



CONFIDENTIAL

Y-SBNT Study

Final Questionnaire

Participant ID Number



Northumberland, Tyne and Wear MHS NHS Foundation Trust

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 🔀	
	No	
If you are asked to write a	number in boxes, please enter one digit in each box.	
For example:		
What is your age in years	s? 1 5	
How many time have you v	visited your doctor in the past six months? 0 3	
PLEASE USE A BLACK OR BLUE PEN FOR ALL OF THE QUESTIONS		

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