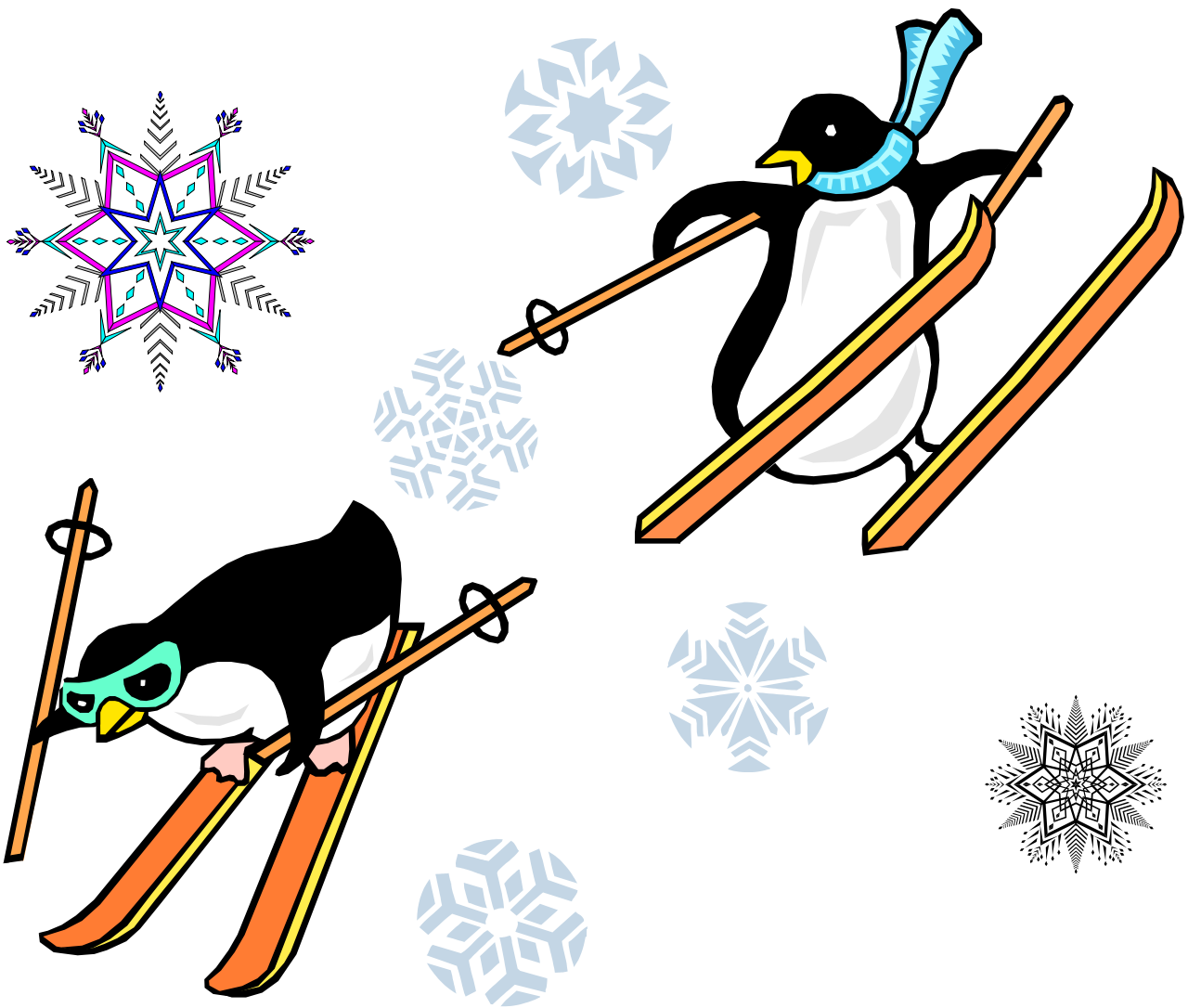




Questionnaire No:

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Travelling, leisure and school



13.06.05

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	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b) Happy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c) Friendly	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d) Funny	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
e) Helpful	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f) Hard working	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g) Talkative	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h) Confident	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
i) Sporty	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
j) Intelligent	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
k) Fun to be with	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
l) Good looking	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
m) Lazy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
n) Annoying	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
o) Moody	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

A1 cont.

