

## Survey for young people to share their views about their Lifestyle; Health & Wellbeing



\* 1. I am

- Girl/Female
- Boy/Male
- Transgender
- Non-binary
- Prefer not to answer

\* 2. The school I attend is:

\* 3. How would you describe your ethnicity?

\* 4. Which of the following, best describes how you think of yourself?

- Heterosexual (Straight)
- I don't know yet
- Bisexual
- Prefer not to say
- Lesbian/Gay

\* 5. The neighbourhood area I live in is

**6. Please only answer this question, if you are a looked after child/young person  
This question is for a young person who is being looked after by their local authority,  
known as a child in care.**

- I live with Foster Carers
- I live in a Children's Residential Home (Children's Home)

I have a different looked after Child Placement, please say that you are a looked after child in care and who you live with?

\* 7. Do you have a long term illness, medical condition or disability, that has been diagnosed by a Doctor?

- Yes
- No

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8. Please only answer this question if you have been diagnosed medically that you have a long-term illness or a disability that impacts on your life and has been medically diagnosed.

Please tell us about your long term illness or disability that has been medically diagnosed, what is the main thing that you are affected by?

- |   |   |
|---|---|
| <input type="radio"/> Sight and Vision (Blindness or Partially Sighted)             | <input type="radio"/> Asthma, Breathing, Fatigue  |
| <input type="radio"/> Hearing (Deafness or Partial Hearing)                         | <input type="radio"/> Social or Behaviour Disability (for example Asperger's, Attention Deficit Disorder, ADHD) |
| <input type="radio"/> Mobility (Problem walking short distances or climbing stairs) | <input type="radio"/> Asthma or breathing problems  |
| <input type="radio"/> Learning (Understanding or Concentrating)                     | <input type="radio"/> Epilepsy  |
| <input type="radio"/> Memory  | <input type="radio"/> Diabetes  |
| <input type="radio"/> Mental Health   | <input type="radio"/> Prefer not to say   |
| <input type="radio"/> Autism  |   |
| <input type="radio"/> Other (please specify)  |   |

\* 9. It is recommended by NHS, children under 18 should be seen by a dentist at least once a year.

How often do you normally go for regular dental check ups?

- |                                      |  |
|--------------------------------------|--|
| <input type="radio"/> Every 6 months | <input type="radio"/> Less than once per year    |
| <input type="radio"/> Once per year  | <input type="radio"/> I do not go to the Dentist |

\* 10. Thinking about caring for your teeth, please have a look at the following statements and answer Yes or No

	Yes	No
Have you had toothache or any other problems with your teeth in the last 12 months?	<input type="radio"/>	<input type="radio"/>
Have you visited a dentist in the last 12 months?	<input type="radio"/>	<input type="radio"/>
Have you had any treatment by the dentist in the last year e.g. fillings, extractions?	<input type="radio"/>	<input type="radio"/>
Do you brush your teeth twice a day?	<input type="radio"/>	<input type="radio"/>
Do you think it is important to keep your teeth and gums healthy?	<input type="radio"/>	<input type="radio"/>
Are you aware of the impact of sugar and the decay it can cause to teeth?	<input type="radio"/>	<input type="radio"/>

## Your Health

# Healthy Eating; Physical Activity; Mental Health



### KEY FACTS - HEALTHY EATING

**It is recommended that you should**

**Drink 6 to 8 glasses of water each day**

**Eat 5 portions of fruit/vegetables each day**

**Have no more than 30g of sugar each day which is 7 teaspoons**

\* 11. Do you feel you have a healthy diet? (recommended amount of fruit and vegetables; drink plenty of water and limit high sugar and high fat foods).

Please rate how healthy you feel your diet is

1 being poor (little fruit/vegetables; too many high sugar; high fat foods) and 5 being excellent (plenty of fruit and vegetables and limiting high sugar/high fat food)

1



5

\* 12. We would like you to think about things that have changed for you since the pandemic (March 2020) to now. This is around keeping healthy

	Increased a lot	Slightly increased	No change	Slightly decreased	Decreased a lot
Eating Healthier - better food choices and portion sizes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of physical activity I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of sleep I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time I spend on social media (Instagram; Twitter; Facebook etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time I play electronic games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time I do outside activities (example riding a bike; walking; playing football etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 13. How many regular sugary fizzy drinks (**not diet, zero or low sugar drinks**) do you drink each day?

