

Your  
questionnaire

## Self-completion questionnaire (10-15 yrs)

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**INTERVIEWER: WRITE IN FROM CAPI SCREEN**

Serial

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Person number

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First name

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Interviewer number

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Month

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## 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 please mark your changed your mind please completely fill the box to show 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 

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.



2



3



**1** Please write in your date of birth.

Day   Month   Year

YPDOBD YPDOBM YPDOBY

**2** Please add an 'x' to indicate whether you are male or female.

YPSEX Male ☐ Female ☐

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

YPSOCWEB Yes ☐ → **4**  
No ☐ → **5**

**4** How many hours do you spend chatting or interacting with friends through a social web-site or app like that on a normal school day?

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

**5** How many hours do you spend watching television programmes or films on a normal school day? Please remember to include time spent watching programmes and films on a computer or mobile device.

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

**6** Do you have your own personal mobile phone?

YPMOBU Yes ☐ → **7**  
No ☐ → **8**

**7** Is your mobile a smartphone? A smartphone is a mobile phone that can download apps, send emails and surf the internet.

YPSMARTPH Yes ☐  
No ☐

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

YPNPAL Write in number

The next few questions are about you and your family.

- 9** 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?

YPEATLIVU

None ☐

1–2 times ☐

3–5 times ☐

6–7 times ☐

- 10** Do you feel supported by your family, that is the people who live with you?

YPFAMSUP

I feel supported by my family in most or all of the things I do ☐

I feel supported by my family in some of the things I do ☐

I do not feel supported by my family in the things I do ☐

- 11** Suppose you felt upset or worried about something and you wanted to talk about it. Who would you turn to first within your family? Please put an 'x' in one box only.

YPUPSET

Mum or stepmum ☐

Dad or stepdad ☐

A brother or sister (or step-brother/sister) ☐

Another relative living with you ☐

Another relative not living with you ☐

No-one within my family ☐

- 12** In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

YPLAT

Never ☐

1–2 times ☐

3–9 times ☐

10 or more times ☐

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

YPSIBLING

Yes ☐ → **14**

No ☐ → **16**

14

How often do any of your brothers or sisters do any of the following to you at home?

	Never	Not much (1–3 times in last 6 months)	Quite a lot (more than 4 times in the last 6 months)	A lot (a few times every week)
Hit, kick, or push you YPSIBHIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take your belongings YPSIBSTEAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call you nasty names YPSIBVERAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make fun of you YPSIBTEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15

How often do you do any of the following to your brothers or sisters at home?

	Never	Not much (1–3 times in last 6 months)	Quite a lot (more than 4 times in the last 6 months)	A lot (a few times every week)
Hit, kick, or push them YPHITSIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take their belongings YPSTEALSIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call them nasty names YPVERABSIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make fun of them YPTAESIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions are about your relationship with your parents even if either of them live in a different household to you.

16

Most children have occasional quarrels with their parents. How often do you quarrel with your mother?

YPARGM

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a mother ☐

17

How often do you quarrel with your father?

YPARGF

Most days ☐

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a father ☐

18

How often do you talk to your mother, about things that matter to you?

YPTLKM

Most days ☐More than once a week ☐Less than once a week ☐Hardly ever ☐Don't have a mother ☐

19

How often do you talk to your father, about things that matter to you?

YPTLKF

Most days ☐More than once a week ☐Less than once a week ☐Hardly ever ☐Don't have a father ☐

20

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

YPSTEPHAS

Yes ☐ → 21No ☐ → 22

21

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

YPSTEPREL

Very good ☐Good ☐Fair ☐Poor ☐Very poor ☐










Now for some questions about how you see yourself as a person. For each item, please put an "x" in the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you aren't absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true
YPSDQA I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQB I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQC I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQD I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQE I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQF I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQG I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQH I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQI I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQJ I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQK I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








	Not true	Somewhat true	Certainly true
YPSDQL I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQM I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQN Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQO I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQP I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQQ I am kind to young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQR I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQS Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQT I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQU I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQV I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQW I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQX I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YPSDQY I finish the work I'm doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








**B Your appearance? YPHAP**

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








**C Your family? YPHFM**

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








**D Your friends? YPHFR**

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E The school you go to? YPHSC**

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**24** Overall, do you like living in this neighbourhood?

