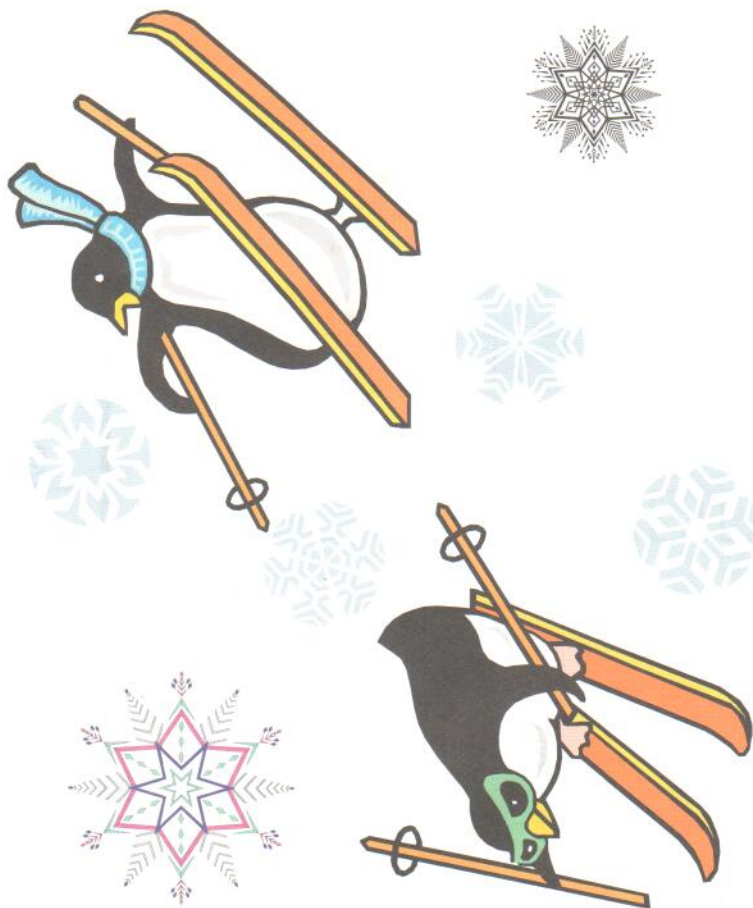




Questionnaire No:

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# Travelling, leisure and school



Your answers to ALL questions are private. Your parents, friends, brothers & sisters, teachers and other people you know will not see your answers. In fact, the only people who will look at your answers will not even know your name and will have no way to identify you.

## Section A: All about you

A1. How much do you think you are like the descriptions below?

How often do you feel you are:	Always →	Mostly →	Sometimes →	Not often	Never →
a) Kind	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Happy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Friendly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Funny	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Helpful	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Hard working	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Talkative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Confident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Sporty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) Intelligent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) Fun to be with	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) Good looking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m) Lazy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
n) Annoying	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
o) Moody	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In the last 3 months:	Exactly like me	Most of the time like me	Sometimes like me	Not much like me	Not at all like me
B11. I felt rested	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B12. Physically I felt I was in a bad condition	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B13. I think I did not do much	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B14. I had a lot of plans	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B15. It took a lot of effort to concentrate on things	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B16. I tired easily	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B17. Physically I felt I was in excellent condition	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B18. I didn't get much done	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B19. I didn't feel like doing anything	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
B20. My thoughts wandered easily	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

## Section C: Going to school

C1. How long does your journey to and from school usually take?  
(Tick one box in each column)

	(i) To school	(ii) From school
Less than 5 minutes	<input type="text" value="1"/>	<input type="text" value="1"/>
5-9 minutes	<input type="text" value="2"/>	<input type="text" value="2"/>
10-19 minutes	<input type="text" value="3"/>	<input type="text" value="3"/>
20-29 minutes	<input type="text" value="4"/>	<input type="text" value="4"/>
30-44 minutes	<input type="text" value="5"/>	<input type="text" value="5"/>
45 minutes or more	<input type="text" value="6"/>	<input type="text" value="6"/>

