

## 9. Appendices

### Appendix 1

CYP Health watch survey questions blank copy

# Healthwatch100 – Children and Young People's Vaping Survey (FOR USE IN SCHOOL)

## 1. About this Survey

1. Welcome! This is a survey on the vaping habits of young people.

### **Details about this survey:**

**Healthwatch Trafford, in partnership with Trafford Council, are interested in hearing from young people about vaping.**

**In addition to the information you heard in the video, please carefully read this section before continuing:**

**The information collected will always be anonymised, so you will not be identifiable by your answers. Feel free to be completely open and honest but please do not give personal details (such as name and address) within any free text boxes. Your personal details will never be passed on or supplied to any other organisation and we will only ever use it for the purposes of the project.**

**It is helpful if you complete the 'About You' section at the end of this survey. This helps us to monitor how well our findings represent the views of various groups within the Trafford population.**

**You can withdraw your contribution to this survey by contacting [info@healthwatchtrafford.co.uk](mailto:info@healthwatchtrafford.co.uk). Please be aware that your answers will be automatically saved, even if you close it half way through.**

**Thank you for participating in our survey. Your feedback is important and will help us improve health and social care in Trafford.**

**The survey should take approximately 10 minutes to complete.**

I understand the information I have heard in the video and/or read, I am aged 11-18 and I am happy to complete the survey

I do not wish to continue

2.

2. Which school or college do you go to?

ACOA

Afifah

Altrincham Boys

Altrincham Girls

Ashton on Mersey

Broadoak

BTH

Egerton

Flixton Girls

Home Educated

Loretto

Lostock

Manor High

MES

North Cestrian

North Trafford college

- Sale Grammar
- Sale High
- School leavers
- South Trafford college
- St Ambrose
- St Anthony's
- St John Viarney
- Stretford Grammar
- Stretford High
- Trafford High
- Urmston Grammar
- Wellacre
- Wellington
- I don't want to answer

3. Do you vape?

- Yes, daily
- Yes, weekly
- Yes, occasionally
- No but I have tried it
- No but I used to vape regularly
- No and I have never tried it

I don't want to say

### 3. Vaping

4. What age did you first try a vape?

Younger than 11

11

12

13

14

15

16

17

18

over 18

I don't want to answer

5. When do you have your first vape of the day?

In the morning when I am in bed

In the morning at home before school after I have got out of bed

After I have left the house for school and before I get into school

In school

After school

Before bedtime

I don't want to answer

6. Have you noticed any of the following changes since vaping? (Tick all the apply)

No

Yes, I feel more anxious

Yes I feel less anxious

Yes, I feel angry

Yes, I feel agitated

Yes, I feel relaxed

Yes, I feel happier

Yes, I feel sad

Yes, I feel more stressed

Yes, I feel less stressed

Yes, I feel depressed

Yes, I have a lack of motivation

Yes, I am often daydreaming

Yes, I have had some weight loss

Other changes (please type)

7. If sweet/berry/candy flavour vapes didn't exist, would you still vape?

Yes, I don't use those flavours now

Yes, I would use a different flavour

Yes, I would use a tobacco flavour

- Yes, I would use plain/non flavoured
- No, but I would look at smoking tobacco (eg. Cigarettes)
- No, I would stop vaping

8. Do you want to cut down or stop vaping?

- Yes, I want to cut down but don't know how
- Yes, I want to cut down but not at the moment
- Yes, I am already trying to cut down
- Yes, I want to stop completely but don't know how
- Yes, I want to stop completely but not at the moment
- Yes, I am already trying to stop
- I would if my friends would
- I would if my parents would
- No I don't want to cut down or stop
- I don't know

9. Does your parent or carer know you vape?

- Yes they do and I openly vape at home
- Yes they do but I only vape in my bedroom/when I'm on my own at home
- Yes they do but I don't vape at home
- Yes they do and they buy vapes for me
- Yes they do but they are upset/disappointed/annoyed I do
- No they don't
- I'm not sure

## 4. Snus

10. Do you use Snus?

- Yes, daily
- Yes, weekly
- Yes, occasionally
- No but I have tried it
- No and I have never tried it
- I've never heard of it
- I don't want to say

## 5.

11. Have you used Snus in school? (select all that apply)

|              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| In class     | <input type="checkbox"/> | <input type="checkbox"/> |
| At breaktime | <input type="checkbox"/> | <input type="checkbox"/> |

6.

