

Not sure

 7

**B4(b)**

Other .....

**B5(a) What is your religion?**

No religion

 1

Christian (including Church of England, Catholic, Protestant  
all other denominations)

 2

Buddhist

 3

Hindu

 4

Jewish

 5

Muslim

 6

Sikh

 7

Other religion

 8

**B5(b)** Other religion.....

**B6(a) Do you have any brothers or sisters?**

Yes

 1

(go to question **B6(b)**)

No

 2

(go to question **B7**)

**B6(b)** (If yes) **How many brothers and sisters do you have?**

i) Full brothers   Or tick **Don't know**  88

ii) Full sisters   Or tick **Don't know**  88

i)

iii) Half-brothers   Or tick **Don't know**  88

iv) Half-sisters   Or tick **Don't know**  88

v) Step-brothers   Or tick **Don't know**  88

vi) Step-sisters   Or tick **Don't know**  88

**B6(c)** Comments .....

**B6(d)** **Have any of your siblings been in care?**

Yes  1

(go to question **B6(e)**)

No  2

(go to question **B7**)

Don't know  3

(go to question **B7**)

**B6(e)** (If yes) **How many of your siblings have been in care?**

**B7** **How old was your mum when she gave birth to her first child?**

*Prompt: If they don't know, ask:*

*How old is mum now..... AND*

*How old is eldest child? .....*

**B8(a)** **Has anyone in your close family (blood related) ever had a mental health problem?** (i.e. parents, aunts and uncle, grandparents, siblings)

Yes

 1

(go to question **B8(b)**)

No

 2

(go to question **C1**)

Don't know

 3

(go to question **C1**)

Care history

**C1** How old were you when you were first placed in care? (In years)

**C2** Can you tell me what was the main reason(s) you went into care? (*Interviewer record if don't know*)

**C3 (a)** Have you been in care for one continuous period?  
(as opposed to going in and out of care)

Yes

1

(go to question **C4**)

No

2

(go to question **C3(b)**)

**C3 b)** How many times have you been in care?

**C4** How many placements have you had in total ?

Or tick **Don't know**

88

**C5 How long have you been in your current placement?**

Years   , Months   , Weeks

(i)

(ii)

(iii)

**C6 If you have had more than one placement, what is the longest placement you've ever had?**

Years   , Months   , Weeks

(i)

(ii)

(iii)

**Living arrangements**

**L1(a) What is your current living situation?**

Foster home (with a family and / or carer) – go to question **L1(c)**

 1

In rented accommodation – go to question **L1(c)**

 2

With relatives / friends – go to question **L1(c)**

 3

Hostel / YMCA – go to question – go to question **L2(a)**

 4

Residential children's home – go to question **L2(a)**

 5

Residential school – go to question **L2(a)**

 6

Other

 7

**L1(b)**

Other.....

**L1(c)** How many people do you live with? (not including you)

 

**L2(a)** Have you moved accommodation in the last year?

Yes

 1

(go to question **L2(b)**)

No

 2

(go to question **L3**)

**L2(b)** (If yes) How many times have you moved accommodation in the last year?



**L3** **CARD** Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you feel being in your current placement?

Bad

 1

Somewhat bad

 2

Ok

 3

Somewhat good

 4

Good

 5

**L4** **CARD** Choosing a number between 1 and 5, where 1 is badly and 5 is well, how well do you feel you get on with your carers / keyworker?

Badly

 1

Somewhat badly

 2

Ok

 3

Somewhat well

 4

Well

 5

**L5(a)** In the last year, have you run away / gone missing from home for 24 hours or more?

Yes

 1

(go to question **L5(b)**)

No

 2

(go to question N1)

**L5(b)** (If yes) **Approximately how many times have you run away in the last year?**

 

**L5(c)** **How many nights, on average, do you stay away for?**

 

**L5(d)** **And when you run away, where do you stay?**

Yes                      No

- |       |                |                        |                        |
|-------|----------------|------------------------|------------------------|
| (i)   | Friends        | <input type="text"/> 1 | <input type="text"/> 2 |
| (ii)  | Family         | <input type="text"/> 1 | <input type="text"/> 2 |
| (iii) | On the streets | <input type="text"/> 1 | <input type="text"/> 2 |
| (iv)  | Other          | <input type="text"/> 1 | <input type="text"/> 2 |

**L5(e)**

Other.....

