# Young People's Health & Wellbeing Survey

**1.**

This survey will help plan services and support for young people in your local area and to help your teachers plan work in schools.  
  
This survey should take no longer than 20 minutes, and we are grateful for your help and feedback.  
  
This survey is completely anonymous and confidential. No one will trace your responses back to you and no one connected with your school will read your responses. If you are uncomfortable with any question you can choose not to answer it.  
  
If after completing the survey, any questions have made you feel worried or anxious about anything you can get help and support by texting Chat Health on 07480635050, or you can information on a wide range of support at [www.healthforteens.co.uk/hertfordshire](http://www.healthforteens.co.uk/hertfordshire) or [www.justtalkherts.org](http://www.justtalkherts.org)

**You have said that you go to [url(school)]. If this is correct, please click 'Next Page' to continue. Otherwise please click** [**here to return to the "Find your school" page**](https://www.hertshealthevidence.org/yphws) **and select the school you go to.**

**2. About You**

### **How old are you? \***

|  |
| --- |
|  |

### **Please state your sex. \***

|  |  |
| --- | --- |
|  | Female |
|  | Male |
|  | Other |
|  | Prefer not to say |

### **Which of the following options best describes your sexual orientation?**

|  |  |
| --- | --- |
|  | Heterosexual/Straight |
|  | Gay, lesbian or bisexual |
|  | Undecided/Questioning |
|  | Other |
|  | Prefer not to say |

### **What is your ethnic group?**

|  |  |
| --- | --- |
|  | White |
|  | Mixed |
|  | Asian |

|  |  |
| --- | --- |
|  | Chinese |
|  | Black |

|  |  |
| --- | --- |
|  | Any other ethnic group |
|  | Prefer not to say |

### **What is your religion?**

|  |  |
| --- | --- |
|  | No religion |
|  | Christian |
|  | Buddhist |

|  |  |
| --- | --- |
|  | Hindu |
|  | Jewish |

|  |  |
| --- | --- |
|  | Muslim |
|  | Sikh |

|  |  |
| --- | --- |
|  | Any other religion |
|  | Prefer not to say |

### **Which school year are you in? \***

|  |  |
| --- | --- |
|  | Year 7 |
|  | Year 8 |
|  | Year 9 |
|  | Year 10 |
|  | Year 11 |
|  | Year 12 |
|  | Year 13 |
|  | Not at school/other |

### **Do you have any of the following? If you're not sure or don't want to say leave the option blank**

|  |  |
| --- | --- |
|  | Long-standing physical condition (e.g. asthma, epilepsy) |
|  | Diagnosed mental health condition (e.g. Clinical depression, clinical anxiety) |
|  | Physical disability |
|  | Special education need(s) or learning difficulty |

**3. About You**

### **Do you feel supported by your school and feel they offer you help with any difficulties you have?**

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

**4. About You**

### **Who do you live with? Please choose the nearest answer or the one you spend most time with**

|  |  |
| --- | --- |
|  | Both parents |
|  | One parent |
|  | Parent and step-parent |
|  | Foster parents or in a care home |
|  | Other |

### **What is your home postcode? Note: your postcode will not be used to identify you and will be deleted after analysis. It will not be included in any results and will not be shared with anyone outside the survey team.**

|  |  |  |
| --- | --- | --- |
| First part (e.g. SG1) | |  | | --- | |  | |
| Second part (e.g. 2FQ) | |  | | --- | |  | |

### **Do you help to look after someone in your family who has a serious, mental or physical, illness or disability?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **Are you currently or have you ever been a child looked after (e.g. lived with foster carers/lived in a care home)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **Are you adopted?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

**5. Your Wellbeing**

**We would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers.  
  
For each of these questions please give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".**

