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GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

YOUNG PERSON: SENSITIVE QUESTIONNAIRE, 17-Year-olds

AREA ☐☐☐☐ **HHOLD** ☐☐☐ **YP No** ☐

Interviewer Name____________________ **Interviewer Number** ☐☐☐☐☐

Time Section Started ☐☐☐☐ **(24 hour clock)** **Date** ____ ____ ____
day mth year

We have a few final questions which we would like you to answer. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IN ANSWER TO THE QUESTIONS IN THIS INTERVIEW IS TREATED IN THE STRICTEST CONFIDENCE. There are 13 sections in total. Some sections have very few questions, some sections may not apply to you at all, some are longer.
If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

X1. Young Person's sex:.. Male............... ☐1 Female..................... ☐2

X2. Young Person's date of birth? ☐☐ **day** ☐☐ **month** ☐☐☐☐ **year**

Section A: This section contains questions on YOUR FRIENDS AND HOW YOU GET ON WITH THEM. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

A1. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

a. None .... ☐0
b. One or two .... ☐1
c. Between 3 and 5 .... ☐2
d. Between 6 and 10 .... ☐3
e. More than 10 .... ☐4

A2. How old are the friends you usually hang around with? [TICK ONE BOX ON EACH LINE]

	None	Some	Most or all
a. A year or more younger	☐1	☐2	☐3
b. About the same age	☐1	☐2	☐3
c. A year or two older	☐1	☐2	☐3
d. More than two years older	☐1	☐2	☐3

A3. How many of your friends..[TICK ONE BOX ON EACH LINE]

	None	Some	Most or all
a. Are from a different ethnic background to you?	☐1	☐2	☐3
b. Are of a different gender to you?	☐1	☐2	☐3
c. Have your parents met?	☐1	☐2	☐3
d. Would you describe as CLOSE friends?	☐1	☐2	☐3

A4. In your day-to-day life how often have any of the following things happened to you?

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
a. You are treated with less courtesy or respect than other people.	☐1	☐2	☐3	☐4	☐5	☐6
b. You receive poorer service than other people at restaurants or stores.	☐1	☐2	☐3	☐4	☐5	☐6
c. People act as if they think you are not smart.	☐1	☐2	☐3	☐4	☐5	☐6
d. People act as if they are afraid of you.	☐1	☐2	☐3	☐4	☐5	☐6
e. You are threatened or harassed.	☐1	☐2	☐3	☐4	☐5	☐6

A5. Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.
What do you think is the main reason for these experiences? **[TICK ALL THAT APPLY]**

- a. Your Gender ☐1
- b. Your Race ☐2
- c. Your Age ☐3
- d. Your Religion ☐4
- e. Your Height ☐5
- f. Your Weight ☐6
- g. Some other Aspect of Your Physical Appearance ☐7
- h. Your Sexual Orientation ☐8
- i. Your Education or Income Level ☐9
- j. A disability you may have ☐10
- k. Your accent ☐11
- l. How well you speak English ☐12
- m. Your skin colour ☐13
- n. Other ☐14

A6. From whom have you experienced this? **[TICK ALL THAT APPLY]**

- a. Staff in shops ☐1
- b. Teachers ☐2
- c. Gardaí (Police) ☐3
- d. Medical professionals ☐4
- e. Someone else ☐5

A7. The following statements ask about your relationship with your close friends. Please read each statement and tick the ONE number that tells how true the statement is for you now.

a.	☐1	☐2	☐3	☐4	☐5
b.	☐1	☐2	☐3	☐4	☐5
c.	☐1	☐2	☐3	☐4	☐5
d.	☐1	☐2	☐3	☐4	☐5
e.	☐1	☐2	☐3	☐4	☐5
f.	☐1	☐2	☐3	☐4	☐5
g.	☐1	☐2	☐3	☐4	☐5
h.	☐1	☐2	☐3	☐4	☐5
i.	☐1	☐2	☐3	☐4	☐5
j.	☐1	☐2	☐3	☐4	☐5
k.	☐1	☐2	☐3	☐4	☐5
l.	☐1	☐2	☐3	☐4	☐5
m	☐1	☐2	☐3	☐4	☐5
n.	☐1	☐2	☐3	☐4	☐5
o.	☐1	☐2	☐3	☐4	☐5
p.	☐1	☐2	☐3	☐4	☐5
q.	☐1	☐2	☐3	☐4	☐5
r.	☐1	☐2	☐3	☐4	☐5
s.	☐1	☐2	☐3	☐4	☐5
t.	☐1	☐2	☐3	☐4	☐5
u.	☐1	☐2	☐3	☐4	☐5
v.	☐1	☐2	☐3	☐4	☐5
w.	☐1	☐2	☐3	☐4	☐5
x.	☐1	☐2	☐3	☐4	☐5
y.	☐1	☐2	☐3	☐4	☐5

Section B: This section contains questions on SMOKING, DRINKING ALCOHOL AND DRUGS. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

B1: SMOKING

The next set of questions is about cigarettes (including roll-ups).

