

# TELL US HOW IT IS...

UPPER HUTT YOUTH SURVEY 2008



[www.uhyouth.com](http://www.uhyouth.com)

**WIN AN  
iPOD!**

**COMPLETE AND  
RETURN THIS SURVEY  
BY NOVEMBER 7<sup>TH</sup>  
TO GO IN THE DRAW  
TO WIN AN **iPOD**  
**MP3 PLAYER****

Hey, it's that time of year again for you to tell us how it is for young people in Upper Hutt. When you fill in this survey about local issues, we can make positive changes, just like we did after your responses to our surveys in 2006 and 2007. We're here to listen so tell us how it is and get your voice heard!

Be sure to check out [www.uhyouth.com](http://www.uhyouth.com) for information on upcoming local events, where you can go to get help, and to tell us what you think!

Gender

City

Suburb

Age

Ethnicity

Which country were you born in?

Who do you live with most of the time?

- |   |  |
|---|--|
| <input type="radio"/> Mum and Dad                           | <input type="radio"/> Mum only                       |
| <input type="radio"/> Dad only                              | <input type="radio"/> Mum and Dad at different times |
| <input type="radio"/> Mum and Stepdad                       | <input type="radio"/> Dad and Stepmum                |
| <input type="radio"/> Grandparent(s)                        | <input type="radio"/> Foster parents                 |
| <input type="radio"/> Flatmates                             |  |
| <input type="radio"/> Other ( <i>Please specify</i> ) ..... |  |

Are you in:

- |                              |                                |
|------------------------------|--------------------------------|
| <input type="radio"/> School | <input type="radio"/> Training |
| <input type="radio"/> Work   |                                |

If you're in school, what school do you go to? .....

What are the biggest issues for young people in Upper Hutt?

1 .....

2 .....

3 .....

**For any of the following, have you personally:**

- Been a victim of crime
- Been a victim of cyber/txt bullying
- Been a victim of another type of bullying (e.g. physically)
- Wagged/skipped school
- Felt depressed
- Deliberately cut or hurt myself
- Been the tagger of a building or property

**Have you experienced peer pressure relating to:**

- Sex/relationships
- Appearance/clothing
- Deliberately cutting or hurting myself
- Cyber/txt bullying
- Driving on a restricted license
- Joining gangs
- School subjects/job training
- Bullying or teasing someone else
- Committing a crime
- Other .....

**Tick the box if you know where you can go to get help in Upper Hutt for the following:**

- Addiction (drugs, alcohol, etc)
- Depression
- Other mental health issues
- Sexually transmitted diseases
- Knowing what to do after leaving school (e.g. finding a job)
- Physical violence
- Deliberately cutting or hurting myself
- Physical health
- Body image pressure (e.g. to be thin)

**Over the last two weeks...**

	ALL OF THE TIME	MOST OF THE TIME	MORE THAN HALF THE TIME	SOME OF THE TIME	AT NO TIME
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you answered "at no time" for any of the above questions, did you get help or advice when you felt like this?**

- Yes
- No
- Don't know

**Do you smoke cigarettes?**

- Yes
- No

**If yes, how old were you when you first started smoking? .....**

**If you smoke, how many cigarettes do you smoke a day?**

- Less than one
- One or two
- 3 to 6
- 6 to 10
- More than 10

**Where do you see we need major improvements for young people in Upper Hutt City?**

- Places to hang out
- Making Upper Hutt safer
- Feeling proud to be from Upper Hutt
- Leisure opportunities (sports events, concerts, clubs, etc)
- Knowing where to go for help
- Other (Please specify) .....

**Do you think there have been any significant changes in the past year in these areas: (tick all that apply)**

	POSITIVE CHANGE	NEGATIVE CHANGE	NO CHANGE
Places to hang out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure opportunities in Upper Hutt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making Upper Hutt safer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pride in being from Upper Hutt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION TWO

For the second year in a row, young people from Upper Hutt have told us that two of the things they are most concerned about are violence and alcohol/drug use. We want to hear more about what you think. There are three question areas on this portion of the survey – alcohol, violence, and drugs. If you feel uncomfortable answering any part or a section, please feel free to skip questions and jump to the next section. You don't have to answer any question if you don't want to. Any answers you give will be **totally anonymous**.

### ALCOHOL

**Do you drink alcohol?**  Yes  No

**Have you ever been drunk?**  Yes  No

**If yes, how old were you when you first got drunk?** .....

**If you drink, on average, how often do you drink?**

- Rarely
- Once a month
- A couple of times a week
- A couple of times a year
- A couple of times a month
- Most days
- Every few months
- Once a week
- Every day

**If you drink, what do you usually drink?**

- Beer
- Ready-made alcoholic drink (e.g. rum and coke)
- Wine
- Other .....
- Spirits

**If you drink, where do you usually get your alcohol from?**

- I buy it myself
- Brother or sister
- Bottle or liquor store
- Other .....
- Older friends
- Sports club
- Supermarket
- Parent/caregiver
- Dairy
- Pub/café

