# 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 around 20-25 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 find 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.**

### **School \***

|  |
| --- |
|  |

**2. About You**

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

|  |
| --- |
|  |

### **How do you identify yourself? \***

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Transgender |
|  | Non-Binary |
|  | Other |
|  | Unsure |
|  | Prefer not to say |

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

|  |  |
| --- | --- |
|  | Questioning |
|  | Homosexual/Gay Male |

|  |  |
| --- | --- |
|  | Other |
|  | Bisexual |

|  |  |
| --- | --- |
|  | Heterosexual/Straight |
|  | Unsure |

|  |  |
| --- | --- |
|  | Homosexual/Lesbian |
|  | Prefer not to say |

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

|  |
| --- |
|  |

White - British

White - Irish

White - Gypsy or Irish Traveller

White - Any other White background

Mixed - White and Black Caribbean

Mixed - White and Black African

Mixed - White and Asian

Mixed - Any other Mixed/Multiple ethnic background

Asian - Indian

Asian - Pakistani

Asian - Bangladeshi

Asian - Chinese

Asian - Any other Asian background

Black - African

Black - Caribbean

Black - Any other Black/African/Caribbean background

Arab

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) |
|  | Mental health condition (e.g. Clinical depression, clinical anxiety) |
|  | Physical disability |
|  | Special education need(s) or learning difficulty |
|  | Autism |
|  | ADHD |

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

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

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

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

### **In the past year, has your household (including you and your parents/guardians) experienced any of the following due to financial difficulties?**

|  |  |
| --- | --- |
|  | Loss of job/work |
|  | Felt hungry |
|  | Went to a food bank |
|  | Felt cold |

|  |  |
| --- | --- |
|  | Moved to a smaller home |
|  | Missed out on a school trip |
|  | Prefer not to say |
|  | None of the above |

### **Do you receive free school meals?**

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

**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. Your Wellbeing**

**We would like to ask you three 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?**



**6. Your Lifestyle - Physical Activity**

### **In each day in the past week, how many minutes have you spent doing physical activity? This can include anything that raises your breathing rate such as cycling, sport and fitness, dance, and walking.**

|  | 0-29 minutes | 30-59 minutes | 60 or more minutes |
| --- | --- | --- | --- |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

### **What prevents you from actively travelling (walking or cycling) more than you do now? Please tick all that apply.**

|  |  |
| --- | --- |
|  | Time |
|  | Road safety |
|  | Personal safety |
|  | Air pollution |
|  | Distance |
|  | Lack of fitness |

|  |  |
| --- | --- |
|  | Cost of a bike |
|  | Weather |
|  | Fear of getting lost |
|  | I just don't want to |
|  | Other |

**7. Your Lifestyle - Smoking**

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.

### **Regarding 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) |

**9. Your Lifestyle - Vaping**

### **Are you worried that vaping will damage your health?**

|  |  |
| --- | --- |
|  | Very worried |
|  | A bit worried |
|  | Not very worried |
|  | Not at all worried |
|  | Don't know/Unsure |
|  | Prefer not to say |

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

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

**10. Your Lifestyle - Alcohol (\*only asked if they said they drank\*)**

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 |

**11. 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 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.**

|  |  |
| --- | --- |
|  | Online |
|  | Other |
|  | From a small shop or off-licence |

|  |  |
| --- | --- |
|  | From a friend or relative |
|  | From a supermarket |
|  | In a pub, bar, or club |

|  |  |
| --- | --- |
|  | From home |
|  | Not applicable |

**12. Your Lifestyle - Drugs**

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?**

|  |  |
| --- | --- |
|  | Xanax |
|  | Ketamine (Ket, tranq, k, vitamin K, special K) |
|  | Muscle-building steroids (juice, roids) |
|  | Derbisol |
|  | Nitrous Oxide (balloons, Nos/noz, laughing gas) |
|  | Hallucinogens (e.g. magic mushrooms, acid, LSD, drop, dots, L, flash, trip(s), Lucy, mush/mushies, tabs, paper, shrooms, smilies) |

|  |  |
| --- | --- |
|  | Cocaine (snow, charlie, coke, powder, nose, sniff, lightener, blow, rocks, white) |
|  | Novel Psychoactive Substances (also incorrectly known as ‘Legal Highs’) |
|  | Crack (rocks) |
|  | Ecstasy (MDMA, Molly, Mandy, E, pills) |
|  | Heroin (brown, smack, gear, skag) |

|  |  |
| --- | --- |
|  | Poppers |
|  | Solvents as drugs (glue, gas refills, aerosols, cleaning fluid) |
|  | Cannabis (weed, resin, leaf or oil, hash, grass, pot, skunk, dope, loud, ganja, herb, puff) |
|  | Amphetamines (speed, whizz, crystal meth, uppers, meth, glass, ice) |
|  | Not applicable |

