

Enrol Code:

Tablet # (or “no tablet”):

Date:

Project Respect Student Survey

We are researchers working at your school evaluating “Project Respect,” a programme to prevent violence in young people’s dating and relationships. As part of our research, we are asking all Year 10 and Year 11 students to fill in a questionnaire. The answers you give will be used to judge the success of the programme.

The questionnaire is completely anonymous and confidential. This means that your name will not be connected to your answers. Anything you report in the questionnaire will be kept private. We will not share it with other people such as teachers or parents.

Because your name will not be connected to your answers, we cannot contact you about your answers to this survey. So, in the box below we are giving you some details of services, in case you want help or support. This information is also on the information sheet you’ve received about the study.

You may contact your school’s safeguarding lead if you would like to talk to someone at your school about how you are feeling or any issues you or someone you know are going through. For example, this might include if you or someone you know is experiencing abuse or neglect or if you are concerned that someone you know is harming someone else. If you ask for their help, the safeguarding lead will meet with you to find out more about your concern and how to respond.

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. Below is information on some other organisations that may be able to help you with any issues you or someone you know might be going through:

- **The Samaritans:** Someone to talk to, available 24 hours a day for confidential, non-judgmental support. Call 116 123 or visit www.samaritans.org
- **Switchboard LGBT+ Helpline:** Providing information, support and referral services for lesbians, gay men and bisexual and trans people, and anyone considering issues around their sexuality or gender identity. Call 0300 330 0630 or visit <http://switchboard.lgbt/help/>
- **Mind:** Offering advice and support for anyone experiencing a mental health problem. Call 0300 123 3393 or visit www.mind.org.uk
- **Rape Crisis:** Provides information on nearest services for people who have experienced sexual violence. Call 0808 802 9999 or visit their website www.rapecrisis.org.uk

The questionnaire starts here:

1. How old are you?

- 14 years old
- 15 years old
- 16 years old

Please ✓ one box only

2. What school year are you in?

- Year 10
- Year 11

Please ✓ one box only

3. Which of the following options best describes how you think of yourself?

Please ✓ one box only

- Boy
- Girl
- Trans boy
- Trans girl
- Non-binary (neither male nor female)
- Unsure/questioning
- Other
- Prefer not to say

4. 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

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
- Prefer not to say

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
- Prefer not to say

*If you have not had a girlfriend or boyfriend **in the last 12 months** (so, since September 2017)*



Go straight to question 25.

*If you have a girlfriend and/or boyfriend now, or have had one **in the last 12 months** (so, since*

September 2017)



read the instructions on the next page and continue from question 7

The following questions ask you about things **that have happened to you** within the last **12 months with a boyfriend or girlfriend (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 September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

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

Never

Rarely

Sometimes

Often

Please ✓ one box only

8. They said insulting things to me.

Never

Rarely

Sometimes

Often

Please ✓ one box only

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

Never

Rarely

Sometimes

Often

Please ✓ one box only

10. They kicked, hit, or punched me.

Never

Rarely

Sometimes

Often

Please ✓ one box only

11. They slapped me or pulled my hair.

Never

Rarely

Sometimes

Often

Please ✓ one box only

12. They threatened to hurt me.

Never
Rarely
Sometimes
Often

Please ✓ one box only

13. They spread rumours about me.

Never
Rarely
Sometimes
Often

Please ✓ one box only

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

Never
Rarely
Sometimes
Often

Please ✓ one box only

15. 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 (boyfriend or girlfriend) 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, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017) As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

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

Never
Rarely
Sometimes
Often

Please ✓ one box only

17. I said insulting things to them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

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

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

19. I kicked, hit, or punched them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

20. I slapped them or pulled their hair.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

21. I threatened to hurt them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

22. I spread rumours about them.

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often

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

Please ✓ one box only

Never

Rarely

Sometimes

Often

24. I accused them of flirting with someone else.


Please ✓ one box only


Never

Rarely

Sometimes

Often

If you **have** a girlfriend and/or boyfriend now, or had one in the last 12 months  go to question 27.

If you **have not** had a girlfriend or boyfriend in the last 12 months  continue below from question 25.

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

Please ✓ one box only

Yes, I've gone out with a **girl** in the last 12 months

Yes, I've gone out with a **girl**, but not in the last 12 months

No

Prefer not to say

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


Please ✓ one box only


Yes, I've gone out with a **boy** in the last 12 months

Yes, I've gone out with a **boy**, but not in the last 12 months

No

Prefer not to say

If you **haven't** gone out with a girl or boy in the last 12 months (or if you prefer not to say),  go to question 85.