	Always ↓	Mostly ↓	Sometimes ↓	Not often	Never ↓
p) Shy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
q) Cheeky	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
r) Loud	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
s) Sarcastic/bitchy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
t) Bossy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
u) Short tempered	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
v) Easily bored	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

A2. How often do you:

	Always ↓	Mostly ↓	Sometimes ↓	Not often	Never ↓
a) Feel different from others	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b) Mess about	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c) Worry a lot	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

Section B: All about fitness and fatigue

Please think back over the past 3 months and say how much you felt like each of the following descriptions:

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
B1. I felt fit	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B2. Physically I only felt able to do a little	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B3. I was very active	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B4. I felt like doing all sorts of nice things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B5. I could concentrate well	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B6. I felt tired	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B7. Physically I could take on a lot	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B8. I did a lot each day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B9. I dreaded having to do things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B10. When I was doing something I could keep my thoughts on it	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B12. Physically I felt I was in a bad condition	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B13. I think I did not do much	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B14. I had a lot of plans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B15. It took a lot of effort to concentrate on things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B16. I tired easily	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B17. Physically I felt I was in excellent condition	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B18. I didn't get much done	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B19. I didn't feel like doing anything	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
B20. My thoughts wandered easily	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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="checkbox"/>	<input type="checkbox"/>
5-9 minutes	<input type="checkbox"/>	<input type="checkbox"/>
10-19 minutes	<input type="checkbox"/>	<input type="checkbox"/>
20-29 minutes	<input type="checkbox"/>	<input type="checkbox"/>
30-44 minutes	<input type="checkbox"/>	<input type="checkbox"/>
45 minutes or more	<input type="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>
b) Walk part of the way	<input type="checkbox"/>	<input type="checkbox"/>
c) By public bus	<input type="checkbox"/>	<input type="checkbox"/>
d) By school bus	<input type="checkbox"/>	<input type="checkbox"/>
e) By car/taxi	<input type="checkbox"/>	<input type="checkbox"/>
f) By bicycle	<input type="checkbox"/>	<input type="checkbox"/>
g) By train/metro	<input type="checkbox"/>	<input type="checkbox"/>
h) Skateboard or scooter	<input type="checkbox"/>	<input type="checkbox"/>

- 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	<input type="checkbox"/>
Most times if available	<input type="checkbox"/>
Sometimes I use them, sometimes I don't	<input type="checkbox"/>
Never or hardly ever – I just cross where it's convenient	<input type="checkbox"/>

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"/>
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"/>

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"/>
Back seat	<input type="checkbox"/>
Can't remember	<input type="checkbox"/>