### **Overall, how satisfied are you with your life nowadays?**

|  |
| --- |
|  |

### **Overall, to what extent do you feel that the things you do in your life are worthwhile?**

|  |
| --- |
|  |

### **Overall, how happy did you feel yesterday?**

|  |
| --- |
|  |

### **How satisfied with your life do you feel now compared with how you felt before COVID-19?**

|  |
| --- |
|  |

**6. Your Lifestyle - Diet**

### **How often do you have the following:**

|  | Rarely or never | Once a week or less | 2-3 days a week | On most days |
| --- | --- | --- | --- | --- |
| Breakfast (more than just a drink) |  |  |  |  |
| Sweets, chocolate |  |  |  |  |
| Energy drinks (e.g. Red Bull, Lucozade) |  |  |  |  |
| Fizzy drinks (not energy drinks) |  |  |  |  |
| Fast food and takeaway |  |  |  |  |
| Water |  |  |  |  |

### **How many portions of fruits or vegetables did you eat yesterday? Please refer to the infographic for some examples of correct portion sizes.**

Portions

|  |
| --- |
|  |

### **How would you describe your current weight?**

|  |  |
| --- | --- |
|  | Just Right |
|  | Overweight |
|  | Underweight |
|  | Don't know/ Prefer not to say |

### **Yesterday, how many times did you brush your teeth?**

|  |  |
| --- | --- |
|  | 0 |
|  | 1 |
|  | 2 or more |

### **Within the last year have you had a check-up at the dentist?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**7. Your Lifestyle - Physical Activity**

### **In the past week, on how many days have you done at least an hour (60 minutes or more) of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling.**

Days

|  |
| --- |
|  |

**8. Your Lifestyle - Physical Activity**

### **In the past week, on how many days have you done at least half an hour but less than an hour (30-59 minutes) of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling.**

Days

|  |
| --- |
|  |

**9. Your Lifestyle - Smoking**

As a reminder your responses will not be read by your parents/families, anyone connected with your school, or the police. All the analysis is carried out anonymously. If there are any questions you do not want to answer you may leave them out.

### **Thinking about those around you who may smoke...**

|  | Yes | No |
| --- | --- | --- |
| Do your parents/carers smoke cigarettes around you? |  |  |
| Does anyone at home smoke when you are in the room? |  |  |
| Does anyone smoke in a car when you are in it? |  |  |

### **Thinking about smoking (excluding vaping / e-cigarettes) which of the following best describes you?**

|  |  |
| --- | --- |
|  | I have never smoked |
|  | I have tried smoking once or twice |
|  | I used to smoke, but I don’t now |
|  | I smoke occasionally (less than 1 cigarette a week) |
|  | I smoke regularly (once a week or more) |

### **Thinking about vaping / e-cigarettes only, which of the following best describes you?**

|  |  |
| --- | --- |
|  | I have never vaped |
|  | I have vaped once or twice |
|  | I used to vape, but I don’t now |
|  | I vape occasionally (less than once a week) |
|  | I vape regularly (once a week or more) |

**10. Your Lifestyle - Smoking**

### **Do you want to reduce or stop smoking?**

|  |  |
| --- | --- |
|  | Yes, I'd like to stop smoking |
|  | I'd like to reduce the amount I smoke but not stop |
|  | No, I want to keep smoking |

### **Where do you usually buy/get cigarettes? Tick up to three options**

|  |  |
| --- | --- |
|  | From a friend or relative |
|  | From a supermarket |

|  |  |
| --- | --- |
|  | In a pub, bar or club |
|  | From a small shop or off-licence |

|  |  |
| --- | --- |
|  | From the internet |

### **Have you used vaping / e-cigarettes to reduce or quit your smoking?**

|  |  |
| --- | --- |
|  | No |
|  | Yes |

**11. Your Lifestyle - Alcohol**

As a reminder your responses will not be read by your parents/families, anyone connected with your school, or the police. All the analysis is carried out anonymously. If there are any questions you do not want to answer you may leave them out.

### **How often have you had a drink containing alcohol in the past three months?**

|  |  |
| --- | --- |
|  | Never |
|  | Monthly or less |
|  | 2-4 times a month |
|  | 2-3 times a week |
|  | 4 or more times a week |

**12. Your Lifestyle - Alcohol**

### **Do you want to reduce or stop your drinking?**

|  |  |
| --- | --- |
|  | Yes, I'd like to stop drinking alcohol |
|  | I'd like to reduce the amount I drink but not stop |
|  | No, I want to keep drinking alcohol |

