

## WELFARE QUESTIONNAIRE CHILD SUBJECT

We are doing a study on the well-being of boys and girls girls your age and we want to hear yours opinions and your points of view.

We ask that you answer a questionnaire you have questions about your family life and the house where you live, your friends and school, the neighborhood where you live, how you feel and how you use your time.

We don't ask you for first or last name, so no one will know what they are your answers. When the study is published, the results will always be general and the opinion of any boy or girl may not be recognized.

Other boys and girls from Barcelona will answer the same questionnaire. The your collaboration will help us know which aspects you are most in happy, and ask for things to be done so that you can live better.

Thank you so much!

**QUESTIONNAIRE IDENTIFICATION****School code****Group-class code****Personal code****Page 2****BLOCK 1: INTRODUCTION****1. Are you a girl or a boy?**Girl ☐We ☐**2. When were you born?**

Day

Month

Year

**Read the following paragraph about a girl who lives in the city of Barcelona and then answer the question about how far you think she is satisfied with his life in general.**

Paula is 12 years old. He lives with his mother, father and sister. The House where she lives is beautiful and safe. Paula's family is not rich, but she has enough money to buy food and other things you need. Paula goes to school, she has vouchers friends, and he has no major problems in his life right now.

**3. To what extent**

**you think Paula  
is satisfied with  
his life in  
general in  
these  
moments?**

0 = Not at all satisfied

Fully satisfied = 10

0 1 2 3 4 5 6 7 8 9 10

## **BLOCK 2: ABOUT YOUR FAMILY AND THE PEOPLE WHO LIVE WITH YOU**

### **4.1. Which phrase best describes who you usually live with?**

I live with my family ☐

I live with a host family ☐

I live in a boys 'and girls' residence ☐

### **4.2. Do you have another family in another house?** For example, if your mother and the your father is separated, or divorced, and you go to the other's house.

No ☐

Yes ☐

### **4.3. If you have another family in another house, how often are you with this other family?**

Never or almost never ☐

Sometimes ☐

The weekends ☐

Almost half the time ☐

### **5.1. Thinking about the house where you live all the time or most of the time, mark all the people who live with you.**

Great ☐

- It seems ☐
- Your mother's partner (if your mother and father are separated / divorced) ☐
- Second mother (if you have two mothers) ☐
- Your father's partner (if your mother and father are separated / divorced) ☐
- Second parent (if you have two parents) ☐
- Siblings (includes stepbrothers and foster siblings) ☐
- Grandfather / grandmother ☐
- Other boys and girls ☐
- Other adults ☐
- Pet (s) or pet (s) ☐

5.2. If you live with brothers and / or sisters, how many brothers and / or sisters live with you? Don't count on yourself.

- 1 ☐
- 2 ☐
- 3 ☐
- 4 ☐
- 5 ☐
- 6 ☐
- 7 or more ☐

5.3. If you live with grandparents, how many grandparents live with you?

- 1 ☐
- 2 ☐
- 3 or more ☐

6. To what extent  
are you satisfied or  
satisfied with the  
people with whom  
do you usually live

0 = Not at all satisfied

Totally satisfied = 10

0 1 2 3 4 5 6 7 8 9 10

7. To what extent you agree with everyone of these sentences?	People OK	Poc OK	More or less OK	Enough OK	Total- ment OK	Not so sé
There are people in the my family that is they worry about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem, someone from my family will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my family we we had a great time together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe secure the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents (or the people who me take care) listen to me i take into account what dic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My parents (or the  
people who me  
they take care of me  
enough freedom

☐☐☐☐☐☐

8. During the last month, how often your siblings, or yours  
sisters, did they hurt you on purpose?

MayOnce2 or 3  
timesMore than 3  
timesI have no brothers or  
sisters

☐☐☐☐☐

9. How often do you see other people in your family who don't  
do they live with you regularly? For example, grandparents, aunts and uncles or cousins and  
cousins.

Mai o  
almost  
MaySomeday  
per month1 or 2 days  
a la  
week3 or 4 days  
a la  
week5 or 6 days  
a la  
weekEvery dayI do not have  
others  
relatives

☐☐☐☐☐☐☐

10. To what extent  
are you satisfied or  
satisfied with the  
people of the  
your family  
who do not live with  
you usually?