B1a. Have you ever smoked a cigarette?

Yes .... ☐1 No............. ☐2 → go to B2

B1b. How old were you when you first smoked a cigarette? ____________years

B1c. Which of the following best describes you?

Only ever tried smoking once or twice	Used to smoke but not now	Smoke occasionally	Smoke daily	Don't smoke
☐1	☐2	☐3	☐4	☐5

B1d. About how many cigarettes do you smoke in a week? ______________

B1e. Have you ever tried to give up cigarettes but found that you couldn't?

Yes ☐1 No ☐2

B2. Have you ever tried an e-cigarette or "vaping"?

Yes .... ☐1 No............. ☐2

B3. Compared to cigarettes, do you think that e-cigarettes (or vapes) are:

More harmful	Equally harmful	Less harmful	Don't know/Not Sure
☐1	☐2	☐3	☐4

B2: ALCOHOL

The next questions are about drinking alcohol (this includes beer, wine, alcopops, cider and spirit drinks like vodka).

B4. Have you ever consumed alcohol?

Yes .... ☐1 No............. ☐2 Go to Section B3

B5. How old were you when you had your first full drink of alcohol – more than a few sips?
____________years

B6a. How often do you have a drink containing alcohol?

Never		Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
☐0	GO TO B6i	☐1	☐2	☐3	☐4

B6b. How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)

1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
☐0	☐1	☐2	☐3	☐4

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
B6c. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	☐0	☐1	☐2	☐3	☐4
B6d. How often during the last year have you found that you were not able to stop drinking once you had started?	☐0	☐1	☐2	☐3	☐4
B6e. How often during the last year have you failed to do what was normally expected from you because of your drinking?	☐0	☐1	☐2	☐3	☐4
B6f. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	☐0	☐1	☐2	☐3	☐4
B6g. How often during the last year have you had a feeling of guilt or remorse after drinking?	☐0	☐1	☐2	☐3	☐4
B6h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	☐0	☐1	☐2	☐3	☐4

	No	Yes, but not in the last year	Yes, during the last year
B6i. Have you or somebody else been injured as a result of your drinking?	☐0	☐2	☐4
B6j. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	☐0	☐2	☐4

SECTION B3: DRUGS

The next set of questions is about drugs.

B7a. Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes .... ☐1 No............. ☐2 → go to B8 Prefer not to say .... ☐3

B7b. Which statement describes you the best?

Only ever tried cannabis once or twice	Used to take cannabis but not now	Take cannabis occasionally	Take cannabis more than once a week	Don't take cannabis
☐1	☐2	☐3	☐4	☐5

B8. Have you ever tried inhaling or sniffing aerosols / gas (lighter refills) / glue / solvents? and if yes, have you done it more or less than 5 times in the last year? [TICK ONE BOX ONLY]

No	Yes, less than 5 times	Yes, more than 5 times
☐1	☐2	☐3

B9. Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine, heroin, etc?

Yes ☐1 .... No ☐2

B10. If yes, which of the following have you taken in the last year? (Tick one box on each line)

	No	Yes, less than 5 times	Yes, more than 5 times
a. Amphetamines (also called speed, uppers, whizz, sulphate, billy, crystal meth)	☐1	☐2	☐3
b. Poppers (also called amyl nitrates, liquid gold, rush)	☐1	☐2	☐3
c. Ecstasy (also called 'E' pills, MDMA)	☐1	☐2	☐3
d. LSD (also called acid, tabs, trips, dots)	☐1	☐2	☐3
e. Magic mushrooms (also called shrooms)	☐1	☐2	☐3
f. Spanglers (also called spangs)	☐1	☐2	☐3
g. Cocaine (also called Charlie, 'C', coke)	☐1	☐2	☐3
h. Crack (also called rock, stone)	☐1	☐2	☐3
i. Heroin (also called brown, smack, gear, junk, 'H')	☐1	☐2	☐3
j. Ketamine (also called Green, K, special K, super K, vitamin K)	☐1	☐2	☐3
k. Steroids (not prescribed by a doctor)	☐1	☐2	☐3
l. Zimovane (Zimos)	☐1	☐2	☐3
m. Benzodiazepines (Benzos) (not prescribed by a doctor)	☐1	☐2	☐3
n. ADHD medication (Ritalin) (not prescribed by a doctor)	☐1	☐2	☐3
o. Pain killers (for "recreational" use, not for pain)	☐1	☐2	☐3
p. Other	☐1	☐2	☐3

B11. Have you ever used any other prescription drugs for non-medical purposes, for "recreational" use?

Yes .... ☐1 No........................... ☐2

Section C: This section contains questions on SEX EDUCATION. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

C1. Have you ever been or will you be taught Relationships and Sexuality Education (RSE) in secondary school?

Yes, already	Yes, in future	No	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐5

C2a. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?