If you **have** gone out with a girl and/or boy in the last 12 months  read the instructions below and continue from question 27

The following questions ask you about things that **have happened to you** within the last **12 months** with **anyone you have gone out with** (dated).

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

When answering these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

How often has **any person that you have gone out with done the following things to you** in the last 12 months (so, since September 2017).

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

Never

Rarely

Sometimes

Often

Please ✓ one box only

28. Slapped me

Never

Rarely

Sometimes

Often

Please ✓ one box only

29. Physically twisted my arm

Never

Rarely

Sometimes

Often

Please ✓ one box only

30. Slammed me or held me against a wall

Never

Rarely

Sometimes

Often

Please ✓ one box only

31. Kicked me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

32. Bent my fingers

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

33. Bit me hard

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

34. Tried to choke me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

35. Pushed, grabbed, or shoved me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

36. Threw something at me that hit me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

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

42. Damaged something that belonged to me

Never
Rarely
Sometimes
Often

Please ✓ one box only

43. Said things to hurt my feelings on purpose

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

44. Insulted me in front of others

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

45. Threw something at me but missed

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

46. Would not let me do things with other people

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

47. Threatened to start seeing someone else

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

48. Told me I could not talk to someone

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

49. Started to hit me but stopped

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

50. Did something just to make me jealous

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

51. Blamed me for bad things they did

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

52. Threatened to hurt me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

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

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

54. Brought up something from the past to hurt me

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

55. Insulted my looks

- 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 you have gone out with** (dated).

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

When answering these questions, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

How often the last 12 months (so, since September 2017) have **you done** the following things to **any person that you have gone out with**?

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

56. Scratched them

Never

Rarely

Sometimes

Often

Please ✓ one box only

57. Slapped them

Never

Rarely

Sometimes

Often

Please ✓ one box only

58. Physically twisted their arm

Never

Rarely

Sometimes

Often

Please ✓ one box only

59. Slammed them or held them against a wall

Never

Rarely

Sometimes

Often

Please ✓ one box only

60. Kicked them

Never
Rarely
Sometimes
Often

Please ✓ one box only

61. Bent their fingers

Never
Rarely
Sometimes
Often

Please ✓ one box only

62. Bit them hard

Never
Rarely
Sometimes
Often

Please ✓ one box only

63. Tried to choke them

Never
Rarely
Sometimes
Often

Please ✓ one box only

64. Pushed, grabbed, or shoved them

Never
Rarely
Sometimes
Often

Please ✓ one box only

65. Threw something at them that hit them

Never
Rarely
Sometimes
Often

Please ✓ one box only

66. Burned them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

67. Hit them with a fist

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

68. Hit them with something hard

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

69. Beat them up

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

70. Attacked them with a knife

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

71. Damaged something that belonged to them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

72. Said things to hurt their feelings on purpose

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

73. Insulted them in front of others

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

74. Threw something at them but missed

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

75. Would not let them do things with other people

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

76. Threatened to start seeing someone else

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

77. Told them they could not talk to someone

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

78. Started to hit them but stopped

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

79. Did something just to make them jealous

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

80. Blamed them for bad things I did

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

81. Threatened to hurt them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

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

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

83. Brought up something from the past to hurt them

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

84. Insulted their looks

- Never
- Rarely
- Sometimes
- Often

Please ✓ one box only

-
-
-
-

The next two questions ask about sexual harassment. Sexual harassment is unwelcome sexual behaviour (e.g. groping), sexual remarks 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.

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

- Please ✓ one box only
- | | |
|--------------|--------------------------|
| Often | <input type="checkbox"/> |
| Occasionally | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

86. How often do you experience sexual harassment **in places other than school**?

- Please ✓ one box only
- | | |
|--------------|--------------------------|
| Often | <input type="checkbox"/> |
| Occasionally | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

The next questions ask about sexual experience

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

- Please ✓ one box only
- | | | |
|-------------------|--------------------------|----------------------|
| Male | <input type="checkbox"/> | → go to question 89 |
| Female | <input type="checkbox"/> | → go to question 106 |
| Prefer not to say | <input type="checkbox"/> | → go to question 88 |

