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. 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 Anthonys 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
 - l 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					
At breaktime					

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	l don't want to answer
Friends					
Relatives/people I live with					
Extended family who I don't live with					

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			
In the toilets			
In the corridors			
On the field			
At the school gates			
Walking to school			
On the bus			

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 wasn't very						
	Yes, it was helpful	helpful	No	l can't remember		
Lesson						
Lunchtime workshop						
Posters						
Leaflets						
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?
<u> </u>
12
13
14
15
16
17
18
Prefer not to say
17. Sexual orientation
Heterosexual / Straight
Gay
Lesbian
Bisexual
Other

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
Νο
Prefer not to say
21. Are you a carer?
Yes
Νο
Prefer not to say

Appendix 2

Parent/carer Health watch survey questions blank copy

Healthwatch100 - Parents/Carers Vaping Survey

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. 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?
Νο

4.		
6. Seeking	g support	
Where		
did you		
go?		
Please		
tell us		
about		
your		
experien		
се		

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

Yes

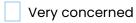
No

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?



Somewhat concerned

Slightly concerned

Not at all concerned

I haven't thought about it

I don't want to answer

5.

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)			
l 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	
	Buy vapes for my child	Give my child money to buy vapes themselves	
Yes, I already do	Buy vapes for my child		
Yes, I already do Yes, I would if	Buy vapes for my child		
	Buy vapes for my child		
Yes, I would if they started	Buy vapes for my child		
Yes, I would if they started vaping	Buy vapes for my child		
Yes, I would if they started vaping No, I	Buy vapes for my child		
Yes, I would if they started vaping No, I don't/wouldn't	Buy vapes for my child		

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



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

Other (please specify):

17. What is your current employment status?

Employed

Unemployed - Seeking employment

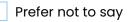
Unemployed - Not seeking employment

Not working - due to ill health

Not working - due to disability

Not working - retired

Student



18. Do you consider yourself to have a disability?

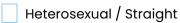


No



Prefer not to say

19. Sexual orientation



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