### **How many drinks containing alcohol do you have on a typical day when you are drinking?**

Drinks on a typical day

|  |
| --- |
|  |

### **How often do you have six or more alcoholic drinks on one occasion?**

|  |  |
| --- | --- |
|  | Never |
|  | Less than monthly |
|  | Monthly |
|  | Weekly |
|  | Daily or almost daily |

### **Where do you typically buy/get alcohol? You can choose more than one answer. This question will be checked with trading standards.**

|  |  |
| --- | --- |
|  | From a small shop or off-licence |
|  | From a supermarket |

|  |  |
| --- | --- |
|  | From a friend or relative |
|  | From home |

|  |  |
| --- | --- |
|  | In a pub, bar, or club |
|  | From the Internet |

**13. Your Lifestyle - Drugs**

As a reminder your responses will not be read by your parents/families, anyone connected with your school, or the police. All the analysis is carried out anonymously. If there are any questions you do not want to answer you may leave them out.

### **Thinking about recreational drug use, which of the following best describes you?**

|  |  |
| --- | --- |
|  | I have never taken drugs |
|  | I have taken drugs once or twice |
|  | I used to take drugs, but I don’t now |
|  | I take drugs occasionally (less than once a week) |
|  | I take drugs regularly (once a week or more) |

### **In the past three months have you been offered any of the following drugs?**

|  |  |
| --- | --- |
|  | Amphetamines (speed, whizz, crystal meth) |
|  | Cannabis (resin, leaf or oil, hash, grass, pot, skunk, dope) |
|  | Ecstasy |
|  | Cocaine (snow, charlie, coke, nose) |
|  | Crack (rock) |

|  |  |
| --- | --- |
|  | Hallucinogens (e.g. magic mushrooms, acid, LSD) |
|  | Heroin |
|  | Ketamine |
|  | Muscle-building steroids |
|  | Poppers |

|  |  |
| --- | --- |
|  | Solvents as drugs (glue, gas refills, aerosols, cleaning fluid) |
|  | Novel Psychoactive Substances (also incorrectly known as ‘Legal Highs’) |
|  | Nitrous Oxide (balloons) |
|  | Xanax |

### **If you needed any information or support about drugs and alcohol, where would you go? You can choose more than one answer.**

|  |  |
| --- | --- |
|  | Family |
|  | Friends |

|  |  |
| --- | --- |
|  | Health professionals (e.g. doctor, nurse) |
|  | School (e.g. teacher) |

|  |  |
| --- | --- |
|  | Youth Worker |
|  | Internet |

|  |  |
| --- | --- |
|  | Drug & Alcohol Services for young people |
|  | Other |

**14. Your Lifestyle - Drugs**

### **Do you want to reduce or stop taking drugs?**

|  |  |
| --- | --- |
|  | Yes, I'd like to stop taking drugs |
|  | I'd like to reduce the amount I take but not stop |
|  | No, I want to keep taking drugs |

### **In the past three months have you taken any of the following drugs?**

|  |  |
| --- | --- |
|  | Amphetamines |
|  | Cannabis(resin, leaf, oil, hash, grass, pot, skunk, dope) |
|  | Ecstasy |
|  | Cocaine(snow, charlie, coke, nose) |
|  | Crack(rock) |

|  |  |
| --- | --- |
|  | Hallucinogens(e.g. magic mushrooms, acid, LSD) |
|  | Heroin |
|  | Ketamine |
|  | Muscle-building steroids |
|  | Poppers |

|  |  |
| --- | --- |
|  | Solvents as drugs (glue, gas refills, aerosols, cleaning fluid) |
|  | Novel Psychoactive Substances(also incorrectly known as ‘Legal Highs’) |
|  | Nitrous Oxide(balloons) |
|  | Xanax |

### **Have you ever taken drugs and drunk alcohol on the same occasion?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |

### **Where do you typically buy/get drugs? You can choose more than one answer.**

|  |  |
| --- | --- |
|  | From a friend or relative |
|  | On the street |

|  |  |
| --- | --- |
|  | From the Internet |
|  | In a pub, bar, or club |

|  |  |
| --- | --- |
|  | At school/college |
|  | Other |

**15. Your Sexual Health Section**

These next questions will be related to relationships and sexual health.  
As a reminder your responses will not be read by your parents/families or anyone connected with your school. All the analysis is carried out anonymously. If there are any questions you do not want to answer you may leave them out.