12. Do your friends and family vape or smoke cigarettes (excluding cannabis)? (Please tick all that apply)

|                                       | No                       | Yes, cigarettes          | Yes, vapes               | I don't know             | I don't want to answer   |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Friends                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relatives/people I live with          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended family who I don't live with | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Have you or have you seen anyone vaping in or around school? (Tick all that apply)

|                     | No                       | I have vaped here        | I have seen others vaping here |
|---------------------|--------------------------|--------------------------|--------------------------------|
| In class            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| In the toilets      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| In the corridors    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| On the field        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| At the school gates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Walking to school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| On the bus          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |

Other places I have vaped or seen others vape



14. What education and resources have you seen or been involved in at school on the topic of vaping and was it helpful?

|                    | Yes, it was helpful      | Yes, it wasn't very helpful | No                       | I can't remember         |
|--------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Lesson             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Lunchtime workshop | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Posters            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Leaflets           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please give detail):

## 7. About you

15. In which area/locality do you live?

- North - Stretford, Gorse Hill, Longford and Clifford
- Central - Sale, Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's
- South - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village
- West - Urmston, Partington, Bucklow St Martin's, Davyhulme East, Davyhulme West and Flixton
- Other / outside Trafford

16. How old are you?

- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- Prefer not to say

17. Sexual orientation

- Heterosexual / Straight
- Gay
- Lesbian
- Bisexual
- Other

Prefer not to say

18. How would you describe your gender?

Male

Female

Non-binary

Prefer not to say

Other (please specify)

19. How would you describe your ethnicity?

White British

White Irish

White other

Black or Black British - African

Black or Black British - Caribbean

Black British - Other

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Chinese

Asian or Asian British - Other

Multiple heritage - mixed race

Prefer not to say

Other (please specify:)

20. Do you consider yourself to have a disability?

Yes

No

Prefer not to say

21. Are you a carer?

Yes

No

Prefer not to say

## Appendix 2

Parent/carer Health watch survey questions blank copy

# Healthwatch100 – Parents/Carers Vaping Survey

1.

1. Welcome! This is a survey about parents' experiences in relation to the vaping habits of young people.

### **Details about this survey**

**Healthwatch Trafford are interested in hearing from parents and carers about their views and experiences in relation to their children who currently vapes, or if they were to start vaping in the future. This survey is aimed specifically at parents and carers of children aged 11 to 18 years.**

**Our findings will be made available online. Where relevant, the report may be shared with Trafford Council and the local Trafford Integrated Care Partnership (ICP).**

**It would be really helpful to us if you could complete the demographic information in the 'About You' section at the end of this survey, as this helps us to monitor how representative of the Trafford population the findings of our research are. The information collected will always be anonymised, so you will not be identifiable by your answers. Feel free to be completely open and honest. Your personal details will never be passed on or supplied to any other organisation and we will only ever use it for the purposes of the project.**

**You can withdraw your contribution to this survey at any time by contacting [info@healthwatchtrafford.co.uk](mailto:info@healthwatchtrafford.co.uk). Please be aware that your answers to this survey will be saved by us even if you close it half way through.**

**Thank you for participating in our survey. Your feedback really is important and will help us make health and social care in Trafford better.**

**The survey should take approximately 5 minutes to complete.**

- I understand the information above, I am the parent/carer of a child between the ages 11 and 18 and I am happy to complete the survey
- I do not wish to continue

**2.**

2. Does your child vape?

- Yes, daily
- Yes, weekly
- Yes, less often than weekly
- I think they vape but I'm not sure how often
- My child doesn't vape but their friends do
- No
- I don't know if they vape or not

3.