This question is for those who prefer not to say their sex assigned at birth


88. Have you ever had some form of sexual experience?

- Please ✓ all that apply
- | | | |
|--------------------|--------------------------|------------------|
| Yes, with a male | <input type="checkbox"/> | } → question 116 |
| Yes, with a female | <input type="checkbox"/> | |
| No | <input type="checkbox"/> | } → question 129 |
| Prefer not to say | <input type="checkbox"/> | |

These are questions to answer if your sex assigned at birth is male (i.e. on your birth certificate)

89. Have you ever had some form of sexual experience?

- Please ✓ all that apply
- | | | |
|--------------------|--------------------------|--|
| Yes, with a male | <input type="checkbox"/> | if yes only with a male → question 99 |
| Yes, with a female | <input type="checkbox"/> | if yes only with a female → question 90 |
| No | <input type="checkbox"/> | } → question 129 |
| Prefer not to say | <input type="checkbox"/> | |


If you answered **yes with a female and yes with a male**  go to question 90


90. Have you ever had vaginal sex (penis inserted into vagina) with a female?

Please ✓ one box only

- | | | | |
|---------------------|--------------------------|---|--------------------------|
| Yes, once | <input type="checkbox"/> | → | go to question 91 |
| Yes, more than once | <input type="checkbox"/> | → | go to question 93 |
| No | <input type="checkbox"/> | } | → see instructions below |
| Prefer not to say | <input type="checkbox"/> | | |

If you answered 'No' or 'Prefer not to say' and

Have had sexual experience with a male  go to question 99

Have not had sexual experience with a male  go question 129.


91. Please enter how old you were when you had vaginal sex with a female: _____


Prefer not to say

92. When you had vaginal sex, did you or your partner use any of the following?

Please ✓ all that apply

- | | |
|---|--------------------------|
| Condom | <input type="checkbox"/> |
| The pill | <input type="checkbox"/> |
| The emergency contraception pill ('morning after' pill) | <input type="checkbox"/> |
| Contraception injection/implant | <input type="checkbox"/> |
| Other protection | <input type="checkbox"/> |
| Not sure | <input type="checkbox"/> |
| Didn't use anything | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

If you have had vaginal sex with a female once and have now answered questions 90 and 91  then go to question 97.

If you have had vaginal sex with a female more than once  then go to question 93.

93. Please enter how old you were the first time you had vaginal sex with a female: _____

Prefer not to say

94. The *FIRST TIME* you had vaginal sex, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- The pill
- The emergency contraception pill ('morning after' pill)
- Contraception injection/implant
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

95. The *LAST TIME* you had vaginal sex, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- The pill
- The emergency contraception pill ('morning after' pill)
- Contraception injection/implant
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

96. About how many different females have you ever had vaginal sex with? _____


Prefer not to say


97. Have you ever got someone pregnant?

Please ✓ one box only

- Yes → question 98
- No
- Not sure } → see instructions below
- Prefer not to say

If you answered 'No', 'Not sure' or 'Prefer not to say' to question 97 and:

-have had sexual experience with a male  *go to question 99*


*-have **not** had sexual experience with a male*  *go to question 116.*


98. Think about the most recent time you got someone pregnant:

Did you mean to get them pregnant?

Please ✓ one box only

- Yes
- No
- Not sure
- Prefer not to say

If you have **not** had sexual experience with a male  go to question 116.

If you **have** had sexual experience with a male  go to question 99

99. Have you ever had anal sex (penis inserted into anus, rectum, or bum) with a male?

Please ✓ one box only

- Yes, once → go to question 100
- Yes, more than once → go to question 102
- No } → go to question 116
- Prefer not to say }


100. Please enter how old you were when you had anal sex with a male: _____


Prefer not to say

101. When you had anal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

If you have had anal sex once only  go to question 116

If you have had anal sex more than once  go to question 102.

