

Year 7 Questionnaire – Phase 1 – Pre-intervention

ID number:

This questionnaire is about smoking. Please try to answer as many questions as you can. We promise that your answers are confidential and we are not asking you to give any information which could be used to identify you. **Do not write your name anywhere on the questionnaire.**

Please read these bullet points and tick the box to confirm that you understand and agree with them:

- The project has been explained to me.
- I understand what the project is about.
- I have asked the questions that I wanted to ask.
- My questions have been answered in a way that I understand.
- I understand that something I write might be used in the project write-up, but I know that my name will not be used.
- I understand that information that is recorded will be kept safely by the research team.
- I understand it's OK to stop taking part at any time, but that the researchers may use any information I have already given to help them write up the project.
- I understand that I can talk to the school nurse if I have any worries about this research.
- I am happy to take part.

Please tick here to confirm that you agree:

How to complete the questionnaire

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

Yes → go to **Question 2**
No → go to **Question 3**

If there is no arrow, just go on to the next question

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

14

And sometimes you have to write your answer in the box, for example:

I liked it because...

Please write in **blue** or **black** ink only.

The first questions are about smoking

1. Do you smoke cigarettes at all nowadays?

Yes

No

2. Read the following statements carefully and tick the box next to the one that best describes you:

I have never smoked → go to Q3

I have only ever tried smoking once → go to Q4

I used to smoke sometimes but I never smoke cigarettes now → go to Q4

- I sometimes smoke cigarettes now but less than once a week → go to Q4
- I usually smoke between one and six cigarettes a week → go to Q4
- go to Q4
- I usually smoke more than six cigarettes a week

3. Just to check, read the statements below carefully and tick the box next to the one which best describes you:

- I have never tried smoking a cigarette, not even a puff or two → go to Q8
- I did once have a puff or two of a cigarette, but I never smoke now → go to Q4
- I do sometimes smoke cigarettes → go to Q4

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

I was years old

5. Have you smoked any cigarettes in the last seven days ending yesterday?

- Yes → go to Q6
- No → go to Q7

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

- Last **Monday** I smoked cigarettes
- Last **Tuesday** I smoked cigarettes
- Last **Wednesday** I smoked cigarettes
- Last **Thursday** I smoked cigarettes
- Last **Friday** I smoked cigarettes

Last **Saturday** I smoked cigarettes

Last **Sunday** I smoked cigarettes

7. Would you like to give up smoking?

Yes → go to Q11

No → go to Q11

I don't smoke at the moment → go to Q11

8. Do you think that you will try a cigarette soon?

Yes

No

9. If one of your best friends were to offer you a cigarette, would you smoke it?

Definitely yes

Probably yes

Probably not

Definitely not

10. Do you think you will smoke a cigarette at any time during the next year?

Definitely yes

Probably yes

Probably not

Definitely not

These questions are about what you know about smoking

11. In your last year at primary school (Year 6) did you have any lessons, videos or discussions in class about smoking?

Yes

No

I don't know

12. Since you started secondary school have you had any lessons, videos or discussions in class about smoking?

Yes

No

I don't know

13. Do you think it is OK for someone your age to...? **Tick one box on each row.**

	Yes	No	I don't know
try smoking a cigarette to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke cigarettes once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How much do you agree with the following statements? **Tick one box on each row.**

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Companies that make cigarettes only try to attract customers aged 18+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine in cigarettes is one of the most addictive drugs that people use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Companies that make cigarettes sell dangerous products, but still operate in a fair and decent way

Smoking is not that serious compared with other drugs young people use

Finally here are some questions about you

15. Are you a boy or a girl?

Boy

Girl

16. What is your ethnic group?

White

Asian or Asian British

Black or Black British

Other

I don't know

Prefer not to say

17. Do you get free school meals or vouchers for free school meals?

Yes

No

I don't know

18. Who in your family smokes at the moment? (Tick all the boxes that apply to you)

No one

My mother or another female adult (e.g. step-mum, dad's partner)

My father or another male adult (e.g. step-dad, mum's partner)

My brother or sister

Other relatives

19. Is smoking allowed anywhere **inside** in your home?

Yes

No

20. Do you ever travel in a car where smoking is allowed?

Yes

No

21. How many of your friends smoke cigarettes?

None

One or two

Three or more

I'm not sure

22. Out of 100 people of your age, how many do you think smoke cigarettes at least once a week? (Please write a number between 1 and 100 in the box below)

People

23. Please read the following and tell us how they describe yourself. **Tick one box on each row.**

	Not at all like me	A little like me	Pretty much like me	Exactly like me
I get in trouble in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things my parents wouldn't want me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like scary things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to do dangerous things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. About how many movies/films do you usually watch each week? Include films you see at the cinema, on DVD, or on TV. If you do not watch films write 0.

