



Self-completion questionnaire (10 - 15 yrs)

Point.No

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

Address

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

HH.No

<input type="text"/>

P.No

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

ChkL

<input type="text"/>

First name

<input type="text"/>

Int No

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

F/Area

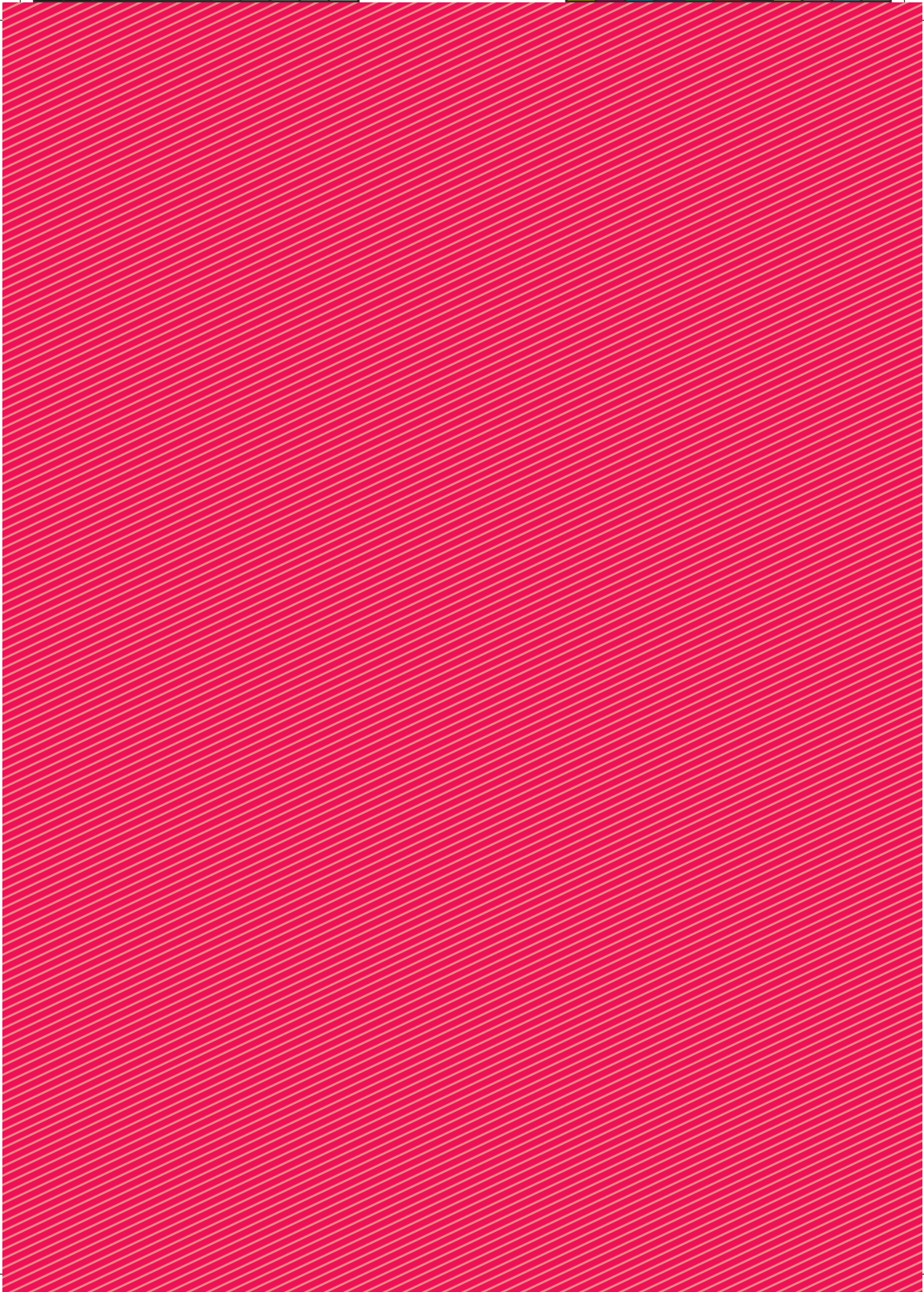
<input type="text"/>

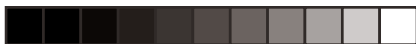


Understanding
Society

ESW
P2822 W1
10-15s







COMPLETING THE QUESTIONNAIRE

The questions inside cover a wide range of subjects, but each one can be answered simply by ticking the box next to the answer, as in the example below. Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

Example Question

Q16 Did you have breakfast today?

