Your questionnaire

Self-completion questionnaire (10-15 yrs)

INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

Person number

First name

Interviewer number

Month

Understanding Society

40323130

IP15 GB

V1

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Your personal details are only used so we can:

- contact you each year to invite you to help us with another round of the survey

- send you information about some of the results of the study

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By completing and returning this questionnaire, you are indicating that you are happy for us to use your answers in this way.

COMPLETING THE QUESTIONNAIRE

The questions inside cover a wide range of subjects, but each one can be answered by marking an "x" in the box next to the answer you want to give, as in the example below.

Please complete the questionnaire in black or blue ink, keeping your answers within the boxes. This questionnaire will be read by a scanner so if you change your mind, please completely fill the box next to the mistake  and then put an "x" in the box next to the correct answer.

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

16 **Did you have breakfast today?**

Yes [7]

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 ☐☐

2 **Are you male or female?**

Male ☐ Female ☐

First we have some questions about technology use and screen time.

3 **Do you have any of the following devices, either of your own or that you can borrow?**

- Smartphone ☐
- Mobile phone other than smartphone ☐
- A tablet ☐
- Television ☐
- A gaming console like an Xbox, Playstation or Switch ☐
- A laptop or desktop computer ☐

4 **On a normal <u>school day</u>, how many hours do you spend using a tablet, TV, smartphone, games console or computer?**

- None ☐
- Less than an hour ☐
- 1–3 hours ☐
- 4–6 hours ☐
- 7 or more hours ☐

5 **On a weekend, that is on a Saturday or Sunday, how many hours do you spend using a tablet, TV, smartphone, games console or computer?**

- ☐ None
- ☐ Less than an hour
- ☐ 1–3 hours
- ☐ 4–6 hours
- ☐ 7 or more hours

6 **How often do you use any of these devices for....**

	Every day	At least once a week	At least once a month	Less than once a month	Never
Watching programmes, videos or movies	☐	☐	☐	☐	☐
Video calling	☐	☐	☐	☐	☐
Playing games	☐	☐	☐	☐	☐
School work or studying	☐	☐	☐	☐	☐
Posting pictures, videos, or other things	☐	☐	☐	☐	☐

7 **Are there other activities you use these devices for?**

The next questions are about friendships and socialising.

8 **How many close friends would you say you have?**

Write in number ☐☐

9 **These days, it is possible to make new friends via the internet. Do you have any close friends that you have never met in person?**

Yes ☐ No ☐

10 **In a typical week, how often do you get together with friends in person (outside of school or work)?**

Every day or almost every day ☐
Several times a week ☐
About once a week ☐
Less often ☐
Never ☐

11 **In a typical week, how often do you get together with friends online (including on your mobile phone, on social media, or through online gaming)?**

Every day or almost every day ☐
Several times a week ☐
About once a week ☐
Less often ☐
Never ☐

12 **Do you have a social media profile or account on any sites or apps?**

Yes ☐ → 13

No ☐ → 15

13 **On a normal school day, how many hours do you spend chatting or interacting with friends through social media, gaming websites or apps?**

None ☐

Less than an hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

14 **On a weekend, that is on a Saturday or Sunday, how many hours do you spend chatting or interacting with friends through social media, gaming websites or apps?**

None ☐

Less than an hour ☐

1 - 3 hours ☐

4 - 6 hours ☐

7 or more hours ☐

15 **How often do you feel lonely?**

Hardly ever or never ☐

Some of the time ☐

All of the time ☐

The next few questions are about you and your family.

16 **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 ☐

17 **About how many hours do you spend doing or helping with housework in an average week, such as time spent tidying your bedroom, cooking, cleaning or doing laundry?**

- Don't do any housework ☐
- Less than one hour ☐
- 1–3 hours ☐
- 4–6 hours ☐
- 7 or more hours ☐

18 **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 ☐

19 **If you have done something that you shouldn't have done, do your parents do any of the following things? Please select all that apply**

- Tell you off or shout at you ☐
- Ground you, stop you going out or stop you from seeing your friends ☐
- Take away pocket money ☐
- Punish you in some other way ☐
- None of the above ☐

20 **Do you have a steady boyfriend or girlfriend?**

Yes ☐ No ☐

21 **Please say whether you strongly agree, agree, disagree, or strongly disagree, that the following statements apply to yourself.**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel I have a number of good qualities	☐	☐	☐	☐
I feel that I do not have much to be proud of	☐	☐	☐	☐
I certainly feel useless at times	☐	☐	☐	☐
I am able to do things as well as most other people	☐	☐	☐	☐
I am a likeable person	☐	☐	☐	☐
I can usually solve my own problems	☐	☐	☐	☐
All in all, I am inclined to feel I am a failure	☐	☐	☐	☐
At times I feel I am no good at all	☐	☐	☐	☐

Now some questions about how you spend your free time.

