

## Your questionnaire

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

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**INTERVIEWER: WRITE IN FROM CAPI SCREEN**

## Serial

### Person number

**First name**

### Interviewer number

## Month

+

+



# Understanding Society

**C111000356**  
**W16 GB**  
**V4**

The General Data Protection Regulation (GDPR) sets out the rules under which we process and use your personal details, such as your name, address, and date of birth.

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

Your personal details are never made available to any other companies or individuals outside the Understanding Society team at the Institute for Social and Economic Research, Verian and NatCen Social Research.

For more information about Understanding Society and data security please visit our website:

*<https://www.understandingsociety.ac.uk/participants/data-confidentiality>*

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



No



18

When you have finished the questionnaire, please seal it in the envelope provided. You and your parent can then post this back to us, free of charge. If you have any questions or need help, please ask your parent to contact us using the details below:

Participant helpline: **0800 252 853**

Email: **contact@understandingsociety.ac.uk**

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	<input type="checkbox"/>
Less than an hour	<input type="checkbox"/>
1 - 3 hours	<input type="checkbox"/>
4 - 6 hours	<input type="checkbox"/>
7 or more hours	<input type="checkbox"/>

6

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

	Every day	At least once a week	At least once a month	Less often 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 the 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 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

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"/>

22

Now some questions about how you spend your free time. How often do you...

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

23

And how often do you...

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

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.

Often      Sometimes      Rarely      Never

We discuss books at home

We discuss TV programmes 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 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?**



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?



1



2



3



4



5



6



7








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

Important

Not very important

Not at all important

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

Stay at school or college to do A levels/Highers

Get an apprenticeship

Do some other form of training

Do something else

Don't know

31

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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	<input type="checkbox"/>
No	<input type="checkbox"/>

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

33

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

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

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	<input type="checkbox"/>
Yes, limited a little	<input type="checkbox"/>
No	<input type="checkbox"/>

35

How many days a week do you usually eat breakfast?

Everyday

4 - 6 times

1 - 3 times

Never or hardly ever

36

On how many days in a usual week do you eat fast food such as McDonalds, Burger King, Kentucky Fried Chicken or other take-aways like that?

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

37

How many days in a usual week do you eat sugary foods, like biscuits, cakes, sweets and chocolates?

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

38

How many days in a usual week do you drink sugary drinks, such as fizzy drinks or fruit drinks? Do not include Diet or 'no added sugar' drinks.

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

39

How many days in a usual week do you eat crisps, crackers, or other salty snacks like that?

Every day or nearly every day

About once a week

Every now and then

Never or hardly ever

40

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.

5 or more portions

3 - 4 portions

1 - 2 portions

None

41

Do you think that you are....

About the right weight

Underweight

Slightly overweight

Very overweight

Don't know

42

Do you ever diet or try to lose weight?

Yes, all the time

Yes, sometimes

No, never

43

What type of exercise do you do, including things like cycling or walking to school, or what sports do you play? Please tick the box for each one you do.

Walking (including walking the dog)

Swimming or diving

Cycling

Jogging or running

Tennis, squash or badminton

Go to the gym

Football

Rugby

Netball, Basketball or Hockey

Cricket

Athletics

Martial arts

Horse riding

Gymnastics

Dance

Other type of sport or activity

**44**

How many days in a usual week do you play sports or do some other physical activity?

- Every day
- 5 - 6 days
- 3 - 4 days
- 1 - 2 days
- Less often than once a week
- Never or hardly ever

**45**

What is the main way you usually travel to school?

- Walk all the way
- Ride a bike
- By bus or tube
- By car
- By train
- Some other way/combination

**46**

About what time do you usually go to sleep on a school night?

- Before 9 pm
- 9 - 9:59 pm
- 10 - 10:59 pm
- 11 - midnight
- After midnight

**47**

About what time do you usually wake up in the morning on a school day?

Before 6 am

6 - 6:59 am

7 - 7:59 am

8 - 8:59 am

After 9 am

**48**

About what time do you usually go to sleep on the nights when you do not have school the next day?

Before 9 pm

9 - 9:59 pm

10 - 10:59 pm

11 - midnight

After midnight

**49**

About what time do you wake up in the morning on the days when you do not have school?

Before 8 am

8 - 8:59 am

9 - 9:59 am

10 - 10:59 am

11 - 11:59 am

After Midday

50

During the last four weeks, how long did it usually take for you to fall asleep?

0 - 15 minutes

16 - 30 minutes

31 - 45 minutes

46 - 60 minutes

More than 60 minutes

51

During the last four weeks, how often did you awaken during your sleep time and have trouble falling back to sleep again?

All of the time

Most of the time

A good bit of the time

Some of the time

A little of the time

None of the time

52

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

Yes

No

**53**

Please read the statements below and cross 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

**54**

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.

**55**

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

Yes

No

56

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

Most days	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>
2 or 3 times	<input type="checkbox"/>
Once only	<input type="checkbox"/>
Never	<input type="checkbox"/>

57

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	<input type="checkbox"/>
Once	<input type="checkbox"/>
Twice	<input type="checkbox"/>
Three to five times	<input type="checkbox"/>
Six to nine times	<input type="checkbox"/>
Ten times or more	<input type="checkbox"/>

58

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

59

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"/>

60

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"/>

61

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"/>

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

**63**

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

**64**

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

None

Once or Twice

Several Times

Often

**65**

In the past year, have you taken something from a shop, supermarket, or department store without paying?

None

Once or Twice

Several Times

Often

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

66

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

**Black/African/Caribbean/Black British**

- Caribbean
- African
- Any other Black background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

**Other**

- Arab
- Any other ethnic group

67

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

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

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

68

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

--	--

69

At what age would you like to start a family?

If you don't want any children, write in zero.

Please write in age

--	--

70

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.

--

71

At what age would you like to leave home?

Please write in age

--	--

72

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  
provided and return it to the address below, free  
of charge:**

**Verian  
PO Box 1071  
High Wycombe  
HP12 3WY**