- I do not drink regular sugary fizzy drinks
- 1
- 2
- 3
- More than 3



\* 14. How many high energy drinks would you usually drink in one week (Red Bull, Monster etc)?

- I do not drink high energy drinks
- Between 1 to 3
- Between 4 to 7
- Between 8 to 10
- 10 or more

\* 15. Breakfast - Where do you usually have your breakfast?

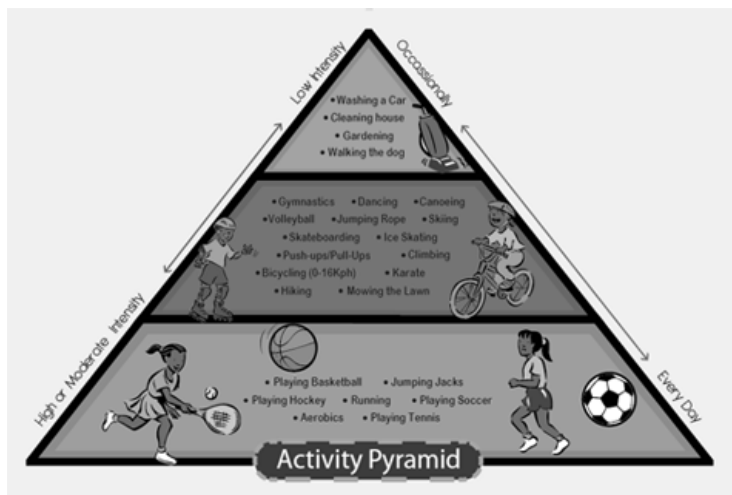
- At Home
- On way to school
- At school (Not Breakfast Club)
- At school (Breakfast Club)
- I do not have breakfast

### **KEY FACT - Physical Activity**

**Physical Activity increases your heart rate.**

**It can be done in sports, school activities, playing with friends or walking to school.**

**It is recommended that young people should do moderate to high intensity activity for at least 60 minutes per day. Young people should spend less time sitting for long periods of time.**



\* 16. How many times per week do you take part in regular exercise/physical activity?

- 6 to 7 times per week
- 4 to 5 times per week
- 1 to 3 times per week
- Less than once per week
- I never take part in regular physical activity



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\* 17. How do you feel about your physical health and mental health in general.

	Excellent	Good	Fair	Poor
My Physical Health is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Mental Health is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 18. How do you feel about your mental health in particular how it has changed over last 2 years. My Mental Health is

- Better than it was since the end of restrictions due to the pandemic in 2021
- About the same as it was since the end of restrictions due to the pandemic in 2021
- Worse than it was since the end of restrictions due to the pandemic in 2021
- Much worse than it was since the end of restrictions due to the pandemic in 2021

\* 19. Have you accessed any support or used any different strategies over past 2 years, to help you since the end of restrictions due to the pandemic in 2021. This could be to help manage your thoughts, feelings and mental health

- Yes
- No

20. If you answered Yes to question about accessing support , please select which forms of support/ strategies you have used. Please choose the ones that apply to you

- Made contact for professional support (GP; Mental Health Service; Voluntary Support etc.)
- Set aside time to have discussion with family/friends
- Viewed information that was on offer on appropriate 'Apps'
- Viewed information that was on offer through social media
- Searched for support information on website
- Talked with a member of staff at school
- Set myself a daily routine
- Learned a new skill
- Started a new activity outdoors e.g. riding a bike; walking etc.
- Reading book(s)

Other (please specify)

21. What support do you feel should be available for young people to help with their mental health emotions? Please choose the ones that you feel would benefit young people.

- More information available online to support young people
- Details easily accessible where you can ring to ask for support
- Information sent out from schools/college where support can be accessed
- Forum groups to be able to chat safely with other young people either in person or virtually
- More information available on social media to support young people
- Online lessons or programmes on TV showing how to manage your mental health
- A Wellbeing Guide for Young People

Other - Please add any ideas you may have on how to support young people with their mental health

\* 22. Body Image - Can you read the following statements and answer yes, no or don't know.

	Yes	No	Don't Know
I feel my body image reflects my expectations - I am the right size for my age/height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel there is a lot of pressure to have the perfect body image from social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel there is a lot of pressure to have the perfect body image from magazines/media etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use filters to change my appearance to improve my body image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like support for you Mental Health, support advice can be found at

**[www.youngminds.org.uk](http://www.youngminds.org.uk)**  
**[www.withmeinmind.co.uk](http://www.withmeinmind.co.uk)**  
**[www.kooth.com](http://www.kooth.com)**

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\* 23. What do you hope to do when you leave school?