## Natural family

**N1(a) Who, if anyone, do you have contact with from your natural family?**

*If participant has no contact with natural family members, go to question N3(a)*

		Yes		No
(i)	Mother	<input type="checkbox"/>	1	<input type="checkbox"/> 2
(ii)	Father	<input type="checkbox"/>	1	<input type="checkbox"/> 2
(iii)	Brothers / sisters	<input type="checkbox"/>	1	<input type="checkbox"/> 2
(iv)	Grandparents	<input type="checkbox"/>	1	<input type="checkbox"/> 2

**N2(a) How many contacts, in total, did you have with these family members in the last 3 months?**

**N2(b) Comments.....**

**N3(a) How well do you get on with your natural family on the whole?**

Well with all

 1

Well with some but not all

 2

Not well with any

 3

Other

 4

**N3(b)**

Other.....

**Education**

**E1** How many schools have you attended since the age of 11?

**E2(a)** Have you attended any schools or colleges in the last year?

(even if you have now left)

Yes

 1

(go to question **E2(b)**)

No

 2

(go to question **E3(a)**)

**E2(b)** (If yes) How many schools / colleges have you been to in the last year?

**E2(c)** Comments .....

**E3(a)** Which of these best describes the main thing you currently do?

Full time education (e.g. at school / college – inc. on vacation)

 1

(Go to question **E3(c)**)

Part-time education (e.g. at school / college – inc. on vacation)

 2

(Go to question **E3(c)**)

Part-time education and paid work

 3

(Go to question **E3(c)**)

Full time paid work (at least 30 hours per week)

 4

(Go to question **E4(a)**)

Part-time paid work (less than 30 hours per week)

 5

(Go to question **E4(a)**)

On government training / employment scheme

 6

(Go to question **E4(a)**)

Unemployed and receiving benefit

 7

(Go to question **E4(a)**)

Unemployed and not receiving benefit

 8

(Go to question **E4(a)**)

Other

 9

(Go to question **E4(a)**)

**E3(b)** Other.....

**E3(c) What type of school / college are you currently attending?**

- Mainstream school / college  1
- Pupil Referral Unit  2
- School for children with disabilities  3
- Home schooling  4
- Other  5

**E3(d)** Other.....

**E4(a) What is the highest qualification you've got so far?**

- None – I am working towards my GCSEs  1
- None – I did not pass any GCSEs  2
- GCSEs (Less than 5)  3
- GCSEs (5 or more, not including 5 A\*-C )  4
- GCSEs (5 or more including 5 A\*-C)  5
- A Level or equivalent  6
- Other  7

**E4(b)** Other (e.g. truanting and unlikely to take GCSEs)

**Health**

**H1** **CARD** Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you rate your physical health right now?

Bad

 1

Somewhat bad

 2

Ok

 3

Somewhat good

 4

Good

 5

**H2** **CARD** Choosing a number between 1 and 5, where 1 is bad and 5 is good, how do you rate your emotional / psychological health right now?

Bad

 1

Somewhat bad

 2

Ok

 3

Somewhat good

 4

Good

 5

**H3(a)** In the last year, how many times have you visited your doctor?

If none, go to question **H4(a)**

**H3(b) Were the reasons you went to the doctor mainly physical or emotional or a combination of both?**

Physical

 1

Emotional

 2

Physical & emotional

 3

**H3(c) Are you taking any type of medicine prescribed by a doctor right now?**

Yes

 1

(go to question **H3(d)**)

No

 2

(go to question **H4(a)**)

**H3(d) (If you are taking prescribed medicine) Can you tell me the name(s) of the medicine(s) and what they are for?**

*Prompt: psychological and physical health*

Name(s): .....

For: .....