C2. How do you get to and from school?  
(You can tick more than one answer in each column)

	(i) To school	(ii) From school
a) Walk all the way	<input type="text" value="1"/>	<input type="text" value="1"/>
b) Walk part of the way	<input type="text" value="1"/>	<input type="text" value="1"/>
c) By public bus	<input type="text" value="1"/>	<input type="text" value="1"/>
d) By school bus	<input type="text" value="1"/>	<input type="text" value="1"/>
e) By car/taxi	<input type="text" value="1"/>	<input type="text" value="1"/>
f) By bicycle	<input type="text" value="1"/>	<input type="text" value="1"/>
g) By train/metro	<input type="text" value="1"/>	<input type="text" value="1"/>
h) Skateboard or scooter	<input type="text" value="1"/>	<input type="text" value="1"/>

C3. Who do you usually go to school and come home with?  
(You can tick more than one box in each column)

	(i) To school	(ii) From school
a) On your own all the way	<input type="checkbox"/>	<input type="checkbox"/>
b) On your own for part of the way	<input type="checkbox"/>	<input type="checkbox"/>
c) With a parent or step-parent	<input type="checkbox"/>	<input type="checkbox"/>
d) With other adults (e.g. grandparents, other relatives, neighbours, or friends)	<input type="checkbox"/>	<input type="checkbox"/>
e) With younger children (brothers, sisters, or friends)	<input type="checkbox"/>	<input type="checkbox"/>
f) With other young people of about your age	<input type="checkbox"/>	<input type="checkbox"/>
g) With older brothers, sisters or friends	<input type="checkbox"/>	<input type="checkbox"/>

C4. How many roads do you usually have to cross **ON FOOT** on the way to school? (If none write 00)

roads      If none, go to C6 on page 9

C5. When crossing these roads, how often do you use pedestrian crossings?  
(Tick one box only)

Always, if available ☐

Most times if available ☐

Sometimes I use them, sometimes I don't ☐

Never or hardly ever – I just cross where it's convenient ☐

C6. Has anyone (apart from parents and relatives) ever taught you about Road Safety Education or the Green Cross Code, to learn how to cross roads?

Yes ☐      No ☐      Can't remember ☐

C7. How safe do you feel crossing the roads outside your school?

Very safe ☐

Quite safe ☐

A bit unsafe ☐

Not safe at all ☐

C8. How safe do you feel crossing the roads near where you live?

Very safe ☐

Quite safe ☐

A bit unsafe ☐

Not safe at all ☐



## Section D: Travelling by car, bus, train and bike

D1. When was the last time you travelled in a car or van or taxi?  
(Tick **one** box only)

Today	<input type="checkbox"/> 1
Yesterday	<input type="checkbox"/> 2
2-4 days ago	<input type="checkbox"/> 3
5-7 days ago	<input type="checkbox"/> 4
Between 1 and 4 weeks ago	<input type="checkbox"/> 5
More than a month ago	<input type="checkbox"/> 6
Never	<input type="checkbox"/> 7

D2. The last time you travelled in a car, did you sit in the front seat or the back seat? (Please tick **one** box only)

Front seat	<input type="checkbox"/> 1
Back seat	<input type="checkbox"/> 2
Can't remember	<input type="checkbox"/> 3

D3. The last time you travelled in a car, did you wear a seat belt?

Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2	Can't remember <input type="checkbox"/> 3
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Go to D5 on page 11

D4. If you did wear a seat belt, was this because:  
(You **can** tick **more** than one answer)

a) You always wear a seat belt	<input type="checkbox"/> 1
b) You chose to this time	<input type="checkbox"/> 1
c) The driver asked you to	<input type="checkbox"/> 1
d) Everyone else had theirs on and you didn't want to be different	<input type="checkbox"/> 1

D5. Does anybody in your house own a car or van?

Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
--------------------------------	-------------------------------

D6. When was the last time you travelled on a bus or train?  
(Tick **one** box only in **each** column)

(i) <b>Bus</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Today							
Yesterday							
2-4 days ago							
5-7 days ago							
Between 1 and 4 weeks ago							
More than a month ago							
Never							
(ii) <b>Train</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



D7. The last time you travelled on a bus or train, were you:  
(You can tick more than one box in each column)

	(i) Bus	(ii) Train
a) On your own all the way	<input type="checkbox"/>	<input type="checkbox"/>
b) On your own part of the way	<input type="checkbox"/>	<input type="checkbox"/>
c) With a parent or step-parent	<input type="checkbox"/>	<input type="checkbox"/>
d) With other adults (e.g. grandparents, other relatives, neighbours, friends)	<input type="checkbox"/>	<input type="checkbox"/>
e) With younger children (brothers, sisters, or friends)	<input type="checkbox"/>	<input type="checkbox"/>
f) With other young people of about your age	<input type="checkbox"/>	<input type="checkbox"/>
g) With older brothers, sisters or friends	<input type="checkbox"/>	<input type="checkbox"/>
h) Can't remember	<input type="checkbox"/>	<input type="checkbox"/>
i) I've never travelled this way	<input type="checkbox"/>	<input type="checkbox"/>

D8. Do you own a bike? Yes ☐ No ☐

D9. Do you own a bike helmet? Yes ☐ No ☐

D10. The last time you rode a bike did you wear:

	Yes	No	Can't remember
a) a helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) fluorescent or reflective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D11. When was the last time you rode a bike? (Tick one box only)

Today	<input type="checkbox"/>
Yesterday	<input type="checkbox"/>
2 - 4 days ago	<input type="checkbox"/>
5 - 7 days ago	<input type="checkbox"/>
Between 1 and 4 weeks ago	<input type="checkbox"/>
More than a month ago	<input type="checkbox"/>
Never	<input type="checkbox"/>

→ Now go to Section E on page 14

D12. How far did you ride your bike at that time? (Tick one box only)

Less than a mile	<input type="checkbox"/>
1-3 miles	<input type="checkbox"/>
Over 3 and up to 5 miles	<input type="checkbox"/>
More than 5 miles	<input type="checkbox"/>

D13. How safe do you feel riding your bike near where you live?  
(Please tick one box only)

Very safe	<input type="checkbox"/>
Quite safe	<input type="checkbox"/>
A bit unsafe	<input type="checkbox"/>
Not safe at all	<input type="checkbox"/>

D14. Have you ever been on a Cycling Proficiency Training Course?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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## Section E: Your leisure time

Think about **the last time** you spent some time with your friends **OUTSIDE**, away from school and away from home:

E1. How long did it take you to get there? (Tick one box only)

Less than 2 minutes	<input type="checkbox"/>
2-5 minutes	<input type="checkbox"/>
6-10 minutes	<input type="checkbox"/>
11-20 minutes	<input type="checkbox"/>
More than 20 minutes	<input type="checkbox"/>
I don't spend time outside with friends	<input type="checkbox"/>

→ Now go to E5 on page 15

E2. How did you travel there? (You can tick **more** than one answer)

a) Walked all the way	<input type="checkbox"/>
b) Walked part of the way	<input type="checkbox"/>
c) By bus	<input type="checkbox"/>
d) By car/taxi	<input type="checkbox"/>
e) By bicycle	<input type="checkbox"/>
f) By metro/train	<input type="checkbox"/>

The **last time** you went out to see your friends:

E3. How many roads did you have to cross **ON FOOT** to get where you played or spent time with them?

<input type="text"/>	<input type="text"/>	roads
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If none, go to E5 on page 15

(If none write 00)

E4. How often did you use pedestrian crossings on the way to see your friends?