I usually watch about films each week

25. In the last month have you noticed any characters in films smoking cigarettes?

Yes go to Q26

No go to Q27

I haven't seen any films in the last month go to Q27

26. Please write the name of the film and the character who was smoking in the box below. Give as many examples as you can remember.

27. About how many hours of TV do you usually watch each day? If you do not watch TV write 0.

I usually watch about hours of TV a day

28. In the last month have you noticed any characters on TV smoking cigarettes??

Yes go to Q29

No go to end

I haven't seen any TV in the last month go to end

29. Please write the name of the TV programme and the character who was smoking in the box below. Give as many examples as you can remember.

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

Thank you very much for completing the questionnaire!

Now please seal this questionnaire in the envelope provided and post it in the collection box.

Year 7 Questionnaire – Phase 1 – Post-intervention

ID number:

This questionnaire is about smoking. Please try to answer as many questions as you can. We promise that your answers are confidential and we are not asking you to give any information which could be used to identify you. **Do not write your name anywhere on the questionnaire.**

Please read these bullet points and tick the box to confirm that you understand and agree with them:

- The project has been explained to me.
- I understand what the project is about.
- I have asked the questions that I wanted to ask.
- My questions have been answered in a way that I understand.
- I understand that something I write might be used in the project write-up, but I know that my name will not be used.
- I understand that information that is recorded will be kept safely by the research team.
- I understand it's OK to stop taking part at any time, but that the researchers may use any information I have already given to help them write up the project.
- I understand that I can talk to the school nurse if I have any worries about this research.
- I am happy to take part.

Please tick here to confirm that you agree:

How to complete the questionnaire

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

Yes → go to **Question 2**
No → go to **Question 3**

If there is no arrow, just go on to the next question

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

And sometimes you have to write your answer in the box, for example:

I liked it because...

Please write in **blue** or **black** ink only.

The first questions are about smoking – we want to ask you these again in case anything has changed since last time

1. Do you smoke cigarettes at all nowadays?

Yes

No

2. Read the following statements carefully and tick the box next to the one that best describes you:

- I have never smoked → go to Q3
- I have only ever tried smoking once → go to Q4
- I used to smoke sometimes but I never smoke cigarettes now → go to Q4
- I sometimes smoke cigarettes now but less than once a week → go to Q4
- I usually smoke between one and six cigarettes a week → go to Q4
- I usually smoke more than six cigarettes a week → go to Q4

3. Just to check, read the statements below carefully and tick the box next to the one which best describes you:

- I have never tried smoking a cigarette, not even a puff or two → go to Q8
- I did once have a puff or two of a cigarette, but I never smoke now → go to Q4
- I do sometimes smoke cigarettes → go to Q4

4. Have you smoked any cigarettes in the last seven days ending yesterday?

- Yes → go to Q5
- No → go to Q6

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

- Last **Monday** I smoked cigarettes
- Last **Tuesday** I smoked cigarettes
- Last **Wednesday** I smoked cigarettes
- Last **Thursday** I smoked cigarettes
- Last **Friday** I smoked cigarettes

Last **Saturday** I smoked cigarettes

Last **Sunday** I smoked cigarettes

6. Would you like to give up smoking?

Yes → go to Q7

No → go to Q12

I don't smoke at the moment → go to Q12

7. Has Operation Smoke Storm made you want to give up?

Yes

No

I don't know

I don't smoke at the moment

8. Do you think that you will try a cigarette soon?

Yes

No

9. If one of your best friends were to offer you a cigarette, would you smoke it?

Definitely yes

Probably yes

Probably not

Definitely not

The 'Know your customer' game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 'Can we get away with it' game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The group presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following people did you talk to about Operation Smoke Storm? **Tick all that apply.**

My parents/carers	<input type="checkbox"/>
My brothers and/or sisters	<input type="checkbox"/>
Friends in other Year 7 classes at your school	<input type="checkbox"/>
Friends in Year 8 and above at your school	<input type="checkbox"/>
Friends who go to other schools	<input type="checkbox"/>
I didn't talk to anybody else about Operation Smoke Storm	<input type="checkbox"/>
I was away for all of the lessons	<input type="checkbox"/>

15. What did you like most about Operation Smoke Storm? Please write your answer in the box below.

16. Is there anything you would change about Operation Smoke Storm to make it better? Please write your answer in the box below.