0 = Not at all satisfiedTotally satisfied = 10

0 1 2 3 4 5 6 7 8 9 10

BLOCK 3: ABOUT YOU

11. 1. Where were you born?

Catalonia	Rest of Spain	In another country	I'm not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.2. *If you were born in another country, how old were you when you arrived?*

2 years or less	<input type="checkbox"/>
	<input type="checkbox"/>

- 3-4 years
- 5-6 years☐
- 7-8 years☐
- 9-10 years☐
- 11-12 years☐
- 13 years or older☐

I'm not sure ☐

**11.3. *If you were born in another country, in what other country were you born?***

**12. 1. Where was your mother born?** If you have two mothers or two fathers, think of one of them.

- Catalonia
- Rest of Spain
- In another country
- I'm not sure
- ☐
- ☐
- ☐
- ☐



**12.2. *If your mother was born in another country, in which other country was yours born great?***

**13.1. Where was your father born?** If you have two mothers or two fathers, think about who doesn't have you thought about the previous question.

Catalonia	Rest of Spain	In another country	I'm not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13.2. *If your father was born in another country, in which other country was yours born pare?***

**14. There are boys and girls who have some kind of long-term difficulty or illness duration. Are you in any of the following situations?**

No

	No	Yes	I'm not safe
I have a significant visual or hearing difficulty (no count on wearing glasses), or some kind of malformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a learning difficulty (e.g. dyslexia, attention deficit, hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a long-term illness (e.g. diabetes, an allergy, asthma, delayed growth, epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>15. In the last six months, with what frequency you have had the discomfort next?</b>	Mai o almost it's May	Some day to month	1 or 2 days a the week-na	3 or 4 days a the week-na	5 or 6 days a the week-na	Each day	No I'm not safe
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BLOCK 4: ABOUT THE HOUSE WHERE YOU LIVE**

**16. To what extent are you satisfied or satisfied with the house where do you live**      0 = Not at all satisfied      Totally satisfied = 10  
0 1 2 3 4 5 6 7 8 9 10

**17. Is there a place in your home where you can study in peace?**

No	Yes	I'm not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. In your home, or very close by, there is some outdoor place where you can play safely?**

No	Yes	I'm not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. Does your family have a car (or van)?**

No	<input type="checkbox"/>
One	<input type="checkbox"/>
Two or more	<input type="checkbox"/>

**20. Do you sleep in a room alone or alone, or do you share it?**

I sleep in a room alone or alone	<input type="checkbox"/>
I sleep in a room I share with siblings or other people	<input type="checkbox"/>

**21. How many computers does your family have? Includes desktops, laptops and / or tablets that work and someone uses.**

Cap	<input type="checkbox"/>
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
More than two	<input type="checkbox"/>

**22. How many bathrooms and / or toilets are there in your home?**

- |               |                          |
|---------------|--------------------------|
| Cap           | <input type="checkbox"/> |
| One           | <input type="checkbox"/> |
| Two           | <input type="checkbox"/> |
| More than two | <input type="checkbox"/> |

**23. Do you have a dishwasher in your home?**

- |     |                          |
|-----|--------------------------|
| No  | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> |

**24. Last year, how many times did you go on vacation with your family outside Spain?**

- |               |                          |
|---------------|--------------------------|
| Cap           | <input type="checkbox"/> |
| One           | <input type="checkbox"/> |
| Two           | <input type="checkbox"/> |
| More than two | <input type="checkbox"/> |

**25. How often do you worry about your family's money?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| May                      | Sometimes                | Often                    | Always                   | I do not know            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**26. How many people living with you have a job for which they get paid money?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cap                      | One                      | Two                      | More than two            | I do not know            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are about the things you have specifically for yourself.