- |  |   |
|--|---|
| <input type="radio"/> Go to college and then get a place at university | <input type="radio"/> Get an apprenticeship |
| <input type="radio"/> Go to college and then get a job                 | <input type="radio"/> Start my own business |
| <input type="radio"/> Get a job straight from school                   | <input type="radio"/> I do not know yet     |

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**Rotherham and your Local Area**

\* 24. Which of these culture, leisure and arts venues or events would you say you have attended?

	Once per year	2 to 3 times per year	4 to 5 times per year	On average once per month or more than once per month	I have never visited or attended
Clifton Park Museum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotherham Civic Theatre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Library in Rotherham or Your Local Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotherham Music Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Rotherham Urban Park (A Park in Local Community)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotherham Country Park (Thrybergh; Rother Valley; Ulley ; Waleswood Campsite)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A Rotherham Leisure Centre (Rotherham; Maltby; Wath; Aston; Herringthorpe Athletics Track)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotherham Event - Christmas Lights Switch On	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotherham Event - Rotherham Show	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Rotherham Event - Please say which one

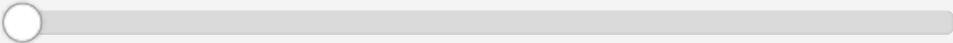
\* 25. Please say which event/venue did you last visit (Please choose just one)

Please Choose Not Applicable if you have never visited one of these places

- |   |  |
|---|--|
| <input type="radio"/> Clifton Park Museum                                     | <input type="radio"/> Rotherham Country Park                       |
| <input type="radio"/> Rotherham Civic Theatre                                 | <input type="radio"/> A Rotherham Leisure Centre                   |
| <input type="radio"/> A Rotherham or Local Community Library                  | <input type="radio"/> Rotherham Event - Christmas Lights Switch On |
| <input type="radio"/> Rotherham Music Centre                                  | <input type="radio"/> Rotherham Event - Rotherham Show             |
| <input type="radio"/> A Rotherham Urban Park - A park in your local community | <input type="radio"/> Not Applicable                               |

26. How much would you say you enjoyed your visit to the last venue/event you visited.  
1 being did not enjoy very much up to 5 being it was excellent

1 5



\* 27. Children's Capital of Culture 2025

Rotherham has an aim to become Children's Capital of Culture 2025.

Have you heard of Children's Capital of Culture 2025?

- Yes and I have taken part in Children Capital of Culture Events/Workshops
- Yes, but I have not taken part in Children Capital of Culture Events/Workshops
- No I have not heard of Children's Capital of Culture 2025

\* 28. Green Spaces

Thinking about Green Spaces and facilities in your local community. What facilities would you like to see more of in your local park?

- |  |   |
|--|---|
| <input type="checkbox"/> Play Equipment              | <input type="checkbox"/> Football Pitches                       |
| <input type="checkbox"/> Multi-use Games Area (MUGA) | <input type="checkbox"/> Natural Reserves & Wildflower Planting |
| <input type="checkbox"/> Gym Equipment               | <input type="checkbox"/> Water Sports                           |
| <input type="checkbox"/> Tennis Courts               |   |

Other (please specify)

### 29. Music

If you are interested in music, please can you answer the following question.

If you don't play or learn music which of the following would you say stops you?

- The cost of lessons
- Availability of lessons for the instruments you want to learn
- Learning for grades, rather than for fun
- The times that the lessons are available

Other (please specify)

### 30. Museums

What would you like to see more of at the museum in Rotherham and heritage sites?

- Events
- Digital experiences e.g. virtual reality and augmented reality
- Pop-up Exhibitions
- Online Exhibitions on Social Media
- Artists Workshops
- Volunteer Opportunities

Other (please specify)

### 31. Theatre

What kinds of activities and productions would you like to see at the theatre?

- Comedy
- Musicals
- Dance
- Pantomime
- Drama
- Workshops and Classes
- Music Events

Other (please specify)

### 32. Events

What kind of large-scale events would you like to see in Rotherham?