These questions are about what you know about smoking

18. Do you think it is OK for someone your age to...? **Tick one box on each row.**

	Yes	No	I don't know
try smoking a cigarette to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke cigarettes once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How far do you agree with the following statements? **Tick one box on each row.**

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Tobacco companies only try to attract customers aged 18+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine in cigarettes is one of the most addictive drugs that people use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco companies sell dangerous products but still operate in a fair and decent way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking is not that serious compared with other drugs young people use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If you still have some time left you might want to try this Sudoku puzzle. Place a number between 1 and 6 in each empty cell so that every row, every column and every 2x3 box contains all the numbers 1 to 6.

4					2
		2	1		
	5			1	
	6			4	
		3	6		
5					1

Thank you very much for completing the questionnaire!

Now please seal this questionnaire in the envelope provided and post it in the collection box.

Year 7 Questionnaire – Phase 2

ID number:

This questionnaire is about smoking. Please try to answer as many questions as you can. We promise that your answers are confidential and we are not asking you to give any information which could be used to identify you. **Do not write your name anywhere on the questionnaire.**

Please read these bullet points and tick the box to confirm that you understand and agree with them:

- The project has been explained to me.
- I understand what the project is about.
- I have asked the questions that I wanted to ask.
- My questions have been answered in a way that I understand.
- I understand that something I write might be used in the project write-up, but I know that my name will not be used.
- I understand that information that is recorded will be kept safely by the research team.
- I understand it's OK to stop taking part at any time, but that the researchers may use any information I have already given to help them write up the project.
- I understand that I can talk to the school nurse if I have any worries about this research.
- I am happy to take part.

Please tick here to confirm that you agree:

How to complete the questionnaire

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

Yes → go to **Question 2**
No → go to **Question 3**

If there is no arrow, just go on to the next question

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

And sometimes you have to write your answer in the box, for example:

I liked it because...

Please write in **blue** or **black** ink only.

The first questions are about smoking

1. Do you smoke cigarettes at all nowadays?

Yes

No

2. Read the following statements carefully and tick the box next to the one that best describes you:

- I have never smoked → go to Q3
- I have only ever tried smoking once → go to Q4
- I used to smoke sometimes but I never smoke cigarettes now → go to Q4
- I sometimes smoke cigarettes now but less than once a week → go to Q4
- I usually smoke between one and six cigarettes a week → go to Q4
- I usually smoke more than six cigarettes a week → go to Q4

3. Just to check, read the statements below carefully and tick the box next to the one which best describes you:

- I have never tried smoking a cigarette, not even a puff or two → go to Q8
- I did once have a puff or two of a cigarette, but I never smoke now → go to Q4
- I do sometimes smoke cigarettes → go to Q4

4. Have you smoked any cigarettes in the last seven days ending yesterday?

- Yes → go to Q5
- No → go to Q6

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

- Last **Monday** I smoked cigarettes
- Last **Tuesday** I smoked cigarettes
- Last **Wednesday** I smoked cigarettes
- Last **Thursday** I smoked cigarettes
- Last **Friday** I smoked cigarettes
- Last **Saturday** I smoked cigarettes
- Last **Sunday** I smoked cigarettes

6. Would you like to give up smoking?

Yes → go to Q7
No → go to Q12
I don't smoke at the moment → go to Q12

7. Has Operation Smoke Storm made you want to give up?

Yes → go to Q12
No → go to Q12
I don't know → go to Q12
I don't smoke at the moment → go to Q12

8. Do you think that you will try a cigarette soon?

Yes
No

9. If one of your best friends were to offer you a cigarette, would you smoke it?

Definitely yes
Probably yes
Probably not
Definitely not

10. Do you think you will smoke a cigarette at any time during the next year?

Definitely yes

The 'Can we get away with it' game

The group presentation

14. Which of the following people did you talk to about Operation Smoke Storm? **Tick all that apply.**

My parents/carers

My brothers and/or sisters

Friends in other Year 7 classes at my school

Friends in Year 8 and above at my school

Friends who go to other schools

I didn't talk to anybody else about Operation Smoke Storm

I was away for all of the lessons

15. What did you like about Operation Smoke Storm? Please write your answer in the box below.

16. Is there anything you would change about Operation Smoke Storm to make it better? Please write your answer in the box below.