**H4(a) Have you ever been a regular smoker? That is at least one cigarette a day**

Yes

 1

(go to question **H4(b)**)

No

 2

(go to question **H5(a)**)

**H4(b) (If yes) How old were you when you began to smoke cigarettes regularly?**

**H4(c) Do you currently smoke cigarettes regularly?**

Yes

 1

No

 2

**H5(a) Have you ever had a drink containing alcohol?**

Yes

 1

(go to question **H5(b)**)

No

 2

(go to question **H6(a)**)

**H5(b)** (If yes) **How old were you when you first started drinking alcohol?**

**H5(c)** **In the last year, how often have you had a drink containing alcohol?**

- |  |                          |   |
|--|--------------------------|---|
| Every day  | <input type="checkbox"/> | 1 |
| A few times a week   | <input type="checkbox"/> | 2 |
| About once a week  | <input type="checkbox"/> | 3 |
| Fortnightly  | <input type="checkbox"/> | 4 |
| Once a month   | <input type="checkbox"/> | 5 |
| Every few months   | <input type="checkbox"/> | 6 |
| Once or twice in the last 12 months                            | <input type="checkbox"/> | 7 |
| Not at all in the last 12 months – go to question <b>H6(a)</b> | <input type="checkbox"/> | 8 |

**H5(d)** ***CARD Interviewer show card demonstrating a unit of alcohol***

**In the last year, how often have you had six or more units of alcohol on one occasion?**

- |                    |                          |   |
|--------------------|--------------------------|---|
| Every day          | <input type="checkbox"/> | 1 |
| A few times a week | <input type="checkbox"/> | 2 |
| About once a week  | <input type="checkbox"/> | 3 |
| Fortnightly        | <input type="checkbox"/> | 4 |

Once a month

 5

Every few months

 6

Once or twice in the last 12 months

 7

Not at all in the last 12 months

 8

**H5(e)** In the last year, has anyone been worried about your drinking or suggested you cut down?

Yes

 1

(go to question **H5(f)**)

No

 2

(go to question **H5(g)**)

**H5(f)** (If yes) **Who is this?**

**H5(g)** In the last year, have you been worried about your own drinking?

Yes

 1

No

 2

**H5(h)** In the last year, have you been cautioned or convicted of criminal offences related to alcohol use?

Yes

 1

(go to question **H5(i)**)

No

2

(go to question **H6(a)**)

**H5(i)** (If yes) **Can you tell me a little about it and what was the outcome?**

(prompt for caution or conviction and involvement with YOT)

H6(a)

*CARD Interviewer show card with names of substances on*

Have you ever used any of the following substances?

Yes

1

(go to question H6(b))

No

2

(go to question H7(a))

H6(b)

(If yes) How old were you when you first started using these substances?

H6(c)

Can you tell me which substances you have been using in the last year?

Yes

No

(i)

Cannabis

1

2

(ii)

Cocaine

1

2

(iii)

Ecstasy

1

2

(iv)

Amphetamines

1

2

(v) Hallucinogens

1  2

(vi) Heroin

1  2

(vii) Solvents

1  2

(viii) Other

1  2

H6(d) Other – please state

**H6(e) In the last year, how often have you used these substances?**

Every day

1

A few times a week

2

About once a week

3

Fortnightly

4

Once a month

 5

Every few months

 6

Once or twice in the last 12 months

 7

Not at all in the last 12 months – go to question **H7(a)**

 8

**H6(f)**

**In the last year, has anyone been worried about your drug use and / or said to you that you should stop using drugs?**

Yes

 1

(go to question **H6(g)**)

No

 2

(go to question **H6(h)**)

**H6(g)**

(If yes) **Who is this?**

.....

**H6(h)**

**In the last year, have you been concerned about your own drug taking?**

Yes

 1

No

 2

**H6(i)**

**In the last year, have you been cautioned for or convicted of criminal offences related to drugs?**  
(possession, supply or use)

Yes

 1

(go to question **H6j**)

No

 2

(go to question **H7(a)**)

**H7(a)** **Have you ever self-harmed?** By this we mean scratching, cutting, burning yourself, taking an overdose and/or having an eating disorder?

