

SHIFT

Young Person Questionnaire Booklet

When you have completed the questionnaire booklet, please return it in the stamped addressed envelope provided.

Thank you

Please complete today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR			

1. Have you used any of the following services during the past three months?

If you are not sure, please feel free to ask your parents/carers

Health services	Have you used the service in the last 3 months?	Total number of times in the last 3 months?
a) GP (family doctor), surgery visit	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) GP (family doctor), home visit	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) GP (family doctor), phone/email	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) Practice or district nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e) Physiotherapist	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f) Occupational therapist	Yes <input type="checkbox"/> No <input type="checkbox"/>	
g) Drug and alcohol worker	Yes <input type="checkbox"/> No <input type="checkbox"/>	
h) Family planning service	Yes <input type="checkbox"/> No <input type="checkbox"/>	
i) Any other health service not including hospital visits (e.g. NHS direct)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social services	Have you used the service in the last 3 months?	Total number of times in the last 3 months?
a) Social worker	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Help-line (Childline, Samaritans)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Family or patient support or self help groups	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) Any other social services	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Educational services	Have you used the service in the last 3 months?	Total number of times in the last 3 months?
a) School nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) School counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Any other educational services	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) Extra help in school (mentor, teaching assistant)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Total number of hours per week <input type="text"/> <input type="text"/>

2. Have you used any of the following hospital services during the last three months?
 Again please feel free to ask your parents/carers if you are not sure

Hospital stay in the last 3 months	Have you used the service?	Total number of nights in the last 3 months?	
Hospital inpatient stay (staying in hospital over night)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of nights <input type="text"/> <input type="text"/>	
Hospital visits in the last 3 months	Have you used the service?	Total number of visits?	Did your parent/carer go with you?
Hospital outpatient clinic (doctor visits, scans, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visits <input type="text"/> <input type="text"/>	Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/>
Hospital accident and emergency (A&E) department	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visits <input type="text"/> <input type="text"/>	Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/>

3a. Are you in full-time education?

Yes
No

If **no**, go to **question 4**

If **yes**, which of the following best describes your main activity?

Please tick one box and then go to **question 4**

Activity during the day	Tick one category that best describes your situation now
a) In an apprenticeship (e.g to be a plumber, hair-dresser, etc.) , government supported training	<input type="checkbox"/>
b) Employee/Self-employed	<input type="checkbox"/>
c) Employee on sick leave	<input type="checkbox"/>
d) Unpaid employment (e.g. voluntary job)	<input type="checkbox"/>
e) Unemployed	<input type="checkbox"/>
f) Not in school (e.g. excluded from school)	<input type="checkbox"/>

4. Do you have a job at week-ends and/or in the holidays?

Yes
No

5. Have you lost any earnings from your job due to your self-harm?

Yes
No

If **no**, then go to **question 6**

If **yes**, please estimate the amount lost in the last 3 months (to the nearest pound)

£

6. Have you been off school or work because you were sick in the last 3 months?

Yes
No

If **no**, then go to **question 7**

If **yes**, how long were you off school or work for?

Total number of days

7. What have you spent from **your own money** (e.g. pocket money or wages) **because of** your self-harm in the last three months?

Money spent for self-harm <i>For example you bought razors or painkillers</i>	Cost (to the nearest pound)
<i>e.g: 1box of painkillers</i>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1
a)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Money spent to treat self-harm <i>For example, you bought cream, patches, plasters, etc.? Or did you buy something related to your self-harm (a self help book, or CD etc.)</i>	Cost (to the nearest pound)
<i>e.g: 1 tube of Savlon cream</i>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2
a)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Loss of money because of self-harm <i>For example, you cancelled an event or activity you have already paid for (sports event, concert, gig etc.)</i>	Cost (to the nearest pound)
<i>e.g: 2 tickets for gig I could not go to</i>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 30
a)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d)	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8. Have you had seen or spoken to any of the following professional people in the last 3 months?

Type of professional	Have you been in contact in the last 3 months?
Youth offending team	Yes <input type="checkbox"/> No <input type="checkbox"/>
Probation officer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Solicitor or other legal representative	Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal aid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police services	Yes <input type="checkbox"/> No <input type="checkbox"/>

Thank you for your help.

If you have any questions, please contact the study researcher or your clinician.

Thank you for completing the questionnaire.