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

|  |  |
| --- | --- |
|  | Online |
|  | Drug & Alcohol Services for young people |
|  | School (e.g. teacher) |

|  |  |
| --- | --- |
|  | Youth Worker/Service |
|  | Health professionals (e.g. doctor, nurse) |

|  |  |
| --- | --- |
|  | Other |
|  | Friends |

|  |  |
| --- | --- |
|  | Family |
|  | Prefer not to say |

**13. Your Lifestyle - Drugs (\*only asked if they said they take 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?**

|  |  |
| --- | --- |
|  | Xanax |
|  | Novel Psychoactive Substances (also incorrectly known as ‘Legal Highs’) |
|  | Heroin (brown, smack, gear, skag) |
|  | Ketamine (Ket, tranq, k, vitamin K, special K) |
|  | Crack (rocks) |
|  | Mephedrone (M-cat) |

|  |  |
| --- | --- |
|  | Derbisol |
|  | Ecstasy (MDMA, Molly, Mandy, E, pills) |
|  | Solvents as drugs (glue, gas refills, aerosols, cleaning fluid) |
|  | Cocaine (snow, charlie, coke, powder, nose, sniff, lightener, blow, rocks, white) |
|  | Khat (Quat, qat, qaadka, chat, ghat) |
|  | Hallucinogens (e.g. magic mushrooms, acid, LSD, drop, dots, L, flash, trip(s), Lucy, mush/mushies, tabs, paper, shrooms, smilies) |

|  |  |
| --- | --- |
|  | Muscle-building steroids (juice, roids) |
|  | Poppers |
|  | Nitrous Oxide (balloons, Nos/noz, laughing gas) |
|  | Cannabis (weed, resin, leaf or oil, hash, grass, pot, skunk, dope, loud, ganja, herb, puff) |
|  | Amphetamines (speed, whizz, crystal meth, uppers, meth, glass, ice) |
|  | Not applicable |

### **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.**

|  |  |
| --- | --- |
|  | Other |
|  | From a friend or relative |
|  | Online |

|  |  |
| --- | --- |
|  | On the street |
|  | At school/college |

|  |  |
| --- | --- |
|  | In a pub, bar, or club |
|  | Not applicable |

**14. Your Sexual Health Section**

These next questions will be related to relationships and sexual health.  
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.

**15. Your Sexual Health**

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

|  |  |
| --- | --- |
|  | Health professionals (e.g. doctor, nurse) |
|  | Websites (e.g. NHS, Sexwise) |
|  | Media (TV, films, online articles) |
|  | Posters, leaflets, reference books |
|  | Brothers, sisters, other close relations |

|  |  |
| --- | --- |
|  | Other |
|  | Sexual Health Clinic |
|  | Friends |
|  | Pornography |
|  | Telephone helpline |

|  |  |
| --- | --- |
|  | Youth Worker/Service |
|  | School/College (e.g. teacher/tutor) |
|  | My parents/carers |
|  | Not applicable |

### **For each of the sexually transmitted infections (STI) 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?**

|  |  |
| --- | --- |
|  | Helpline |
|  | School/College |
|  | Online (e.g. Sexwise website) |

|  |  |
| --- | --- |
|  | Youth Worker/Service |
|  | Sexual health clinic |

|  |  |
| --- | --- |
|  | Other |
|  | Doctor |

|  |  |
| --- | --- |
|  | Pharmacy |
|  | Prefer not to say |

### **Do you know where to access sexual health services? This includes getting contraception (e.g. free condoms and the pill, coil or implant) and an STI test (e.g. for chlamydia)**