- Community Art e.g. Rotherham Show
- Sport or Physical Activity Events
- Food & Drink
- Street Culture e.g. Street Art , Skateboarding, Free Running
- Film
- Religious Celebrations e.g. Eid, Diwali, Christmas
- Music
- Uplift Event
- Performances e.g. Outdoor Theatre Shows
- Teenage Market

Other (please specify)

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\* 33. Have you visited the theme park in Rotherham - Gulliver's? If so, could you please rate your experience of your visit to Gulliver's.

- Excellent
- Very Good
- Good
- Fairly Poor
- Poor
- I have never visited Gulliver's Theme Park in Rotherham

\* 34. How often have you used a Leisure Centre in Rotherham or your local area?

- Weekly
- Monthly
- Once or twice per year
- Only in School holidays
- Never

35. If you have visited a Leisure Centre, could you please give a rating on your experience

- Excellent
- Very Good
- Good
- Fairly Poor
- Poor
- I have never visited a Leisure Centre in Rotherham or my local area

\* 36. How often have you used a library in Rotherham or your local neighbourhood area?

- Weekly
- Monthly
- Once or twice per year
- Only in School holidays
- Never



37. If you have visited a Library, could you please give a rating on your experience

- Excellent
- Very Good
- Good
- Fairly Poor
- Poor
- I have never visited a Library in Rotherham or my local area

If you rated a library Fairly Poor or Poor - do you want to tell us why you gave it this rating? What action would you like us to do, to improve things

38. What type of activities or resources would encourage you to visit your local library -

- Wider selection of information and books
- Writers Group
- Gaming Club
- Coding Club
- Youth Centre/Club
- Nothing I like the Library the way it is

Please let us know if there is a different activity you would like to see at your library

## **Safeguarding**

**Your views around feeling safe and support to helping you feel safe. This will cover internet safety, bullying, hate crime, feeling safe and open water swimming safety.**

### **The Internet & Keeping Safe**

**It is important that if you use the internet, you know how to keep safe when you are online and do not put yourself at risk.**

\* 39. How safe do you feel online?

- Very Safe
- Sometimes Safe
- Never Safe

\* 40. Please choose the things that you feel are risks and could make you unsafe online.

- Cyber Bullying
- Seeing images that make you feel uncomfortable
- Some being able to hack into your information
- Message from people you do not know
- People being able to go online and lying about who they are
- Someone sharing a personal image of you
- Seeing offensive language or hate speech
- Security (e.g. viruses)
- I don't feel there is clear information on how to report online offences
- I feel the internet is safe and there isn't much that makes me feel unsafe

\* 41. Young People & Gambling

Could you please look at the following statement around Gambling and answer either Yes, No or Don't Know

	No	Yes	Don't Know
Have you used gaming machines or had a bet to gamble (online or in a betting shop)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever used or created an account using your own or parent/carer details on a gaming or betting website/app?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever got into debt from gambling; putting on bets or gaming?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you have a problem with spending money on gambling; games or betting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**KEY FACT - BULLYING AND PERSONAL SAFETY**

**What is Bullying? The Rotherham Anti-Bullying guidance defines it as:**

**Bullying is repetitive, intentional hurting (either physically or emotionally) of one person or a group to another per person, where the relationship involves an imbalance of power.**

\* 42. Have you been bullied at any time in the last 6 months?

- Yes
- No

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43. Why do you think you were bullied? Please say what you think the main reason was

- Your race
- Your disability/illness
- Your sexuality - you are Lesbian/Gay/Bisexual/Transsexual
- People think you are gay
- Your weight
- Other (please specify)
- Your gender/identity
- The way you look and/or dress
- Your religion/beliefs
- No specific reason that you can think of

44. How were you bullied? Please tell us the main way that you have been bullied in past 6 months

- Verbally (Called names/teased/talked about/lies told about you)
- Physically (Punched/kicked/someone hit you)
- Being ignored/Being deliberately left out
- Online Cyber-Bullying for example by text messages/photographs/social media (twitter/facebook)
- Sexually for example inappropriate touching/actions/comments

45. Who did you report the bullying to?

- Staff member at school
- Parent/Carer or Family Member
- Early Help Worker (Youth Worker)
- Friend
- Social Worker
- I did not report the bullying
- I did not know who to report the bullying to

46. If you did report the bullying, did you get any help or support?

- Yes
- No

\* 47. Hate Crime - Could you please read the following statements and answer Yes, No or Don't Know

	Yes	No	Don't Know
Do you know what Hate Crime Is?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you experienced Hate Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know how to report Hate Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 48. Open water swimming and knowing the dangers/risks with open water swimming