27. To what extent  
are you satisfied or  
satisfied with  
everything  
what do you have (How  
your money or the  
things that are  
yours)

0 = Not at all satisfied  
  
0 1 2 3 4 5 6 7 8 9 10

Totally satisfied = 10

28. Of the following, which ones do you have and which ones don't?

	No	Yes
Internet access at home	<input type="checkbox"/>	<input type="checkbox"/>
A mobile phone for you	<input type="checkbox"/>	<input type="checkbox"/>
Two pairs of shoes in good condition	<input type="checkbox"/>	<input type="checkbox"/>
The material or things you need for school	<input type="checkbox"/>	<input type="checkbox"/>
The material or things you need to do sports or hobbies	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK 5: ABOUT YOUR FRIENDS

29. To what extent  
are you satisfied or  
satisfied with the  
your friends and  
friends?

0 = Not at all satisfied

Totally satisfied = 10

0 1 2 3 4 5 6 7 8 9 10

30. To what extent  
you agree with  
everyone  
of these sentences?

People  
OK

Poc  
OK

More or  
less  
OK

Enough  
OK

Total-  
ment  
OK

Not so  
sé

I have enough friends

☐

☐

☐

☐

☐

☐

My friends usually  
treat me well

☐

☐

☐

☐

☐

☐

My friends and I  
we get along well

☐

☐

☐

☐

☐

☐

If I have a problem,  
some friend or friend me  
will support

☐

☐

☐

☐

☐

☐

31. How often do you see your friends outside of school?

Mai o  
almost never

Someday at  
month

1 or 2 days a  
the week

3 or 4 days a  
the week

5 or 6 days a  
the week

Every day

☐

☐

☐

☐

☐

☐

BLOCK 6: ABOUT THE SCHOOL

32. To what extent  
are you satisfied or  
satisfied with  
everyone  
of these things  
of your life?

0 = Not at all satisfied

Totally satisfied = 10

Your student life

0 1 2 3 4 5 6 7 8 9 10

The things you have  
learned in school

0 1 2 3 4 5 6 7 8 9 10

The other boys and girls  
of your class

0 1 2 3 4 5 6 7 8 9 10

33. How much time will you spend today going to school and back from school? Add it up  
time of the round trips.

30 minutes or less	Almost 1 hour	From 1 to 2 hours	More than 2 hours	I do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. How safe or secure do you feel going to and from school?

Not at all safe	Not much safe	Pretty safe	Very safe	I do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. To what extent  
you agree with  
everyone  
of these sentences?**

	People OK	Poc OK	More or less OK	Enough OK	Total- ment OK	Not so sé
My teachers are they worry about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem a the school, mine teachers will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem a the school, other boys and girls will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a lot discussions between companions to mine class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers they listen to me and have on mind what i say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can choose enough things I do a the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



36. How often are there fights between boys or girls in your school?

Every day	Almost every day	At least one day for week	Less often	I do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. During the last but, with which frequency

	May	One time	2 or 3 times	More than 3 times	I do not know
Others have hit you boys or girls of the school on purpose? (Not including fights or fighting games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others have insulted you boys or girls of the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They have stopped you from band other guys or girls of yours class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. During the last but, with which

	May	One time	2 or 3 times	More than 3 times	I do not know
--	-----	----------	--------------	-------------------	---------------

frequency

YOU have hit others  
boys or girls of  
the school on purpose?  
(Not including fights  
or fighting games)

☐☐☐☐☐

YOU have insulted  
other boys or girls  
of the school?

☐☐☐☐☐

YOU have stopped  
band other guys or  
girls of yours  
class?

☐☐☐☐☐

BLOCK 7: ABOUT THE NEIGHBORHOOD OR THE AREA WHERE YOU LIVE

39. To what extent  
are you satisfied or  
satisfied with the  
where do you live

0 = Not at all satisfied

Totally satisfied = 10

0 1 2 3 4 5 6 7 8 9 10

40. To what extent  
you agree with  
everyone  
of these sentences  
about the neighborhood where  
are you alive

People  
OK

Poc  
OK

More or  
less  
OK

Enough  
OK

Total-  
ment  
OK

Not so  
sé

I feel safe  
safe when I pass by

☐☐☐☐☐☐

[https://translate.googleusercontent.com/translate\\_f](https://translate.googleusercontent.com/translate_f)

18/26

barri on visc

In the neighborhood where I live there  
enough space for  
play and have fun

☐☐☐☐☐☐

If I have a problem, there  
there are people in the neighborhood where I live  
that will help me

☐☐☐☐☐☐

Adults in the neighborhood where  
I live are kind to  
boys and girls

☐☐☐☐☐☐

In the neighborhood where I live I have  
enough freedom to do  
what I want

☐☐☐☐☐☐

Adults in the neighborhood where  
I live listening to the boys, and  
the girls, and they are taken  
seriously

