

Your  
questionnaire

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

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INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

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Interviewer number

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Understanding  
Society

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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

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

## COMPLETING THE QUESTIONNAIRE

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

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

Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

### Example question

---

**16****Did you have breakfast today?**

Yes



No

**18**

When you have finished answering the questionnaire, please seal it in the envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer. Thank you again for your help.



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

Day   ypdobd Month   ypdobm ypdoby

**2 Are you male or female? ypsex**

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 ☐ ypdevice1  
Mobile phone other than smartphone ☐ ypdevice2  
A tablet ☐ ypdevice3  
Television ☐ ypdevice4  
A gaming console like an Xbox, Playstation or Switch ☐ ypdevice5  
A laptop or desktop computer ☐ ypdevice6

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

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? yptvvidhrw

|                   |                          |
|-------------------|--------------------------|
| 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 than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Watching programmes, videos or movies ypdvpvm     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Video calling ypdvvc                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing games ypdvpg                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School work or studying ypdvhm                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Posting pictures, videos, or other things ypdvcrt | <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? ypdvacto

The next questions are about friendships and socialising.

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

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? ypvirfnd

Yes

☐

No

☐

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

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)? ypfndonl

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?  
ypsocweb

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?  
ypnetcht

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?  
ypnetchtw

None

☐

Less than an hour

☐

1 - 3 hours

☐

4 - 6 hours

☐

7 or more hours

☐

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

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? ypeatlivu

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? yphrshswk

Don't do any housework

☐

Less than one hour

☐

1–3 hours

☐

4–6 hours

☐

7 or more hours

☐**18**

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

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 ☐ yppun1

Ground you, stop you going out or stop you from seeing your friends ☐ yppun2

Take away pocket money ☐ yppun3

Punish you in some other way ☐ yppun4

None of the above ☐ yppun5

20

Do you have a steady boyfriend or girlfriend?

ypsbfgf

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<br>ypesta            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel that I do not have much to be proud of<br>ypesti       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I certainly feel useless at times<br>ypestb                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am able to do things as well as most other people<br>ypestj | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a likeable person<br>ypestc                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can usually solve my own problems<br>ypestk                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All in all, I am inclined to feel I am a failure<br>ypeste    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At times I feel I am no good at all<br>ypestf                 | <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     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ypfparty Go to a party, dance or nightclub                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypfcinema Go to the cinema   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypfpaint Do painting, drawing, printmaking or sculpture                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypftheatre 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"/> |
| ypfpcart 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"/> |
| ypflivespt Go to watch live sport  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypfgo2pub Go to a pub or bar   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypfhngsm Just hang around near your home                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypfhngtn 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 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<br>ypfythclub  | <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)<br>ypflibrary                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to museums or galleries<br>ypfmuseum   | <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<br>ypfhistplc                         | <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)<br>ypfvolut | <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<br>ypfpolitm               | <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. ypnbuks

Write in number of books

25

Please read each of the following statements and put an “x” in the box that best applies to you.

Put an “x” in one box for each line

Often      Sometimes      Rarely      Never

ypdisbuk We discuss books at home

☐
☐
☐
☐

We discuss TV programme we  
ypdistv have watched at home

☐
☐
☐
☐

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

☐
☐
☐
☐

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

☐
☐
☐
☐

My parents/other adults take me  
ypfadspt to watch sporting events

☐
☐
☐
☐

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

☐
☐
☐
☐

26

Do you play a musical instrument? ypmusinst

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 ☐ yposclas1

Art ☐ yposclas2

Dance ☐ yposclas3

Sport ☐ yposclas4

Tutorials for school subjects ☐ yposclas5

Religious classes ☐ yposclas6

None of these ☐ yposclas7

Something else  yposclas8  
(WRITE IN) yposclas8txt

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?** yphsw



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

**B Your appearance?** yphap



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

**C Your family?** yphfm



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

**D** Your friends? yphfr



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

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



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

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



1

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☐

**29** Overall, do you like living in your neighbourhood? ypllknbrn

Yes

☐

No

☐

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

A big worry

☐

A bit of a worry

☐

An occasional doubt

☐

Not a worry at all

☐

**31** How safe would you feel walking alone in your neighbourhood after dark? ypcrworb

Very safe

☐

Fairly safe

☐

A bit unsafe

☐

Very safe

☐



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

32

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

☐

33

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

Get a full-time job

☐

35

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

34

Get an apprenticeship

☐

34

Do some other form of training

☐

34

Do something else

☐

34

Don't know

☐

34

34

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

☐

35

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.