	Yes	No	Not Applicable
Have you ever tried open water swimming (Lakes/Reservoirs etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you have done open water swimming were you fully aware of the risks involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you know how to rescue someone safely (use of a throw line etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Risks to consider in open water include:**

**The shock of cold water can make swimming difficult and increase the difficulty in getting out of the water**

**Lack of safety equipment and increased difficulty for rescue**

**The height of the fall or jump if tombstoning**

**The depth of the water - this changes and is unpredictable**

**Underwater objects and hazards may not be visible**

**Obstacles or other people in the water**

**Strong currents can rapidly sweep people away**

**Uneven banks and river beds**

**Water quality, e.g. toxic algal blooms and industrial/agricultural pollution**

## **Safety & Your Local Neighbourhood**

\* 49. Overall, how safe do you feel in your local neighbourhood during the day and after dark?

	Very Safe	Sometimes Safe	Never Safe
Daytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After Dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 50. How safe do you feel in the following places?

	Very Safe	Sometimes Safe	Never Safe
Town Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local shops / Shopping Parade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and recreational areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travelling on local buses / Trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the way to / from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 51. If you were feeling unsafe or scared, would you do any of the following?

- Ring a family member or friend
- Ring the police
- Go into a shop and ask for help
- Ask someone on the street for help
- I am unsure what you should do if you feel unsafe or scared

Other (please specify)

\* 52. Have any of the things below made you feel unsafe when out and about?

	Yes and I felt very unsafe	Yes and i felt a little unsafe	No
People causing anti-social behaviour for example - people shouting, swearing, causing vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People drinking alcohol in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People using drugs in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People making unwanted and unkind comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about being hurt by someone with a knife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not many people or adults around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of visible security for example police, wardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Litter and an untidy environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **Safeguarding**

**If you feel scared or unsafe, please speak to either the safeguarding lead or a teacher within school.**

**You can also speak to the NSPCC by calling them free on 0808 800 5000 or by emailing them at [help@NSPCC.org.uk](mailto:help@NSPCC.org.uk) or you can contact Rotherham Rise, the Domestic Abuse Support Team by calling them on 0330 202 0571**

## **Young Carers**

**A Young Carer is a young person who is looking after/caring for someone who needs support, this may be due to their physical or mental health problems or problems related to drugs and alcohol. This is NOT about a one-off task or about carrying out baby-sitting duties.**

**Please only answer these questions, if you do care for someone**

\* 53. Do you look after someone close to you who needs your help due to their physical or mental health problems, difficulties with alcohol/drugs, sight or hearing impairment and/or learning difficulties?

Yes

No



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54. Does looking after this person mean that you have less time for yourself to socialise with friends?

Yes

No

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55. How many hours per day do you have to look after or care for someone?

- Less than 1 hour per day
- 1 to 3 hours per day
- 4 to 7 hours per day
- 8 hours or more per day

56. In what way does caring affect you emotionally? Choose all that apply to you

- I sometimes feel I can't cope
- I sometimes feel stressed
- I don't get to see my friends as often as I would like to, due to leaving cared for person on their own
- It makes me feel like I am doing something good
- It makes me feel that I am not important
- I lose sleep worrying about the person I care for
- I can't concentrate at school because I worry about the person I care for

57. If you were struggling with the pressure of being a young carer, who would you choose to speak to?

- A member of staff at school
- A parent or carer
- A family member (This could be grandparent/brother/sister/auntie/uncle etc)
- Early Help Worker (Youth Worker)
- School nurse
- Other (please specify)
- Social worker
- Health professional for example GP
- Barnardo's Young Carers Service
- Friend

58. Does caring for someone affect your school day?

If so would you like to say how this affects your school day.

- Yes
- No

Comments:

59. How important is it to you to have someone in school who fully understands your caring role and how it affects you?

- Very Important
- Sometimes Important
- Not Important

60. Do you think your school has a good mental health support system in place for young carers and other students who may be struggling with their mental health?

- Yes
- No
- Don't Know

61. If you could answer yes, no or don't know for the following statements for Young Carers

	Yes	No	Don't Know
Have you heard of a service in Rotherham that supports Young Carers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you make contact with a service if you felt you needed to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about you being a young carer, do you think it will affect your future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you hope to go to University	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think being a young carer will affect you, if you do hope to go to University?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Smoking, Alcohol & Drugs**

**Please answer truthfully the questions about smoking.  
Please remember that all your answers are completely anonymous and confidential.**

\* 62. In your opinion, do you think it is OK for young people of your age to smoke cigarettes?