102. Please enter how old you were the first time you had anal sex with a male: _____

Prefer not to say

103. The *FIRST TIME* you had anal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say


104. The *LAST TIME* you had anal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

105. About how many different males have you ever had anal sex with? _____

Prefer not to say

If you were male at birth (i.e. on your birth certificate)  go to question 116

These are questions to answer if your sex assigned at birth is female (i.e. on your birth certificate)

106. Have you ever had some form of sexual experience?

Please ✓ all that apply

- Yes, with a male if yes **only** with a male → question 107
- Yes, with a female if yes **only** with a female → question 116
- No }
- Prefer not to say } → go to question 129

*If you answered **yes with a female** and **yes with a male***  go to question 107

107. Have you ever had vaginal sex (penis inserted into vagina) with a male?

Please ✓ one box only

- Yes, once → question 108
- Yes, more than once → question 110
- No }
- Prefer not to say } → go to question 116


108. Please enter how old you were when you had vaginal sex with a male: _____


Prefer not to say

109. When you had vaginal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- The pill
- The emergency contraception pill ('morning after' pill)
- Contraception injection/implant
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

If you have had vaginal sex with a male once only  *go to question 114*

If you have had vaginal sex with a male more than once  *go to question 110*

110. Please enter how old you were the first time you had vaginal sex with a male: _____

Prefer not to say

111. The *FIRST TIME* you had vaginal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- The pill
- The emergency contraception pill ('morning after' pill)
- Contraception injection/implant
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

112. The *LAST TIME* you had vaginal sex with a male, did you or your partner use any of the following?

Please ✓ all that apply

- Condom
- The pill
- The emergency contraception pill ('morning after' pill)
- Contraception injection/implant
- Other protection
- Not sure
- Didn't use anything
- Prefer not to say

113. About how many different males have you ever had vaginal sex with? _____

Prefer not to say

114. Have you ever been pregnant?

Please ✓ one box only

Yes, in the past	<input type="checkbox"/>	}	→	go to question 115
Yes, I am now	<input type="checkbox"/>			
No, never	<input type="checkbox"/>	}	→	go to question 116
Prefer not to say	<input type="checkbox"/>			

115. Think about your most recent pregnancy:

Did you mean to get pregnant?


Please ✓ one box only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

116. Have you ever been told by a doctor or nurse that you had any of the following sexually transmitted infections: chlamydia, genital warts, genital herpes or gonorrhoea?

Please ✓ one box only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

*If you have a girlfriend or boyfriend now or had one in the last 12 months **and** you have had some form of sexual experience  then read the information on the next page and go to question 117*

If not  then go to the information just before question 125

The following questions ask you about things that have **happened to you** within the last **12 months with a boyfriend or girlfriend (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 September 2017).

As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

117. My partner touched me sexually when I didn't want them to.

Please ✓ one box only

- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

118. My partner forced me to have sex when I didn't want to.

Please ✓ one box only

- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

119. My partner pressured me to send them a naked or semi naked image of myself

Please ✓ one box only

- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

120. My partner shared naked or semi naked images of me without my consent

Please ✓ one box only

- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

The following questions ask you about things that **you have done** within the last **12 months** to a **boyfriend or girlfriend (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, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

121. I touched my partner sexually when they didn't want me to.

- Please ✓ one box only
- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

122. I forced my partner to have sex when they didn't want to.


- Please ✓ one box only
- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |


123. I pressured my partner to send me a naked or semi-naked image of her or himself.


- Please ✓ one box only
- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

124. I shared naked or semi-naked images of my partner without their consent.

- Please ✓ one box only
- | | |
|-------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

If you have a girlfriend or boyfriend now or had one in the last 12 months **and** you have had some form of sexual experience  read the information below and go to question 125

If you are going out with someone now, or have gone out with someone in the last 12 months **and** you have had some form of sexual experience then  read the information below and go to question 125

Otherwise  Go to question 129



The following questions ask you about things that have **happened to you** within the last **12 months with anyone you have gone out with** (dated).

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

When answering these questions, please tick the box that best shows how often these things have happened to you **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12 months.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

How often has **any person that you have gone out with done the following things to you** in the last 12 months (so, since September 2017)?

125. Forced me to have sex

Never

Rarely

Sometimes

Often

Prefer not to say

Please ✓ one box only

126. Forced me to do other sexual things that I did not want to do

Never

Rarely

Sometimes

Often

Prefer not to say

Please ✓ one box only

The following questions ask you about things that **you have done** within the last **12 months** to **anyone you have gone out with** (dated).

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

When answering these questions, please tick the box that best shows how often you have done these things **in the last 12 months** (so, since September 2017). As a guide, use the following scale:

Never: this has **not** happened at all in the last 12.

Rarely: this has happened about **1–2 times** in the last 12 months.

Sometimes: this has happened **3–5 times** in the last 12 months.

Often: this has happened **6 times or more** in the last 12 months.