Yes ☒

No ☐ → 18

When you have finished answering the questionnaire, please seal it in the envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer. Thank you again for your help.





1 Please write your date of birth.

<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

YPDOBD

YPDOBM

YPDOBY

2 Please tick whether you are male or female.

Male ☐

Female ☐

YPSEX

3 Do you ever use a computer at home? This includes computers for playing games but not games consoles.

YPCOMP

Yes ☐ → 4

No ☐ → 9

Don't have a computer at home ☐ → 9

4 How often do you use a computer at home for doing schoolwork or course work?

YPPCHW

Every day ☐

At least once a week ☐

At least once a month ☐

Less often than once a month ☐

Never ☐





5

How many hours do you spend using the computer at home for playing games on a normal school day?

YPCPGS

None

☐

Less than an hour

☐

1-3 hours

☐

4-6 hours

☐

7 or more hours

☐

6

How often do you use the computer at home for connecting to the Internet, including for playing games?

YPCINTNT

Every day

☐

At least once a week

☐

At least once a month

☐

Less often than once a month

☐

Never

☐

7

Do you belong to a social web-site such as Bebo, Facebook or MySpace?

YPSOCWEB

Yes

☐

8

No

☐

9





8

How many hours do you spend chatting or interacting with friends through a social web-site like that on a normal school day?

YPNETCHT

None

☐

Less than an hour

☐

1-3 hours

☐

4-6 hours

☐

7 or more hours

☐

9

Do you or anyone else in your house have a games console such as Playstation, X-Box, Wii or something like that?

YPCONSOL

Yes

☐

10

No

☐

11

10

How many hours do you spend playing games on a games console on a normal school day?

YPCONSTM

None

☐

Less than an hour

☐

1-3 hours

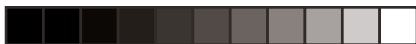
☐

4-6 hours

☐

7 or more hours

☐



11

How many hours do you spend watching TV, including video and DVDs, on a normal school day?

YPTVVIDHRS

None

Less than an hour

1-3 hours

4-6 hours

7 or more hours

12

Do you have your own personal mobile phone?

YPMOBU

Yes

No

13

How many close friends do you have – friends you could talk to if you were in some kind of trouble?

YPNPAL

Write in number





The next few questions are about you and your family.

14

In the past 7 days how many times have you eaten an evening meal together with the rest of your family who live with you?

YPEATLIVU

None ☐

1-2 times ☐

3-5 times ☐

6-7 times ☐

15

Do you feel supported by your family, that is the people who live with you?

YPFAMSUP

I feel supported by my family in most or all of the things I do ☐

I feel supported by my family in some of the things I do ☐

I do not feel supported by my family in the things I do ☐

16

Suppose you felt upset or worried about something and you wanted to talk about it. Who would you turn to first within your family? Please tick one box only.

YPUPSET

Mum or stepmum ☐

Dad or stepdad ☐

A brother or sister (or step-brother/sister) ☐

Another relative living with you ☐

Another relative not living with you ☐

No-one within my family ☐





17

In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

YPLATE

Never

1-2 times

3-9 times

10 or more times

18

Do you have any brothers or sisters living with you at home?

YPSIBLING

Yes



19

No



21

19

How often do any of your brothers or sisters do any of the following to you at home?

	Never	Not much (1-3 times in last 6 months)	Quite a lot (more than 4 times in the last 6 months)	A lot (a few times every week)	
Hit, kick, or push you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YPSIBHIT
Take your belongings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YPSIBSTEAL
Call you nasty names	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YPSIBVERAB
Make fun of you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YPSIBTEASE





20

How often do you do any of the following to your brothers or sisters at home?