Yes

 1

(go to question **H7(b)**)

No

 2

(go to question **H8(a)**)

**H7(b)** **In the last year, have you self-harmed?**

Yes

 1

(go to question **H7(d)**)

No

 2

(go to question **H8(a)**)

**H7(c)** Comments.....



**H7(d) In the last year, how often have you self-harmed?**

- Every day  1
- A few times a week  2
- About once a week  3
- Fortnightly  4
- Once a month  5
- Every few months  6
- Once or twice in the last 12 months  7

**H7(e) Does anyone know about this?**

- Yes  1
- No  2

**H7(f) Comments.....**

**H8(a) Have you ever tried to kill yourself?**

- Yes  1
- (go to question **H8(b)**)
- No  2
- (go to question **PY1(a)**)

**H8(b) In the last year, have you tried to kill yourself?**

Yes

 1

(go to question **H8(c)**)

No

 2

(go to question **PY1(a)**)

**H8(c) Does anyone know about this?**

Yes

 1

No

 2

**H8(d) Comments.....**

*Interviewer: If no, at the end of interview inform participant that information will be passed on to members of their care team*

**Events in your lifetime / past year / six months**

**PY1(a) CARD** In your whole life, have any of these things taken place?

		Yes	No
<b>(i)</b>	Truanted (bunked off) school / college / work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>(ii)</b>	Been suspended or expelled from school / college / work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>(iii)</b>	Been bullied verbally	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>(iv)</b>	Been bullied physically	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>(v)</b>	Had contact with the police (e.g. absconding, antisocial behaviour)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>(vi)</b>	Been cautioned / convicted of a criminal offence	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(vii) Had contact with the Youth Justice / Youth Offending Team  1  2

(viii) Attended an appointment with a sexual health practitioner  1  2

PY1(b) Comments on i – viii (e.g. date of offence, offence name and conviction).....

PY2(a) **CARD** In the last year, have any of these things taken place?

Yes No

PY2(b)

No. of times

(i) Truanted (bunked off) school / college / work

1  2

(ii) Been suspended or expelled from school / college / work

1  2

<b>(iii)</b>	Been in a physical fight	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(iv)</b>	Been bullied verbally	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(v)</b>	Been bullied physically	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(vi)</b>	Had contact with the police (e.g. absconding, antisocial behaviour)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(vii)</b>	Been cautioned / convicted of a criminal offence	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(viii)</b>	Had contact with the Youth Justice Service / Youth Offending Team	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(ix)</b>	Made a new friend who means something to me	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>(x)</b>	Attended an appointment with a sexual health practitioner	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>

**PY2(c)** Comments on i – x (e.g. date of offence, offence name and conviction).....

**PY3** **CARD** Thinking about the last 6 months, on a scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, to what extent do you agree with the following statements?

- (i) I had someone to turn to
- |                           |                          |   |
|---------------------------|--------------------------|---|
| Strongly disagree         | <input type="checkbox"/> | 1 |
| Disagree                  | <input type="checkbox"/> | 2 |
| Neither agree or Disagree | <input type="checkbox"/> | 3 |
| Agree                     | <input type="checkbox"/> | 4 |
| Strongly agree            | <input type="checkbox"/> | 5 |

- (ii) I had someone I could share a problem with or go to for advice
- |                           |                          |   |
|---------------------------|--------------------------|---|
| Strongly disagree         | <input type="checkbox"/> | 1 |
| Disagree                  | <input type="checkbox"/> | 2 |
| Neither agree or Disagree | <input type="checkbox"/> | 3 |
| Agree                     | <input type="checkbox"/> | 4 |

Strongly agree

 5

**(iii)** Someone took an interest in my welfare

Strongly disagree

 1

Disagree

 2

Neither agree or  
Disagree

 3

Agree

 4

Strongly agree

 5

**(iv)** I was able to overcome challenges or  
problems

Strongly disagree

 1

Disagree

 2

Neither agree or  
gree

 3

Agree

 4

Strongly agree

 5

<b>(v)</b> I was able to rely on myself to handle situations	Strongly disagree	<input type="checkbox"/> 1
	Disagree	<input type="checkbox"/> 2
	Neither agree or Disagree	<input type="checkbox"/> 3
	Agree	<input type="checkbox"/> 4
	Strongly agree	<input type="checkbox"/> 5
<b>(vi)</b> I felt confident I would succeed in certain tasks	Strongly disagree	<input type="checkbox"/> 1
	Disagree	<input type="checkbox"/> 2
	Neither agree or Disagree	<input type="checkbox"/> 3
	Agree	<input type="checkbox"/> 4
	Strongly agree	<input type="checkbox"/> 5
<b>(vii)</b> I felt positive about my future	Strongly disagree	<input type="checkbox"/> 1
	Disagree	<input type="checkbox"/> 2