YPLLKNBRD

Yes ☐

No ☐

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

YPCRWRA

A big worry ☐

A bit of a worry ☐

An occasional doubt ☐

Not a worry at all ☐

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

YPCRWORD

Very safe ☐

Fairly safe ☐

A bit unsafe ☐

Very unsafe ☐

The next few questions are about any homework you might be asked to do by teachers at your school. 'Homework' is any work set for you by teachers which is to be done outside lessons even if you do the work at school after lessons rather than taking it home with you.

**27** Do you ever get set any homework at school?

YPHMWKR

Yes ☐ → **28**

No ☐ → **34**

**28** How often are you given homework?

YPFHMWRK

Most days ☐

Once a week at least ☐

Sometimes, less than once a week ☐

Hardly ever ☐

Never ☐

**29** During an average week in term time, on how many evenings do you do any homework? Please just think about Monday to Friday evenings during term time.

Write in number of evenings  
you do homework

YPFHWEVE

- 30** When you do homework on a week-day evening during term time, how many hours do you usually spend doing your homework?

Write in the number of hours

YPMWKHRS

- 31** And how many hours do you usually spend doing homework on the weekend during term-time?

Write in the number of hours

YPMWKWE

- 32** Does anyone here at home help you with your homework, even if it's only occasionally?

YPMWKHLP

Yes

No

- 33** Who usually helps you with your homework?

Mum or stepmum

YPMWKWHO1

Dad or stepdad

YPMWKWHO2

A brother or sister (or stepbrother/sister)

YPMWKWHO3

Another relative living with you

YPMWKWHO4

Any non-relative living with you

YPMWKWHO5

No one, I do it myself

YPMWKWHO6

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

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

YPACVWELL

Very important

Important

Not very important

Not at all important

- 35** 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?

YPLVSC2DO

Get a full-time job

→ 37

Stay at school or college to do

→ 36

A levels/Highers

Get an apprenticeship

→ 36

Do some other form of training

→ 36

Do something else

→ 36

Don't know

→ 36

36

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

YP2UNI

Yes ☐No ☐Don't know ☐

37

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?

YPTRUANT

Yes ☐No ☐

38

My parents are interested in how I do at school.

YPPARSCH

Always or nearly always ☐Sometimes ☐Hardly ever ☐Never ☐Not sure ☐

39

My parents come to school parents evenings.

YPPAREVE

Always or nearly always ☐Sometimes ☐Hardly ever ☐Never ☐Not sure ☐

40

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

YPOTRMISB

In most or all of your classes ☐Less often but in more than  
half of your classes ☐In about half your classes ☐Now and then ☐This is not a problem at all ☐

41

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

- YPMISBSCH In most or all of your classes ☐
- Less often but in more than half of your classes ☐
- In about half your classes ☐
- Now and then ☐
- This is not a problem at all ☐

Now some questions about bullying at school.

42

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

- YFPRPBULLI Never ☐
- Not much (1–3 times in the last 6 months) ☐
- Quite a lot (more than 4 times in the last 6 months) ☐
- A lot (a few times every week) ☐

43

How often do you get bullied in other ways at school such as getting called names, getting left out of games, or having nasty stories spread about you on purpose?

- YPFROBULLI Never ☐
- Not much (1–3 times in the last 6 months) ☐
- Quite a lot (more than 4 times in the last 6 months) ☐
- A lot (a few times every week) ☐

44

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

- YFPRPBULLY Never ☐
- Not much (1–3 times in the last 6 months) ☐
- Quite a lot (more than 4 times in the last 6 months) ☐
- A lot (a few times every week) ☐

45

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

- YFPROBULLY Never ☐
- Not much (1–3 times in the last 6 months) ☐
- Quite a lot (more than 4 times in the last 6 months) ☐
- A lot (a few times every week) ☐

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

46

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

- YPSAVE I save up to buy things I want ☐
- I save money and try not to spend it ☐
- I spend money as soon as I get it ☐
- I generally do not have pocket money ☐

47

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

YPPKMP

Write in number of £

and pence

48

Did you do any paid work last week?

YPWKLW

Yes



49

No



51

49

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

YPSHRS

Write in hours

50

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

YPPAY

Write in number of £

and pence

The next questions are about taking care of others

51

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

YPCARE

Yes – in this household



52

No



55

52

Who do you look after? Please add an 'x' for all that apply.

