



Self-completion questionnaire (10-15 yrs)

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INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

Person number

First name

Interviewer number

Month

+


+





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 answers in the spaces provided. If you have made a mistake in your answer or 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 Are you male or female?

YPSSEX Male ☐ Female ☐

3 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 as well as on a TV, DVD etc.

YPTVVIDHRS

None ☐

Less than an hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

4 How many hours do you spend watching television programmes or films on a weekend, that is on Saturday or Sunday? Again, please include time spent watching programmes and films on a computer or mobile device as well as on a TV, DVD etc.

YPTVVIDHRW

None ☐

Less than an hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

5 Do you ever use a computer at home? This includes computers for playing games but not games consoles.

YPCOMP Yes ☐ → **6**

No ☐ → **9**

Don't have a computer at home ☐ → **9**

6 How often do you use a computer at home for doing schoolwork or coursework?

YPPCHW

Every day ☐

At least once a week ☐

At least once a month ☐

Less often than once a month ☐

Never ☐

7 How many hours do you spend using the computer at home for playing games on a normal school day?

YPCPGS

None ☐

Less than an hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

8 How often do you use the computer at home for connecting to the internet, including for playing games?

YPCINTNT

Every day ☐

At least once a week ☐

At least once a month ☐

Less often than once a month ☐

Never ☐

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

YPSOCWEB

Yes ☐ → **10**

No ☐ → **11**

10 How many hours do you spend chatting or interacting with friends through a social media 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 ☐

11 Do you or anyone else in your house have a games console such as a Playstation, X-Box, Wii or something like that?

YPCONSOL

Yes ☐ → **12**

No ☐ → **13**

12 How many hours do you spend playing games on a games console on a normal school day?

YPCONSTM

None ☐

Less than an hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

13 Do you ever play multi-player on-line games?

YPMULPGMS

Yes ☐

No ☐

Don't know ☐

The next few questions are about you and your family.

- 14** 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 ☐

- 15** 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?

YPHRSHSWK

Don't do any housework ☐

Less than one hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

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

YPLATE

Never ☐

1–2 times ☐

3–9 times ☐

10 or more times ☐

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

YPNGAL

Write in number

- 18** Do you have a steady boyfriend or girlfriend?

YPSBFGF

Yes ☐

No ☐

- 19** 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"/>	YPESTA
I feel that I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTI
I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTB
I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTJ
I am a likeable person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTC
I can usually solve my own problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTK
All in all, I am inclined to feel I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTE
At times I feel I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPESTF

Now some questions about how you spend your free time.

20 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"/>	YPPARTY
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPCINEMA
Do painting, drawing, printmaking or sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPPAINT
Go to the theatre (for example play, pantomime or opera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPTHEATRE
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"/>	YPPCART
Go to watch live sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPLVESPT
Go to a pub or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPGO2PUB
Just hang around/mess about near your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPFNGHM
Just hang around/mess about 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"/>	YPFHNGHM

21 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPFYTHCLUB
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"/>	YPLIBRARY
Go to museums or galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPMUSEUM
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"/>	YPFHISTPLC
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"/>	YPFVOLUNT
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"/>	YPPOLITM

22 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.

YPNBUKS

Write in number of books



23

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

☐
☐
☐
☐

YPDISBUK

We discuss TV programmes
we have watched at home

☐
☐
☐
☐

YPDISTV

My parents/other adults at
home buy me books as gifts

☐
☐
☐
☐

YPGETBUK

My parents/other adults take
me to museums or art galleries

☐
☐
☐
☐

YPFADMUS

My parents/other adults take me to
watch sporting events

☐
☐
☐
☐

YPFADSPT

My parents/other adults take me
to theatre or to see a dance
performance or classical music

☐
☐
☐
☐

YPFADTTR

24

Do you play a musical instrument?

YPMUSINST

Yes

☐

No

☐

25

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

☐

YPOSCLAS1

Art

☐

YPOSCLAS2

Dance

☐

YPOSCLAS3

Sport

☐

YPOSCLAS4

Tutorials for school subjects

☐

YPOSCLAS5

Religious classes

☐

YPOSCLAS6

None of these

☐

YPOSCLAS7

Something else
(WRITE IN)

YPOSCLAS7TXT








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

26








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"/>

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

27 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 ☐

28 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 ☐ → 30

Stay at school or college to do A levels/Highers ☐ → 29

Get an apprenticeship ☐ → 29

Do some other form of training ☐ → 29

Do something else ☐ → 29

Don't know ☐ → 29

29 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 ☐

30 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 ☐

Here are a few questions about health.

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

YPSRHLTH

Excellent ☐

Very good ☐

Good ☐

Fair ☐

Poor ☐

32 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 ☐

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

YPEVRSMO

Yes ☐ → **34**

No ☐ → **35**

34 Please read the statements below and tick the box 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 ☐

35 Have you ever used e-cigarettes?

YPEVRESMO

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.

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

YPEVRALC

Yes ☐ → **37**

No ☐ → **40**

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

YDPKLM

Most days ☐ → **38**

Once or twice a week ☐ → **38**

2 or 3 times ☐ → **38**

Once only ☐ → **38**

Never ☐ → **39**

38 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).

