



5 **Type of living accommodation:**

<i>Living with parent(s)</i>	<i>Living with foster parent(s)</i>	<i>Family group home</i>	<i>Hostel</i>	<i>In Care</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Other</i>	<i>Please give details: .....</i>			<i>No Answer</i>
<input type="text"/>				<input type="text"/>

6 **Are your parents:** *Together*  **If not, are they:** *Separated*  *Divorced*  *Other*  *No Answer*

7 **If separated/divorced, how long ago did this happen ?**

<i>0-3 mths</i>	<i>4-6 mths</i>	<i>6-12 mths</i>	<i>1 yr+</i>	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 **Do either of your Parents/Guardians have a full-time job ?**

<i>Yes</i>	<i>No</i>	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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9 **Do you suffer from any of the following:**

<i>Asthma</i>	<i>Diabetes</i>	<i>Fits/Fainting</i>	<i>Allergies</i>	<i>Heart Problems</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Other</i>	<i>Please give details: .....</i>		<i>No</i>	<i>No Answer</i>
<input type="text"/>			<input type="text"/>	<input type="text"/>

10 **Do you take any prescribed drugs ?** *Yes*  *No*  *No Answer*

11 **If so, please state:** *Reason* .....  *No Answer*

*Drug* .....  *No Answer*

12 **Which of the following drugs have you taken ?**

<i>Cannabis</i>	<i>Amphetamine</i>	<i>Cocaine</i>	<i>Heroin</i>	<i>Ecstasy</i>	<i>LSD</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Tobacco</i>	<i>Solvents</i>	<i>Alcohol</i>	<i>Other</i>	<i>None</i>	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13 **Which year are you in at school ?**

7	8	9	10	11	12	<i>I Have Officially Left</i>	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14 **Do you play truant from school ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15 **If yes, how many days a week on average ?**

<i>Now &amp; Again</i>	1	2	3	4	5	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16 **What do you do whilst you truant ?**

.....

17 **What would you like to be doing ?**

.....

18 **Have you ever been suspended from school ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19 **Have you ever been permanently excluded from your present or any other school ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20 **How many senior schools including your present one have you attended ?**

	1	2	3	4	5	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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21 **Have you driven a car illegally on the road ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

22 **Have you driven a motorbike illegally on the road ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

23 **Have you ever been in a stolen car on the road ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24 **Have you ever been on a stolen motorbike on the road ?**

	Yes	No	<i>No Answer</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25 **If yes to any of the above, what time of day usually ?** School time Other No Answer

26 **Have you ever been arrested for committing an offence ?** Yes No No Answer

27 **If yes, what kind ?**

<i>Stealing Cars</i>	<i>Damaging Cars</i>	<i>Theft from Cars</i>	<i>Driving Cars</i>	<i>Driving Motorcycles</i>
<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>
<i>Being Carried in a Stolen Car</i>	<i>Assault</i>	<i>Theft</i>	<i>Burglary</i>	
<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>	
<i>Other</i>	<i>Please give details: .....</i>			<i>No Answer</i>
<input style="width: 60px; height: 15px;" type="text"/>				<input style="width: 60px; height: 15px;" type="text"/>

28 **Are you currently attached to a Youth Offending Team ?** Yes No No Answer

29 **If yes, which one ?** *BANES* *Bristol* *N Somerset* *S Glos*

*THANK - YOU*

<p>For Supervisor to complete please:</p> <p>Did you help this young person complete the questionnaire ?</p> <p style="text-align: center;">Yes      No</p> <table style="margin-left: auto; margin-right: auto;"><tr><td style="width: 50px; height: 15px;"><input type="text"/></td><td style="width: 50px; height: 15px;"><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	









