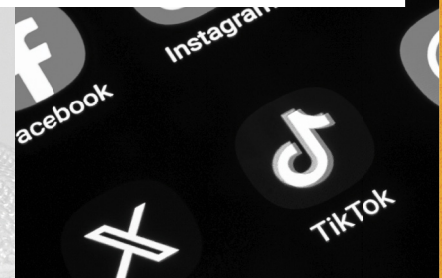




A stack of four books. The top book has a dark cover with a light-colored, ornate floral pattern. The second book has a dark cover with a light-colored, ornate floral pattern. The third book has a dark cover with a light-colored, ornate floral pattern. The bottom book has a light-colored cover with a dark spine. The books are stacked horizontally, showing their spines and edges.

13-15 YEAR OLDS





HOW DO I FILL IN THIS SURVEY?

- Grab a **black or blue pen**, no other colours please!
- Keep your **answers within the boxes** – no doodling please!
- This survey will be **read by a scanner** – how cool is that? 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 questions to answer next.
- When answering the questionnaire mark an “X” in the box next to your chosen answer, as in the example below.
- When you have finished answering the questionnaire, please **seal it in the envelope and hand it back** to your amazing interviewer. If you need help, please ask your interviewer, they are full of knowledge!



EXAMPLE QUESTION

16

Did you have breakfast today?

Yes ☒

No ☐



18

THANK YOU
VERY MUCH FOR YOUR SURVEY,
IT WILL REALLY HELP THE UK.
YOU ARE SO AWESOME!





RELAX YOUR ANSWERS ARE SAFE!



In this leaflet, we need to tell you about something called The General Data Protection on Regulation also known as GDPR.

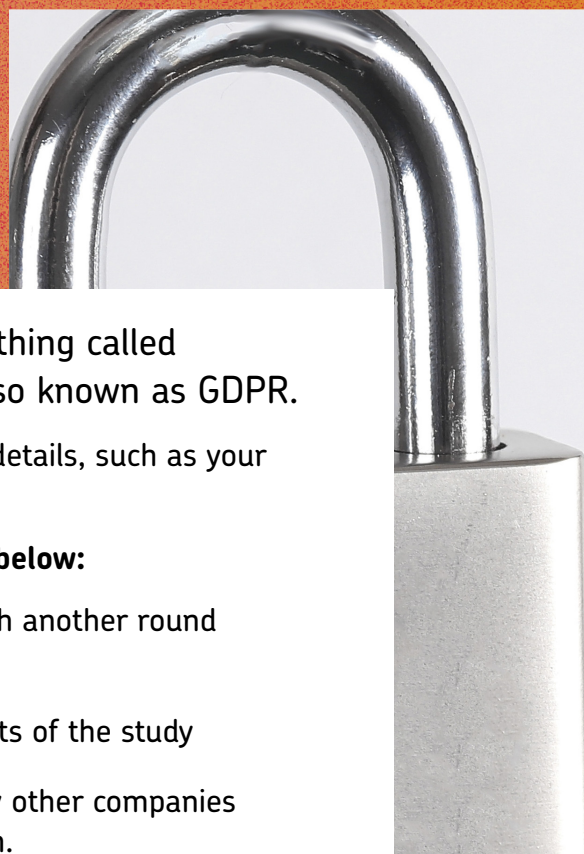
The GDPR is a **type of law** that keeps your personal details, such as your name, address, and date of birth **safe**.

We only use your personal details for the reasons below:

- contact you each year to invite you to help us with another round of the survey
- send you information on about some of the results of the study

Your personal details are **never** made available to any other companies or individuals outside the Understanding Society team.

For more information about your data please visit our website:
www.understandingsociety.ac.uk/participants/data-confidentiality



1

Please write in your date of birth.

Day

Month

2

Are you male or female?