How often in the last 12 months (so, since September 2017) have **you done** the following things to **any person that you have gone out with?**

127. I forced them to have sex

Please ✓ one box only


- Never
- Rarely
- Sometimes
- Often
- Prefer not to say


128. I forced them to do other sexual things that they did not want to do

Please ✓ one box only

- Never
- Rarely
- Sometimes
- Often
- Prefer not to say

If you do not have a girlfriend or boyfriend at the moment or prefer not to say if you do,


 *go to question 130*


If you do have a girlfriend or boyfriend at the moment  *then go to question 129*

129. Please read the following statements and say how often they happen in your relationship.

Please ✓ one box on EVERY line

	All the time	Often	Sometimes	Not often	Never
a. I tell them how I really feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel happy when we are together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They respect my opinions and ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They get very angry with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have never had some form of sexual experience, or prefer not to say if you have,  go to instructions before question 130

 Otherwise continue here from question 129e

	All the time	Often	Sometimes	Not often	Never
e. I feel comfortable talking about intimate things (like whether to kiss, touch each other or have sex).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We do sexual activities that I don't feel comfortable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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!

130. Please give your answers on the basis of how things have been for you over the last SIX MONTHS (so, since March 2018).

Please one box on EVERY 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"/>

	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"/>

	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"/>

131. How much of a problem have these things been for you in the past ONE month (so, since August 2018)

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"/>
h. I have low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Almost never	Sometimes	Often	Almost always
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"/>

132. 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

133. 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

134. 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

135. 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
136. 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
137. 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
138. 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
139. 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
140. 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
141. 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

142. In the past 12 months (so, since September 2017) how many times have you used any health services (e.g. GP/family doctor, 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 more than three times:

a. Please state how many: _____

143. In the past 12 months (so, since September 2017), 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

144. 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"/>

145. 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"/>

146. Do you have friends who have girlfriends or boyfriends?

Please ✓ one box only

Yes

→ go to question 146a

No

→ go to question 147

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	Don't know
a. How many of your friends 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"/>	<input type="checkbox"/>
b. How many of your friends insult or swear at their girlfriend or boyfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How many of your friends try to control everything their girlfriend or boyfriend does?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

147. 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"/>

148. 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"/>

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

Please ✓ one box only

Yes
No

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

Please ✓ one box only

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

151. If you yourself have been violent or abusive in a relationship, have you ever talked to an adult about this?

- Please ✓ one box only
- Yes
- No
- Not applicable; I have not been violent or abusive in a relationship

152. 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"/>

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

- Please ✓ one box
- Yes
- No

154. This school has recently been taking steps to reduce dating and relationship violence.

- Please ✓ one box
- Yes → question 155
- No } → go to question 156
- Not sure }

155. It is a good thing that the school is taking steps to reduce dating and relationship violence.

Please ✓ one box

- I strongly agree
- I agree
- I neither agree nor disagree
- I disagree
- I strongly disagree

156. This past year in class, we've been learning about respectful relationships.

Please ✓ one box

- Yes → question 157
- No }
- Not sure } → go to question 158

157. The classes about respectful relationships were good.

Please ✓ one box

- Yes
- No
- Not sure

158. Have you heard about the #metoo movement?

Please ✓ one box

- Yes → question 159
- No → question 161

159. Has there been any discussion about the #metoo movement at school?

Please ✓ one box only

- Yes
- No

160. The #metoo movement is a good thing.

Please ✓ one box only

- I strongly agree
- I agree
- I neither agree nor disagree
- I disagree
- I strongly disagree

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

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

Please ✓ one box only

-
-
-
-
-
-

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

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

Please ✓ all that apply

-
-
-
-
-
-
-

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

- No
- Yes, one
- Yes, two or more

Please ✓ one box only

-
-
-

164. Do you have your own bedroom for yourself?

- No
- Yes

Please ✓ one box only

-
-

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

- None
- One
- Two
- More than two

Please ✓ one box only

-
-
-
-

166. How many bathrooms (rooms with a bath/shower or both) are in your home?

- None
- One
- Two
- More than two

Please ✓ one box only

-
-
-
-

167. Does your family have a dishwasher at home?

No

Yes

Please ✓ one box only

168. How many times did you and your family travel out of England for a holiday/vacation last year?

Not at all

Once

Twice

More than twice

Please ✓ one box only

That is the end. THANK YOU!

Please remain quiet until everyone has finished.