

## Project Respect Student Survey

We are researchers working at your school evaluating how to prevent violence in young people's boyfriend or girlfriend relationships. As part of our research, we are asking all year 8 and 9 students to fill in a questionnaire on a tablet. This should only take about 40 minutes.

The questionnaire has some questions about relationships, violence and other topics that can be sensitive and sometimes upsetting. A trained researcher will be here to make sure you have the peace and privacy you need to fill in the questionnaire. The researcher can also answer any questions you have. It is up to you whether or not you fill in the questionnaire and you can stop taking part at any point.

We will store the information from the questionnaire on a computer file that **will not include your name or anything that can identify you**. When we write research reports based on information from all the questionnaires, you will not be named or identified in any way.

What you report will be **completely confidential** and **will not be shared with anyone, such as your school or parents**.

If you would like to talk with someone at your school about how you are feeling or any issues you are going through, the person in charge of safeguarding at your school can help you. You can also call the **NSPCC Childline** on 0800 1111 if you want help or support with any issue you are going through, no matter how big or how small.

1. How old are you?

Please ✓ one box only

12 years old

13 years old

14 years old

2. What school year are you in?

Please ✓ one box only

Year 8

Year 9

3. What sex were you assigned at birth (meaning what sex did the doctor put on your birth certificate)?

Please ✓ one box only

Male

Female

4. Which of the following options best describes how you think of yourself (your gender identity)?  
*(We ask this in addition to the question above because some people are transgender which means their gender identity isn't the same as the sex they were assigned at birth.)*

Please ✓ one box only

Male (including trans boy)

Female (including trans girl)

Non-binary (neither male nor female)

Unsure/questioning

Other

Prefer not to say

5. Do you have a girlfriend at the moment? (either a serious relationship or a casual relationship)

Please ✓ one box only

- No, I've never had a girlfriend
- I used to have one, but not in the last 12 months
- I had one in the last 12 months, but not now
- Yes, I have one now

6. Do you have a boyfriend at the moment? (either a serious relationship or a casual relationship)

Please ✓ one box only

- No, I've never had a boyfriend
- I used to have one, but not in the last 12 months
- I had one in the last 12 months, but not now
- Yes, I have one now

7. Which of the following do you consider yourself to be?

Please ✓ one box only

- Straight or heterosexual  
(a girl who is attracted to boys; or a boy who is attracted to girls)
- Gay or lesbian  
(a boy who is attracted to boys; or a girl who is attracted to girls)
- Bisexual (attracted to girls AND boys)
- Other
- Unsure/questioning
- Prefer not to say

*Questions 8-25 are for students who have a girlfriend and/or boyfriend now, or have had one in the last 12 months (so, since June 2016)*

*If you have a girlfriend and/or boyfriend now, or have had one in the last 12 months: Read the instructions below and continue from question 8.*

*If you have never had a girlfriend or boyfriend: Go straight to question 26.*

*If you have had a girlfriend and/or boyfriend before, but not in the last 12 months: Go straight to question 27.*

The following questions ask you about things that have happened **to you within the last 12 months with one or more partners (boyfriends or girlfriends) in a casual or serious relationship.**

They can refer to things that have happened face-to-face or through social media.

When you answer each of these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since June 2016). As a guide, use the following scale:

**Never:** this has **not** happened at all in any of your relationships with a boyfriend or girlfriend in the last 12 months.

**Rarely:** this has happened about **1–2 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

**Sometimes:** this has happened **3–5 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

**Often:** this has happened **6 times or more** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

8. They spoke to me in a hostile or mean tone of voice.

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

9. They said insulting things to me.

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

10. They said things to my friends to try and turn them against me.

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

11. They kicked, hit, or punched me.

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

12. They slapped me or pulled my hair.

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

13. They threatened to hurt me.

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

14. They spread rumours about me.

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

15. They kept track of who I was with and where I was.

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

16. They accused me of flirting with someone else.

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

The following questions ask you about things that **you have done within the last 12 months** to anyone **who is or was your partner (boyfriends or girlfriends) in a casual or serious relationship**.

They can refer to things that have happened face-to-face or through social media.