**16. Your Sexual Health**

### **Where do you currently get information about relationship and sex? Select up to three**

|  |  |
| --- | --- |
|  | Pornography |
|  | Posters, leaflets, reference books |
|  | Youth Workers |
|  | Healthcare websites (e.g. NHS) |
|  | Brothers, sisters, other close relations |

|  |  |
| --- | --- |
|  | Friends |
|  | Telephone helpline |
|  | Sexual Health Clinic |
|  | Health professionals (e.g. doctor, nurse) |

|  |  |
| --- | --- |
|  | My parents/carers |
|  | School |
|  | Media (TV, films, online articles) |
|  | Other |

### **For each of the sexually transmitted infections listed below, please choose the answer that describes best what you know about them.**

|  | I have never heard of it | I have heard of it but know nothing about it | It can be treated but not cured | It can be both treated and cured |
| --- | --- | --- | --- | --- |
| Gonorrhoea |  |  |  |  |
| HIV |  |  |  |  |
| Chlamydia |  |  |  |  |
| Syphilis |  |  |  |  |

### **If you needed support to get contraception or a test for a Sexually Transmitted Infection (STI), which one of these would you prefer to access?**

|  |  |
| --- | --- |
|  | Pharmacy |
|  | Doctor |

|  |  |
| --- | --- |
|  | Sexual health clinic |
|  | Online (e.g. Sexwise website) |

|  |  |
| --- | --- |
|  | Youth Service/Worker |
|  | Helpline |

|  |  |
| --- | --- |
|  | School/College |
|  | Other |

### **Do you know how to access sexual health services? This includes seeking information about healthy relationships and contraception (e.g. free condoms and the pill, coil or implant)**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |

**17. Your Sexual Health (Year 10+)**

### **Please answer the following statements and say whether you disagree, are not sure or agree.**

|  | Agree | Not sure | Disagree |
| --- | --- | --- | --- |
| Using condoms is necessary to prevent sexually transmitted infections and unplanned pregnancies. |  |  |  |
| Being in a serious/long-term relationship before having sex is important. |  |  |  |
| Getting pregnant or getting someone else pregnant now would negatively affect my future plans. |  |  |  |
| There is pressure on young people to have sex. |  |  |  |
| It is fine to wait to have sex. |  |  |  |
| Most 16-year olds have not had sex. |  |  |  |

### **Do you know where you can get condoms for free?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |

**18. Your Mental Wellbeing**

As a reminder your responses will not be read by your parents/families or anyone connected with your school. All the analysis is carried out anonymously. If there are any questions you do not want to answer you may leave them out.

### **Which of the following issues do you worry about? You can choose more than one answer.**

|  |  |
| --- | --- |
|  | Social media |
|  | Street safety/violence |
|  | Gambling |
|  | Your appearance |
|  | Crime |

|  |  |
| --- | --- |
|  | Drugs and/or alcohol |
|  | Feeling lonely |
|  | Your mental health |
|  | COVID-19 |

|  |  |
| --- | --- |
|  | Your physical health |
|  | The environment |
|  | Family problems |
|  | Relationships and/or sexual health |

|  |  |
| --- | --- |
|  | Schoolwork |
|  | Issues with friends |
|  | Bullying |
|  | Money problems (including family finances) |

### **Do you agree with this statement? "It’s okay for me to talk about my mental health".**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |

### **If you have a problem that worries you how do you cope? Select up to 5 options**

|  |  |
| --- | --- |
|  | Do creative activities (e.g. art, writing, music) |
|  | Eat more |
|  | Self-harm |
|  | Exercise or play a sport |
|  | Drink alcohol |

|  |  |
| --- | --- |
|  | Play computer games |
|  | Talk to a family member |
|  | Talk to an adult who is not your parent or carer (e.g. teacher, health worker, youth worker) |
|  | Look for help on the Internet |

|  |  |
| --- | --- |
|  | Smoke cigarettes |
|  | Talk to a friend |
|  | Listen to music |
|  | Do nothing |

|  |  |
| --- | --- |
|  | Take drugs |
|  | Try to think of a solution on your own |
|  | Have counselling |
|  | Other |