22 **How often do you…**

Put an "x" in one box for each line

	Most days	At least once a week	At least once a month	Several times a year	Once a year or less	Never / almost never
Go to a party, dance, disco or nightclub	☐	☐	☐	☐	☐	☐
Go to the cinema	☐	☐	☐	☐	☐	☐
Do painting, drawing, printmaking or sculpture	☐	☐	☐	☐	☐	☐
Go to the theatre (for example play, musical, pantomime or opera)	☐	☐	☐	☐	☐	☐
Use a computer to create original artworks or animation	☐	☐	☐	☐	☐	☐
Go to watch live sport	☐	☐	☐	☐	☐	☐
Go to a pub or bar	☐	☐	☐	☐	☐	☐
Just hang around near your home	☐	☐	☐	☐	☐	☐
Just hang around in the high street or the town/city centre	☐	☐	☐	☐	☐	☐

23 **And how often do you...**

Put an "x" in one box for each line

	Most days	At least once a week	At least once a month	Several times a year	Once a year or less	Never / almost never
Go to youth clubs, Scouts, Girl Guides or other organised activities	☐	☐	☐	☐	☐	☐
Go to a library (not your school library)	☐	☐	☐	☐	☐	☐
Go to museums or galleries	☐	☐	☐	☐	☐	☐
Go to visit an historic place or stately home	☐	☐	☐	☐	☐	☐
Do voluntary or community work (including doing this as part of school)	☐	☐	☐	☐	☐	☐
Go to a political meeting/ march, rally or demonstration	☐	☐	☐	☐	☐	☐

24 **Over the past month how many books have you read for pleasure? Please do not include comics or magazines. If you have not read any books please enter zero.**

Write in number of books ☐☐

25 **Please read each of the following statements and put an "x" in the box that best applies to you.**

Put an "x" in one box for each line

	Often	Sometimes	Rarely	Never
We discuss books at home	☐	☐	☐	☐
We discuss TV programme we have watched at home	☐	☐	☐	☐
My parents/other adults at home buy me books as gifts	☐	☐	☐	☐
My parents/other adults take me to museums or art galleries	☐	☐	☐	☐
My parents/other adults take me to watch sporting events	☐	☐	☐	☐
My parents/other adults take me to the theatre or to see a dance performance or classical music	☐	☐	☐	☐

26 **Do you play a musical instrument?**

Yes ☐ No ☐

27 **Which of the following regular classes do you do outside school, if any? Please put an "x" in the boxes next to all the things you do.**

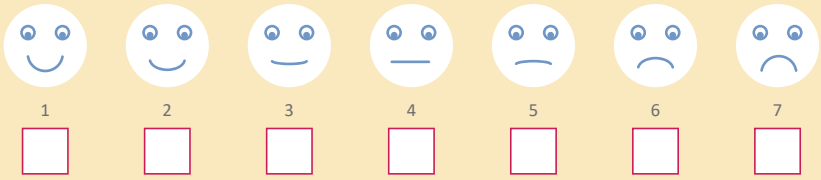
- Music ☐
- Art ☐
- Dance ☐
- Sport ☐
- Tutorials for school subjects ☐
- Religious classes ☐
- None of these ☐
- Something else (WRITE IN) ☐

The next few questions are about how you feel about different aspects of your life.

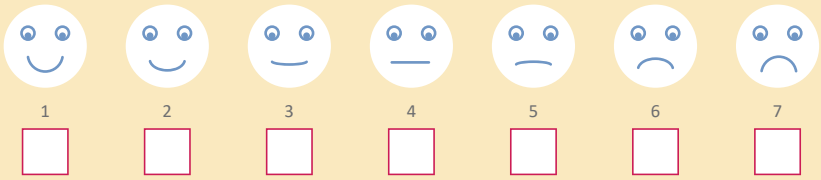
28 **The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy.**

Please put an "x" in the box which comes closest to expressing how you feel about each of the following things...