Neither agree or disagree

 3

Agree

 4

Strongly agree

 5

**Social connectedness**

**SC1 Who are the people you are closest to?**

B  
ac  
k-  
co  
de

*Prompt: by this, we mean the people you would go to if you wanted to talk to or ask for advice*

- i) .....
- ii) .....
- iii) .....

**SC2 How many close friends do you feel you have?**

*Prompt: by a close friend we mean someone you can trust or confide in*

 

**SC3(a) How many adults do you feel you can trust?**

*If 0, go to question SC4*

**SC3(b) Can you tell me who the adults that you trust are?**

**SC4 Do you ever feel lonely?**

Never  1

Not often  2

Sometimes  3

Often  4

All the time  5

**Sexual experiences (self-complete section)** *Interviewer to check that section is completed properly before moving on*

**S1(a) I have felt sexually attracted.....**

Only to men, never to women  1

More often to men and at least once to a woman  2

About equally often to men and to women  3

More often to women and at least once to a man  4

Only ever to women, never to men  5

I have never felt sexually attracted to anyone  6

Other  7

S1(b) Other.....

S2 **CARD** Which of the following consensual sexual experiences have you had? (i.e. you agreed to it)

		Yes	No
(i)	Kissing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(ii)	Sexual contact (genital touching, hand job, fingering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(iii)	Giving or receiving oral sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(iv)	Sexual intercourse	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(v)	Anal sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(vi)	None of these	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**S3** Has anyone made you have any type of sexual contact against your will? (this includes genital touching, giving or receiving oral sex and/or intercourse)

Yes

 1

No

 2

Have a look back at question S2 above, if you ticked ONLY (i) Kissing or (vi) None of these, **AND** for Question S3 you ticked **No**, please go to [Question S11](#)

If for Question **S2**, you ticked ONLY (i) Kissing or (vi) None of these, **AND** for Question S3 you have ticked **Yes**, please go to [Question S9\(a\)](#) on emergency contraception.

**Please ask the researcher if you are unsure.**

**If neither of the above applies to you, please carry on to S4 below.**

**S4** How many people have you had the following consensual experiences with?

		(i) In your life	(ii) In the last year
(a)	Sexual contact (genital touching, hand job, fingering)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(b)	Giving or receiving oral sex	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(c)	Sexual intercourse	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

(d) Anal sex

  

**S5** How old were you the first time you had any consensual sexual contact (genital contact or oral sex)?

 

If you **HAVE** had consensual sexual intercourse with a male, carry on to question S6 below.

If you **HAVE NOT** had consensual sexual intercourse with a male, go straight to question S9(a).

**S6** How old were you the first time you had consensual sexual intercourse?

 

**S7** In the last 3 months, approximately how many times have you had consensual sexual intercourse?

 

*If 0, go straight to question S9(a)*

**S8(a)** Out of the above number, how many times did you have unprotected sexual intercourse? (i.e. number of times you did not use a condom during consensual sex)

**S8(a1)** In the last 3 months, have you been using any contraception which protects against pregnancy? (i.e. pill, injection, patch, implant, coil, diaphragm EXCLUDING condoms)

Yes

 1

No

 2

**S8(b)**      **Comments.....** (Do they have a partner? Have they had a recent STI test?)

**S9(a)**    **Have you ever used emergency contraception e.g. morning after pill?**

Yes

 1

(go to question **S9(b)**)

No

 2

(go to question **S10(a)**)

**S9(b)**    (If yes) **In the last year, have you used emergency contraception?**

Yes

 1

(go to question **S9(c)**)