### **When using the Internet/messaging apps have you...**

|  | Yes | No |
| --- | --- | --- |
| ever met someone in real life whom you first met online? |  |  |
| ever felt pressured to send pictures of yourself to someone? |  |  |
| ever seen a picture or post that scared you? |  |  |
| ever received a message on social media that upset you? |  |  |
| ever shared personal information with someone you’ve not met in real life? (e.g. your address, phone number etc) |  |  |
| been provided with enough online safety information regarding talking to others online? |  |  |

### **Have you ever self-harmed?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

**19. Mental Health Services**

### **Do you know where to find information about looking after your mental health?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |

### **Are you aware of Hertfordshire’s Just Talk (www.justtalkherts.org) campaign to support young people’s mental health and wellbeing?**

|  |  |
| --- | --- |
|  | Yes |
|  | Yes I’ve heard of it, but I’m not sure what it is |
|  | Unsure |
|  | No |

### **If you were struggling with your mental health, where would you want support from? Select up to three.**

|  |  |
| --- | --- |
|  | Group work |
|  | 1-2-1 sessions |
|  | Parents/carers |

|  |  |
| --- | --- |
|  | Youth service |
|  | Mental Health clinic |
|  | School nursing |

|  |  |
| --- | --- |
|  | Online |
|  | None of these |
|  | Health professionals (e.g. doctor, nurse) |

|  |  |
| --- | --- |
|  | School |
|  | Activity-based support (e.g. drama therapy) |

### **Have you accessed mental health services before?**

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

**20. Helpfulness of Support**

### **How helpful did you find the support?**

|  |  |
| --- | --- |
|  | Very |
|  | A little |
|  | Neither helpful nor unhelpful |
|  | Not very helpful |
|  | Not helpful |

**21. Your Experiences of Bullying**

### **Please describe your experiences with bullying. You can select multiple choices.**

|  |  |
| --- | --- |
|  | I have bullied/picked on **someone else** |
|  | I have been bullied/picked on |
|  | None of these apply to me |
|  | Prefer not to say |

**22. Your Experiences of Bullying**

### **Are you currently being bullied or picked on?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **Where have you been bullied or picked on? You can choose more than one answer.**

|  |  |
| --- | --- |
|  | At school |
|  | Somewhere other than school |
|  | Online |

**23. Your Safety**

### **Please rate how safe you feel when...**

|  | Unsafe | Neither safe or unsafe | Safe |
| --- | --- | --- | --- |
| you are at school |  |  |  |
| going out during the day |  |  |  |
| going out after dark |  |  |  |
| going to and from school |  |  |  |

### **In the past year have you been involved in a violent incident?**

|  |  |
| --- | --- |
|  | Yes, I was the victim |
|  | Yes, but I wasn't the victim |
|  | No |
|  | Prefer not to say |

### **In the past year have you been involved in a violent incident where a weapon was used or threatened?**

|  |  |
| --- | --- |
|  | Yes, I was the victim |
|  | Yes, but I wasn't the victim |
|  | No |
|  | Prefer not to say |

### **Do you carry weapons for protection when going out?**

|  |  |
| --- | --- |
|  | Never |
|  | Sometimes |
|  | Usually |
|  | Always |
|  | Prefer not to say |

### **Does anyone you know carry weapons for protection when going out?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don't know |
|  | Prefer not to say |

### **Have you ever been frightened by any shouting and arguing between adults or older siblings at home in the last month?**

|  |  |
| --- | --- |
|  | No |
|  | Once or twice |
|  | Once a week |
|  | Most days/Every day |
|  | Prefer not to say |

### **Has there been any violence (e.g. hitting, punching, slapping) between adults or older siblings at home in the last month?**

|  |  |
| --- | --- |
|  | No |
|  | Once or twice |
|  | Once a week |
|  | Most days/Every day |
|  | Prefer not to say |