These questions are about the take-home booklet

17. Who in your family did you show the take-home booklet to? **Tick all that apply.**

My mother or another adult female (e.g. step-mum, dad's partner)

My father or another adult male (e.g. step-dad, mum's partner)

My brother or sister

Other family member

I took it home but didn't show it to anyone

I was given a booklet but didn't take it home

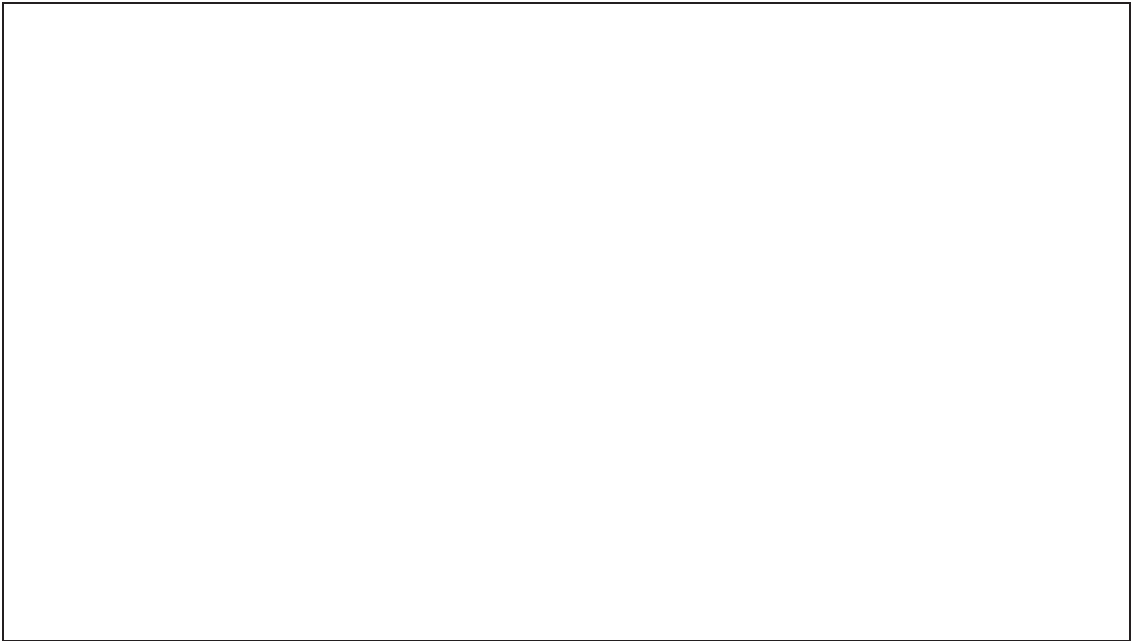
I wasn't given the booklet

18. Which of the activities in the booklet did you complete with a parent/carer? **Tick one box on each row.**

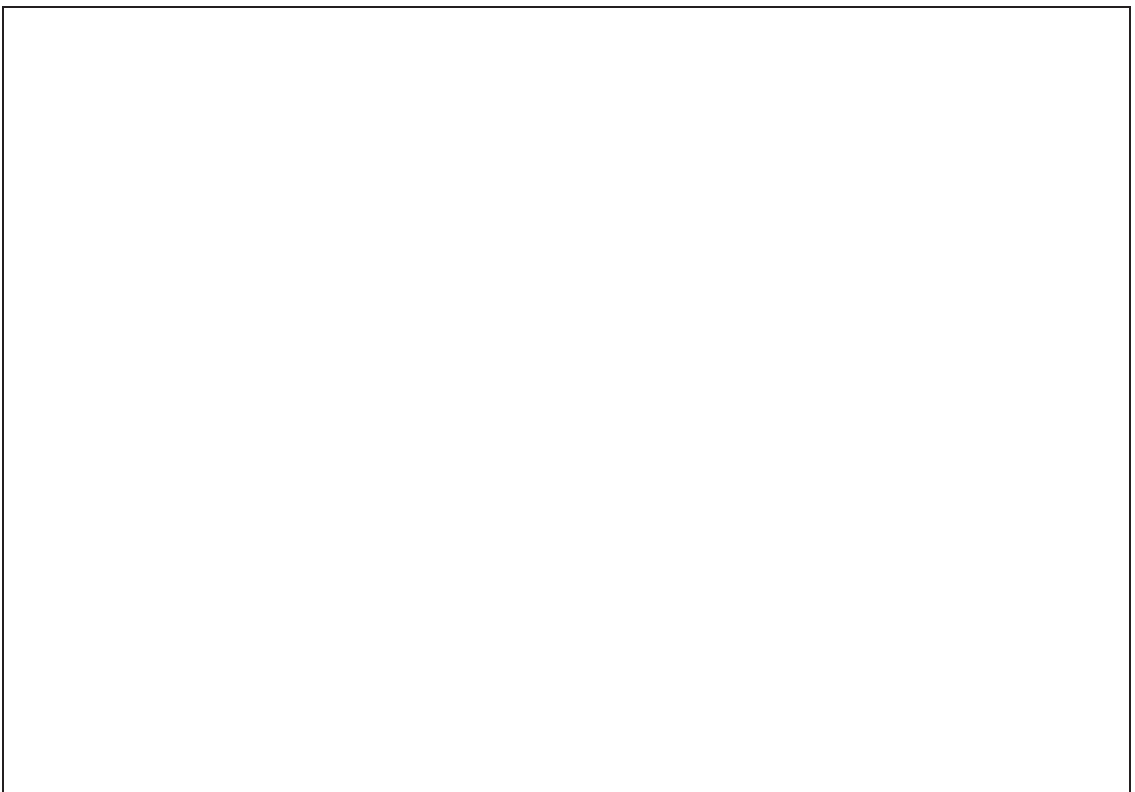
	Yes, I completed this with a parent	No, I didn't complete this with a parent	I can't remember
The 'Know your product'/'Know your customer' activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 'Today's teenager is tomorrow's regular customer' activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The 'Advice to young people' activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What did **YOUR PARENTS/CARERS** think (both good things and bad things) about the take-home booklet? Please write your answer in the box below.

20. What did **YOU** like about the take-home booklet? Please write your answer in the box below.



21. Is there anything **YOU** would change about the take-home booklet to make it better? Please write your answer in the box below.



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

If you still have some time left you might want to try this Sudoku puzzle. Place a number between 1 and 6 in each empty cell so that every row, every column and every 2x3 box contains all the numbers 1 to 6.

4					2
		2	1		
	5			1	
	6			4	
		3	6		
5					1

Thank you very much for completing the questionnaire!

Now please seal this questionnaire in the envelope provided and post it in the collection box.

Year 8 Questionnaire – Phase 2

ID number:

This questionnaire is about smoking. Please try to answer as many questions as you can. We promise that your answers are confidential and we are not asking you to give any information which could be used to identify you. **Do not write your name anywhere on the questionnaire.**