No

 2

(go to question **S10(a)**)

**S9(c)** (If yes) **In the last year, how many times have you used emergency contraception?**

 

**S10(a)** **Have you ever had a sexually transmitted infection?**

Yes

 1

(go to question **S10(b)**)

No

 2

(go to question **S11**)

**S10(a1)** (If yes) **In the last year, have you had a test for sexually transmitted infections? (e.g. chlamydia, gonorrhoea)**

Yes

 1

No

 2

**S10(b)** (If yes) In the last year, have you had a sexually transmitted infection?

Yes

 1

(go to question **S10(c)**)

No

 2

(go to question **S11**)

**S10(c)** (If yes) In the last year, how many times have you had a sexually transmitted infection?



**S11. How easy or difficult would you find it to do the following? (please circle)**

	<b>Very difficult</b>	<b>Quite difficult</b>	<b>Neither easy or difficult</b>	<b>Quite Easy</b>	<b>Very easy</b>
<b>(a)</b> Get a condom	1	2	3	4	5
<b>(b)</b> Use a condom properly	1	2	3	4	5
<b>(c)</b> Talk openly about sex with a partner	1	2	3	4	5
<b>(d)</b> Make/attend an appointment at a clinic or with a doctor to discuss contraception	1	2	3	4	5
<b>(e)</b> Say no to sexual advances that you don't want to do	1	2	3	4	5
<b>(f)</b> Suggest using a condom	1	2	3	4	5

**S12. Can you read the following statements and tick according to what you think? (please circle)**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree or disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
<b>(a)</b> I feel I can, or could, use contraception properly	1	2	3	4	5
<b>(b)</b> I would find it really hard to ask a boy to use a condom	1	2	3	4	5
<b>(c)</b> I would never let my partner pressure me to have sex if I wasn't ready	1	2	3	4	5
<b>(d)</b> I know where I could go to get contraception	1	2	3	4	5
<b>(e)</b> Most people of my age group have had sex	1	2	3	4	5
<b>(f)</b> Condoms make sex less fun	1	2	3	4	5
<b>(g)</b> Sex education encourages people to have sex too early	1	2	3	4	5
<b>(h)</b> If I was close enough to someone to have sex with them, I would be able to talk to them about contraception	1	2	3	4	5
<b>(i)</b> Education about sex and relationships helps young people to be more responsible about sex	1	2	3	4	5

**S13. Do you think the following statements are true or false?**

	<b>True</b>	<b>False</b>
<b>(a)</b> There are no age restrictions on giving contraceptive advice and supplies to young people, as long as they are mature enough to understand the information and possible risks	1	2
<b>(b)</b> A girl under 16 can be given contraceptives by a doctor or family planning clinic without her carers knowing	1	2
<b>(c)</b> A girl can get pregnant if she has sex standing up	1	2
<b>(d)</b> A girl can get pregnant the first time she has sex	1	2
<b>(e)</b> A girl can't get pregnant during her period	1	2
<b>(f)</b> A girl can't get pregnant if she washes after having sex	1	2

**Pregnancy**

**P1** Are you currently pregnant?

- Yes  1
- No  2
- I might be  3

**P2(a)** Have you been pregnant before?

- Yes – go to question **P2(b)**  1
- No  2

*If NO to P1 & P2(a), go to question P7*

**P2(b)** (If yes) How many times have you been pregnant? (In total)

 

**P3(a)** How old were you when you first got pregnant?

 

**P3(b)** How did the first pregnancy end?

- Currently pregnant  1
- Birth  2
- Miscarriage / stillbirth  3
- Abortion  4
- Other  5

**P3(c)** Other.....

*If participant has only been pregnant once, go to question P5(a)*

**P4(a) What about your second pregnancy, how did that end?**

Currently pregnant

 1

Birth

 2

Miscarriage / stillbirth

 3

Abortion

 4

Other

 5

**P4(b)** *Other.....*

**P5(a) When your first pregnancy occurred did you intend to get pregnant at that time in your life?**

Yes

 1

(if pregnant once go to **P7a**, if pregnant more than once go to **P6(a)**)

No

 2

(go to question **P5(b)**)

**P5(b)** (If no) **Were you using contraceptives of any form when you got pregnant?**

Yes

 1

(go to question **P5(c)**)

No

 2

(go to question **P5(d)**)

**P5(c)** (If yes, using contraceptives) **Why do you think you got pregnant whilst you were using contraceptives?**

.....