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

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

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

|  | Agree | Not sure | Disagree |
| --- | --- | --- | --- |
| Most 16-year olds have not had sex. |  |  |  |
| If you have sex without a condom, you should get an STI test. |  |  |  |
| Using condoms is necessary to prevent sexually transmitted infections and unplanned pregnancies. |  |  |  |
| Getting pregnant or getting someone else pregnant now would negatively affect my future plans. |  |  |  |
| Being in a serious/long-term relationship before having sex is important. |  |  |  |
| I think the quality of the relationships and sex education I receive at school is good. |  |  |  |
| It is fine to wait to have sex. |  |  |  |
| There is pressure on young people to have sex. |  |  |  |

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

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

**17. Your Mental Wellbeing**

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.**

|  |  |
| --- | --- |
|  | Feeling lonely |
|  | Violence against girls and young women |
|  | Issues with friends |
|  | Social media |
|  | How some boys and men speak to and treat girls and young women |
|  | Relationships and/or sexual health |

|  |  |
| --- | --- |
|  | Problems with your family e.g. parents, brothers, sisters or step-siblings |
|  | Gambling |
|  | Money problems (including family finances) |
|  | Your physical health |
|  | Racism |
|  | Your mental health |

|  |  |
| --- | --- |
|  | Sexual orientation and identity (LGBT+) |
|  | Bullying |
|  | Your appearance |
|  | Getting involved in crime |
|  | Drugs and/or alcohol |
|  | Violence against boys and young men |

|  |  |
| --- | --- |
|  | The environment |
|  | Street safety/crime in your local area |
|  | My future education/training/university/employment and career |
|  | Schoolwork |
|  | How some girls and women speak to and treat boys and young men |

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

|  |  |
| --- | --- |
|  | Other |
|  | Eat more |
|  | Listen to music |
|  | Gaming |
|  | Have counselling |

|  |  |
| --- | --- |
|  | Take drugs |
|  | Exercise or play a sport |
|  | Talk to an adult who is not your parent or carer (e.g. teacher, health worker, youth worker) |
|  | Self-harm |
|  | Talk to a friend |

|  |  |
| --- | --- |
|  | Look for help online/apps/social media |
|  | Do creative activities (e.g. art, writing, music) |
|  | Smoke cigarettes |
|  | Drink alcohol |

|  |  |
| --- | --- |
|  | Talk to a family member |
|  | Try to think of a solution on your own |
|  | Do nothing |
|  | Prefer not to say |

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

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

### **Do you feel hopeful about your future?**

|  |  |
| --- | --- |
|  | Never |
|  | Sometimes |
|  | Often |
|  | Always |

### **When going online or using social media have you...**

|  | Yes | No |
| --- | --- | --- |
| ever received a picture or message online that has upset you? |  |  |
| ever met someone in real life whom you first met online? |  |  |
| ever felt pressured to send pictures of yourself to someone? |  |  |
| 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 |

**18. 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.**

|  |  |
| --- | --- |
|  | Other |
|  | Parents/carers |
|  | School nursing |

|  |  |
| --- | --- |
|  | Youth Worker/Service |
|  | None of these |
|  | Mental Health clinic |

|  |  |
| --- | --- |
|  | Charity |
|  | School |

|  |  |
| --- | --- |
|  | Doctor or hospital |
|  | Prefer not to say |

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

|  |  |
| --- | --- |
|  | Support in a group with other young people experiencing similar challenges |
|  | Other |
|  | 121 (in person) |

|  |  |
| --- | --- |
|  | Telephone |
|  | Online |
|  | Prefer not to say |

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

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

**19. Helpfulness of Support**

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

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

**20. 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 |

**21. Your Experiences of Bullying (\*only asked if they said they had been bullied)**

### **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 |

**22. Your Safety**

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

|  | Unsafe | Neither safe or unsafe | Safe |
| --- | --- | --- | --- |
| going out during the day |  |  |  |
| you are at school |  |  |  |
| 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 other family members 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 other family members at home in the last month?**

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

**23. Your Education and Prospects**

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

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

|  |  |
| --- | --- |
|  | Worries about being bullied |
|  | Medical/dental appointments |
|  | Illness or injury |

|  |  |
| --- | --- |
|  | Other |
|  | Holiday in term time |
|  | Not applicable |