**If you drink, where do you drink most often?**

- |  |  |   |
|--|--|---|
| <input type="radio"/> At parties   | <input type="radio"/> At home                  | <input type="radio"/> At a mate's house |
| <input type="radio"/> At school  | <input type="radio"/> At a pub                 | <input type="radio"/> On the street     |
| <input type="radio"/> Central Upper Hutt park(s)<br>(e.g. Maidstone Max) | <input type="radio"/> Other Upper Hutt park(s) | <input type="radio"/> Lower Hutt        |
| <input type="radio"/> Wellington   | <input type="radio"/> Other .....              |   |

**VIOLENCE**

**In the last year, have you been in a physically violent situation in Upper Hutt (where someone was violent towards you)?**

- Yes       No

**If yes, where did this occur?**

- |  |  |   |
|--|--|---|
| <input type="radio"/> At a party   | <input type="radio"/> At home                  | <input type="radio"/> At a mate's house       |
| <input type="radio"/> At school  | <input type="radio"/> At a pub                 | <input type="radio"/> At an event             |
| <input type="radio"/> Central Upper Hutt park(s)<br>(e.g. Maidstone Max) | <input type="radio"/> Other Upper Hutt park(s) | <input type="radio"/> The main street of town |
| <input type="radio"/> On public transportation<br>(bus, train, etc)      | <input type="radio"/> On the school bus        | <input type="radio"/> Other .....             |

**Do you experience physical violence regularly?**       Yes       No

**If yes, how often do you experience it?**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Rarely                   | <input type="radio"/> A couple of times a year  | <input type="radio"/> Every few months |
| <input type="radio"/> Once a month             | <input type="radio"/> A couple of times a month | <input type="radio"/> Once a week      |
| <input type="radio"/> A couple of times a week | <input type="radio"/> Most days                 | <input type="radio"/> Every day        |

To be entered in our I-POD draw, please fill in your contact details alongside. Your contact details will only be used to notify the prize winner and will not be used for any other purpose. This is to ensure your information remains private and anonymous. Survey must be filled out to be considered for the prize draw.

**WIN AN IPOD!**

NAME .....

EMAIL .....

MOBILE # .....

Be sure to check out [www.uhyouth.com](http://www.uhyouth.com) for information on upcoming local events, where you can go to get help, and to tell us what you think!

If someone has been violent to you in the last year, who caused that violence? (choose all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother or father or someone who acts as my caregiver | <input type="checkbox"/> An adult other than my parents or caregivers | <input type="checkbox"/> Brother or sister            |
| <input type="checkbox"/> Friend   | <input type="checkbox"/> Boyfriend or girlfriend                      | <input type="checkbox"/> A young person older than me |
| <input type="checkbox"/> Someone my own age                                   | <input type="checkbox"/> Stranger                                     | <input type="checkbox"/> Other                        |

What sort of physical violence have you experienced?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hitting/punching                                     | <input type="checkbox"/> Threatened with a weapon | <input type="checkbox"/> Had something forcefully taken/stolen from me |
| <input type="checkbox"/> Been physically threatened or intimidated by someone | <input type="checkbox"/> Sexual violence          | <input type="checkbox"/> Other .....                                   |

If you have experienced physical violence, did you tell anyone it happened?

- Yes     No

## DRUGS

Do you use drugs (other than alcohol)?     Yes     No

If yes, how old were you when you first used drugs? .....

If you use drugs, on average, how often do you use them?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Rarely                   | <input type="checkbox"/> A couple of times a year  | <input type="checkbox"/> Every few months |
| <input type="checkbox"/> Once a month             | <input type="checkbox"/> A couple of times a month | <input type="checkbox"/> Once a week      |
| <input type="checkbox"/> A couple of times a week | <input type="checkbox"/> Most days                 | <input type="checkbox"/> Every day        |

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**Please fill in your contact details overleaf.**

**If you use drugs, which of these drugs do you use most often?**

	NOT A LOT	SOMETIMES	MUCH OF THE TIME	ALL THE TIME
Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (mushrooms, PCP, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants/huffing (glue, paint, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Party pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs (e.g. cocaine, heroin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How easy is it for you to get these drugs?**

	HARD TO GET	SOMEWHAT HARD	SOMEWHAT EASY	VERY EASY
Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (mushrooms, PCP, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants/huffing (glue, paint, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Party pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs (e.g. cocaine, heroin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you use drugs, where do you do drugs most often?**

- At parties
- At school
- Central Upper Hutt park(s) (e.g. Maidstone Max)
- Lower Hutt
- At home
- At a pub
- Wellington
- At a mate's house
- On the street
- Other Upper Hutt park(s)
- Other .....

**Which of these do you think it is okay for people your age to use regularly? (choose as many as you want)**

- Cigarettes, tobacco
- Cannabis
- Other drugs that often cause a high or trip (eg acid, 'P', speed, etc)
- Alcohol (beer, wine, spirits, etc)
- Party pills (dance pills, herbal highs)
- None of these

**If you use cannabis, how many times do you use each week?**

- Less than once a week
- 4 to 6 times
- Once
- Every day
- 2 to 3 times

**Is there anything else you would like to tell us (about anything from the survey)?**

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