*If participant has only been pregnant once, go to **P7***

*If participant has been pregnant more than once, go to **P6(a)***

**P5(d)** (If no, not using contraceptives) **Was there any reason that you didn't use contraceptives?**

.....

*If participant has only been pregnant once, go to **P7***

*If participant has been pregnant more than once, go to **P6(a)***

**P6(a)** **When your second pregnancy occurred did you intend to get pregnant at that time in your life?**

Yes

 1

(go to question **P7** unless been pregnant a third time)

No

 2

(go to question **P6(b)**)

**P6(b)** (If no) **Were you using contraceptives of any form when you got pregnant?**

Yes

 1

(go to question **P6(c)**)

No

 2

(go to question **P6(d)**)

**6(c)** (If yes, using contraceptives) **Why do you think you got pregnant whilst you were using contraceptives?**

*Go to **P7** unless been pregnant for a third time*

**P6(d)** (If no, not using contraceptives) **Was there any reason that you didn't use contraceptives?**

.....

**P6(e)** **Comments**.....(on all pregnancies, if third

pregnancy please include details here)

**P7(a)** **CARD** In general, at what age do you think a woman is too young to have a baby?

**P7(b)** Comments.....

**P8(a)** If you were to become pregnant now, how do you think you would feel?

*Prompt: please tell me the answer which is most like the way you would feel*

Happy / excited

 1

Scared / nervous

 2

Angry / frustrated

 3

Sad / depressed

 4

Other

 5

**P8(b)** Other.....  
...



**P9** If you were to become pregnant now, who would you tell or go to for advice?

.....

**P10(a)** If you were to become pregnant now, what choice would you make based on how you feel currently?

Give birth and keep baby

 1

Give birth and adopted or fostered

 2

Abortion

 3

Other

 4

**P10(b)** Other.....

**Social functioning (activities / aspirations)**

**A1(a) In your spare time, do you take part in any organised activities?**

*Prompt: By organised we mean things like team sports, an individual sports lesson or class, a music lesson, drama etc.*

Yes

 1

(go to question **A1(b)**)

No

 2

(go to question **A2(a)**)

**A1(b) (If yes) What activity / ies is this?**

.....

**A1(c) How often do you do the activity / ies?**

A few times a week or more

 1

Once a week

 2

Once or twice a month

 3

Less than once a month

 4

Don't know

 5

**A2(a) Is there anything you'd like to do in your spare time but feel you can't for some reason?**

Yes

(go to question **A2(b)**)

No

 2

(go to question **A3(a)**)

**A2(b)** (If yes) **Can you tell me what you would like to do in your spare time?**

**A2(c)** **And what stops you doing this in your spare time?**

**A3** **How often do you feel bored?**

Never

 1

Not often

 2

Sometimes

 3

Often

 4

All the time

 5

**A4(a) Do you feel safe in the area where you live?**

Yes

 1

(go to question **A5(a)**)

No

 2

(go to question **A4(b)**)

**A4(b) (If no) What is it that makes you feel unsafe?**

**A5(a) How long do you plan to stay on in education or training?**

N/A because no longer in education / training

 1

Age 16

 2

Age 18

 3

Age 21

 4

Older than 21

 5

Don't know

 6

Other

 7

**A5(b)** Other.....

**A5(c) What is the reason for this? (i.e. choosing this age to stay on in education or training)**

**A6(a) What would you have liked to have achieved in 5 years' time?**

*Up to three things*

i) .....

ii) .....

iii) .....

**A6(b) *CARD* Choosing a number between 1 and 5, where 1 is very unlikely and 5 is very likely, how likely do you feel it is that you can achieve these things?**

Very unlikely

Unlikely

Somewhat likely

Likely

Very likely

 1 2 3 4 5