Mother/Father

YPCAWHO1

Grandfather/Grandmother

YPCAWHO2

Brother/Sister

YPCAWHO3

Another adult relative

YPCAWHO4

Another adult who is not a relative

YPCAWHO5

Another child relative

YPCAWHO6

Another child who is not a relative

YPCAWHO7

53

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

YPCAHRS

Write in hours

54

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

YPCASCH

Never

Once a week or more often

Once or twice a month

Here are a few questions about health, nutrition and exercise.

55

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

YPSRHLTH

Excellent

Very good

Good

Fair

Poor

56

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.

YPLTDIS

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

57

How many days a week do you usually eat breakfast?

YPBREAKFST

Everyday ☐4-6 days ☐1-3 days ☐Never or hardly ever ☐

58

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

YPFFDWK

Every day, or nearly every day ☐About once a week ☐Every now and then ☐Never or hardly ever ☐

59

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

YPJFD

Every day, or nearly every day ☐About once a week ☐Every now and then ☐Never or hardly ever ☐

60

How many portions of fresh fruit or vegetables do you eat on a typical day? One portion is one piece of fruit or one serving of a vegetable or salad item.

YPFRUTPPD

5 or more portions ☐3-4 portions ☐1-2 portions ☐None ☐

61

Do you think that you are...

YPHLWTR

About the right weight ☐Underweight ☐Slightly overweight ☐Very overweight ☐Don't know ☐



62 Do you ever diet or try to lose weight?

YPTRYDIET

Yes, all the time ☐

Yes, some of the time ☐

No, never ☐

63 What type of exercise do you do, including things like cycling or walking to school, or what sports do you play? Please put an "x" in the box for each one you do.

Walking, including walking the dog ☐ YPEXTYPE1

Cricket ☐ YPEXTYPE10

Swimming or diving ☐ YPEXTYPE2

Athletics ☐ YPEXTYPE11

Cycling ☐ YPEXTYPE3

Martial Arts ☐ YPEXTYPE12

Jogging or running ☐ YPEXTYPE4

Horse riding ☐ YPEXTYPE13

Tennis, squash or badminton ☐ YPEXTYPE5

Gymnastics ☐ YPEXTYPE14

Keep fit, aerobics or gym training ☐ YPEXTYPE6

Dance ☐ YPEXTYPE15

Football ☐ YPEXTYPE7

Other type of sport or activity ☐ YPEXTYPE16

Rugby ☐ YPEXTYPE8

Netball, basketball or hockey ☐ YPEXTYPE9

64 How many days in a usual week do you play sports, do aerobics or do some other keep fit activity?

YPPSPRT

Every day ☐

5-6 days ☐

3-4 days ☐

1-2 days ☐

Less often than once a week ☐

Never or hardly ever ☐

65 What is the main way you usually travel to school?

YPTRVL2SCH

Walk all the way ☐

Ride a bike ☐

By bus or tube ☐

By car ☐

By train ☐

Some other way/combination ☐

66 Do you ever smoke cigarettes at all? Please do not include electronic cigarettes (e-cigarettes).

YPEVRSMO

Yes ☐ → 67

No ☐ → 68

67

Please read the statements below and add an 'x' beside the statement that describes you best.

YPSMOFRQ

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 ☐

68

Have you ever used e-cigarettes?

YPEVRESMQ

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.

69

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

YPFRALCO

Yes ☐

No ☐

70

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

YPEVRALC

Yes ☐ → 71

No ☐ → 73

71

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

YPREGALCO

Yes ☐

No ☐

72

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

YDPKLM

Most days ☐

Once or twice a week ☐

2 or 3 times ☐

Once only ☐

Never ☐

Please pick one answer by adding an 'x' on the list for each of the following questions.

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

### YPRACE

#### 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 ☐

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

YPVTE3GB

Conservatives ☐

Labour ☐

Liberal Democrat ☐

Scottish National Party ☐

Plaid Cymru ☐

Green Party ☐

UK Independence Party ☐

British National Party ☐

Other party ☐

None ☐

**75** How interested are you in politics?

YPVTE6

Very interested ☐

Fairly interested ☐

Not interested ☐

# 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:

TNS UK Ltd, Buckingham House  
Desborough Road, High Wycombe  
Buckinghamshire HP11 2PR