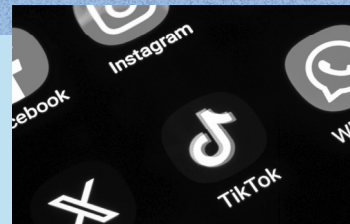
Male

☐

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 **school day**, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School work or studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting pictures, videos, or other things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

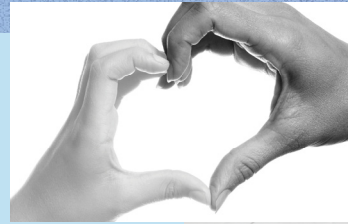
☐

Often

☐



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 hours or more ☐

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 ☐
- Restrict WiFi access or remove devices (e.g. phone, tablet, gaming console) ☐
- 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a likeable person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually solve my own problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I feel I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do painting, drawing, printmaking or sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the theatre (for example play, musical, pantomime or opera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer to create original artworks or animation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to watch live sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a pub or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just hang around near your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just hang around in the high street or the town/city centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



23

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a library (not your school library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to museums or galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to visit an historic place or stately home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do voluntary or community work (including doing this as part of school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a political meeting /march, rally or demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Please write in the number of books

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We discuss TV programme we have watched at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults at home buy me books as gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults take me to museums or art galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults take me to watch sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults take me to the theatre or to see a dance performance or classical music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
(PLEASE 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?



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

B Your appearance?



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

C Your family?



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐



D Your friends?



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

E The school you go to?



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

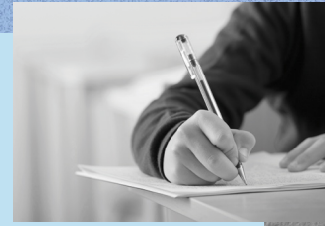
☐

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

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 | <input type="checkbox"/> |
| Important | <input type="checkbox"/> |
| Not very important | <input type="checkbox"/> |
| Not at all important | <input type="checkbox"/> |

30

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/National Qualification year at around age 16?

- | | | | |
|--|--------------------------|---|-----------|
| Get a full-time job | <input type="checkbox"/> | → | 32 |
| Stay at school or college to do A levels/Highers | <input type="checkbox"/> | → | 31 |
| Get an apprenticeship | <input type="checkbox"/> | → | 31 |
| Do some other form of training | <input type="checkbox"/> | → | 31 |
| Do something else | <input type="checkbox"/> | → | 31 |
| Don't know | <input type="checkbox"/> | → | 31 |



31

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 ☐

32

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

Yes ☐

No ☐



Here are a few questions about health.



33

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

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

34

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 ☐

35

Do you ever smoke cigarettes at all? Please do not include electronic cigarettes (e-cigarettes) or vaping devices (vapes)?

Yes ☐ ➔ **36**

No ☐ ➔ **37**



36

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 ☐

37

Have you ever used electronic cigarettes (e-cigarettes) or vaping devices (vapes)?

I have never used e-cigarettes/vapes ☐

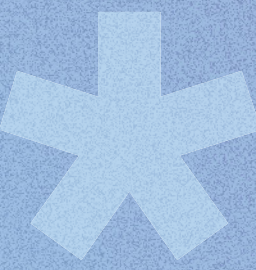
I have only tried using e-cigarettes/
vapes once or twice ☐

I used e-cigarettes/vapes in the past,
but never use them now ☐

I sometimes use e-cigarettes/vapes,
but less than once a month ☐

I use e-cigarettes/vapes at least once
a month, but less than once a week ☐

I use e-cigarettes/vapes at least
once a week ☐



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

38

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

Yes

☐**39**

No

☐**42****39**

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

Most days

☐**40**

Once or twice a week

☐**40**

2 or 3 times

☐**40**

Once only

☐**40**

Never

☐**41****40**

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

☐

41

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last twelve months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last four weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42

Have you ever tried any of the following...?