Every time if there was one	<input type="checkbox"/>
Sometimes I used them, sometimes I didn't	<input type="checkbox"/>
Not at all – I just crossed where it was convenient	<input type="checkbox"/>
There weren't any pedestrian crossings	<input type="checkbox"/>

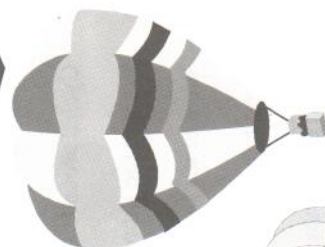
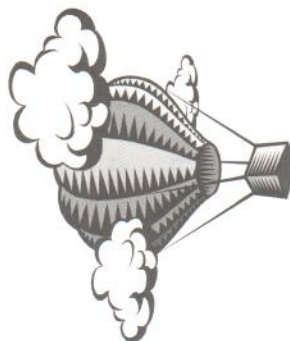
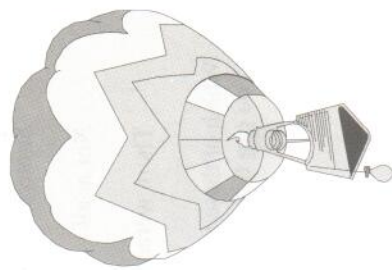
E5. Which of these activities did you do last weekend?  
(You can tick **more** than one box in each column)

	(i) With an adult (including being taken or dropped off/collected)	(ii) Without an adult
You:		
a) Went to a playground	<input type="checkbox"/>	<input type="checkbox"/>
b) Went to a park or playing field	<input type="checkbox"/>	<input type="checkbox"/>
c) Went swimming	<input type="checkbox"/>	<input type="checkbox"/>
d) Played outside your home	<input type="checkbox"/>	<input type="checkbox"/>
e) Hung around in the street	<input type="checkbox"/>	<input type="checkbox"/>
f) Went for a walk	<input type="checkbox"/>	<input type="checkbox"/>
g) Cycled around	<input type="checkbox"/>	<input type="checkbox"/>
h) Went to the shops	<input type="checkbox"/>	<input type="checkbox"/>
i) Went to the library	<input type="checkbox"/>	<input type="checkbox"/>
j) Went to a club or class	<input type="checkbox"/>	<input type="checkbox"/>
k) Went to a leisure centre	<input type="checkbox"/>	<input type="checkbox"/>
l) Went to the cinema	<input type="checkbox"/>	<input type="checkbox"/>
m) Went to a football (or other sports) match	<input type="checkbox"/>	<input type="checkbox"/>
n) Played in a football (or other sports) match	<input type="checkbox"/>	<input type="checkbox"/>

## Section F: Going to the toilet

F1. How would you rate any problems with your school toilets?  
(You can tick more than one box)

The school toilets:	Yes
a) are dirty or in a bad condition	<input type="checkbox"/>
b) don't have any privacy (e.g. locks don't work)	<input type="checkbox"/>
c) don't have toilet paper	<input type="checkbox"/>
d) don't have soap	<input type="checkbox"/>
e) don't have hand dryers or towels	<input type="checkbox"/>
f) are a problem because you are likely to be bullied there	<input type="checkbox"/>
g) are a problem because there is always a queue	<input type="checkbox"/>



F2. Do you use your school toilet?

Yes, whenever I need to	<input type="checkbox"/>
Only when I really have to	<input type="checkbox"/>
No, never	<input type="checkbox"/>

Now let's get personal!! We really, really do want to know:

F3. Over the last two weeks, how often have you:

in the day:	Never	A few times	Quite often	A lot
a) had a sudden feeling you need a wee and had to dash to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) had to go to the toilet for a wee more than 7 times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) passed only a small amount when you went for a wee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) had to hold on until you felt like bursting before you had a wee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) avoided going for a wee until the last moment because you were concentrating on other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) had hard stools (poos) that were difficult to pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>at night:</b>				
g) perspired or sweated during sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) woken up to go for a wee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) woken up needing a wee but turned over and gone back to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) woken up because you were worried over something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) woken up to loud or unusual noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Sorry! It really does get better after this page!

F4. How often do you usually pass a stool (do a poo)?

