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Your
questionnaire

Self-completion questionnaire (10-15 yrs)

INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

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Address

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ChkL

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First name

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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 in your date of birth.

Day Month Year

2 Please tick whether you are male or female.

Male ☐ Female ☐

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

Yes ☐ → 4

No ☐ → 7

Don't have a computer at home ☐ → 7

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

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?

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?

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?

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?

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?

Yes ☐ → 10

No ☐ → 11

10

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

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?

None

☐

Less than an hour

☐

1–3 hours

☐

4–6 hours

☐

7 or more hours

☐

12

Do you have your own personal mobile phone?

Yes

☐

No

☐

13

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

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?

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?

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.

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?

Never ☐1–2 times ☐3–9 times ☐10 or more times ☐

18

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

Yes ☐ → 19No ☐ → 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take your belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call you nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make fun of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Take their belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call them nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make fun of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a mother ☐

22

How often do you quarrel with your father?

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?

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?

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a father ☐

25

Do you have a step-mother or father, or someone like this, living at home with you?

Yes ☐ → 26

No ☐ → 27

26

How would you rate your relationship with your step-mother or father, or other person like this?

Very good ☐

Good ☐

Fair ☐

Poor ☐

Very poor ☐










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"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








	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"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










D Your friends?

						
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"/>

E The school you go to?

						
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"/>

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

						
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"/>



29

Overall, do you like living in this neighbourhood?

Yes

☐

No

☐

30

How much do you worry that you might be a victim of a crime?

A big worry

☐

A bit of a worry

☐

An occasional doubt

☐

Not a worry at all

☐

31

How safe would you feel walking alone in this area after dark?

Very safe

☐

Fairly safe

☐

A bit unsafe

☐

Very unsafe

☐

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

32

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

Very important ☐

Important ☐

Not very important ☐

Not at all important ☐

33

The age young people must stay in education or training differs somewhat across the UK. What would you most like to do when you have completed your final GCSE / Standard Grade year at around age 16?

Get a full-time job ☐ → 35

Stay at school or college to do
A levels/Highers ☐ → 34

Get an apprenticeship ☐ → 34

Do some other form of training ☐ → 34

Do something else ☐ → 34

Don't know ☐ → 34



34

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

Yes

☐

No

☐

Don't know

☐

35

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?

Yes

☐

No

☐

36

My parents are interested in how I do at school.

Always or nearly always

☐

Sometimes

☐

Hardly ever

☐

Never

☐

Not sure

☐

37

My parents come to school parents evenings.

Always or nearly always ☐

Sometimes ☐

Hardly ever ☐

Never ☐

Not sure ☐

38

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

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 ☐



39

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

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 ☐

Now some questions about bullying at school.

40

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

Never ☐

Not much (1–3 times in the last 6 months) ☐

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

A lot (a few times every week) ☐

41

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?

Never

☐

Not much (1–3 times in the last 6 months)

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

A lot (a few times every week)

☐

42

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

Never

☐

Not much (1–3 times in the last 6 months)

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

A lot (a few times every week)

☐

43

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

Never

☐

Not much (1–3 times in the last 6 months)

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

A lot (a few times every week)

☐

Here are some questions about money and any work you may do.

44

Which of the following describes what you usually do with your money?

I save up to buy things I want ☐

I save money and try not to spend it ☐

I spend money as soon as I get it ☐

I generally do not have pocket money ☐

45

How much money did you receive last week to spend on yourself?
Please include pocket money and any allowance you get. But if you have a job, do not include money you earned.

Write in number of £ and pence

46

Did you do any paid work last week?

Yes ☐ → 47

No ☐ → 49

47

How many hours paid work did you do last week? If you have more than one job please write in the total hours worked at all of them.

Write in hours

48

What was your total pay last week? If you earned money from more than one job, please write in the total you earned from all of them.

Write in number of £ and pence

The next questions are about taking care of others

49

Some people your age may have to look after other people. This could be a brother or sister, a relative or someone else who is disabled or sick. Is there anyone like this who lives here with you that you have to look after on a regular basis?

Yes – in this household

☐

50

No

☐

53

50

Who do you look after? Tick all that apply.

Mother/Father

☐

Grandfather/Grandmother

☐

Brother/Sister

☐

Another adult relative

☐

Another adult who is not a relative

☐

Another child relative

☐

Another child who is not a relative

☐

51

About how many hours a week would you say that you usually spend looking after or doing things for them?

Write in hours

52

How often do you have to miss school to do this?

Never

Once a week or more often

Once or twice a month

Here are a few questions about health and nutrition.

53

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

Every day, or nearly every day

About once a week

Every now and then

Never or hardly ever

54

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

Every day, or nearly every day ☐

About once a week ☐

Every now and then ☐

Never or hardly ever ☐

55

Do you ever smoke cigarettes at all?

Yes ☐ → 56

No ☐ → 57

56

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

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 ☐



Just to remind you, all your answers are confidential and will not be seen by anyone in your household.

57

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

Yes

☐

No

☐

58

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

Yes

☐

59

No

☐

61

59

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

Yes

☐

No

☐

60

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

Most days

☐

Once or twice a week

☐

2 or 3 times

☐

Once only

☐

Never

☐

61

How often in the past month have you had a fight with someone that involved physical violence, such as hitting, punching, or kicking?

None ☐Once ☐2–5 times ☐6–9 times ☐10 or more times ☐

62

In the past year, have you deliberately broken or damaged property that didn't belong to you?

Never ☐Once or twice ☐Several times ☐Often ☐

63

In the past year, have you taken something from a shop, supermarket, or department store without paying?

Never ☐Once or twice ☐Several times ☐Often ☐

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

64

Which of the following groups do you think you belong to?

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 ☐



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

No religion ☐

Church of England/Anglican ☐

Roman Catholic ☐

Church of Scotland ☐

Free Church or Free Presbyterian
Church of Scotland ☐

Episcopalian ☐

Methodist ☐

Baptist ☐

Congregational/United Reform/URC ☐

Other Christian ☐

Christian (no denomination specified) ☐

Muslim/Islam ☐

Hindu ☐

Jewish ☐

Sikh ☐

Buddhist ☐

Other ☐

I don't know ☐

66

If you could vote for a political party, which one would you vote for?

Conservatives ☐

Labour ☐

Liberal Democrat ☐

Scottish National Party ☐

Plaid Cymru ☐

Green Party ☐

UK Independence Party ☐

British National Party ☐

Other party ☐

None ☐

67

How interested are you in politics?

Very interested ☐

Fairly interested ☐

Not interested ☐



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

68 At what age would you like to leave home?

Write in age

69 Finally, what job would you like to do once you leave school or finish your 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:

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