Yes

No

\* 63. Thinking about your home where you live and smoking habits of people you live with.

Nobody in your home smokes cigarettes or vaping

Someone at my home smokes cigarettes

Someone at my home does vaping

Someone at my home smokes cigarettes and does vaping

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\* 64. Please read the following statements and choose the one that best describes you and any smoking habits

- I have never smoked a cigarette
- I have tried smoking but no longer smoke cigarettes
- I smoke on a regular basis

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65. Please read the following statements and choose the one which best describes you if you have said you are a regular smoker

- I sometimes smoke, but I don't smoke as many as one a week
- I usually smoke between one and six cigarettes a week
- I usually smoke more than six cigarettes per week

66. Where do you mainly get your cigarettes from?

- I buy them from local shops
- I buy them from Supermarkets
- Other (please specify)
- I get them from a member of my family
- I get them from my friends

\* 67. Vaping - Please read the following statements carefully and choose one option which best describes you

- I have never tried vaping
- I have tried vaping but only once or twice and no longer use them
- I do vaping regularly to help me stop smoking regular cigarettes
- I sometimes do vaping but I do not use them every week
- I do vaping regularly, once a week or more

68. If you do vaping - Please read the following statements carefully and choose one option which best describes you

- I do vaping to help me stop smoking
- I do vaping and I no longer smoke cigarettes
- I do vaping and I smoke cigarettes
- I do vaping, but I have never smoked cigarettes

69. Where do you mainly get your e-cigarettes/vapes from?

- I buy them from local shops
- I buy them from Supermarkets
- Other (please specify)
- I get them from a member of my family
- I get them from my friends

## DRINKING ALCOHOL

**Please answer truthfully to the questions about drinking alcohol.  
Please remember that all your answers are completely anonymous and confidential.**

\* 70. In your opinion, do you think it is OK for young people of your age to get drunk?

- Yes
- No

\* 71. Have you ever had a proper alcoholic drink? (This is a whole drink, not just a small sip)

- No
- Yes

72. How often do you usually have an alcoholic drink?

- |  |  |
|--|--|
| <input type="radio"/> I have tried alcohol, but never drink it now | <input type="radio"/> About once a week              |
| <input type="radio"/> Only a few times a year                      | <input type="radio"/> About twice a week             |
| <input type="radio"/> About once a month                           | <input type="radio"/> Every day, or almost every day |
| <input type="radio"/> About once a fortnight                       |  |

73. Where do you mainly get your alcohol from

- |  |  |
|--|--|
| <input type="radio"/> I buy it from local shops  | <input type="radio"/> From home with Family/Carers knowing I was having a drink    |
| <input type="radio"/> I buy it from Supermarkets | <input type="radio"/> From home without family/carers knowing I was having a drink |
| <input type="radio"/> From a Pub or Restaurant   | <input type="radio"/> From Friends   |
| <input type="radio"/> Other (please specify)     |  |

**If you would like help or advice about drinking alcohol.  
You can find advice and support information online at  
ROADS - [wearewithyou.org.uk](http://wearewithyou.org.uk)  
[www.rotherham.nhs.uk/health/Sensible-drinking.htm](http://www.rotherham.nhs.uk/health/Sensible-drinking.htm)**

## DRUGS

**Please answer truthfully to the questions about using drugs.**

**Please remember that all your answers are completely anonymous and confidential.**

**By DRUGS in this questionnaire, we DO NOT want you to include any medicines that you may take.**

**By DRUGS this means any of the substances listed.**

\* 74. In your opinion, do you think it is OK for young people of your age to use drugs?

- Yes  
 No



\* 75. Have you ever tried any drugs or substance (even if this was only once)?

No

Yes

76. Thinking about drugs and obtaining them, can you have a look at these questions and answer yes, no or don't know.

	Yes	No	Don't Know
Have you ever been asked to store drugs or sell drugs for someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know of places locally where you can buy drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it easy to obtain drugs locally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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77. Have you ever tried/used any of the following drugs/substances, (even if this was only once).

Please choose the drugs that you have tried or used.