When answering these questions, check the box that is your best estimate of how often you have done these things **in the last 12 months** (so, since June 2016). As a guide, use the following scale:

**Never:** this has **not** happened at all in any of your relationships with a boyfriend or girlfriend in the last 12 months.

**Rarely:** this has happened about **1–2 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

**Sometimes:** this has happened **3–5 times** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

**Often:** this has happened **6 times or more** in any of your relationships with a boyfriend or girlfriend in the last 12 months.

17. I spoke to them in a hostile or mean tone of voice.

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
-

18. I said insulting things to them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

19. I said things to their friends to try and turn them against him/her.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

20. I kicked, hit, or punched them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

21. I slapped them or pulled their hair.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

22. I threatened to hurt them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

23. I spread rumours about them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

24. I kept track of who they were with and where they were.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

25. I accused them of flirting with someone else.

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

*(Question 26 is only for students who have never had a girlfriend or boyfriend. If you have ever had a girlfriend and/or boyfriend: Go straight to question 27)*

26. Have you ever gone out with (dated) someone? This could be a girlfriend or boyfriend, or someone you've gone out with (dated) but do not consider a girlfriend or boyfriend.

Please ✓ all that apply

- |                                |                          |
|--------------------------------|--------------------------|
| Yes, I've gone out with a girl | <input type="checkbox"/> |
| Yes, I've gone out with a boy  | <input type="checkbox"/> |
| No                             | <input type="checkbox"/> |

*(If you answered "No" to question 26: Go straight to question 85. Otherwise, read the instructions below and continue from question 27.)*

How many times has **any person that you have ever gone out with ever done the following things to you?**

Only include it when that person did it to you first. In other words, don't count it if they did it to you in self-defence.

27. Scratched me

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

28. Slapped me

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

29. Physically twisted my arm

Please ✓ one box only

- |           |                          |
|-----------|--------------------------|
| Never     | <input type="checkbox"/> |
| Rarely    | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often     | <input type="checkbox"/> |

30. Slammed me or held me against a wall

Please ✓ one box only

Never

Rarely

Sometimes

Often

31. Kicked me

Please ✓ one box only

Never

Rarely

Sometimes

Often

32. Bent my fingers

Please ✓ one box only

Never

Rarely

Sometimes

Often

33. Bit me hard

Please ✓ one box only

Never

Rarely

Sometimes

Often

34. Tried to choke me

Please ✓ one box only

Never

Rarely

Sometimes

Often

35. Pushed, grabbed, or shoved me

Please ✓ one box only

Never

Rarely

Sometimes

Often

36. Threw something at me that hit me

Please ✓ one box only

Never

Rarely

Sometimes

Often

37. Burned me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

38. Hit me with a fist

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

39. Hit me with something hard

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

40. Beat me up

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

41. Attacked me with a knife

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

How many times have **you ever done** the following things to **any person that you have ever gone out with**? Only include when you did it to him/her first. In other words, don't count it if you did it in self-defence.

42. Scratched them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

43. Slapped them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
-



44. Physically twisted their arm

Please ✓ one box only

Never

Rarely

Sometimes

Often

45. Slammed them or held them against a wall

Please ✓ one box only

Never

Rarely

Sometimes

Often

46. Kicked them

Please ✓ one box only

Never

Rarely

Sometimes

Often

47. Bent their fingers

Please ✓ one box only

Never

Rarely

Sometimes

Often

48. Bit them hard

Please ✓ one box only

Never

Rarely

Sometimes

Often

49. Tried to choke them

Please ✓ one box only

Never

Rarely

Sometimes

Often

50. Pushed, grabbed, or shoved them

Please ✓ one box only

Never

Rarely

Sometimes

Often

51. Threw something at them that hit them

Please ✓ one box only

Never

Rarely

Sometimes

Often

52. Burned them

Please ✓ one box only

Never

Rarely

Sometimes

Often

53. Hit them with a fist

Please ✓ one box only

Never

Rarely

Sometimes

Often

54. Hit them with something hard

Please ✓ one box only

Never

Rarely

Sometimes

Often

55. Beat them up

Please ✓ one box only

Never

Rarely

Sometimes

Often

56. Attacked them with a knife

Please ✓ one box only

Never

Rarely

Sometimes

Often

How often has **anyone that you have ever gone out with done the following things to you**? They can refer to things that have happened face-to-face or through social media.