	Never	Not much (1-3 times in last 6 months)	Quite a lot (more than 4 times in the last 6 months)	A lot (a few times every week)	
Hit, kick, or push them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPHITSIB
Take their belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSTEALSIB
Call them nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPVERABSIB
Make fun of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPTASESIB

The next few questions are about your relationship with your parents even if either of them live in a different household to you.

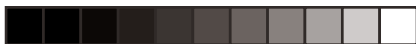
21

Most children have occasional quarrels with their parents.
How often do you quarrel with your mother?

YPARGM

Most days	<input type="checkbox"/>
More than once a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
Hardly ever	<input type="checkbox"/>
Don't have a mother	<input type="checkbox"/>





22 How often do you quarrel with your father?

YPARGF

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a father ☐

23 How often do you talk to your mother, about things that matter to you?

YPTLKM

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a mother ☐

24 How often do you talk to your father, about things that matter to you?

YPTLKF

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a father ☐





25

Now for some questions about how you see yourself as a person. For each item, please tick the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you aren't absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true	
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQA
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQB
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQC
I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQD
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQE
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQF
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQG
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQH
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQI
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQJ
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQK





	Not true	Somewhat true	Certainly true	
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQL
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQM
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQN
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQO
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQP
I am kind to young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQQ
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQR
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQS
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQT
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQU
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQV
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQW
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQX
I finish the work I'm doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSDQY












26

The next few questions are about how you feel about different aspects of your life. The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy. Please tick the box which comes closest to expressing how you feel about each of the following things....








A Your school work?

YPHSW

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








B Your appearance?

YPHAP

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C Your family?

YPHFM

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





D Your friends?

YPHFR



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

E The school you go to?

YPHSC



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

F Which best describes how you feel about your life as a whole?

YPHLF



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐



The next questions are about school and what you want to happen in the future.

- 27** How important do you think it is for you to do well in your GCSE exams or Standard Grades (if you live in Scotland)?

YPACVWELL

Very important ☐

Important ☐

Not very important ☐

Not at all important ☐

- 28** At the moment, young people can leave school at 16. What would you most like to do when you are 16?

YPLVSC2DO

Get a full time job ☐

→ **30**

Study full time ☐

→ **29**

Get a job and study ☐

→ **29**

Do something else ☐

→ **29**

Don't know ☐

→ **29**

- 29** Would you like to go on to do further full-time education at a college or University after you finish school?

YP2UNI

Yes ☐

No ☐

Don't know ☐





30 My parents are interested in how I do at school.

YPPARSCH

Always or nearly always ☐

Sometimes ☐

Hardly ever ☐

Never ☐

Not sure ☐

31 My parents come to school parent evenings.

YPPAREVE

Always or nearly always ☐

Sometimes ☐

Hardly ever ☐

Never ☐

Not sure ☐

32 In the last 12 months, have you ever played truant, that is missed school without permission, even if it was only for a half day or single lesson?

YPTRUANT

Yes ☐

No ☐





33

How often do other pupils at your school misbehave or cause trouble in your classes?

YPOTRMISB

In most or all of your classes

☐

Less often but in more than half of your classes

☐

In about half your classes

☐

Now and then

☐

This is not a problem at all

☐

34

And how often would you say you yourself misbehave or cause trouble in your class?

YPMISBSCH

In most or all of your classes

☐

Less often but in more than half of your classes

☐

In about half your classes

☐

Now and then

☐

Never

☐

Now some questions about bullying at school.

35

How often do you get physically bullied at school, for example getting pushed around, hit or threatened, or having belongings stolen?

YPFRPBULLI

Never

☐

Not much (1-3 times in last 6 months)

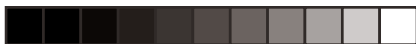
☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐



36

How often do you get bullied in other ways at school such as getting called names, getting left out of games, or having nasty stories spread about you on purpose?

YPFROBULLI

Never

☐

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐

37

Do you physically bully other children at school by hitting or pushing them around, threatening or stealing their things?