3 or more times a day	<input type="text"/>	Twice a day	<input type="text"/>	Once a day	<input type="text"/>
Every other day	<input type="text"/>	Every third day	<input type="text"/>	Less often than every 3 <sup>rd</sup> day	<input type="text"/>

F5. Many of us have accidents sometimes. How often do the following happen to you:

	Never ↓	Occasionally but less than once a week	About once a week	2-5 times a week	Nearly every day	More than once a day
a) wet yourself during the day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) wet the bed at night	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) dirty your pants during the day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) dirty yourself at night	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F6. If you wet at night how often do you:

	Never	Sometimes	Often	Always
a) wake up soon after wetting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) wet soon after you go to sleep	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) have large wet patches [the bed is soaked]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section G: Subjects at school (please tick one box only in each question)

We'd like to ask you the same questions about a few different subjects: maths, English, science\*, ICT, art\*\* and sport.

\*Please count "science" as one big subject even if you do single science subjects.

\*\* If you no longer do "art" as a subject, please think about the last year you were taught it at school.

There are no right or wrong answers. We only want to know what you think.

How good are you at:

	Very good	Quite good	Average	Poor	Not good at all
G1. maths?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G2. English?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G3. science?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G4. ICT?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G5. art?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G6. sport?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you were to list all the students in your year from the worst to the best, where would you put yourself:

	The best	Near the top	In the middle	Near the bottom	The worst
G7. maths?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G8. English?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G9. science?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G10. ICT?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G11. art?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G12. sport?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Compared with other things, how good are you at:

	A lot better	A bit better	About the same	A bit worse	A lot worse
G13. maths?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G14. English?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G15. science?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G16. ICT?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G17. art?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G18. sport?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G19. What Key Stage 3 tier are you being taught, (or were you taught) for maths?

Foundation  Intermediate  Higher  don't know

If you have taken and know your Key Stage 3 SAT grades, what level did you get in:

	8	7	6	5	4	3	I didn't pass
G20. maths?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G21. English?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G22. science?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you haven't yet taken your Key Stage 3 SATs or you don't know the results yet, what level do you expect to get in:

	8	7	6	5	4	3	I don't expect to pass
G23. maths?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G24. English?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G25. science?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G26. Have you started GCSE/Key Stage 4?

Yes  No  → If no, go to G27 below

If yes,

i) what GCSE/Key Stage 4 are you being taught for maths?

Foundation  Intermediate  Higher  I don't know

G27. What level do you expect to attain in your GCSE/Key Stage 4 maths exam?

A\*  A  B  C  D   
E  F  G  I don't expect to pass

G28. What level do you expect to attain in your GCSE/Key Stage 4 English exam?

A\*  A  B  C  D   
E  F  G  I don't expect to pass

Again, please count "science" as one big subject and average the grades if you do single science subjects. (Remember: tick **one** box only)

G29. What level do you expect to attain in your GCSE/Key Stage 4 science exam?

A*	<input type="text" value="1"/>	A	<input type="text" value="2"/>	B	<input type="text" value="3"/>	C	<input type="text" value="4"/>	D	<input type="text" value="5"/>
E	<input type="text" value="6"/>	F	<input type="text" value="7"/>	G	<input type="text" value="8"/>	I don't expect to pass			
									<input type="text" value="9"/>

G30. How much do you like doing:

	I like it very much	I like it quite a lot	I don't mind it	I don't like it very much	I don't like it at all
G31. maths?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G32. English?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G33. science?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G34. ICT?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G35. art?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G36. sport?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

Some things that you learn in school help you to do things better outside of class, that is, they are useful. For example, learning about plants might help you grow a garden.

In general, how useful is what you learn in:

	Very useful	Quite useful	Might be useful	Not very useful	Not at all useful
G37. maths?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G38. English?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G39. science?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G40. ICT?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G41. art?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
G42. sport?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

For me, being good in these subjects is:

	Very important	Quite important	Not very important	Not at all important
G43. maths?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
G44. English?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
G45. science?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
G46. ICT?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
G47. art?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
G48. sport?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

## Section H: About your maths group and teacher

These next questions ask you more specifically about your feelings and experiences in Maths group and with your Maths teacher.