- |  |   |
|--|---|
| <input type="checkbox"/> Magic Mushrooms                     | <input type="checkbox"/> Cocaine  |
| <input type="checkbox"/> Cannabis                            | <input type="checkbox"/> Heroin   |
| <input type="checkbox"/> Solvents for example aerosols, glue | <input type="checkbox"/> Novel Psychoactive Substances (NPS) 'Legal Highs' e.g. Spice |
| <input type="checkbox"/> Ecstasy                             | <input type="checkbox"/> Mephedrone (miaow, miaow)                                    |
| <input type="checkbox"/> LSD                                 | <input type="checkbox"/> Ketamine   |
| <input type="checkbox"/> Amphetamines (Speed)                |   |
| <input type="checkbox"/> Other (please specify)              |   |

78. When did you last use or take one of these drugs

- In the last week
- In the last month
- In the last year
- More than a year ago

79. On how many occasions have you used or taken one of these drugs

- Only Once
- 2 to 5 times
- 6 to 10 times
- More than 10 times

If you would like help or advice about drinking alcohol.  
You can find advice and support information online at  
ROADS - [wearewithyou.org.uk](http://wearewithyou.org.uk)  
[www.rotherham.nhs.uk/health/Sensible-drinking.htm](http://www.rotherham.nhs.uk/health/Sensible-drinking.htm)

## Relationships and Sexual Health

\* 80. In school I have been taught about these topics which relate to relationships and sexual health

	Yes	No
Child Sexual Exploitation (CSE)	<input type="radio"/>	<input type="radio"/>
Safe Relationships for example - Anti-Bullying, Hate-Crime, Healthy Relationships, Respect, Consent in a Relationship, Relationship Abuse	<input type="radio"/>	<input type="radio"/>
Growing Up and Changes in My Body (Puberty)	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>
Contraception	<input type="radio"/>	<input type="radio"/>
Abortion	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Infections for example Chlamydia, HIV, Aids, Gonorrhoea, Genital Warts, Herpes	<input type="radio"/>	<input type="radio"/>
Being a Parent and Child Care	<input type="radio"/>	<input type="radio"/>

**Please answer truthfully the following questions around sexual health and relationships.**

**All your answers are completely anonymous and confidential.**

**If you do not wish to answer some of the questions, select 'prefer not to answer' option.**

81. Have you ever had Sexual Intercourse?

No

Yes

I prefer not to answer

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82. Have you had sexual intercourse after drinking alcohol or taking/using drugs?

- No  
 Yes

83. What method of contraception did you use?

- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Condom    | <input type="radio"/> Diaphragm/Cap                 |
| <input type="radio"/> Pill      | <input type="radio"/> IUD/IUS Coil                  |
| <input type="radio"/> Implant   | <input type="radio"/> Did not use any contraception |
| <input type="radio"/> Injection |   |

\* 84. Have you ever asked for sexual health or relationship advice from, or at any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Your G.P.                          | <input type="checkbox"/> Chemist/Pharmacy   |
| <input type="checkbox"/> At a Family Planning/Health Clinic | <input type="checkbox"/> Parents/Carers/Family Members  |
| <input type="checkbox"/> Youth Start or Youth Clinic        | <input type="checkbox"/> Social Worker  |
| <input type="checkbox"/> Drop-In Sessions at School         | <input type="checkbox"/> Looked for advice online   |
| <input type="checkbox"/> Friends                            | <input type="checkbox"/> None of these because I have never had the need for any sexual health advice |
| <input type="checkbox"/> School Nurse                       |   |

**YOUR VOICE - GIVING YOUR VIEWS AND EXPERIENCES**

**Please answer truthfully to this question and remember that all your answers are completely anonymous and confidential.**

**Your views in completing the Lifestyle Survey are valuable and help the council, police, health, and your school look at their priorities to help make things better for young people.**

**Young people should always feel they can have their voice heard about things that matter to them and your voice should be listened to, taken seriously, and acted upon.**

**A school council is a good way of having your voice heard in a group in a school setting.**

**There are groups in Rotherham where young people can get involved in having their voice heard.**

**Rotherham Youth Cabinet**

**Rotherham Young Inspectors**

**You can find information about these two groups on Rotherham Council Website - [www.rotherham.gov.uk](http://www.rotherham.gov.uk)**

\* 85. Thinking of having your voice heard when you express your views and experiences do you feel

	Yes	No	Unsure
Your view and your voice is listened to and taken seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your views are acted upon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>