36

In general, would you say your health is... ypsrh1th

Excellent

☐

Very good

☐

Good

☐

Fair

☐

Poor

☐

37

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

☐

38

About what time do you usually go to sleep on a school night? ypsleep1

Before 9 pm

☐

9 - 9:59 pm

☐

10 - 10:59 pm

☐

11 - midnight

☐

After midnight

☐

39

About what time do you usually wake up in the morning on a school day? ypsleep2

Before 6 am

☐

6 - 6:59 am

☐

7 - 7:59 am

☐

8 - 8:59 am

☐

After 9 am

☐

40

About what time do you usually go to sleep on the nights when you do not have school the next day? ypsleep3

Before 9 pm

☐

9 - 9:59 pm

☐

10 - 10:59 pm

☐

11 - midnight

☐

After midnight

☐

41

About what time do you wake up in the morning on the days when you do not have school? ypsleep4

Before 8 am

☐

8 - 8:59 am

☐

9 - 9:59 am

☐

10 - 10:59 am

☐

11 - 11:59 am

☐

After Middyay

☐

42

During the last four weeks, how long did it usually take for you to fall asleep? ypsleep5

0 - 15 minutes

☐

16 - 30 minutes

☐

31 - 45 minutes

☐

46 - 60 minutes

☐

More than 60 minutes

☐

43

During the last four weeks, how often did you awaken during your sleep time and have trouble falling back to sleep again? ypsleep6

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

☐

44

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

Yes

☐

45

No

☐

46

45

**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☐

46

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

47

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

Yes

☐

48

No

☐

51

48

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

Most days

☐

49

Once or twice a week

☐

49

2 or 3 times

☐

49

Once only

☐

49

Never

☐

50

49

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

☐

50

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           |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ypdrnklt In your lifetime               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ypdrnkylr During the last twelve months | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ypdrnk4w During the last four weeks     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

51

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

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

52

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

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

53

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

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

54

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<br>ypsmrsk1 occasionally                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke one or more<br>packs of cigarettes per<br>ypsmrsk2 day        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have one or two<br>alcoholic drinks nearly<br>ypalcrsk1 every day   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have four or five<br>alcoholic drinks nearly<br>ypalcrsk2 every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have five or more<br>alcoholic drinks each<br>ypalcrsk3 weekend     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



55

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               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ypmjrsk1 Try cannabis (weed, marijuana or hash) once or twice        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypmjrsk2 Smoke cannabis (weed, marijuana or hash) occasionally       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypmjrsk3 Smoke cannabis (weed, marijuana or hash) regularly          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypersk1 Try ecstasy once or twice                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypersk2 Take ecstasy regularly                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ypamrsk1 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"/> |
| ypamrsk2 Take amphetamines regularly                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

56

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

None

☐

Once

☐

2–5 times

☐

6–9 times

☐

10 or more times

☐

57

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

Never

☐

Once or twice

☐

Several times

☐

Often

☐

58

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

☐

Please pick one answer by adding an “X” on the list for each of the following questions.

59

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 ☐

60

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

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. ☐

61

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

ypvte3ni

Ulster Unionist

☐

SDLP

☐

Alliance Party

☐

Democratic Unionist

☐

Sinn Fein

☐

Green Party

☐

UK Independence Party

☐

Other party

☐

None

☐

62

How interested are you in politics?

ypvte6

Very interested

☐

Fairly interested

☐

Not interested

☐

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

63

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

Please write in age

|  |  |
|--|--|
|  |  |
|--|--|

64

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

Please write in age

|  |  |
|--|--|
|  |  |
|--|--|

65

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

|  |
|--|
|  |
|--|

66

At what age would you like to leave home? yplvhm

Please write in age

|  |  |
|--|--|
|  |  |
|--|--|

67

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

|  |
|--|
|  |
|--|

# Thank you for your help

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

Or please return to the address below:

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

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