Remember! Your answers are completely private and are never linked to your name.

Please tick one box only in each question to say what you think.

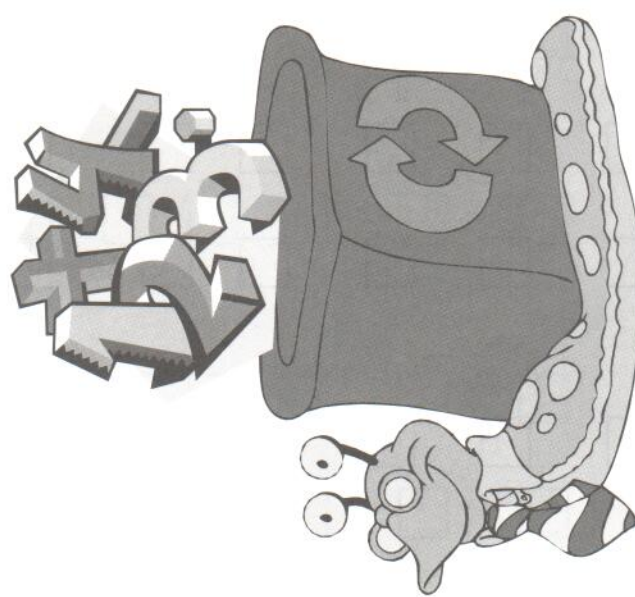
	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
H1. My maths teacher tries to make maths interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. My maths teacher likes maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. My maths teacher tells the class why maths is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. My maths teacher understands maths really well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5. My maths teacher can explain things to me when I don't understand them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H6. My maths teacher has helped me learn things in maths that I thought I couldn't understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H7. My maths teacher only cares about the clever students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H8. My maths teacher has given up on some of the students in the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
H9. Everyone is encouraged to do their very best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. My maths teacher cares about how we feel about life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H11. My maths teacher thinks that some of the students in this class can't do very good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H12. My maths teacher is friendly to us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H13. My maths teacher treats boys and girls differently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H14. My maths teacher treats some students better than other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H15. My maths teacher criticises all of us equally if we do poor work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H16. My maths teacher gives us time to really explore and understand new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H17. In our class, trying hard is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H18. In our class, getting right answers is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



H19. How do you think your maths teacher would describe your school work?

Very good	<input type="checkbox"/>	Above average	<input type="checkbox"/>	Average	<input type="checkbox"/>
Below average	<input type="checkbox"/>	Not at all good	<input type="checkbox"/>	Don't know	<input type="checkbox"/>



## Section J: About you and your future

This is the last section – you're nearly finished! We'd now like to ask you some questions about your plans and thoughts for the future.

(Tick one box only in each question)

J1. When you are 16 and after you have finished Year 11 at school what would you like to do?

Stay on in full-time education	<input type="checkbox"/>
Leave full-time education	<input type="checkbox"/>

J2. If you want to stay on in full-time education, what would you like to do?

Go into 6 <sup>th</sup> form at the same school	<input type="checkbox"/>
Go into 6 <sup>th</sup> form at a different school	<input type="checkbox"/>
Go to 6 <sup>th</sup> form college	<input type="checkbox"/>
Take a course at a college of further education	<input type="checkbox"/>
Take a course elsewhere	<input type="checkbox"/>

→ please describe .....

J3. If you want to leave full-time education, what would you like to do?

Start work full-time	<input type="checkbox"/>
Start learning a trade/work based training	<input type="checkbox"/>
Modern apprenticeship	<input type="checkbox"/>
Be unemployed/sign on	<input type="checkbox"/>
Something else	<input type="checkbox"/>

→ please describe .....

J4. For many people, what they would **like** to do is what they actually **think** will happen. For you, when you are 16 and after you have finished Year 11 at school, what do you think you will actually do?

Stay on in full-time education	<input type="text"/>	→	go to J5 below
Leave full-time education	<input type="text"/>	→	go to J7 on page 29

J5. If you want to stay on in full-time education, what do you think you will actually do?