YP5ALCDR

None ☐

Once ☐

Twice ☐

Three to five times ☐

Six to nine times ☐

Ten times or more ☐

39 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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ YPDRNKLT

During the last twelve months ☐ ☐ ☐ ☐ ☐ ☐ ☐ YPDRNKYR

During the last four weeks ☐ ☐ ☐ ☐ ☐ ☐ ☐ YPDRNK4W

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

Yes No

Glue/solvent sniffing ☐ ☐ YPDRGSOL

Cannabis (also known as marijuana, dope, hash or skunk) ☐ ☐ YPDRGMJ

Any other illegal drug (including ecstasy, cocaine, speed) ☐ ☐ YPDRGOTH

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

YPFDRDG

Never ☐

Once or twice ☐

Three or four times ☐

Five to ten times ☐

More than ten times ☐

42

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

YPEASMJ

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

43

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 ☐ ☐ ☐ ☐ ☐ YPSMRSK1Smoke one or more packs of cigarettes per day ☐ ☐ ☐ ☐ ☐ YPSMRSK2Have one or two alcoholic drinks nearly every day ☐ ☐ ☐ ☐ ☐ YPALCRSK1Have four or five alcoholic drinks nearly every day ☐ ☐ ☐ ☐ ☐ YPALCRSK2Have five or more alcoholic drinks each weekend ☐ ☐ ☐ ☐ ☐ YPALCRSK3

44

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 (marijuana or hash) once or twice ☐ ☐ ☐ ☐ ☐ YPMJRSK1Smoke cannabis (marijuana or hash) occasionally ☐ ☐ ☐ ☐ ☐ YPMJRSK2Smoke cannabis (marijuana or hash) regularly ☐ ☐ ☐ ☐ ☐ YPMJRSK3Try ecstasy once or twice ☐ ☐ ☐ ☐ ☐ YPERSK1Take ecstasy regularly ☐ ☐ ☐ ☐ ☐ YPERSK2Try an amphetamine (uppers, pep pills, speed) once or twice ☐ ☐ ☐ ☐ ☐ YPAMRSK1Take amphetamines regularly ☐ ☐ ☐ ☐ ☐ YPAMRSK2

45

How often in the past month have you had a fight with someone that involved physical violence, such as hitting, punching, or kicking?

YPPFGHT

None ☐Once ☐2–5 times ☐6–9 times ☐10 or more times ☐

46

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

YPPVAND

Never ☐Once or twice ☐Several times ☐Often ☐

47

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

YPPSHOP

Never ☐Once or twice ☐Several times ☐Often ☐

48

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

YPPRELIGNI

Catholic ☐Presbyterian ☐Church of Ireland ☐Methodist ☐Baptist ☐Free Presbyterian ☐Brethren ☐Protestant – not specified ☐Other Christian ☐Buddhist ☐Hindu ☐Jewish ☐Muslim ☐Sikh ☐No religion ☐Any other religion ☐I don't know ☐

Now a few questions about the environment.
How often you personally do each of the following things?

49 How often do you leave the TV on standby?

YPENVHABIT1

Always ☐

Very often ☐

Quite often ☐

Not very often ☐

Never ☐

We have no TV at home ☐

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

YPENVHABIT2

Always ☐

Very often ☐

Quite often ☐

Not very often ☐

Never ☐

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

YPENVHABIT3

Always ☐

Very often ☐

Quite often ☐

Not very often ☐

Never ☐

52 Do you believe that people in the UK will be affected by climate change in the future?

YPOPECL

Yes ☐

No ☐

Don't know ☐

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

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

YPAMAR

Please write in age

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

YPAPAR

Please write in age

55 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. YPFUTATXT

56 At what age would you like to leave home?

YPLVHM

Please write in age

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

In this section you will see a number of patterns with a missing piece like the one in the example below.

You will need to write the number of the missing piece of the pattern in the box provided.

The problems get harder as you go along, but you can work at your own pace and you do not have to answer any if you don't want to.

Example question and answer.

The missing piece is number

Raven Progressive Matrix # Example

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Please refer to the user guide for details.*

58

The missing piece is number

RAVENA11

Raven Progressive Matrix #1

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Please refer to the user guide for details.*

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+

+

59

The missing piece is number

RAVENB12

Raven Progressive Matrix #2

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30

+

+

31

+



60

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RAVENC4

Raven Progressive Matrix #3

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Please refer to the user guide for details.*

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61

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RAVENC12

Raven Progressive Matrix #4

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62

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RAVEND7

Raven Progressive Matrix #5

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32

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33

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+

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63

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RAVEND13

Raven Progressive Matrix #6

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34

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+

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64

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RAVENE1

Raven Progressive Matrix #7

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65

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RAVENE5

Raven Progressive Matrix #8

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66

The missing piece is number

RAVENE7

Raven Progressive Matrix #9

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+

36

+

+

37

+



Thank 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:

**Kantar
Unit 6 Cliveden Office Village
Lancaster Road
Cressex Business Park
High Wycombe
Buckinghamshire
HP12 3YZ**