Yes .... ☐1 No........................... ☐2 Prefer not to say .... ☐3

C2b. Where would you say you get MOST of your information or advice on sex or relationship issues?

[TICK ONE BOX ONLY]

Nowhere	☐1	Friends	☐5	Doctor / Nurse	☐9
Mum	☐2	Teacher	☐6	Other	☐10
Dad	☐3	Internet health websites	☐7	Don't know	☐11
Other family members	☐4	Books / Magazines / TV / films	☐8	Prefer not to say	☐12

Routed for girls and only asked of those who had not started at 13

C3a. Girls can start their periods at different ages. Have you started your periods yet?

Yes .... ☐1 No....... ☐2 Not applicable .... ☐3 Don't know .... ☐4 Prefer not to say ...... ☐5

C3b. What age were you when you had your first period? _______ years _______months Don't know .... ☐88

Section D: The next set of questions relates to GENDER IDENTITY AND INTIMATE BEHAVIOUR. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

D1a. Thinking first about your mother, how easy or difficult do you think it is for you to talk openly about sex with her?

Very easy	Quite easy	Neither	Quite difficult	Very difficult	Never came up	Not Applicable	Prefer not to say
☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8

D1b. Now thinking about your father, how easy or difficult do you think it is for you to talk openly about sex with him?

Very easy	Quite easy	Neither	Quite difficult	Very difficult	Never came up	Not Applicable	Prefer not to say
☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8

D2. How would you describe your sexual orientation? [TICK ONE BOX]

- Heterosexual/straight (sexually attracted to the opposite sex) .... ☐1
- Gay or Lesbian (attracted to the same sex) .... ☐2
- Bisexual (attracted to both men and women).. ☐3
- Questioning/ Not sure... ☐4
- Asexual (not attracted to either sex) .... ☐5
- Don't know.. ☐6
- Prefer not to say .... ☐7

D3. Would you describe yourself as: Male .... ☐1 Female .... ☐2 Other...... ☐3 Prefer not to say ... ☐4

D4. Would you describe yourself as transgender? Yes........ ☐1 No....... ☐2 Prefer not to say ... ☐3

D5a. Do you currently have a boyfriend? Yes........ ☐1 No....... ☐2 Prefer not to say ... ☐3

D5b. Do you currently have a girlfriend? Yes........ ☐1 No....... ☐2 Prefer not to say ... ☐3

D6. In total, including your current boyfriend or girlfriend (if relevant), how many girlfriends/boyfriends have you had during the last year?

None .... ☐0 1 .... ☐1 2 .... ☐2 3 .... ☐3 4+..... ☐4 Prefer not to say .... ☐5

We are now going to ask about some more INTIMATE BEHAVIOURS. We are referring only to things which happened with your consent, with someone around your age (and not with someone you are related to). If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

D7a. ☐1 .... ☐2 .... ☐3

D7b. .... ☐1 .... ☐2 .... ☐3

D7c. ☐1 .... ☐2 .... ☐3

D7d. ☐1 .... ☐2 .... ☐3

If D7c and D7d are both 'No' – please go to Question D8, otherwise please continue

D7e. ☐1 .... ☐2 .... ☐3

D7f. ☐1 .... ☐2 .... ☐3

If D7e and D7f are both 'No' – please go to Question D8, otherwise please continue

D7g. ☐1 .... ☐2 .... ☐3

D7h. ☐1 .... ☐2 .... ☐3

If D7g and D7h are both 'No' – please go to Question D8, otherwise please continue

D7i. ☐1 .... ☐2 .... ☐3

D7j. ☐1 .... ☐2 .... ☐3

D7k. ☐1 .... ☐2 .... ☐3

D8. Do you feel pressure from friends, school mates, peers to have sex?

Yes, a little	Yes, a lot	No	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐5

D9. Were you ever afraid of losing a boyfriend/girlfriend by not having sex?

Yes .... ☐1 No .... ☐2 Prefer not to say .... ☐3

D10. Would you say most of your friends have had sex?

None	Some	Most	All	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐4	☐5

D2: SEXUAL INTERCOURSE

The next questions are about SEXUAL INTERCOURSE. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

[Routed on D7k] I would like you to think about your first sexual intercourse.
D11. Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?

Opposite sex............. ☐1 Same sex........... ☐2 Prefer not to say.................. ☐3

D12. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?

You had just met for the first time/ didn't know each other ☐1
You knew each other, but didn't have a steady relationship at the time ☐2
You had a steady relationship at the time ☐3
You were living together (but not married or engaged) ☐4
You were engaged to be married ☐5
You were married ☐6
Prefer not to say ☐7

D13. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception?

Yes	No contraception used by either of us	No contraception used by me, don't know about partner	Not applicable	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐5	☐6

D14. Looking back now to that first time you had sexual intercourse, do you think:

You should have waited longer before having sex with anyone ☐1
That you should not have waited so long ☐2
That it was about the right time ☐3
Not sure ☐4
Prefer not to say ☐5

D15. Are you still in an intimate relationship with the person with whom you first had sexual intercourse?

