



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON SENSITIVE QUESTIONNAIRE (Female)

AREA

H'HOLD

Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school? Yes ₁ No ₂

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?

Yes ₁ No ₂ Still at Primary School ₂

3a. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?

Yes ₁ No ₂

3b. 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 (please specify) _____ | <input type="checkbox"/> ₁₄ |

4a. Girls can start their periods at different ages. Have you started your periods yet?

Yes ₁ No ₂ – Go to Question 5a

4b. What age were you when you had your first period? _____ years _____ months

5a. How often in the last year have you done any of the following? **[TICK ONE BOX ON EACH LINE]**

- | | Never | Once | 2 to 5 times | 6 or more times |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Not paid the correct fare on a bus or train..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 2. Taken something from a shop or store without paying for it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 3. Behaved badly in public so that people complained and you got into trouble..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 4. Stolen or ridden in a stolen car or a van or on a stolen motorbike..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 5. Taken money or something else that did not belong to you from school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 6. Carried a knife or weapon with you in case it was needed in a fight..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 7. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 8. Broken into a house or building to steal something..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 10. Used force, threats or a weapon to get money or something else from somebody..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 11. Taken money or something else that did not belong to you from your home without permission..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 12. Broken into a car or van to steal something from it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 13. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 14. Hit, kicked or punched someone on purpose in order to hurt or injure them..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

5b. Can I ask:

No, never Maybe Yes, definitely

- Have you ever heard voices or sounds that no-one else can hear? 1 2 3
- Have you ever seen things that other people could not see?..... 1 2 3
- Have you ever thought that people are following you or spying on you? 1 2 3
- Some people believe that their thoughts can be read by another person. Have other people ever read your mind? 1 2 3
- Have you ever felt that you were under the control of some special power? 1 2 3
- Have you ever felt that you have extra-special powers? 1 2 3

6. Have you ever been in trouble with the gardai? Yes 1 No..... 2

7a. Have you ever smoked a cigarette?

Yes..... 1 No..... 2 – **Go to Question 8a**

7b. How often do you smoke cigarettes at present?

- Every day 1
- At least once a week but not every day 2
- Less than once a week 3 – **Go to Question 8a**
- I do not smoke at present 4 – **Go to Question 8a**

7c. How many cigarettes do you usually smoke in a week? _____ cigarettes a week

8a. 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..... 1 No 2 – **Go to Question 9**

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)

Yes..... 1 No 2 – **Go to Question 9**

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

- Never..... 1 At least once a month..... 4
- Rarely..... 2 At least once a week 5
- Only on special occasions 3 Every day..... 6

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

- No, never..... 1 Yes, 4-10 times..... 4
- Yes, once 2 Yes, more than 10 times..... 5
- Yes, 2-3 times 3

9. Have you ever used cannabis? [also called ‘hash’, ‘grass’, ‘weed’ or ‘pot’]

Yes..... 1 No 2

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

Yes..... 1 No 2

11. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

Yes..... 1 No 2

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this Questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved. If you would like to talk to someone about any of the activities mentioned in this Questionnaire, please let the interviewer know. This may involve talking to your parents/guardians about the matter.

Q12a. Were you alone when completing the Questionnaire? Yes..... 1 No..... 2

Q12b. Who else was present in the room with you?

Parent ... 1 Interviewer ... 2 Other adult ... 3 Brother / sister 4 Other child 5