

## *Growing Up in Ireland*

### Young Person Self-Complete Questionnaire [if consent given by PCG] Cohort '08 at 13 years of age

#### *Preliminaries*

Welcome to this survey from the **Growing Up in Ireland** study.

If there is any question you do not wish to answer, you can select 'Save and continue' to skip it and move on to the next question.

**S1. Please enter your unique ID, given to you by your interviewer \_\_\_\_\_ S1.**

**S1a. Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey**

[Yes, I agree to take part; No, I do not wish to take part]

**S1b. Can you tell us on which type of device you completed this survey?**

[Desktop, Laptop, Tablet/iPad, Smartphone]

**S1c. What is your date of birth? [dd/mm/yyyy] \_\_\_\_\_**

#### *Sources of Information*

**S2. This school year have you been taught the following in your school:**

- |   |         |                          |   |       |                          |   |
|---|---------|--------------------------|---|-------|--------------------------|---|
| a. Relationships and Sexuality Education (RSE)  | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |
| b. How to stay healthy (e.g. diet and exercise) | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |
| c. How to feel good about myself and my life    | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |

**S3. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?** Yes ...  1 No...  2

**S4. Where would you be MOST likely to go to get information or advice on sex or relationship issues?**

[TICK ONE BOX ONLY]

- |                      |                          |   |                                |                          |    |
|----------------------|--------------------------|---|--------------------------------|--------------------------|----|
| Nowhere .....        | <input type="checkbox"/> | 1 | Boyfriend/ Girlfriend .....    | <input type="checkbox"/> | 8  |
| Mum .....            | <input type="checkbox"/> | 2 | Teacher .....                  | <input type="checkbox"/> | 9  |
| Dad .....            | <input type="checkbox"/> | 3 | Internet .....                 | <input type="checkbox"/> | 10 |
| Brother/sister ..... | <input type="checkbox"/> | 4 | Magazines .....                | <input type="checkbox"/> | 11 |
| Aunts/ Uncles .....  | <input type="checkbox"/> | 5 | Books .....                    | <input type="checkbox"/> | 12 |
| Friends .....        | <input type="checkbox"/> | 6 | TV/ Films/ DVDs .....          | <input type="checkbox"/> | 13 |
| Cousins .....        | <input type="checkbox"/> | 7 | Other <input type="checkbox"/> | 14                       |    |

#### *Sexual Orientation, Puberty*

**S5a Do you have a boyfriend or girlfriend at the moment? Yes ...  1 No...  2**

**S5b. Are you attracted to ...[Please indicate which best describes you]**

Girls	Boys	Both girls and boys	I am not attracted to anyone	Not sure / still deciding	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**S6 We now have one or two questions which are different for boys and girls. Please indicate which questions are appropriate for you: [Tick one box]**

Questions for boys .....  1 → Go to S7b

Questions for girls .....  2 → Go to S7g1

Neither.....  3 → Go to S8

**BOYS ONLY [‘Questions for boys’ at S6]**

**S7b. Boys’ bodies develop at different rates. We would like to ask you about your stage of development at the moment.**

**Has your voice changed at all? [TICK ONE BOX ONLY]**

- |   |                          |   |                                      |                          |   |
|---|--------------------------|---|--------------------------------------|--------------------------|---|
| No, it is the same .....                  | <input type="checkbox"/> | 1 | Yes, it is now totally changed ..... | <input type="checkbox"/> | 3 |
| Yes, occasionally it is a lot lower ..... | <input type="checkbox"/> | 2 | Not sure.....                        | <input type="checkbox"/> | 4 |



*Experience of Bullying and Bullying Others*

**S11. Have you been bullied in the last 3 months?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**S12. Have you experienced any of the following from a child or young person in the last 3 months? Please indicate the number of times.**

	Never	Once	2 or more times
A. Been hit, kicked or punched .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
B. Been pushed, shoved or slapped .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
C. Name-calling, hurtful slugging .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
D. Been sent hurtful message by text, email or other message app. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E. Had something hurtful posted online about you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
F. Someone circulating upsetting note/ photo/video or graffiti about you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
G. Someone taking / damaging your personal possessions .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
H. Exclusion (being left out) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
I. Gossip, spreading rumours about you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
J. Threatened / forced to do things you didn't want to do .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

[If 'No' to S11 and 'Never' to all items at S12, Go to S17]

**S13. Did any of these experiences involve the same person or people on more than one occasion?** Yes ... <sub>1</sub> No ... <sub>2</sub>

**S14. Did this person or people intend to be hurtful?** Yes ... <sub>1</sub> No ... <sub>2</sub> Not sure ... <sub>3</sub>