YPFRPBULLY

Never

☐

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐

38

Do you physically bully other children in other ways at school such as calling them names, leaving them out of games or spreading nasty stories about them on purpose?

YPFROBULLY

Never

☐

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐



Here are a few questions about health and nutrition.

39

How many portions of fresh fruit or vegetables do you eat on a typical day? One portion is one piece of fruit or one serving of a vegetable or salad item.

YPFRUTPPD

5 or more portions ☐

3 – 4 portions ☐

1 – 2 portions ☐

None ☐

40

And how many days in a usual week do you eat fast food such as McDonalds, Burger King, KFC or other take-aways like that?

YPFFDWK

Every day, or nearly every day ☐

About once a week ☐

Every now and then ☐

Never or hardly ever ☐

41

How many days in a usual week do you eat crisps or sweets or have fizzy drinks such as Coke or lemonade?

YPJFD

Every day, or nearly every day ☐

About once a week ☐

Every now and then ☐

Never or hardly ever ☐





42

How many days in a usual week do you play sports, do aerobics or do some other keep fit activity?

YPPSPRT

Every day ☐

5-6 days ☐

3-4 days ☐

1-2 days ☐

Less often than once a week ☐

Never or hardly ever ☐

43

What is the main way you usually travel to school?

YPTRVL2SCH

Walk all the way ☐

Ride a bike ☐

By bus or tube ☐

By car ☐

By train ☐

Some other way/combination ☐

44

Do you ever smoke cigarettes at all?

Yes ☐

→ 45

No ☐

→ 46





45

Please read the statements below and tick the box beside the statement that describes you best.

YPSMOFRQ

I have smoked only once or twice ☐

I used to smoke but I don't now ☐

I sometimes smoke, but not every week ☐

I usually smoke between one and six cigarettes a week ☐

I usually smoke more than six cigarettes a week ☐

46

Have you ever had an alcoholic drink?
That is a whole drink, not just a sip.

YPEVRALC

Yes ☐

No ☐

47

Do you have any friends who drink alcohol regularly,
that is at least once a week?

YPFRALCO

Yes ☐

No ☐

48

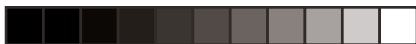
And would you say that you drink regularly, that is at
least once a week?

YPREGALCO

Yes ☐

No ☐





49

How many times in the last four weeks have you had an alcoholic drink?

YPDKLM

Most days

☐

Once or twice a week

☐

2 or 3 times

☐

Once only

☐

Never

☐

Please tick one answer on the list for each of the following questions

50

What is your religion? If you have no religion tick "No religion".

YPRELIGGB

No religion

☐

Church of England/Anglican

☐

For Northern Ireland:
YPRELIGNI

Roman Catholic

☐

Church of Scotland

☐

Other Christian

☐

Muslim/Islam

☐

Hindu

☐

Jewish

☐

Sikh

☐

Other

☐

I don't know

☐



51

And which of the following groups do you think you belong to? Please choose one section and tick the box that applies to you.

YPRACE

White

British ☐

English ☐

Scottish ☐

Welsh ☐

Northern Irish ☐

Irish ☐

Gypsy or Irish Traveller ☐

Any other White Background ☐

Mixed

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other mixed background ☐

Asian or Asian British

Indian ☐

Pakistani ☐





Bangladeshi

Chinese

Any other Asian background

Black / African / Caribbean / Black British

Caribbean

African

Any other Black background

Other

Arab

Any other ethnic group

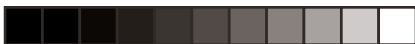
The final two questions are about what you want to do in the future.