☐☐☐☐☐☐

41. How often are there fights between the people in the neighborhood where you live?

Every day	Almost every day	At least one day for week	Less often	I do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLOCK 8: ABOUT HOW YOU FEEL

42. To what extent  
are you satisfied or  
satisfied with  
everyone  
of these things  
of your life?

0 = Not at all satisfied

Totally satisfied = 10

The safe or sure  
and feel

0 1 2 3 4 5 6 7 8 9 10

The freedom you have

0 1 2 3 4 5 6 7 8 9 10

Your own body	0 1 2 3 4 5 6 7 8 9 10
What can happen to you later in the your life	0 1 2 3 4 5 6 7 8 9 10
How they listen to you adults in general	0 1 2 3 4 5 6 7 8 9 10
Your health	0 1 2 3 4 5 6 7 8 9 10

<b>43. To what extent are you satisfied or satisfied with everything your life in general?</b>	0 = Not at all satisfied	Totally satisfied = 10
	0 1 2 3 4 5 6 7 8 9 10	

**44. Now say to what degree you agree with each of these sentences  
about your life in general.**

These questions also use a scale from 0 to 10, where 0 means you don't  
you do not agree at all with the phrase and 10 means that you totally agree with the  
sentence.

	0 = People agree	Totally agree = 10								
My life is going well	0	1	2	3	4	5	6	7	8	9 10

My life is fair as it should be	0	1	2	3	4	5	6	7	8	9	10
I have a good life	0	1	2	3	4	5	6	7	8	9	10
Things of mine life are excellent	0	1	2	3	4	5	6	7	8	9	10
I like my life	0	1	2	3	4	5	6	7	8	9	10
I enjoy ( <i>enjoy</i> ) my life	0	1	2	3	4	5	6	7	8	9	10
I am happy with mine life	0	1	2	3	4	5	6	7	8	9	10

**45. Below is a list of different feelings and emotions. reads  
each of the words and check the box that best describes how you are  
felt during the last two weeks.**

Here 0 means you haven't felt anything like this in the last two weeks, and 10 means you've felt this way all along during both

	0 = Gens					All the time = 10				
Happy	0	1	2	3	4	5	6	7	8	9 10
Sad or sad	0	1	2	3	4	5	6	7	8	9 10
Calmed o calm down	0	1	2	3	4	5	6	7	8	9 10
Stressed or stressed	0	1	2	3	4	5	6	7	8	9 10
Full or full of energy	0	1	2	3	4	5	6	7	8	9 10
Boring boring	0	1	2	3	4	5	6	7	8	9 10

**46. To end this part, say to what extent you agree with the next sentence.**

	0 = People agree					Totally agree = 10				
I feel positive or positive about mine future	0	1	2	3	4	5	6	7	8	9 10

47. To what extent  
are you satisfied or  
satisfied with  
everyone  
of these things  
of your life?

0 = Not at all satisfied

Totally satisfied = 10

How you use yours  
time

0 1 2 3 4 5 6 7 8 9 10

The amount of time  
free you have to do the  
what do you want

0 1 2 3 4 5 6 7 8 9 10

**48. With which**

**frequency  
dedicate time to  
do the activities  
following out  
the school?**

	Mai o almost May	Some day to month	1 or 2 days a the week- na	3 or 4 days a the week- na	5 or 6 days a the week- na	Each day
Helping at home (doing housework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take care of siblings or other members of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with the family (for example, in the business or store family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to classes outside of school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do homework and study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play sports or do exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relax, talk or have fun with the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play or spend time in the outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use networks social (on the computer, the tablet or mobile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play video games (a the computer or others devices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do nothing or rest (apart from sleeping at nights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**BLOCK 10: LAST QUESTIONS****49. Do you know what children's rights are?**

No

☐

Yes

☐

I'm not sure

☐**50. Have you heard of the Convention on the Rights of the Child?**

No

☐

Yes

☐

I'm not sure

☐**51.1. Do you live in the city of Barcelona?**

No

☐

Yes

☐**51.2. If you live in the city of Barcelona, in which neighborhood do you live?****Thank you so much, you have reached the end!**

**He raises his hand to tell the interviewers.**