Please read these bullet points and tick the box to confirm that you understand and agree with them:

- The project has been explained to me.
- I understand what the project is about.
- I have asked the questions that I wanted to ask.
- My questions have been answered in a way that I understand.
- I understand that something I write might be used in the project write-up, but I know that my name will not be used.
- I understand that information that is recorded will be kept safely by the research team.
- I understand it's OK to stop taking part at any time, but that the researchers may use any information I have already given to help them write up the project.
- I am happy to take part.

Please tick here to confirm that you agree:

How to complete the questionnaire

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

Yes → go to **Question 2**
No → go to **Question 3**

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

Yes → go to **Question 2**

And sometimes you have to write your answer in the box, for example:

I liked it because...

If there is no arrow, just go on to the next question

Please write in **blue** or **black** ink only.

The first questions are about smoking – we want to ask you these again in case anything has changed since last year

1. Do you smoke cigarettes at all nowadays?

Yes

No

2. Read the following statements carefully and tick the box next to the one that best describes you:

- | | | | |
|--|--------------------------|---|----------|
| I have never smoked | <input type="checkbox"/> | → | go to Q8 |
| I have only ever tried smoking once | <input type="checkbox"/> | → | go to Q3 |
| I used to smoke sometimes but I never smoke cigarettes now | <input type="checkbox"/> | → | go to Q3 |
| I sometimes smoke cigarettes now but less than once a week | <input type="checkbox"/> | → | go to Q3 |
| I usually smoke between one and six cigarettes a week | <input type="checkbox"/> | → | go to Q3 |
| I usually smoke more than six cigarettes a week | <input type="checkbox"/> | → | go to Q3 |