57. Damaged something that belonged to me

Please ✓ one box only

Never

Rarely

Sometimes

Often

58. Said things to hurt my feelings on purpose

Please ✓ one box only

Never

Rarely

Sometimes

Often

59. Insulted me in front of others

Please ✓ one box only

Never

Rarely

Sometimes

Often

60. Threw something at me but missed

Please ✓ one box only

Never

Rarely

Sometimes

Often

61. Would not let me do things with other people

Please ✓ one box only

Never

Rarely

Sometimes

Often

62. Threatened to start seeing someone else

Please ✓ one box only

Never

Rarely

Sometimes

Often

63. Told me I could not talk to someone

Please ✓ one box only

Never

Rarely

Sometimes

Often

64. Started to hit me but stopped

Please ✓ one box only

Never

Rarely

Sometimes

Often

65. Did something just to make me jealous

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

66. Blamed me for bad things they did

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

67. Threatened to hurt me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

68. Made me describe where I was every minute of the day

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

69. Brought up something from the past to hurt me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

70. Insulted my looks

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
- 

How often have **you done** the following things **to anyone that you have ever gone out with**? They can refer to things that have happened face-to-face or through social media.

71. Damaged something that belonged to them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

- 
- 
- 
-

72. Said things to hurt their feelings on purpose

Please ✓ one box only

Never

Rarely

Sometimes

Often

73. Insulted them in front of others

Please ✓ one box only

Never

Rarely

Sometimes

Often

74. Threw something at them but missed

Please ✓ one box only

Never

Rarely

Sometimes

Often

75. Would not let them do things with other people

Please ✓ one box only

Never

Rarely

Sometimes

Often

76. Threatened to start seeing someone else

Please ✓ one box only

Never

Rarely

Sometimes

Often

77. Told them they could not talk to someone

Please ✓ one box only

Never

Rarely

Sometimes

Often

78. Started to hit them but stopped

Please ✓ one box only

Never

Rarely

Sometimes

Often

79. Did something just to make them jealous

Please ✓ one box only

Never

Rarely

Sometimes

Often

80. Blamed them for bad things I did

Please ✓ one box only

Never

Rarely

Sometimes

Often

81. Threatened to hurt them

Please ✓ one box only

Never

Rarely

Sometimes

Often

82. Made them describe where they were every minute of the day

Please ✓ one box only

Never

Rarely

Sometimes

Often

83. Brought up something from the past to hurt them

Please ✓ one box only

Never

Rarely

Sometimes

Often

84. Insulted their looks

Please ✓ one box only

Never

Rarely

Sometimes

Often

The next question asks about sexual harassment. Sexual harassment is unwanted and unwelcome sexual behaviour (touching, groping etc.) or sexual remarks (wolf whistling etc.), or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else. Sexual harassment is not behaviour that you like or want (for example wanted kissing, touching, or flirting).

85. How often do you experience sexual harassment?

Please ✓ one box only

- Often
- Occasionally
- Rarely
- Never

*(If you answered "Never" to question 85: Go straight to question 87. Otherwise, continue from question 86.)*

86. How often do you experience sexual harassment **at school**?

Please ✓ one box only

- Often
- Occasionally
- Rarely
- Never

For each of the following items, please mark either the box for "Not true," "Somewhat true" or "Definitely true".

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

87. Please give your answers on the basis of how things have been for you over the last SIX MONTHS (so, since December 2016).

Please ✓ <u>one</u> box on <u>EVERY</u> line	Not true	Somewhat true	Definitely true
a. I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get a lot of headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please ✓ <u>one</u> box on <u>EVERY</u> line	Not true	Somewhat true	Definitely true
f. I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am constantly fidgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please ✓ <u>one</u> box on <u>EVERY</u> line	Not true	Somewhat true	Definitely true
u. I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. How much of a problem have these things been for you in the past ONE month (so, since May 2017) ...