Yes .... ☐1 No............. ☐2 Prefer not to say .... ☐3

D16. With how many different people in total have you had sexual intercourse?

1 person ☐1 4 people ☐4 Don't know ☐7
2 people ☐2 5 people ☐5 Prefer not to say ☐8
3 people ☐3 6 or more ☐6

D17. In general, do you usually use a condom every time you have sexual intercourse?

Yes, on every occasion ☐1
Yes, on most occasions (3/4 of the time) ☐2
Yes, roughly half the time ☐3
Yes, on some occasions (1/4 of the time) ☐4
No, never ☐5
Not currently sexually active ☐6
Not applicable ☐7
Don't know ☐8
Prefer not to say ☐9

D18. Do you (or your partner) usually use some form of contraception?

Always	Sometimes	Never / hardly ever	Not currently sexually active	Not applicable	Don't know	Prefer not to say
☐1	☐2	☐3	☐4	☐4	☐5	☐6

D19. In general, whose decision is it to use contraception always/sometimes/never? Is it mainly your decision, the other person's decision or a joint decision?

- My decision .... ☐1
- Other person's decision .... ☐2
- Joint decision .... ☐3
- It varies.......... ☐4
- Not currently sexually active .... ☐5
- Not applicable .... ☐6
- Don't know .... ☐7
- Prefer not to say.......... ☐8

D20. Have you ever had a sexually transmitted disease?

- Never.......... ☐1
- Once.......... ☐2
- More than once .... ☐3
- Don't know .... ☐4
- Prefer not to say.......... ☐5

This section contains questions on PREGNANCY. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

E1. Do you have any children?

Yes .... ☐1 No .... ☐2 Prefer not to say .... ☐3

Ask if female

E2. Are you currently pregnant?

Yes .... ☐1 No .... ☐2 Prefer not to say.......... ☐3

E3. Have you ever been pregnant?

Yes.......... ☐1 No.......... ☐2

Section F: This section contains questions on your PHYSICAL HEALTH. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

F1. If you feel you need to get medical advice from a health care professional, can you easily do this?

Yes.......... ☐1 No.......... ☐2

F2. If no, why is this? [TICK ALL THAT APPLY]

- a. Cost to self .... ☐1
- b. Cost to parents.......... ☐2
- c. Concerned about confidentiality.......... ☐3
- d. Unsure of where to go.......... ☐4
- e. Difficulty in making contact .... ☐5
- f. Difficulty in getting an appointment.......... ☐6
- g. Difficulty in travelling to a clinic/appointment .... ☐7
- h. Too embarrassed.......... ☐8
- i. Other .... ☐9

F3. How would you describe yourself? [TICK ONE BOX ONLY]

- Very skinny.......... ☐1
- A bit skinny .... ☐2
- Just the right size.......... ☐3
- A bit overweight.......... ☐4
- Very overweight.......... ☐5

	Yes, currently	Yes, in the past	No
F4a. Have you ever exercised to lose weight or to avoid gaining weight?	☐1	☐2	☐3
F4b. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?	☐1	☐2	☐3
F4c. Have you ever exercised to 'bulk up' or maintain muscle mass?	☐1	☐2	☐3

F5a. Are you satisfied with your eating patterns?

Yes .... ☐1 No .... ☐2

F5b. Do you ever eat in secret?

Yes .... ☐1 No .... ☐2

F5c. Does your weight affect the way you feel about yourself?

Yes .... ☐1 No .... ☐2

F5d. Have any members of your family suffered with an eating disorder?

Yes .... ☐1 No .... ☐2

F5e. Do you currently suffer with or have you ever suffered in the past with an eating disorder?

Yes .... ☐1 No .... ☐2

Section G: This section contains questions on HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM and so on. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

G1. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. On the whole, I am satisfied with myself.	☐1	☐2	☐3	☐4
b. At times, I think I am no good at all.	☐1	☐2	☐3	☐4
c. I am able to do things as well as most other people.	☐1	☐2	☐3	☐4
d. I certainly feel useless at times.	☐1	☐2	☐3	☐4
e. All in all, I am inclined to feel that I am a failure.	☐1	☐2	☐3	☐4
f. I take a positive attitude towards myself.	☐1	☐2	☐3	☐4

G2. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you think each statement is like you.

	Not at all like me	A little like me	Some-what like me	Mostly like me	Very much like me
a. I have a hard time breaking bad habits	☐1	☐2	☐3	☐4	☐5
b. I get distracted easily	☐1	☐2	☐3	☐4	☐5
c. I say inappropriate things	☐1	☐2	☐3	☐4	☐5
d. I refuse things that are bad for me, even if they are fun	☐1	☐2	☐3	☐4	☐5
e. I'm good at resisting temptation	☐1	☐2	☐3	☐4	☐5
f. People would say that I have very strong self-discipline	☐1	☐2	☐3	☐4	☐5
g. Pleasure and fun sometimes keep me from getting work done	☐1	☐2	☐3	☐4	☐5
h. I do things that feel good in the moment but regret later on	☐1	☐2	☐3	☐4	☐5
i. Sometimes I can't stop myself from doing something, even if I know it is wrong	☐1	☐2	☐3	☐4	☐5
j. I often act without thinking through all the alternatives	☐1	☐2	☐3	☐4	☐5

G3. Please indicate how much you agree with each of the following statements.

a.	☐1	☐2	☐3	☐4
b.	☐1	☐2	☐3	☐4
c.	☐1	☐2	☐3	☐4
d.	☐1	☐2	☐3	☐4
e.	☐1	☐2	☐3	☐4
f.	☐1	☐2	☐3	☐4
g.	☐1	☐2	☐3	☐4
h.	☐1	☐2	☐3	☐4

G4. Please indicate how much you agree with each of the following statements.

a. ☐1 ☐2 ☐3 ☐4
b. ☐1 ☐2 ☐3 ☐4
c. ☐1 ☐2 ☐3 ☐4
d. ☐1 ☐2 ☐3 ☐4
e. ☐1 ☐2 ☐3 ☐4
f. ☐1 ☐2 ☐3 ☐4

G5. Have you ever experienced any of the following since we last saw you when you were 13 [TICK ALL THAT APPLY]:

a. Death of a parent ☐1
b. Death of a close family member (other than a parent) ☐2
c. Death of close friend ☐3
d. Divorce/separation of parents ☐4
e. Stay in foster home/ residential care ☐5
f. Drug taking/alcoholism in the immediate family ☐6
g. Mental disorder in immediate family ☐7
h. Conflict between parents ☐8
i. Parent in prison ☐9
j. Sibling in prison ☐10
k. Violence (not involving a family member) ☐11
l. Violence (family) ☐12
m. New parental figure ☐13
n. Been suspended from school ☐14
o. Been expelled from school ☐15
p. Lost best friend through move ☐16
q. Breakup with best friend ☐17
r. Breakup with girl/boyfriend ☐18
s. Parental arrest ☐19
t. Reduced standard of living ☐20
u. None of the above ☐21

G6.If you were to describe how satisfied you are with your own life in general how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.

0 Extremely unsatisfied	1	2	3	4	5	6	7	8	9	10. Extremely satisfied
☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10

Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

H1. Are you in regular contact with your mother (or mother figure)?

Yes ☐1 No ☐2 Mother deceased ☐3 Prefer not to say ☐4

H2. If yes, please answer the following questions about how often the following things happen with your mother (or mother figure):

a. ☐1 ☐2 ☐3 ☐4 ☐5
b. ☐1 ☐2 ☐3 ☐4 ☐5
c. ☐1 ☐2 ☐3 ☐4 ☐5
d. ☐1 ☐2 ☐3 ☐4 ☐5
e. ☐1 ☐2 ☐3 ☐4 ☐5
f. ☐1 ☐2 ☐3 ☐4 ☐5
g. ☐1 ☐2 ☐3 ☐4 ☐5
h. ☐1 ☐2 ☐3 ☐4 ☐5

H3. And how well do the following statements describe your relationship with her?

a. .... ☐1 .... ☐2 .... ☐3 .... ☐4 .... ☐5
b. .. ☐1 .... ☐2 .... ☐3 .... ☐4 .... ☐5
c. ☐1 .... ☐2 .... ☐3 .... ☐4 .... ☐5

H4. Which of the following best describes your relationship with the person you have just answered in regard to your mother (or mother figure)?

Biological or adoptive mother who lives here .... ☐1
Biological or adoptive mother who lives elsewhere .... ☐2
Stepmother .... ☐3
Foster mother.. ☐4
Grandmother... ☐5
Someone else .... ☐6

H5. Are you in regular contact with your father (or father figure)?

Yes .... ☐1 No..................... ☐2 Father deceased........ ☐3 Prefer not to say .... ☐4

H6. If yes, please answer the following questions about how often the following things happen with your father (or father figure):

a. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
b. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
c. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
d. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
e. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
f. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
g. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5
h. ☐1 .... ☐2.................. ☐3............. ☐4............. ☐5

H7. And how well do the following statements describe your relationship with him?

a. ..... ☐1.......... ☐2 .... ☐3.......... ☐4 .... ☐5
b. ☐1.......... ☐2 .... ☐3.......... ☐4 .... ☐5
c. ☐1.......... ☐2 .... ☐3.......... ☐4 .... ☐5

H8. Which of the following best describes your relationship with the person you have just answered in regard to your father (or father figure)?

Biological or adoptive father who lives here .... ☐1
Biological or adoptive father who lives elsewhere .... ☐2
Step father .... ☐3
Foster father.. ☐4
Grandfather... ☐5
Someone else .... ☐6

H9. Is there an adult (or adults) in your life you can usually turn to for help and advice?

Yes .... ☐1 No .... ☐2

H10a. Do you have a sister? Yes............. ☐1 No.............. ☐2

H10b. Do you have a brother? Yes............. ☐1 No.............. ☐2

H10c. Overall, how often do you get on well with your brothers and sisters? **[TICK ONE BOX ONLY]**

Always.. ☐1
Usually .... ☐2
Sometimes .... ☐3
Never.. ☐4

H11. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.

1 We don't get on at all	2	3	4	5	6	7	8	9	10. We get on very well
☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	☐9	☐10

H12. The following questions refer to the rules and limits your parents may place on your activities. **[TICK ONE BOX ONLY]**

	Almost never or never	Not very often	Some-times	Often	Almost always or always	Not applicable / don't do it
a. Do you need your parents' permission before going out on week nights?	☐1	☐2	☐3	☐4	☐5	☐6
b. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going?	☐1	☐2	☐3	☐4	☐5	☐6
c. If you have been out very late one night, do your parents make you explain why and tell them who you were with?	☐1	☐2	☐3	☐4	☐5	☐6
d. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing?	☐1	☐2	☐3	☐4	☐5	☐6
e. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night?	☐1	☐2	☐3	☐4	☐5	☐6
f. Do your parents make you tell them how you spend your money?	☐1	☐2	☐3	☐4	☐5	☐6

H13. Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home

Yes .... ☐1   No .... ☐2

H14. *If yes,* **how is this person related to you?**

	Care for them? Yes	No
a. Grandparent or other elderly relative	☐1	☐2
b. A parent or step-parent	☐1	☐2
c. A younger sibling	☐1	☐2
d. A sibling of the same age or older than you	☐1	☐2
e. Someone else	☐1	☐2

If yes, go to H8c

H15. **If yes to 'younger sibling', also ask*: **Would you describe the care you provide to your younger sibling as 'baby-sitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?**

Baby-sitting ...... ☐1   Additional care, not just baby-sitting .... ☐2

Section J: This section contains questions on HOW YOU FEEL EMOTIONALLY, YOUR MENTAL OR EMOTIONAL HEALTH. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

J1. The next set of questions are about how you have been feeling recently. For each question, please tick how much you have felt or acted this way in the past two weeks. If a sentence was true about you most of the time, tick TRUE. If it was only sometimes true, check SOMETIMES. If a sentence was not true about you, check NOT TRUE.

	True	Sometimes	Not true
a. I felt miserable or unhappy	☐1	☐2	☐3
b. I didn't enjoy anything at all	☐1	☐2	☐3
c. I felt so tired I just sat around and did nothing	☐1	☐2	☐3
d. I was very restless	☐1	☐2	☐3
e. I felt I was no good any more	☐1	☐2	☐3
f. I cried a lot	☐1	☐2	☐3
g. I found it hard to think properly or concentrate	☐1	☐2	☐3
h. I hated myself	☐1	☐2	☐3
i. I was a bad person	☐1	☐2	☐3
j. I felt lonely	☐1	☐2	☐3
k. I thought nobody really loved me	☐1	☐2	☐3
l. I thought I could never be as good as other kids	☐1	☐2	☐3
m. I did everything wrong	☐1	☐2	☐3

J2. Please read each statement and tick the box which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
a. I was aware of dryness of my mouth	☐1	☐2	☐3	☐4
b. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	☐1	☐2	☐3	☐4
c. I experienced trembling (eg, in the hands)	☐1	☐2	☐3	☐4
d. I was worried about situations in which I might panic and make a fool of myself	☐1	☐2	☐3	☐4
e. I felt I was close to panic	☐1	☐2	☐3	☐4
f. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	☐1	☐2	☐3	☐4
g. I felt scared without any good reason	☐1	☐2	☐3	☐4

J3. Can I ask:

	No, never	Maybe	Yes, definitely
a. Have you ever heard voices or sounds that no-one else can hear?	☐1	☐2	☐3
b. Have you ever seen things that other people could not see?	☐1	☐2	☐3
c. Have you ever thought that people are following you or spying on you?	☐1	☐2	☐3
d. Some people believe that their thoughts can be read by another person. Have other people ever read your mind?	☐1	☐2	☐3
e. Have you ever felt that you were under the control of some special power?	☐1	☐2	☐3
f. Have you ever felt that you have extra-special powers?	☐1	☐2	☐3

J4. Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?

Yes ....☐1 No.............☐2

J5. What were you diagnosed with?

Depression......☐1 Anxiety............☐2 Depression and anxiety ....☐3

J6. Are you currently or have you ever received any treatment?

Currently.............☐1 In the past ....☐2 Never ....☐3

Section K: **This section contains questions on SELF HARM. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.**

Life has many ups and downs. Sometimes people may feel very upset at times and may want to self-harm. We know this is a sensitive subject, but it is important to ask about it. By finding out about self-harm we may be able to find ways of helping people.

K1. Have you ever hurt yourself on purpose in any way?

Yes ....☐1 No.............☐2 Prefer not to say ....☐3

K2. How many times have you done this in the last year? Please tick one box only.

None	Once	2-5 times	6-10 times	More than 10 times	Don't know	Prefer not to say
☐0	☐1	☐2	☐3	☐4	☐5	☐6

K3. What form did this self-harm take on the last time you hurt yourself on purpose [tick all that apply]?

a. Pills/poison ....☐1
b. Cutting ....☐2
c. Banging/hitting/bruising ....☐3
d. Burning ....☐4
e. Other.....................................☐5
f. Prefer not to say ....☐6

Section L: This section contains questions on BULLYING–BOTH AS A VICTIM AND A PERPETRATOR. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

L1. Did any of the following happen to you in the last 3 months? [TICK ALL THAT APPLY]

a. Physical bullying ☐1
b. Verbal bullying (name-calling, hurtful slagging) ☐2
c. Electronic bullying (phone messaging, emails, Facebook, etc) ☐3
d. Graffiti / pinning up notes / passing notes in class ☐4
e. Taking / damaging personal possessions ☐5
f. Exclusion (being left out) ☐6
g. Gossip, spreading rumours ☐7
h. Threatened / forced to do things you didn't want to do ☐8
i. Other ☐9

L2. [If yes to any of K1]How often would this/these have occurred?

Daily	Weekly	Monthly	Rarely
☐1	☐2	☐3	☐4

L3. Over the last 3 months, have you ever done any of the following to anyone? [TICK ALL THAT APPLY]

a. Physical bullying ☐1
b. Verbal bullying (name-calling, hurtful slagging) ☐2
c. Electronic bullying (phone messaging, emails, Facebook, etc) ☐3
d. Graffiti / pinning up notes / passing notes in class ☐4
e. Taking / damaging personal possessions ☐5
f. Exclusion (being left out) ☐6
g. Gossip, spreading rumours ☐7
h. Threatened / forced to do things you didn't want to do ☐8
i. Other ☐9

L4. Please rate how often you do each of the following by ticking the box that is closest to how you feel
When I have difficulties or problems.....

a.	☐1	☐2	☐3	☐4	☐5	☐6
b.	☐1	☐2	☐3	☐4	☐5	☐6
c.	☐1	☐2	☐3	☐4	☐5	☐6
d.	☐1	☐2	☐3	☐4	☐5	☐6
e.	☐1	☐2	☐3	☐4	☐5	☐6
f.	☐1	☐2	☐3	☐4	☐5	☐6
g.	☐1	☐2	☐3	☐4	☐5	☐6
h.	☐1	☐2	☐3	☐4	☐5	☐6
i.	☐1	☐2	☐3	☐4	☐5	☐6
j.	☐1	☐2	☐3	☐4	☐5	☐6
k.	☐1	☐2	☐3	☐4	☐5	☐6
l.	☐1	☐2	☐3	☐4	☐5	☐6
m.	☐1	☐2	☐3	☐4	☐5	☐6
n.	☐1	☐2	☐3	☐4	☐5	☐6
o.	☐1	☐2	☐3	☐4	☐5	☐6

L5. When I have difficulties or problems I can usually talk about them to:

	Yes	No	Not Applicable
a. My mother	☐1	☐2	☐3
b. My father	☐1	☐2	☐3
c. Another adult	☐1	☐2	☐3

Section M: This section contains questions on ANTI-SOCIAL BEHAVIOUR (SOME OF WHICH MAY BE ILLEGAL) AND TROUBLE YOU MAY HAVE BEEN IN WITH THE GARDAI. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

M1. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]

	Never	Once	2-5 times	6 or more times
a. Taken something from a shop or store without paying for it	☐1	☐2	☐3	☐4
b. Not paid the correct fare on a bus or train	☐1	☐2	☐3	☐4
c. Behaved badly in public so that people complained and you got into trouble	☐1	☐2	☐3	☐4
d. Stolen or ridden in a stolen car or a van or on a stolen motorbike	☐1	☐2	☐3	☐4
e. Taken money or something else that did not belong to you from school	☐1	☐2	☐3	☐4
f. Carried a knife or weapon with you in case it was needed in a fight	☐1	☐2	☐3	☐4

	Never	Once	2-5 times	6 or more times
g. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights)	☐1	☐2	☐3	☐4
h. Broken into a house or building to steal something	☐1	☐2	☐3	☐4
i. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)	☐1	☐2	☐3	☐4
j. Used force, threats or a weapon to get money or something else from somebody	☐1	☐2	☐3	☐4
k. Taken money or something else that did not belong to you from your home without permission	☐1	☐2	☐3	☐4
l. Broken into a car or van to steal something from it	☐1	☐2	☐3	☐4
m. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed)	☐1	☐2	☐3	☐4
n. Hit, kicked or punched someone on purpose in order to hurt or injure them	☐1	☐2	☐3	☐4
o. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor	☐1	☐2	☐3	☐4
p. Truanted from school	☐1	☐2	☐3	☐4
q. Purposely hurt or injured a bird or an animal	☐1	☐2	☐3	☐4

M2. Have you ever been in trouble with the Gardai (excluding minor traffic offences)?

Yes ☐1 No ☐2

M3. Have you ever been cautioned by the Gardai? Yes ☐1 No ☐2

M4. Have you ever participated in a Garda Juvenile/ Youth Diversion Project? Yes ☐1 No ☐2

M5a. Have you ever appeared in court (not as a witness)? Yes ☐1 No ☐2

M5b. Have you ever been found guilty in court for something you did? Yes ☐1 No ☐2

M6. How many of your regular friends do or have ever done the following:

	None	A few	Some	Most	All
a. Smoked cigarettes	☐1	☐2	☐3	☐4	☐5
b. Got drunk	☐1	☐2	☐3	☐4	☐5
c. Been in trouble with the police	☐1	☐2	☐3	☐4	☐5
d. Used cannabis	☐1	☐2	☐3	☐4	☐5

Section N: This section contains questions on YOUR LEISURE ACTIVITIES AND INTERNET USE. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you. Now we would like to ask you about how you like to spend your free time.

N1. How much time do you spend on each of the following activities on a typical day (where it is your main activity at the time)? For each, please answer separately for weekdays and weekend days.

	None	Less than hour	1 up to 2 hours	2 up to 3 hours	More than 3 hours	Difficult to say but at least some time everyday
a. Online [WEEKDAY]	☐1	☐2	☐3	☐4	☐5	☐6
b. Online [WEEKEND DAY]	☐1	☐2	☐3	☐4	☐5	☐6
c. Watching television/films [WEEKDAY]	☐1	☐2	☐3	☐4	☐5	☐6
d. Watching television/films [WEEKEND DAY]	☐1	☐2	☐3	☐4	☐5	☐6
e. Playing video/computer games [WEEKDAY]	☐1	☐2	☐3	☐4	☐5	☐6
f. Playing video/computer games [WEEKEND DAY]	☐1	☐2	☐3	☐4	☐5	☐6

N2. How often would you say you 'multi-screen'? That is, use or watch more than one device at a time such as using a smartphone while watching television. (TICK ONE ANSWER).

Several times a day	Once a day	Several times a week, but not every day	Once a week or less often	Never
☐1	☐2	☐3	☐4	☐5

[If at least some time spent on internet in M1]. **We would like to ask you some more questions about how you use the internet.**

N3. When you use the internet, what do you use it for? [TICK ALL THAT APPLY]

a. Social Media (e.g. Facebook, Twitter, etc.) ☐1
b. Downloading or listening to music ☐2
c. Watching videos/television/films (e.g. Youtube, Netflix) ☐3
d. Playing games, either on your own or with others ☐4
e. Virtual casinos ☐5
f. News updates (including entertainment or sports news) ☐6
g. Messaging/calling friends or family (e.g. Whatsapp, Skype, email) ☐7
h. Sharing photos or videos (e.g. Instagram, SnapChat, Vine) ☐8
i. Dating apps ☐9
j. Shopping online ☐10
k. Selling stuff online or running your own web-based business ☐12
l. Writing or following blogs ☐13
m. For school or college work ☐14
n. Advice on health, relationship or other issues you are concerned about ☐15
o. Filling out online application forms for the CAO, jobs, etc ☐16
p. Searching for information generally (e.g. 'Googling' something) ☐17
q. Something else ☐18

N4. In the PAST 12 MONTHS how often have these things happened to you:

a.	☐1	☐2	☐3
b.	☐1	☐2	☐3
c.	☐1	☐2	☐3
d.	☐1	☐2	☐3
e.	☐1	☐2	☐3
f.	☐1	☐2	☐3

N5. Please indicate how much you agree with each of the following statements.

a.	☐1	☐2	☐3	☐4	☐5	☐6
b.	☐1	☐2	☐3	☐4	☐5	☐6
c.	☐1	☐2	☐3	☐4	☐5	☐6
d.	☐1	☐2	☐3	☐4	☐5	☐6
e.	☐1	☐2	☐3	☐4	☐5	☐6

The people responsible for *Growing Up in Ireland* would like to make it clear that a lot of the activities mentioned in this questionnaire are dangerous and undesirable and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on can cause damage, pain and injury for everyone involved. You may also have indicated that you are experiencing worries, anxiety or depression.

If you have answered yes to any of the activities or experiences we would ask you to reflect on the following:

Could these activities cause you harm or put you at risk?
Does your participation in these activities ever make you worried or upset?
Have you ever spoken to anyone about being worried or upset about these activities?
If you have indicated that you are worried, anxious or depressed have you spoken to someone about this?

If any of these issues apply to you it is important that you talk to someone. If you tell the interviewer at the end of the interview they will put you in touch with someone who can talk to you about the issues in question. Alternatively, you can phone one of the Helplines on the list which will be provided.