52 At what age would you like to leave home?

Please write in age:

53 What job would you like to do once you leave school or finish full-time education?





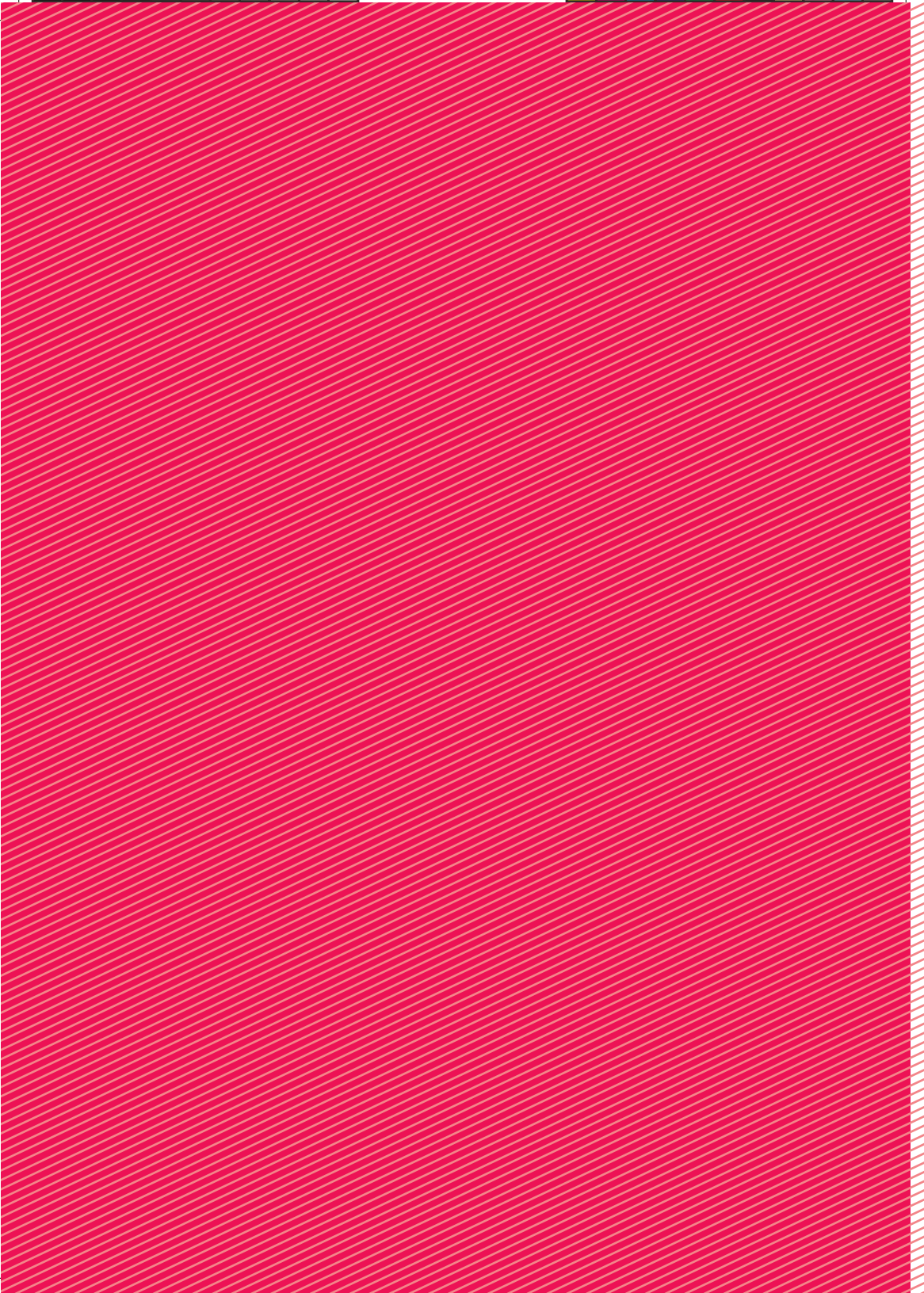
Thank you for your help

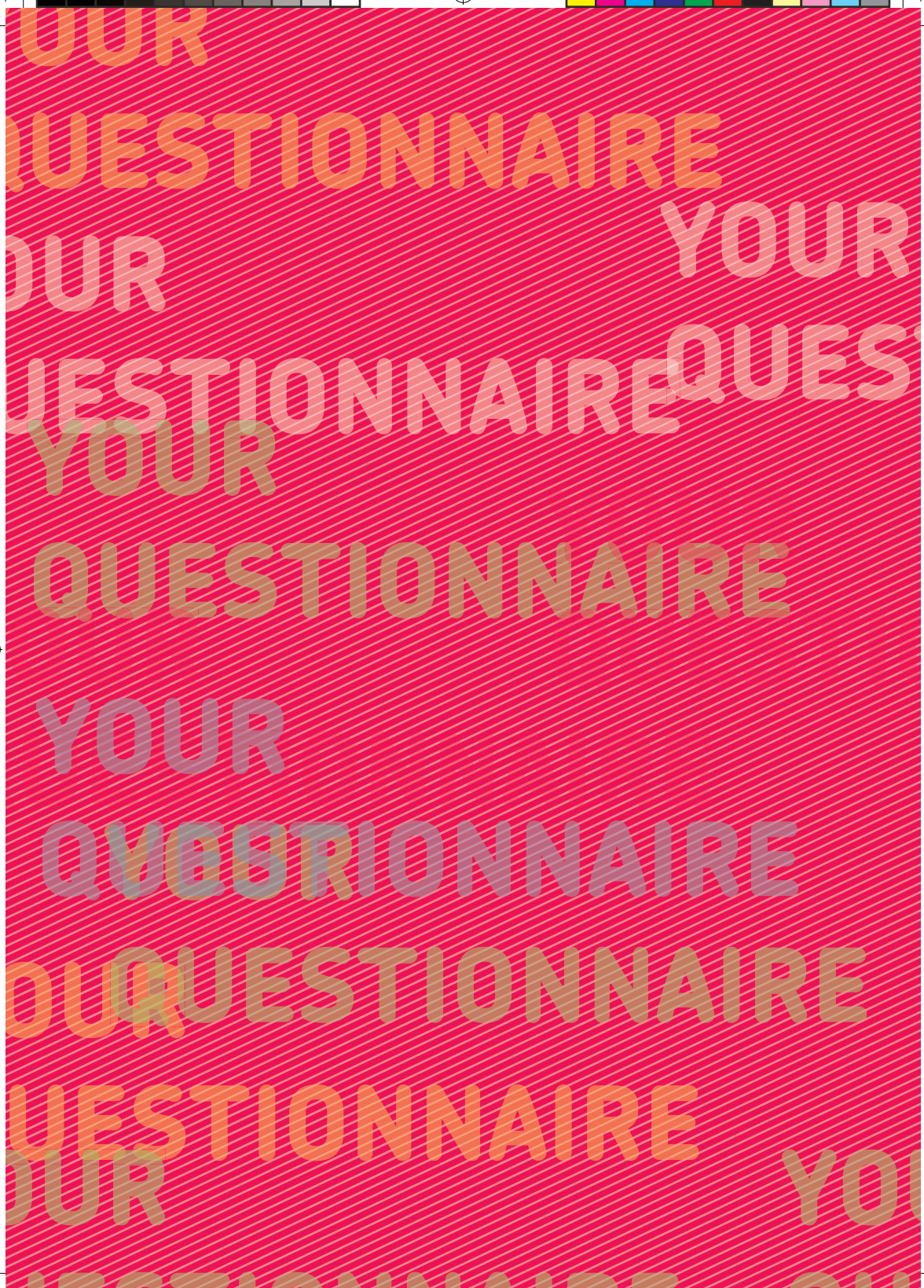
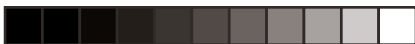
**Please place the questionnaire in the envelope
and hand it back to your interviewer**

Or please return to the address below:

**National Centre for Social Research
Unit B2, Admiralty Park, Station Road, Holton Heath,
Poole, BH16 6HX**







OUR

QUESTIONNAIRE

OUR

YOUR

QUESTIONNAIRE

YOUR

QUESTIONNAIRE

YOUR

QUESTIONNAIRE

OUR QUESTIONNAIRE

QUESTIONNAIRE

OUR

YOU

QUESTIONNAIRE

YOU

