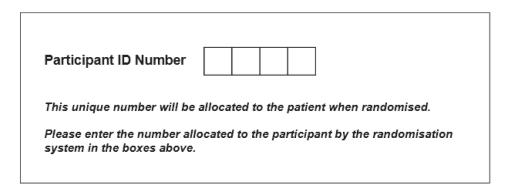




CONFIDENTIAL

## Y-SBNT Study

## **Baseline Questionnaire**







YSBNT Baseline Questionnaire v2.0 19th February 2014

8971237153

## PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study.

The answers you give in this questionnaire will help us make decisions on how to help other young people in the future.

Please read each section carefully. Please answer all the questions. Although some questions may not seem important to you or appear the same as others, it is still important that you answer every one.

Please follow the instructions for each section carefully.

If you are asked to put a cross in the box, please use a cross rather than a tick. For example, in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to 'Yes'.

Do you watch TV?	Yes	$\boxtimes$
	No	

If you are asked to write a number in boxes, please enter one digit in each box.

5

For example:

How many time have you visited your doctor in the past six months?

0   3
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## PLEASE USE A BLACK OR BLUE PEN FOR ALL OF THE QUESTIONS.

Please do not use a pencil or any other coloured pen.

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Please enter the date on which you are completing the questionnaire						
			day /	month / 2	0 year	
Section 1: About you						
1) How old are you? (years)						
2) Do you identify as? Male Female Other I						
If you are less than 16 years old, you do not need to answer this question: 3) Do you consider yourself to be:						
Heterosexual or Straight			Gay or Lesbian			
Bisexual			Prefer not to say			
	Other, please state					
4) Choose one option that best describes your ethnic group or background						
White British	White Irish	White Other	Black African	Black Caribbean	Black Other	
Asian Indian	Asian Pakistani	Asian Bangladeshi	Asian Other	White and Black Caribbean	White and Black African	
White and Asian	Other mixed background	Chinese	Prefer not to say	Other, please	e state:	
5) What nationality are you?						
English	Northe	rn Irish ]	Welsh	Brit	ish	
Scottish		sh ]	Other, pleas	se state:		
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What is your religion?	
No religion	Muslim
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	Sikh
Buddhist	Hindu
Jewish	Prefer not to say
Any other religion, please describe:	
Are you in full time education? Yes (go to Q7b)	No (go to Q7a)
7a) Do you attend school/college/ Yes (go to Q7 university part time?	b)
(e.g. state primary or secondary, private, faith, pupil refe	rral unit, free
school; sixth form, vocational college, polytechnic, unive	rsity)
7c) If 'No', what age did you leave education at?	
What qualifications do you have?	
I have not taken my GCSEs yet	I left education with no qualifications
I have one or more GCSEs	I have one or more AS/A levels
I have other qualifications; please state:	
Which of the following best describes your current situat (please cross one box only)	ion?
In employment or self-employment? If so: Do you	work? Full time Part time
Student/ at school	
Seeking work	
In training	
Other, please specify:	
Which of the following best describes your current living (please cross one box only)	arrangements?
I live with my parent(s)/ carers	I live on my own
I live with a relative (not parent)	I live in a hostel
I live with someone not related/ friends	I live with a foster family/ in care
Other, please specify:	
	2479237150
	No religion    Christian  (including Church of England, Catholic, Protestant and all other Christian denominations)    Buddhist  Jewish    Any other religion, please describe: