





**Before beginning the questionnaire please be sure to read the instructions on the cover.**

**Please mark your answer to each question by marking an 'X' in the appropriate box.**

**The first questions ask for some extra information about you and about how you spend your free time.**

**1. Are you?**

Male:

Female:

**2. What is your Ethnic group?**

White

Asian

Black

Other

Chinese

Not known

Mixed

**3. When you have free time do you mainly:**

Go round to a friend's house (or have them come round to yours)

Go out somewhere with friends

Spend time with your family

Spend time with brothers(s) and/or sister(s)

Spend time by yourself

None of these

**The following questions ask about diet and physical activity. *Physical activity* is any activity that increases your heart rate and makes you get out of breath some of the time, such as running, brisk walking, dancing, skateboarding, biking, swimming, netball, football and rugby**

**4. Over the past seven days, on how many days were you physically active for a total of at least 60 minutes per day?**

5. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

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6. How many pieces of fruit, of any sort, do you eat on a typical day?

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7. How many portions of vegetables, excluding potatoes, do you eat on a typical day?

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The following questions are about CIGARETTE SMOKING.

8. How old were you when you smoked a whole cigarette for the first time?

I have never smoked a whole cigarette

8 years old or younger

9 or 10 years old

11 or 12 years old

13 or 14 years old

Over 14 years old

9. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

I did not smoke cigarettes during the past 30 days

Less than 1 cigarette per day

1 cigarette per day

2 to 5 cigarettes per day

6 to 10 cigarettes per day

11 to 20 cigarettes per day

More than 20 cigarettes per day

The following questions are about ALCOHOL.

10. The following questions ask about the alcohol you have drunk in the last 6 months. The questions ask about how many standard drinks (units) you have consumed. A description of a standard drink is given in the box below. So, for example, a pint of regular beer or lager is equal to 2.5 standard drinks.



In the last 6 months how often have you drunk more than 3 units of alcohol?

Never	Less than 4 times	4 or more times but not every month	At least once a month but not every week	Every week but not every day	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you have a drink containing alcohol?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	≥4 times a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many standard drinks containing alcohol do you drink on a typical day when you are drinking?

1 to 2	3 to 4	5 to 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How often have you had 6 or more standard drinks if female, or 8 or more if male, on a single occasion in the last 6 months?**

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**How often during the last 6 months have you found that you were not able to stop drinking once you had started?**

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**How often in the last 6 months have you failed to do what was normally expected of you because of your drinking?**

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**How often in the last 6 months have you needed an alcoholic drink in the morning to get you going?**

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**How often in the last 6 months have you had a feeling of guilt or regret after drinking?**

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**How often in the last 6 months have you not been able to remember what happened when drinking the night before?**

Never

Less than  
monthly

Monthly

Weekly

Daily or  
almost daily

**Have you or someone else been injured as a result of your drinking?**

No

Yes but not in  
the last year

Yes, during  
the last year

**Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?**

No

Yes, but not in  
the last year

Yes, during  
the last year

**11. Different things happen to people while they are drinking alcohol or because of their alcohol drinking. Indicate how many times each of these things happened to you within the last 6 months (circle the relevant number for each question).**

1-2    3-5    5+  
None   times   times   times

0    1    2    3    Not able to do your homework or study for a test

0    1    2    3    Got into fights with other people (friends, relatives, strangers)

0    1    2    3    Missed out on other things because you spent too much money on alcohol

0    1    2    3    Went to work or school high or drunk

0    1    2    3    Caused shame or embarrassment to someone

- 0 1 2 3 Neglected your responsibilities
- 0 1 2 3 Relatives avoided you
- 0 1 2 3 Felt that you needed more alcohol than you used to in order to get the same effect
- 0 1 2 3 Tried to control your drinking (tried to drink only at certain times of the day or in certain places, that is, tried to change your pattern of drinking)
- 0 1 2 3 Had withdrawal symptoms, that is, felt sick because you stopped or cut down on drinking
- 0 1 2 3 Noticed a change in your personality
- 0 1 2 3 Felt that you had a problem with alcohol
- 0 1 2 3 Missed a day (or part of a day) of school or work
- 0 1 2 3 Wanted to stop drinking but couldn't
- 0 1 2 3 Suddenly found yourself in a place that you couldn't remember getting to
- 0 1 2 3 Passed out or fainted suddenly
- 0 1 2 3 Had a fight, argument or bad feeling with a friend
- 0 1 2 3 Had a fight, argument or bad feeling with a family member
- 0 1 2 3 Kept drinking when you promised yourself not to
- 0 1 2 3 Felt you were going crazy



0 1 2 3 Had a bad time

0 1 2 3 Felt physically or psychologically dependent on alcohol

0 1 2 3 Was told by a friend, neighbour or relative to stop or cut down drinking

**The following questions ask about SEXUAL BEHAVIOUR**

**12. After drinking alcohol, have you ever engaged in sexual intercourse that you regretted the next day?**

I have never engaged in sexual intercourse

Yes

No

**13. After drinking alcohol, have you ever engaged in sexual intercourse without a condom?**

I have never engaged in sexual intercourse

Yes

No

**14. This section asks about your use of health and social resources in the past 6 months. Please read each question carefully and remember each question relates to the past 6 months only. If your answer is none, please enter zero ('0') in the box.**

In the past 6 months how many times have you visited the school nurse?

In the past 6 months how many times have you visited an accident and emergency department as a patient?

In the past 6 months how many times have you been admitted to hospital?

In the past 6 months how many times have you visited a doctor at your GP practice?

In the past 6 months how many times have you visited or been visited by a social worker at home?

In the past 6 months how many times have you been arrested?

**15. The following questions are about your health TODAY. Under each heading, mark ONE box that best describes your health TODAY**

EQ-5D: For use you must register with EuroQol <http://euroqol.org/>

**16. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over THE LAST TWO WEEKS.**

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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**Thank you for completing this questionnaire**  
**Please remember to collect your leaflet and gift voucher**

**SIPS JR-HIGH**