### **Do you feel that your views and opinions are listened to at school?**

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

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

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

### **Of the following list of projects, groups, or clubs, which ones are you currently attending in your local area and which ones would you like to attend?**

|  | Currently attending | Would like to attend |
| --- | --- | --- |
| Arts and crafts |  |  |
| Club or group at school |  |  |
| Drama/performing arts/dance |  |  |
| Duke of Edinburgh Award |  |  |
| Music |  |  |
| Religious groups |  |  |
| Sports |  |  |
| Uniformed groups (e.g. Guides/Scouts) |  |  |
| Volunteering/social action |  |  |
| Services for Young People (a local venue for young people/a place I can get support) |  |  |
| Other |  |  |

### **How many hours did you do paid work (either as an employee or self-employed) last week, excluding volunteer work?**

|  |  |
| --- | --- |
|  | I didn't do any paid work |
|  | 0-10 hours |
|  | 11-20 hours |
|  | 21-30 hours |
|  | 31+ hours |
|  | Prefer not to say |

### **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 |  |  |  |

### **Where do you go to get help and support about what to do when you leave school/college such as education, employment, and training?**

|  |  |
| --- | --- |
|  | Parent/carer |
|  | School/teacher |
|  | Services for Young People/Employment or Education Adviser/Youth Worker |
|  | Job Centre Plus |
|  | Friends |
|  | Online |
|  | I don't know where to get help and support |
|  | Other |

### **What would you like to have more information on if it was available?**

|  |  |
| --- | --- |
|  | University |
|  | Jobs |
|  | Apprenticeships |
|  | College/6th Form |
|  | Traineeships |
|  | Gap years |
|  | Other |

**24. Sustainability**

### **Which of the following things do you do to look after the environment? Tick all that apply.**

|  |  |
| --- | --- |
|  | Eat less meat (including vegetarian or vegan) |
|  | Turn lights off more |
|  | Turn the tap off more (e.g. while brushing my teeth) |
|  | Think about the environment when I buy things |
|  | Recycle my waste |
|  | Do things in the garden to help wildlife (e.g. feed birds, grow plants) |
|  | Pick up litter |
|  | Walk, cycle or take public transport as much as I can |

|  |  |
| --- | --- |
|  | Read/watch programmes about the environment |
|  | Talk to friends/family about looking after the environment |
|  | Volunteer my time (e.g. litter pick, planting, raising awareness) |
|  | Try and change what our leaders are doing (e.g. sign petitions, write to them) |
|  | Raise awareness by posting/sharing information online |
|  | None of the above |
|  | Other |
|  | Prefer not to say |

### **What stops you and your family doing more to help the environment?**

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

**25. About You - Residence**

We are going to ask some final questions about your postcode and district of residence.  
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.

### **What is your home postcode? Note: providing your postcode allows us to understand how needs differ across Hertfordshire. 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) | |  | | --- | |  | |

### **What district do you live in?**

|  |  |
| --- | --- |
|  | Broxbourne (including Hoddesdon, Cheshunt, and Waltham Cross) |
|  | Dacorum (including Hemel Hempstead, Berkhamsted, Tring and Kings Langley) |
|  | East Hertfordshire (including Hertford, Bishop's Stortford, and Ware) |
|  | Hertsmere (including Potters Bar, Borehamwood, and Bushey) |
|  | North Hertfordshire (including Hitchin, Baldock, Letchworth, and Royston) |
|  | Stevenage |
|  | St Albans (including Harpenden, Sopwell, Verulam, London Colney, Sandridge, and Wheathampstead) |
|  | Three Rivers (including Rickmansworth, South Oxhey, West Hyde, Abbots Langley, and Chorleywood) |
|  | Watford |
|  | Welwyn Hatfield (including Welwyn Garden City, and Hatfield) |
|  | Outside of Hertfordshire |
|  | Prefer not to say / Unknown |

## Thank you for completing this survey!

Your information is vital to make services in your area better. We greatly value the anonymous information you have provided us with.  
  
**If there is anything else you want to tell us about how we can improve help, support and services for young people across Hertfordshire, or if you want help or support with any of the issues raised in the survey, please contact us on** [**sfyp@hertfordshire.gov.uk**](mailto:sfyp@hertfordshire.gov.uk?subject=Referral%20from%20YPHWS) **or text 07860022943. You can find more information on our website** [Services for Young People](https://www.servicesforyoungpeople.org/).  
  
Additionally you can get **help and support** by texting Chat Health on 07480635050, or you can find 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)  
  
**If you need urgent help contact your doctor, visit a NHS walk-in centre or call NHS 111 or Childline on 0800 1111. If it is an emergency, dial 999 or visit A&E.**