	Yes	No
Glue/solvent sniffing	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis (also known as weed, marijuana, dope, hash or skunk)	<input type="checkbox"/>	<input type="checkbox"/>
Any other illegal drug (including ecstasy, cocaine, speed)	<input type="checkbox"/>	<input type="checkbox"/>

43

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

Never	<input type="checkbox"/>
Once or twice	<input type="checkbox"/>
Three or four times	<input type="checkbox"/>
Five to ten times	<input type="checkbox"/>
More than ten times	<input type="checkbox"/>

44

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

Impossible	<input type="checkbox"/>
Very difficult	<input type="checkbox"/>
Fairly difficult	<input type="checkbox"/>
Fairly easy	<input type="checkbox"/>
Very easy	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

45

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have one or two alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have four or five alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have five or more alcoholic drinks each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try cannabis (weed, marijuana or hash) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cannabis (weed, marijuana or hash) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cannabis (weed, marijuana or hash) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try ecstasy once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take ecstasy regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try an amphetamine (uppers, pep pills, speed) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take amphetamines regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46

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 ☐
- Twice ☐
- Three to five times ☐
- Six to nine times ☐
- Ten times or more ☐

47

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

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

48

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.

49

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

White

British ☐

English ☐

Scottish ☐

Welsh ☐

Northern Irish ☐

Irish ☐

Gypsy or Irish Traveller ☐

Roma ☐

Any other White background ☐

Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Chinese ☐

Any other Asian background ☐

Mixed

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed background ☐

Black/African/Caribbean/
Black British

Caribbean ☐

African ☐

Any other Black background ☐

Other

Arab ☐

Any other ethnic group ☐



50

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

No Religion	<input type="checkbox"/>	Church in Wales	<input type="checkbox"/>
Church of England / Anglican	<input type="checkbox"/>	Other Christian	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	Christian (no denomination specified)	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	Muslim/Islam	<input type="checkbox"/>
Free Church or Free Presbyterian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Church Of Scotland		Jewish	<input type="checkbox"/>
Episcopalian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Methodist	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Other	<input type="checkbox"/>
Congregational/ United Reform/URC	<input type="checkbox"/>	I don't know	<input type="checkbox"/>

51

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

Conservatives	<input type="checkbox"/>	Green Party	<input type="checkbox"/>
Labour	<input type="checkbox"/>	Reform UK	<input type="checkbox"/>
Liberal Democrats	<input type="checkbox"/>	Other party	<input type="checkbox"/>
Scottish National Party	<input type="checkbox"/>	None	<input type="checkbox"/>
Plaid Cymru	<input type="checkbox"/>		

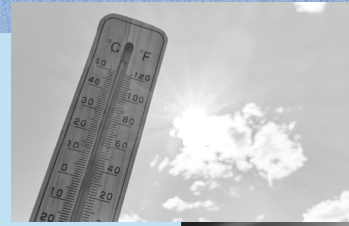
52

How interested are you in politics?

Very interested	<input type="checkbox"/>
Fairly interested	<input type="checkbox"/>
Not interested	<input type="checkbox"/>



Now, a few questions about the environment.



53

How often do you ... switch off lights in rooms that aren't being used?

- Always ☐
- Very often ☐
- Quite often ☐
- Not very often ☐
- Never ☐

54

How often do you ... keep the tap running while you brush your teeth?

- Always ☐
- Very often ☐
- Quite often ☐
- Not very often ☐
- Never ☐



When, if at all, do you think the UK will start to feel the effects of climate change?

We are already feeling the effects ☐

In the next 10 years ☐

In the next 25 years ☐

In the next 50 years ☐

In the next 100 years ☐

Beyond the next 100 years ☐

Never ☐



Finally, some questions about what you want to do in the future.



56

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

--	--

57

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

Please write in age

--	--

58

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

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59

At what age would you like to leave home?