3. Have you noticed any changes in your child since they started vaping? (Tick all that apply)

- No
- They are more anxious
- They are less anxious
- They are more angry
- They are more agitated
- They are more relaxed
- They are happier
- They are more sad
- They are more stressed
- They feel less stressed
- They are more depressed
- They have a lack of motivation
- They are often daydreaming
- They have lost weight
- Other (please specify):

4. To what extent are you concerned that vaping/nicotine may impact your child's physical and/or mental development?

- Very concerned

Somewhat concerned

Slightly concerned

Not at all concerned

I haven't thought about it

I don't want to answer

5. Have you ever sought support to help your child stop vaping?

Yes

No

4.

6. Seeking support

Where  
did you  
go?

Please  
tell us  
about  
your  
experien  
ce



5.

7. Do you know where you would go if you felt your child needed some support to stop vaping?

Yes

No

I prefer not to answer

If yes, please tell us where:

6.

8. To what extent are you concerned about the numbers of children vaping in Trafford?

Very concerned

Somewhat concerned

Slightly concerned

Not at all concerned

I haven't thought about it

I don't want to answer

7.

9. Would you vape with your child?

Yes, I would if they started vaping

Yes, I already do

No

N/A (I don't vape)

I don't know

I prefer not to say

10. Please tell us which of these you would/wouldn't do:

|                                     | Buy vapes for my child   | Give my child money to buy vapes themselves |
|-------------------------------------|--------------------------|---|
| Yes, I already do                   | <input type="checkbox"/> | <input type="checkbox"/>                    |
| Yes, I would if they started vaping | <input type="checkbox"/> | <input type="checkbox"/>                    |
| No, I don't/wouldn't                | <input type="checkbox"/> | <input type="checkbox"/>                    |
| I don't know                        | <input type="checkbox"/> | <input type="checkbox"/>                    |
| I don't want to answer              | <input type="checkbox"/> | <input type="checkbox"/>                    |

11. Do you know the difference between a regulated and unregulated vape?

Yes I do

No I don't

I think so but I'm not sure

I haven't thought about it

I don't want to know

12. Do you feel the same way about your child vaping as you would if they were smoking tobacco?

Yes

No, vaping is worse than smoking tobacco

No, vaping is better than smoking tobacco

I don't know

I prefer not to say

13. What would you do if you discovered your child was vaping?

**(If you have previously discovered your child was vaping, please tell us what you did)**

14. What would you do if you discovered your child was smoking tobacco?

**(If you have previously discovered your child was smoking tobacco, please tell us what you did)**

## 8. About You

We understand it is important for all individuals and group in society to have their voices heard. Therefore we request your demographics information in order for us to measure the extent to which our findings may be representative of various individuals and groups within society.

Your survey response is anonymous and you will not be identified by the answers you provide.

This section is optional and your responses will be counted even if you choose not to provide the following information.

**After completing this, the next page provides information on where you can go to get support, if required.**

15. In which area/locality do you live?

- North – Stretford, Gorse Hill, Longford and Clifford
- Central – Sale, Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's
- South – Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village
- West – Urmston, Partington, Bucklow St Martin's, Davyhulme East, Davyhulme West and Flixton
- Other / outside Trafford

16. What is your marital status?

- Single
- Married / Civil partnership
- Living with partner
- Widowed
- Divorced

Prefer not to say

Other (please specify):

17. What is your current employment status?

Employed

Unemployed - Seeking employment

Unemployed - Not seeking employment

Not working - due to ill health

Not working - due to disability

Not working - retired

Student

Prefer not to say

18. Do you consider yourself to have a disability?

Yes

No

Prefer not to say

19. Sexual orientation

Heterosexual / Straight

Gay

Lesbian

Bisexual

Other

Prefer not to say

20. Age group

17 or under

18 - 34

35 - 44

45 - 65

66 - 79

80 or over

Prefer not to say

21. How would you describe your ethnicity?

White British

White Irish

White other

Black or Black British - African

Black or Black British - Caribbean

Black British - Other

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Chinese

Asian or Asian British - Other

Multiple heritage - mixed race

Prefer not to say

Other (please specify:)

22. How would you describe your gender?

Male

Female

Non-binary

Prefer not to say

Other (please specify)

## 9. Signposting to Support

For support for your child to stop vaping please visit: [Early Break](#)