Go into 6 <sup>th</sup> form at the same school	<input type="text"/>
Go into 6 <sup>th</sup> form at a different school	<input type="text"/>
Go to 6 <sup>th</sup> form college	<input type="text"/>
Take a course at a college of further education	<input type="text"/>
Take a course elsewhere	<input type="text"/>

J6. How likely do you think it is that you will go to university or college?

Very likely	<input type="text"/>	now go to J8 on page 29 →
Quite likely	<input type="text"/>	
Quite unlikely	<input type="text"/>	
Very unlikely	<input type="text"/>	
Don't know	<input type="text"/>	

J7. If you want to leave full-time education, what do you think you will actually do?

Start work full-time	<input type="text"/>
Start learning a trade/work based training	<input type="text"/>
Modern apprenticeship	<input type="text"/>
Be unemployed/sign on	<input type="text"/>
Something else	<input type="text"/>

→ please describe .....

.....

J8. How much do you feel that:

	Matters very much to me	Matters a bit to me	Doesn't matter to me
a) Having any kind of job is better than being unemployed	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Having a job in which I can progress in a career is important	<input type="text"/>	<input type="text"/>	<input type="text"/>

J9. Thinking of things that are important in deciding what sort of career you want in the future, how much does it matter to you:

	Matters very much to me	Matters a bit to me	Doesn't matter to me
a) To be able to help other people	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) To have high earnings/wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) To work for myself	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) To have an interesting job with variety	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) To have a job where I can get promotion	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) To have a job with regular hours	<input type="text"/>	<input type="text"/>	<input type="text"/>

J10. How much do you agree that:

	Strongly agree	Agree a bit	Disagree a bit	Strongly disagree
a) having a career or profession is important to me	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) raising a family is important to me	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) I don't think very much about what I might be doing in a few years time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) after Year 11 it's more important to me that I'm doing something I enjoy rather than how it might help me get a job later on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) I'll just wait and see where I end up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

J11. a) Have you made your GCSE choices yet?

No  Yes, provisionally  Yes

If yes, go to J12 on page 31

If no,

b) How long until you have to make your GCSE choices? (tick one box)

Less than 1 month  1-3 months  4-6 months

More than 6 months  Don't know

J12. Thinking about your GCSE choices, how often do you/did you talk about these with:

	Not at all	Sometimes	Quite often	Often	Won't do GCSE
a) teachers as part of a lesson	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) with teachers outside lessons	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c) with members of your family or other adults	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
d) with friends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
e) someone from Connexions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

J13. Thinking about the information you've been given about GCSE choices, how useful is/was this information you got?

Information on GCSEs:	Not at all useful	A little useful	Quite useful	Extremely useful	Did not have
a) as part of a lesson	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) from teachers outside lessons	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) from members of your family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) from friends	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) from someone at Connexions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Section K:

K1. Did you have any help to fill this in?

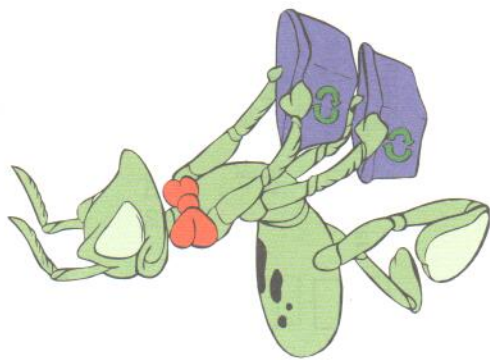
No ☐ 1

Yes ☐ 2

If yes, please say who helped you:

a) A parent helped ☐ 1

b) Someone else helped ☐ 1



K2. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	9	9			

K3. What is today's date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	0	0			

Thank you VERY much for your help

When completed, please send this back to:

**Professor Jean Golding**  
**Children of the Nineties - ALSPAC**  
**24 Tyndall Avenue**  
**Bristol**  
**BS8 1BR**

coder

<input type="text"/>	<input type="text"/>
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