3. Have you smoked any cigarettes in the last seven days ending yesterday?

- | | | | |
|-----|--------------------------|---|----------|
| Yes | <input type="checkbox"/> | → | go to Q4 |
| No | <input type="checkbox"/> | → | go to Q5 |

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

- | | | | |
|-----------------------|----------|--------------------------|------------|
| Last Monday | I smoked | <input type="checkbox"/> | cigarettes |
| Last Tuesday | I smoked | <input type="checkbox"/> | cigarettes |
| Last Wednesday | I smoked | <input type="checkbox"/> | cigarettes |
| Last Thursday | I smoked | <input type="checkbox"/> | cigarettes |
| Last Friday | I smoked | <input type="checkbox"/> | cigarettes |
| Last Saturday | I smoked | <input type="checkbox"/> | cigarettes |
| Last Sunday | I smoked | <input type="checkbox"/> | cigarettes |

5. Would you like to give up smoking?

- | | |
|-----------------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I don't smoke at the moment | <input type="checkbox"/> |

6. In the last year, have you done any of the following things to help you give up smoking?

	Yes	No
Talked to a teacher at school	<input type="checkbox"/>	<input type="checkbox"/>
Talked to a school nurse	<input type="checkbox"/>	<input type="checkbox"/>
Been to see your family doctor (GP)	<input type="checkbox"/>	<input type="checkbox"/>
Been to see a nurse at your GP practice	<input type="checkbox"/>	<input type="checkbox"/>
Seen someone at an NHS Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>
Phoned a smoking helpline (Quitline)	<input type="checkbox"/>	<input type="checkbox"/>
Smoked an electronic cigarette (e-cigarette) instead of a normal cigarette	<input type="checkbox"/>	<input type="checkbox"/>
Used any nicotine products (NRT) e.g. patches or chewing gum	<input type="checkbox"/>	<input type="checkbox"/>

7. If you have used any nicotine products (NRT) in the last year, please write down how many days you used each type of product for. Leave the box blank if you didn't use the product.

	Number of days used
Nicotine chewing gum	<input type="text"/>
Nicotine patch	<input type="text"/>
Nicotine nasal (nose) spray	<input type="text"/>
Nicotine mouth spray	<input type="text"/>
Nicotine tablet	<input type="text"/>
Nicotine lozenge	<input type="text"/>
Nicotine inhaler	<input type="text"/>

→ now go to Q12

8. Do you think that you will try a cigarette soon?

Yes

No

9. If one of your best friends were to offer you a cigarette, would you smoke it?

Definitely yes

Probably not

Probably yes

Definitely not

10. Do you think you will smoke a cigarette at any time during the next year?

Definitely yes

Probably not

Probably yes

Definitely not

11. Do you think Operation Smoke Storm has made it less likely that you will ever try a cigarette?

Yes

No

I don't know

These questions are about the Operation Smoke Storm reminder lesson

12. What do you think overall about the Operation Smoke Storm reminder lesson?

It was very good

It was terrible

It was okay

I was away for the lesson

It could be better

13. What did you like most about the lesson? Please write your answer in the box below.

14. Is there anything you would change about the lesson to make it better? Please write your answer in the box below.

These questions are about what you know about smoking

15. Do you think it is OK for someone your age to...? **Tick one box on each row.**

	Yes	No	I don't know
try smoking a cigarette to see what it's like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke cigarettes once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How far do you agree with the following statements? **Tick one box on each row.**

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Tobacco companies only try to attract customers aged 18+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine in cigarettes is one of the most addictive drugs that people use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco companies sell dangerous products but still operate in a fair and decent way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking is not that serious compared with other drugs young people use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about your health

17. Do you have asthma?

Yes

No

If you answered yes, have you had to do any of the following things in the last year because of your asthma?

Tick if yes

Been to see your family doctor (GP)

If yes, how many times?

Been to the hospital accident and emergency department (A&E)

If yes, how many times?

Seen a doctor in hospital (other than in A&E) but not stayed overnight

If yes, how many times?

Stayed overnight in hospital

If yes, how many nights?

If you have asthma, please write down roughly how many times per week you use your blue (reliever) and brown (preventer) inhalers? If you don't have one, write 0.

Blue (reliever)

Brown (preventer)

18. In the last year, have you had a chest infection (e.g. bronchitis or pneumonia)?

Yes

No

If you answered yes, have you had to do any of the following things in the last year because of a chest infection?