Please ✓ one box on EVERY line

	Never	Almost never	Sometimes	Often	Almost always
a. It is hard for me to walk more than 50 metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is hard for me to run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is hard for me to do sports activity or exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is hard for me to lift something heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is hard for me to take a bath or shower by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is hard for me to do chores around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I hurt or ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Almost never	Sometimes	Often	Almost always
h. I have low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel afraid or scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I feel angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I worry about what will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I have trouble getting along with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other young people do not want to be my friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other young people tease me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I cannot do things that other young people my age can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. It is hard to keep up when I play with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. It is hard to pay attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I forget things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I have trouble keeping up with my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I miss school because of not feeling well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. I miss school to go to the doctor or hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please ✓ one box on EVERY line

	None of the time	Rarely	Sometimes	Often	Always
a. I've been feeling confident about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each question, read all the choices and decide which one is most like you TODAY. Then put a tick in the box next to it.

Please ✓ one box only for each question

90. How worried are you today?

- I don't feel worried today
- I feel a little bit worried today
- I feel a bit worried today
- I feel quite worried today
- I feel very worried today

91. How sad are you today?

- I don't feel sad today
- I feel a little bit sad today
- I feel a bit sad today
- I feel quite sad today
- I feel very sad today

92. Are you in pain today?

- I don't have any pain today
- I have a little bit of pain today
- I have a bit of pain today
- I have quite a lot of pain today
- I have a lot of pain today

93. How tired are you today?

- I don't feel tired today
- I feel a little bit tired today
- I feel a bit tired today
- I feel quite tired today
- I feel very tired today

94. How annoyed are you today?

- I don't feel annoyed today
- I feel a little bit annoyed today
- I feel a bit annoyed today
- I feel quite annoyed today
- I feel very annoyed today

95. How well did you sleep last night?

- Last night I had no problems sleeping
- Last night I had a few problems sleeping
- Last night I had some problems sleeping
- Last night I had many problems sleeping
- Last night I couldn't sleep at all

96. Thinking about your schoolwork/homework today (such as reading and writing)

- I have no problems with my schoolwork/homework today
- I have a few problems with my schoolwork/homework today
- I have some problems with my schoolwork/homework today
- I have many problems with my schoolwork/homework today
- I can't do my schoolwork/homework today

97. Thinking about your daily routine (things like eating, having a bath/shower)

- I have no problems with my daily routine today
- I have a few problems with my daily routine today
- I have some problems with my daily routine today
- I have many problems with my daily routine today
- I can't do my daily routine today

98. Are you able to join in activities like playing out with your friends and doing sports?

- I can join in with any activities today
- I can join in with most activities today
- I can join in with some activities today
- I can join in with a few activities today
- I can join in with no activities today

99. In the past 12 months (so, since June 2016), how many times have you used any health services (e.g. GP, A&E or other hospital services, or outpatient services) because you had an accident or injury?

Please ✓ one box only

- None
- One time
- Two times
- Three times
- More than three times

*If you answered "Three times" or "More than three times,"*

a. Please state how many: \_\_\_\_\_

100. In the past 12 months (so, since June 2016), have you ever been stopped or told off by the police?

Please ✓ one box only

- No
- Yes, once
- Yes, twice
- Yes, three or more times

101. Please tick a box to show how much **you personally** agree or disagree with each statement.

Please ✓ one box on EVERY line

	I strongly agree	I agree	I disagree	I strongly disagree
a. It is NOT okay for a boy to hit his girlfriend if she did something to make him mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Girls sometimes deserve to be hit by their boyfriends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Boys sometimes deserve to be hit by their girlfriends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is okay for a boy to hit a girl if she hit him first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is NOT okay for a girl to hit a boy if he hit her first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I hit a boyfriend or girlfriend, he/she would break up with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. Please tick a box to show whether **your friends** would agree or disagree with each statement:

Please ✓ one box on EVERY line

	My friends would agree	My friends would disagree	My friends would neither agree nor disagree
a. It is NOT okay for a boy to hit his girlfriend if she did something to make him mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Girls sometimes deserve to be hit by their boyfriends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Boys sometimes deserve to be hit by their girlfriends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is okay for a boy to hit a girl if she hit him first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is NOT okay for a girl to hit a boy if he hit her first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If someone hits their boyfriend or girlfriend, the boyfriend or girlfriend should break up with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

103. a. Do you have friends who have girlfriends or boyfriends?