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Can't remember	<input type="checkbox"/>
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```
graph TD; No[No] --> D5[Go to D5 on page 11]; Can'tRemember[Can't remember] --> D5;
```

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 ☐₁
- b) You chose to this time ☐₁
- c) The driver asked you to ☐₁
- d) Everyone else had theirs on and you didn't want to be different ☐₁

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

Yes ☐₁

No ☐₂

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

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

☐

Yesterday

☐

2 - 4 days ago

☐

5 - 7 days ago

☐

Between 1 and 4 weeks ago

☐

More than a month ago

☐

Never

☐

→ 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

☐

1-3 miles

☐

Over 3 and up to 5 miles

☐

More than 5 miles

☐

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

Very safe

☐

Quite safe

☐

A bit unsafe

☐

Not safe at all

☐

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

Yes

☐

No

☐

Don't know

☐

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
----------------------	----------------------	-------

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

☐

Sometimes I used them, sometimes I didn't

☐

Not at all – I just crossed where it was convenient

☐

There weren't any pedestrian crossings

☐

E5. Which of these activities did you do last weekend?

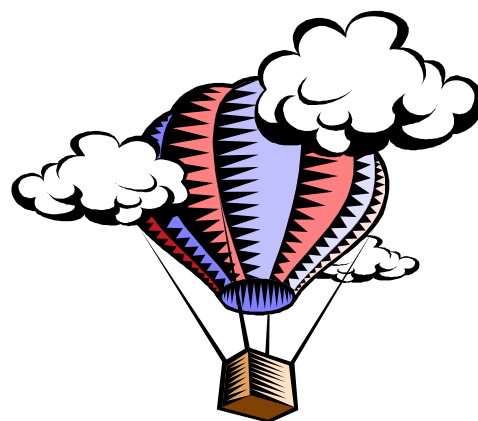
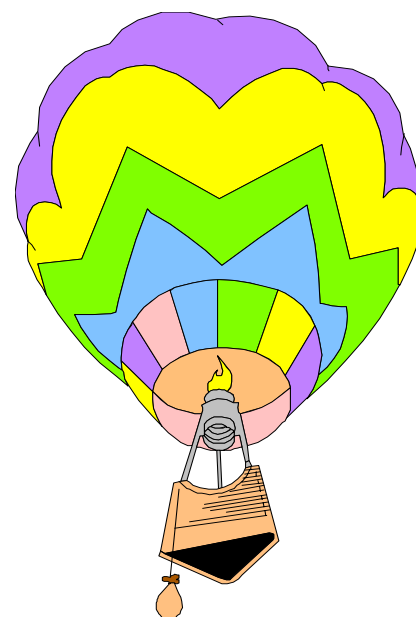
(You **can** tick **more** than one box in **each** column)

	(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"/>
l) Went to a football (or other sports) match	<input type="checkbox"/>	<input type="checkbox"/>
m) 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:

		Never	A few times	Quite often	A lot
in the day:					
a)	had a sudden feeling you need a wee and had to dash to the toilet	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b)	had to go to the toilet for a wee more than 7 times a day	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c)	passed only a small amount when you went for a wee	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d)	had to hold on until you felt like bursting before you had a wee	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e)	avoided going for a wee until the last moment because you were concentrating on other activities	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f)	had hard stools (poos) that were difficult to pass	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
at night:					
g)	perspired or sweated during sleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h)	woken up to go for a wee	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i)	woken up needing a wee but turned over and gone back to sleep	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
j)	woken up because you were worried over something	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
k)	woken up to loud or unusual noises	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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" value="1"/>	Twice a day	<input type="text" value="2"/>	Once a day	<input type="text" value="3"/>
Every other day	<input type="text" value="4"/>	Every third day	<input type="text" value="5"/>	Less often than every 3 rd day	<input type="text" value="6"/>

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" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
b) wet the bed at night	<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"/>	<input type="text" value="6"/>
c) dirty your pants during the day	<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"/>	<input type="text" value="6"/>
d) dirty yourself at night	<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"/>	<input type="text" value="6"/>

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

	Never	Sometimes	Often	Always
a) wake up soon after wetting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) wet soon after you go to sleep	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) have large wet patches [the bed is soaked]	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

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.

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

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

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

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?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G14. English?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G15. science?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G16. ICT?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G17. art?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G18. sport?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

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

Foundation	<div>1</div>	Intermediate	<div>2</div>	Higher	<div>3</div>	I don't know	<div>9</div>
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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?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>
G21. English?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>
G22. science?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>

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" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
G24. 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"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
G25. 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"/>	<input type="text" value="6"/>	<input type="text" value="7"/>

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="checkbox"/>	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>
E	<input type="checkbox"/>	F	<input type="checkbox"/>	G	<input type="checkbox"/>	I don't expect to pass			<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G32. English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G33. science?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G34. ICT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G35. art?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G36. sport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G38. English?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G39. science?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G40. ICT?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G41. art?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