Please write in age

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60

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

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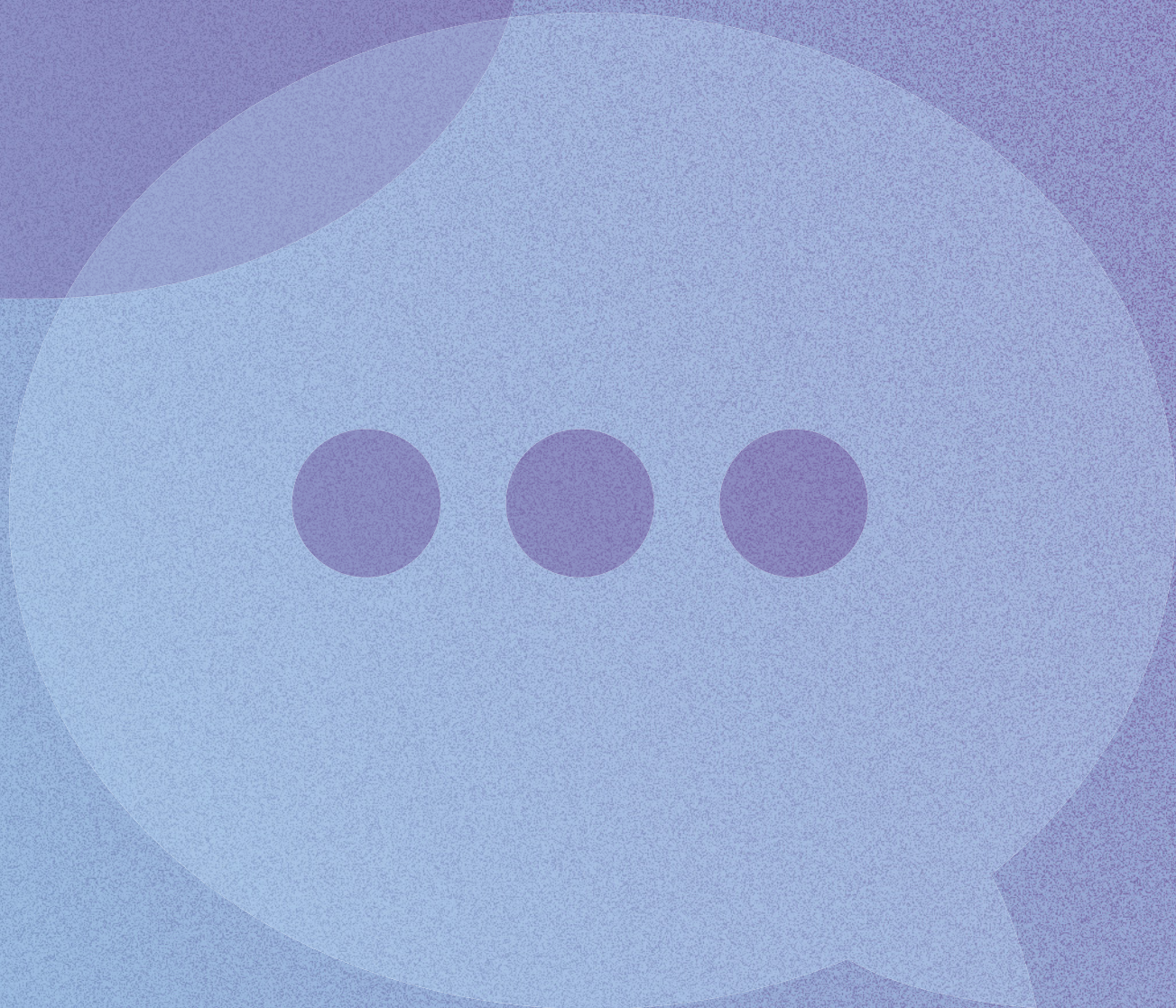




THANK YOU YOU FOR YOUR HELP

**You have now completed
the questionnaire.**





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

Or please return to the address below:

Verian
PO Box 1071
High Wycombe
HP12 3WY