Please ✓ one box only

Yes   
No

*(If you answered "No": Go straight to question 104. If you answered "Yes": continue with the table below)*

Please tick a box to show **your best guess** of how many of **your friends** have done the following:

Please ✓ one box on EVERY line

	None	Some	Many	Most
b. How many of <b>your friends</b> have used physical force, such as hitting, to solve fights with their girlfriend or boyfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How many of <b>your friends</b> insult or swear at their girlfriend or boyfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How many of <b>your friends</b> try to control everything their girlfriend or boyfriend does?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

104. Please tick a box to show how much **you personally** agree or disagree with each statement.

Please ✓ one box on EVERY line

	I strongly agree	I agree	I disagree	I strongly disagree
a. Swearing is worse for a girl than for a boy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is more acceptable for a boy to have a lot of sexual partners than for a girl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most girls can't be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. On average, girls are as smart as boys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Girls should have the same freedom as boys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

105. Please tick a box to show whether **your friends** would agree or disagree with each statement.

Please ✓ one box on EVERY line

	My friends would agree	My friends would disagree	My friends would neither agree nor disagree
a. Swearing is worse for a girl than for a boy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is more acceptable for a boy to have a lot of sexual partners than for a girl.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most girls can't be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. On average, girls are as smart as boys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Girls should have the same freedom as boys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

106. If you were experiencing violence in a relationship, would you know what local services you could use?

- Yes
- No

Please ✓ one box only

107. If you have experienced violence in a relationship, have you ever talked to an adult about this?

- Yes
- No
- Not applicable; I have not experienced any violence in a relationship

Please ✓ one box only

108. For each of the following items, please mark either the box for “Not true,” “Somewhat true,” or “Definitely true”

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

Please ✓ one box on EVERY row

	Not true	Somewhat true	Definitely true
a. According to the law, it is considered rape if a person has sex with someone who is too drunk to consent to sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. As long as you are just joking around, what you say or do to someone cannot be considered sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If no one else sees me being harassed, there is nothing I can do because the harasser will just say I am lying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Girls cannot be sexually harassed by other girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Boys cannot be sexually harassed by girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Writing dirty things about someone on a bathroom wall at school is sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If a person is not physically harming someone, then they are not really abusive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

109. Have you ever downloaded an app that you can use to get help if you feel threatened?

- Yes
- No

Please ✓ one box only



110. Which option best describes your ethnic group or background?

Please ✓ one box only

- White British
- Any other White background
- Asian or Asian British
- Black, African, Caribbean or Black British
- Mixed/multiple ethnic background
- Any other ethnic group

111. What religious group do you belong to?

Please ✓ one box only

- None
- Christian
- Jewish
- Muslim/Islam
- Hindu
- Buddhist
- Sikh
- I don't know/not sure
- Other religious group

112. Which adult or adults (not including older brothers or sisters) do you live with?

Please ✓ all that apply

- My mother
- My father
- My stepmother
- My stepfather
- My foster-mother
- My foster-father
- Someone else

113. Are any of the adults that you live with in paid work, either part-time or full-time?

Please ✓ one box only

- Yes
- No
- I don't know

114. What kind of house or flat do you live in?

Please ✓ one box only

- One rented from the Council or a housing association
- One rented from a landlord
- One owned by your family (including one with a mortgage)
- Other
- I don't know/not sure

115. Does your family own a car, van or truck?

Please ✓ one box only

No

Yes, one

Yes, two or more

116. Do you have your own bedroom for yourself?

Please ✓ one box only

No

Yes

117. During the past 12 months, how many times did you travel away on holiday with your family?

Please ✓ one box only

Not at all

Once

Twice

More than twice

118. How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?

Please ✓ one box only

None

One

Two

More than two

That is the end. THANK YOU!

Please remain quiet until everyone has finished.

*(A word search activity will be provided for students who finish the survey before the end of the session)*