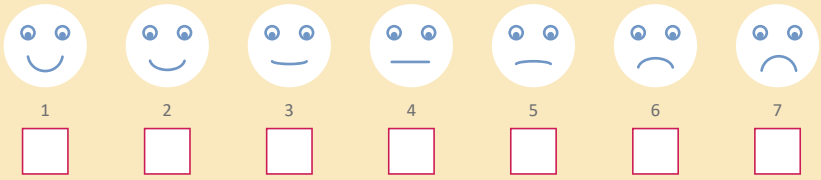
A Your school work?



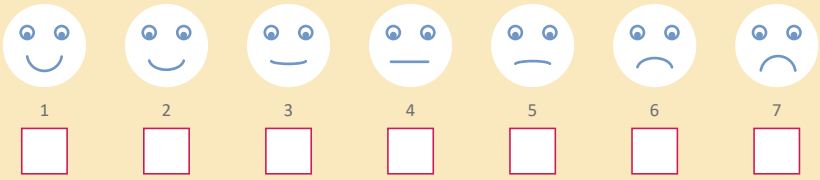
B Your appearance?



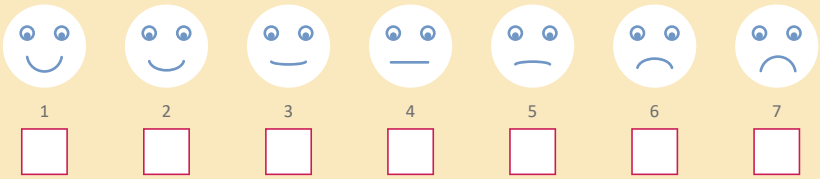
C Your family?



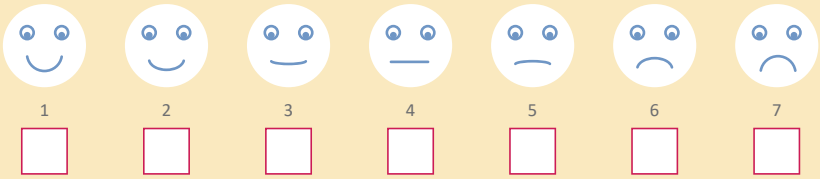
D Your friends?



E The school you go to?



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



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

29 **Do you have a space at home where you can do your homework?**

Yes ☐ No ☐

30 **Which of these things do you have at home to help you do your school work?**

Access to a computer ☐

Good internet connection ☐

Help from your family when you need it ☐

Stationery ☐

A quiet/peaceful place to work ☐

31 **How important do you think it is for you to do well in your GCSE exams or National Qualifications (if you live in Scotland)?**

Very important ☐

Important ☐

Not very important ☐

Not at all important ☐

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

- Get a full-time job ☐ → 34
- Stay at school or college to do A levels/ Highers ☐ → 33
- Get an apprenticeship ☐ → 33
- Do some other form of training ☐ → 33
- Do something else ☐ → 33
- Don't know ☐ → 33

33 **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 ☐

34 **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 ☐

Here are a few questions about health.

35 **In general, would you say your health is...**

- Excellent ☐
- Very good ☐
- Good ☐
- Fair ☐
- Poor ☐

36 **Do you have a long-term health problem or disability that limits your day-to-day activities? By long term we mean anything that has lasted, or is expected to last, at least 3 months.**

- Yes, limited a lot ☐
- Yes, limited a little ☐
- No ☐

37 **Have you ever tested positive for coronavirus (COVID-19)?**

- Yes ☐ → 38
- No ☐ → 42

38 **Did you have coronavirus symptoms that lasted more than 12 weeks?**

- Yes ☐ → 39
- No ☐ → 42

39 **Which of the following symptoms have you had?**

- High temperature ☐
- A lot of coughing ☐
- Cannot smell or taste ☐
- Headaches ☐
- Feeling tired all the time ☐
- Runny or stuffy nose ☐
- Sore throat ☐
- Stomach pain/ Upset stomach ☐
- Chest pain ☐
- Trouble breathing ☐
- Body aches and muscle pain ☐
- Dizziness ☐
- Difficulty concentrating ☐
- Other ☐

40 **Did these ongoing symptoms affect your ability to do your normal daily activities?**

Yes ☐ No ☐

41 **Did these symptoms affect your ability to do your schoolwork or homework?**

- Yes, a lot ☐
- Yes, a little ☐
- No, not at all ☐

42 **Do you ever smoke cigarettes at all? Please do not include electronic cigarettes (e-cigarettes/vaping).**