G42. sport?	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

For me, being good in these subjects is:

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

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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H2. My maths teacher likes maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H3. My maths teacher tells the class why maths is important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H4. My maths teacher understands maths really well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H5. My maths teacher can explain things to me when I don't understand them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H6. My maths teacher has helped me learn things in maths that I thought I couldn't understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H7. My maths teacher only cares about the clever students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H8. My maths teacher has given up on some of the the students in the class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
H9. Everyone is encouraged to do their very best	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H10. My maths teacher cares about how we feel about life in general	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H11. My maths teacher thinks that some of the students in this class can't do very good work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H12. My maths teacher is friendly to us	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H13. My maths teacher treats boys and girls differently	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H14. My maths teacher treats some students better than other students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H15. My maths teacher criticises all of us equally if we do poor work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H16. My teacher gives us time to really explore and understand new things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H17. In our class, trying hard is very important	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
H18. In our class, getting right answers is very important	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

Very good

Above average

Average

Below average

Not at all good

Don't know



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

☐

Leave full-time education

☐

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

Go into 6th form at the same school

☐

Go into 6th form at a different school

☐

Go to 6th form college

☐

Take a course at a college of further education

☐

Take a course elsewhere

☐

→ please describe

.....

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

Start work full-time

☐

Start learning a trade/work based training

☐

Modern apprenticeship

☐

Be unemployed/sign on

☐

Something else

☐

→ 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



go to J5 below

Leave full-time education



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 6th form at the same school

Go into 6th form at a different school

Go to 6th form college

Take a course at a college of further education

Take a course elsewhere

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

Very likely

Quite likely

Quite unlikely

Very unlikely

Don't know



now go to J8 on page 29

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

Start work full-time

Start learning a trade/work based training

Modern apprenticeship

Be unemployed/sign on

Something else

→ please describe

.....

	Matters very much to me	Matters a bit to me	Doesn't matter to me
J8. How much do you feel that:			
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:

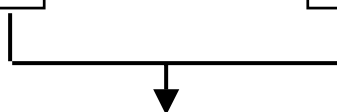
	Matters very much to me	Matters a bit to me	Doesn't matter to me
a) To be able to help other people	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) To have high earnings/wages	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) To work for myself	<input type="text"/>	<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"/>

J13. 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" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b) raising a family is important to me	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c) I don't think very much about what I might be doing in a few years time	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
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" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e) I'll just wait and see where I end up	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

J10. a) Have you made your GCSE choices yet?

No Yes, provisionally Yes



If yes, go to J11 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

J11. Thinking about your GCSE choices (whether you've made your choices or not), 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	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div> ↓
b) with teachers outside lessons	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	Go to J13
c) with members of your family or other adults	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
d) with friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	
e) someone from Connexions	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	

J12. 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	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b) from teachers outside lessons	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c) from members of your family	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d) from friends	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e) from someone at Connexions	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

Section K:

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

No

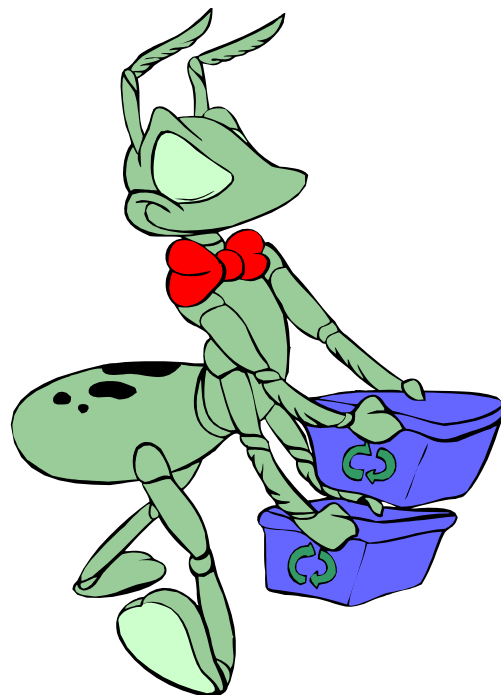
Yes

↓

If yes, please say who helped you:

a) A parent helped

b) Someone else helped



K2. What is your date of birth?

K3. What is today's date?

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

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<http://www.alspac.bris.ac.uk/Discovery>