Tick if yes

Been to see your family doctor (GP)

If yes, how many times?

Been to the hospital accident and emergency department (A&E)

If yes, how many times?

Seen a doctor in hospital (other than in A&E) but not stayed overnight

If yes, how many times?

Stayed overnight in hospital

If yes, how many nights?

19. In the last year, have you had an ear infection?

Yes

No

If you answered yes, have you had to do any of the following things in the last year because of an ear infection?

Tick if yes

Been to see your family doctor (GP)

If yes, how many times?

Been to the hospital accident and emergency department (A&E)

If yes, how many times?

Seen a doctor in hospital (other than in A&E) but not stayed overnight

If yes, how many times?

Stayed overnight in hospital

If yes, how many nights?

20. In the last year, have you had meningitis?

Yes

No

If you answered yes, have you had to do any of the following things in the last year because of meningitis?

Tick if yes

Been to see your family doctor (GP)

If yes, how many times?

Been to the hospital accident and emergency department (A&E)

If yes, how many times?

Seen a doctor in hospital (other than in A&E) but not stayed overnight

If yes, how many times?

Stayed overnight in hospital

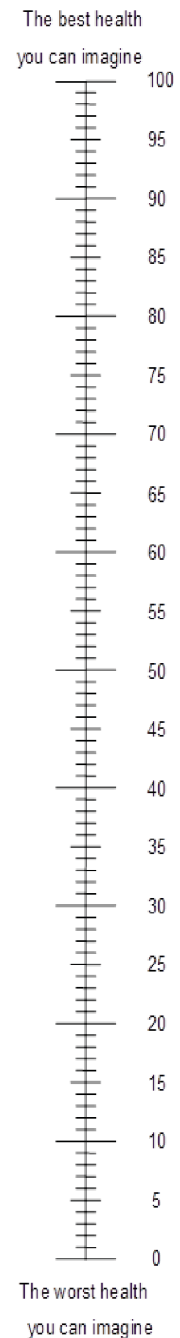
If yes, how many nights?

21. If you have taken any medicines in the last year (apart from medicines for asthma), please fill in the table below to tell us about them.

Reason for taking the medicine	Name of medicine (if you can remember)	Approximately how many days did you take the medicine for?

22. How good is your health today?

On the number line to the right, 100 means the best health you can imagine and 0 means the worst health you can imagine. Please mark an X on the line to show how good or bad your health is TODAY.



23. How good is your health today?

Under each heading, please tick the ONE box that best describes your health TODAY.

Mobility (walking about)

I have no problems walking about

I have some problems walking about

I have a lot of problems walking about

Looking after myself

I have no problems washing or dressing myself

I have some problems washing or dressing myself

I have a lot of problems washing or dressing myself

Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)

I have no problems doing my usual activities

I have some problems doing my usual activities

I have a lot of problems doing my usual activities

Having pain or discomfort

I have no pain or discomfort

I have some pain or discomfort

I have a lot of pain or discomfort

Feeling worried, sad or unhappy

I am not worried, sad or unhappy

I am a bit worried, sad or unhappy

I am very worried, sad or unhappy

Finally here are some questions about you

24. Are you a boy or a girl?

Boy

Girl

25. What is your ethnic group?

White

Other

Asian or Asian British

I don't know

Black or Black British

Prefer not to say

26. Do you get free school meals or vouchers for free school meals?

Yes

No

I don't know

27. Who in your family smokes at the moment? (Tick all the boxes that apply to you)

No one

My mother or another female adult (e.g. step-mum, dad's partner)

My father or another male adult (e.g. step-dad, mum's partner)

My brother or sister

Other relatives

28. Does anyone smoke **inside** your house?

Yes

No

I don't know

29. How many of your friends smoke cigarettes?

None

Three or more

One or two

I'm not sure

30. Are you ever **inside** in the same room as your friends when they smoke?

Yes

I don't know

No

None of my friends
smoke

31. Out of 100 people of your age, how many do you think smoke cigarettes at least once a week? (Please write a number between 0 and 100 in the box below)

people

32. Please read the following statements and tell us how they describe you. **Tick one box on each row.**

	Not at all like me	A little like me	Pretty much like me	Exactly like me
I get in trouble in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things my parents wouldn't want me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like scary things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to do dangerous things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How would you describe your grades last year?

Excellent Average
Good Below average

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

Thank you very much for completing the questionnaire!

Now please seal this questionnaire in the envelope provided and post it in the collection box.