- Yes ☐ → 43
- No ☐ → 44

43 **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 ☐

44 **Have you ever used e-cigarettes/vaping?**

- I have never used e-cigarettes ☐
- I have only tried using e-cigarettes once or twice ☐
- I used e-cigarettes in the past, but never use them now ☐
- I sometimes use e-cigarettes but less than once a month ☐
- I use e-cigarettes at least once a month but less than once a week ☐
- I use e-cigarettes at least once a week ☐

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

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

- Yes ☐ → 46
- No ☐ → 49

46 **How many times in the last <u>four weeks</u> have you had an alcoholic drink?**

Most days	☐	→ 47
Once or twice a week	☐	→ 47
2 or 3 times	☐	→ 47
Once only	☐	→ 47
Never	☐	→ 48

47 **Thinking back over the last four weeks, how many times (if any) have you had five or more drinks on one occasion? (A 'drink' is one pint/ bottle/can of beer or cider, 2 alcopops, one small glass of wine, a single measure of spirits).**

None	☐
Once	☐
Twice	☐
Three to five times	☐
Six to nine times	☐
Ten times or more	☐

48 **On how many occasions (if any) have you been intoxicated or drunk from drinking alcohol, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?**

	0	1-2	3-5	6-9	10-19	20-39	40 or more
In your lifetime	☐	☐	☐	☐	☐	☐	☐
During the last twelve months	☐	☐	☐	☐	☐	☐	☐
During the last four weeks	☐	☐	☐	☐	☐	☐	☐

49 **Have you ever tried any of the following…?**

	Yes	No
Glue/solvent sniffing	☐	☐
Cannabis (also known as weed, marijuana, dope, hash or skunk)	☐	☐
Any other illegal drug (including ecstasy, cocaine, speed)	☐	☐

50 **How many times have you ever used or taken any illegal drugs?**

- Never ☐
- Once or twice ☐
- Three or four times ☐
- Five to ten times ☐
- More than ten times ☐

51 **How difficult do you think it would be for you to get cannabis (weed, marijuana or hash) if you wanted?**

- Impossible ☐
- Very difficult ☐
- Fairly difficult ☐
- Fairly easy ☐
- Very easy ☐
- Don't know ☐

52 **How much do you think people risk harming themselves, physically and in other ways, if they…**

Put an "x" in one box for each line

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Smoke cigarettes occasionally	☐	☐	☐	☐	☐
Smoke one or more packs of cigarettes per day	☐	☐	☐	☐	☐
Have one or two alcoholic drinks nearly every day	☐	☐	☐	☐	☐
Have four or five alcoholic drinks nearly every day	☐	☐	☐	☐	☐
Have five or more alcoholic drinks each weekend	☐	☐	☐	☐	☐

53 **And how much do you think people risk harming themselves, physically and in other ways, if they…**

Put an "x" in one box for each line

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Try cannabis (weed, marijuana or hash) once or twice	☐	☐	☐	☐	☐
Smoke cannabis (weed, marijuana or hash) occasionally	☐	☐	☐	☐	☐
Smoke cannabis (weed, marijuana or hash) regularly	☐	☐	☐	☐	☐
Try ecstasy once or twice	☐	☐	☐	☐	☐
Take ecstasy regularly	☐	☐	☐	☐	☐
Try an amphetamine (uppers, pep pills, speed) once or twice	☐	☐	☐	☐	☐
Take amphetamines regularly	☐	☐	☐	☐	☐

54 **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 ☐

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

- Never ☐
- Once or twice ☐
- Several times ☐
- Often ☐

56 **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 pick one answer by adding an "X" on the list for each of the following questions.

57 **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 ☐

58 **What is your religion? If you have no religion put an "x" in the box "No religion".**

No Religion	☐
Church of England/Anglican	☐
Roman Catholic	☐
Church of Scotland	☐
Free Church or Free Presbyterian Church of Scotland	☐
Episcopalian	☐
Methodist	☐
Baptist	☐
Congretational/United Reform/URC	☐
Other Christian	☐
Christ (no denomination specified)	☐
Muslim/Islam	☐
Hindu	☐
Jewish	☐
Sikh	☐
Buddhist	☐
Other	☐
I don't know	☐

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

59 **At what age do you want to get married?**
If you don't want to get married then write in zero.