**24. Your Safety**

### **If you were approached by an adult who scared, worried or upset you, what would you do? You can choose more than one answer.**

|  |  |
| --- | --- |
|  | Other |
|  | Keep it to myself |

|  |  |
| --- | --- |
|  | Tell a trusted adult |
|  | Argue or fight back |

|  |  |
| --- | --- |
|  | Tell the police |
|  | Report the crime anonymously (e.g. Fearless & Crimestoppers) |

|  |  |
| --- | --- |
|  | Walk away |
|  | Tell a friend |

**25. Your Education**

### **In the last year have you taken any time off from school for any of the reasons below?**

|  |  |
| --- | --- |
|  | COVID-19 |
|  | Worries about being bullied |
|  | Medical/dental appointments |

|  |  |
| --- | --- |
|  | Caring for family |
|  | Worries about schoolwork |
|  | Mental health reasons |

|  |  |
| --- | --- |
|  | Illness or injury unrelated to COVID-19 |
|  | Holiday in term time |

### **Do you feel that your views and opinions are listened to...**

|  | Yes | Sometimes | No | Not sure |
| --- | --- | --- | --- | --- |
| At home |  |  |  |  |
| At school |  |  |  |  |
| By your friends |  |  |  |  |

### **Do you find your school is supportive of your...**

|  | Yes | Somewhat | No | Not sure |
| --- | --- | --- | --- | --- |
| Learning and education |  |  |  |  |
| Emotional health and wellbeing |  |  |  |  |

### **Are you a part of or attending any projects, groups, or clubs in your local area? If so, please select from the list below.**

|  |  |
| --- | --- |
|  | Club / group at school |
|  | Drama / performing arts / dance |
|  | Duke of Edinburgh |
|  | Music |
|  | Religious group |

|  |  |
| --- | --- |
|  | Sports |
|  | Uniformed Groups |
|  | Volunteering / social action |
|  | HCC Services for Young People (previously known as YC Hertfordshire) |
|  | Other |

### **What do you plan to do as a next step after leaving school?**

|  | Yes | Maybe | No |
| --- | --- | --- | --- |
| Continue in education |  |  |  |
| Get a job |  |  |  |
| Start training for a skilled job (e.g. apprenticeship)? |  |  |  |
| Start a family? |  |  |  |
| Not sure what you want to do |  |  |  |
| Have other plans |  |  |  |

**26. Sustainability**

### **Do you or your household take any steps to be more sustainable? Tick all that apply.**

|  |  |
| --- | --- |
|  | Drive an electric car |
|  | We don’t do anything |
|  | Walk, cycle or take public transport to school/work (or whenever possible) |
|  | Buy sustainably-sourced products (e.g. avoiding ‘fast fashion’) |

|  |  |
| --- | --- |
|  | Reduce single-use plastic waste (e.g. using reusable bags, water bottles etc.; buying items with less plastic packaging) |
|  | Grow own food, or buy seasonal/locally grown food |
|  | Energy-saving measures (e.g. turning lights, appliances and heating off when not using them) |
|  | Water-saving measures (e.g. taking quick showers/using water-saving shower attachments) |

|  |  |
| --- | --- |
|  | Recycle glass, plastics and paper |
|  | Try to use up leftover food rather than throwing it away |
|  | Other |
|  | Installed solar panels or other sustainability measures in the home |

### **What do you think are your household’s barriers to living more sustainably?**

|  |  |
| --- | --- |
|  | Unsure what to do |
|  | Convenience/ time |
|  | Other |
|  | Financial cost |
|  | Sustainability is not a consideration in my household |

**27. COVID-19**

### **Have you had any doses of the COVID-19 vaccine?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**28. COVID-19 vaccine**

### **If you have had the COVID-19 vaccine, what were your main reasons for having it? Please select your top 3 reasons.**

|  |  |
| --- | --- |
|  | So I am less likely to miss school |
|  | To protect friends / family from the virus |
|  | Other |
|  | To protect myself from the virus |
|  | So I can still go out with friends / family |

**29. COVID-19 vaccine**

### **If you have not had the vaccine, why is that? You can select multiple options.**

|  |  |
| --- | --- |
|  | It hasn't been offered for my age group |
|  | I feel that I have not received enough information about it |
|  | Worried about short-term side effects |
|  | Worried about needles |
|  | Other |
|  | Don't feel like I need to have it |
|  | Worried about the safety of the vaccine |