**S15. When these things happened, how did this make you feel ... ? [TICK ONE BOX ON EACH LINE]**

- a. **Upset?** .....Not at all ... <sub>1</sub> A little ... <sub>2</sub> A lot ... <sub>3</sub>
- b. **Afraid?** .....Not at all ... <sub>1</sub> A little ... <sub>2</sub> A lot ... <sub>3</sub>
- c. **Angry?** .....Not at all ... <sub>1</sub> A little ... <sub>2</sub> A lot ... <sub>3</sub>

**S16. Have you told a parent, teacher or other adult about this experience?** Yes ..... <sub>1</sub> No.....<sub>2</sub>

**S17. In the last 3 months have you bullied someone?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

*Cigarettes, alcohol and other substances*

**S18. Have you ever smoked a cigarette?** Yes ..... <sub>1</sub> No ..... <sub>2</sub> – Go to S21

**S19. How often do you smoke cigarettes at present?**

- Every day..... <sub>1</sub>
- At least once a week but not every day..... <sub>2</sub>
- Less than once a week ..... <sub>3</sub>
- I do not smoke at present..... <sub>4</sub>

**S20. How many cigarettes do you usually smoke in a week?**

\_\_\_\_\_ cigarettes a week

**S21. Have you ever smoked an e-cigarette (also known as 'vaping')?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**S22. Compared to cigarettes, do you think that e-cigarettes are:**

- More harmful ..... <sub>1</sub> Equally harmful ..... <sub>2</sub> Less harmful ..... <sub>3</sub> Don't know ..... <sub>4</sub>

**S23. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)**

Yes ..... <sub>1</sub> No.....<sub>2</sub> – Go to Question S25

**S24. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.**

Never	Rarely	Only on special occasions	At least once a month	At least once a week	Every day
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**S25. Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot']** Yes ... <sub>1</sub> No ... <sub>2</sub>

**S26. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?**

Yes ..... <sub>1</sub> No.....<sub>2</sub>

**S27. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?** Yes ... <sub>1</sub> No ... <sub>2</sub>

*The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.*

*(Parenting Style Questionnaire for main person who looks after 13-year-old)*

We would now like to ask you some questions about the parent or guardian whom you live with and usually looks after you. Even if you live with two parents/guardians, please just keep one of them in mind when answering the next set of questions.

[Redacted area]

[Redacted area]

*You may remember that we asked you and your parent/guardian to measure your height and weight so that you could tell us in this survey. Please fill in those measurements here if you have them. If you don't, please give us your best estimate here.*

**S29a. What is your height at the moment? You can use either 'feet and inches' or 'centimetres' but let us know which it is.**

Tick one [centimetres <sub>1</sub>; inches <sub>2</sub>; Feet and inches <sub>3</sub> \_\_ [height]\_\_\_\_\_

**S29b Is this an actual measurement taken in the last month or your best guess?**

Best guess <sub>1</sub> GO TO S30a Measured in last month <sub>2</sub> GO TO S29c

**S29c [if measured] Did your parent/guardian or another adult help you take this measurement?**

Yes <sub>1</sub> No <sub>2</sub>

**S30a And what is your weight? You can use 'kilos', 'pounds' or 'stone and pounds' but let us know which one.**

[Tick one [Kilos <sub>1</sub>; Pounds <sub>2</sub>; Stone and Pounds <sub>3</sub> \_\_\_\_\_ [weight]

**S30b Is this an actual measurement taken in the last month or your best guess?**

Best guess <sub>1</sub> GO TO S31 Measured in last month <sub>2</sub> Go to S30c

**S30c [if measured] Did your parent/guardian or another adult help you take this measurement?**

Yes <sub>1</sub> No <sub>2</sub>

**S31. Thinking ahead to when you will be an adult, which of the following do you most look forward to [Please tick one box]:**

- a. Studying, training or doing an apprenticeship..... <sub>1</sub>
- b. Getting a job ..... <sub>2</sub>
- c. Living in my own place..... <sub>3</sub>
- d. Travelling to different countries ..... <sub>4</sub>
- e. Deciding for myself things like what to eat or wear ..... <sub>5</sub>
- f. Making new friends ..... <sub>6</sub>
- g. Having my own money to spend as I wish..... <sub>7</sub>

S32. Were you alone when completing the questionnaire?

Yes .....  1

No.....  2

S33. Were any of the following people in the room with you? **[TICK ALL THAT APPLY]**

Parent .....  1

Brother / sister .....  3

Other adult .....  2

Other child.....  4

Time Ended

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Date \_\_\_\_\_  
          day        mth        year

Thank you very much for taking part in the *Growing Up in Ireland* survey.

If you have any queries about the survey please email [growingupat13@esri.ie](mailto:growingupat13@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie) for further information.

If this survey has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to [www.growingup.ie](http://www.growingup.ie) and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.