Please write in age

60 **At what age would you like to start a family?**
If you don't want any children, write in zero.

Please write in age

61 **Thinking of your own future, what would you like to be doing with your life in about ten years' time from now?**
Write in as much as you like in the space provided.

62 **At what age would you like to leave home?**

Please write in age

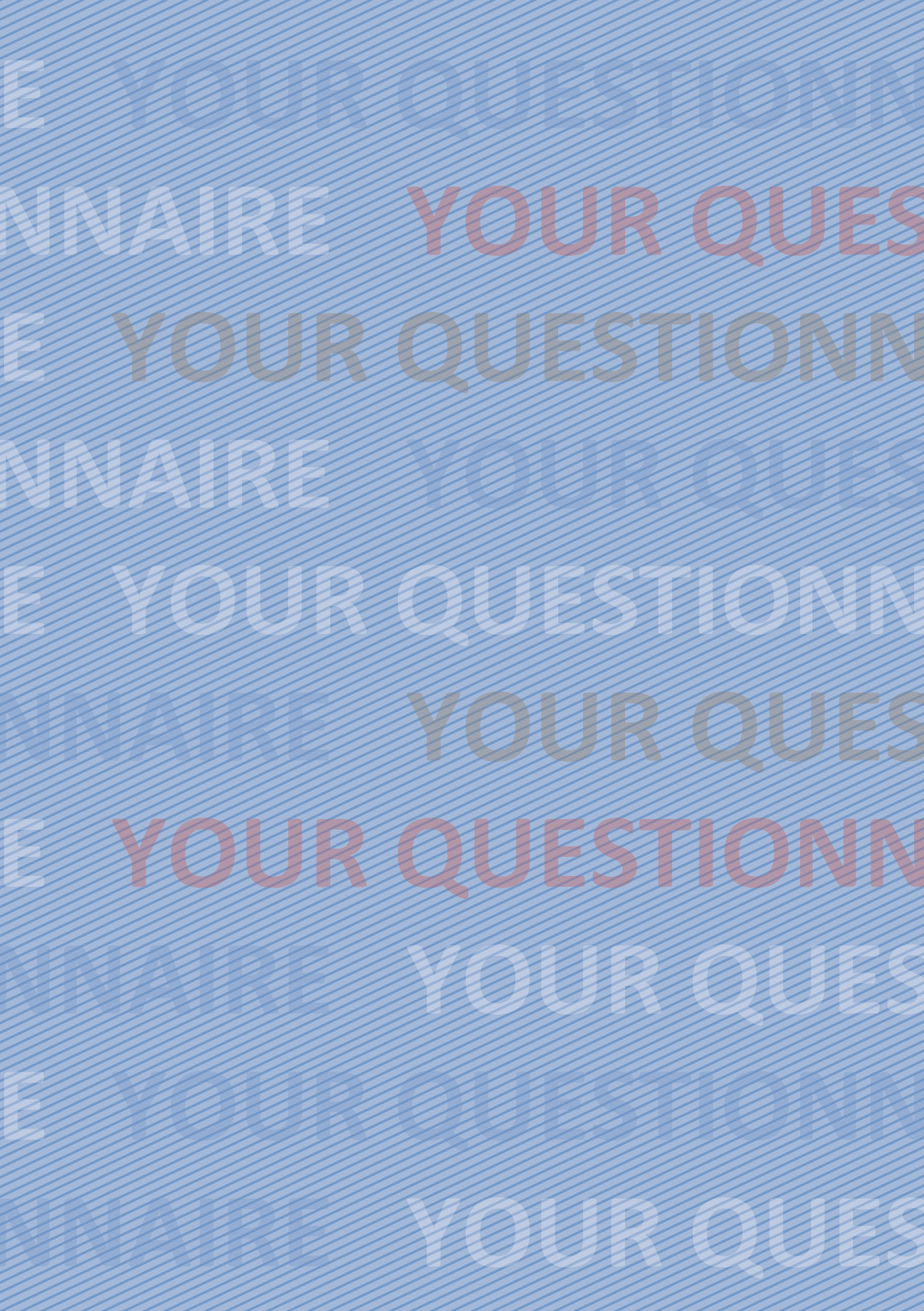
63 **What job would you like to do once you leave school or finish your full-time education?**

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:

Kantar
PO Box 107
High Wycombe
HP12 3WY


YOUR QUESTIONNAIRE