



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

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INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

Person number

First name

Interviewer number

Month

+

+

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, Kantar and NatCen Social Research.


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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

**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? YPDEVICE

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? YPTVIDHRS

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? YPTVIDHRW

None ☐

Less than an hour ☐

1–3 hours ☐

4–6 hours ☐

7 or more hours ☐

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

	Every day	At least once a week	At least once a month	Less than once a month	Never	
Watching programmes, videos or movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YDPVPVM
Video calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPDVVC
Playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YDPVPG
School work or studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPDVHW
Posting pictures, videos, or other things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPDVCRT

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

Now some questions about how you spend your free time.

## 22 How often do you...

Put an "x" in one box for each line

	Most days	At least once a week	At least once a month	Several times a year	Once a year or less	Never / almost never
Go to a party, dance, disco or nightclub <b>YPFDISC1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPACTC</b> Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPPAINT</b> Do painting, drawing, printmaking or sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPFOPERA</b> Go to the theatre (for example play, musical, pantomime or opera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer to create original artworks or animation <b>YPCANIMAT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPACTB</b> Go to watch live sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YFPUB</b> Go to a pub or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just hang around near your home <b>YPFHNGHM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just hang around in the high street or the town/city centre <b>YPFHNGTN</b>	<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 <b>YPACTM</b>	<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) <b>YPLIBRAR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to museums or galleries <b>YPMUSEM</b>	<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 <b>YPPSTATLY</b>	<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) <b>YPVOLUNT</b>	<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 <b>YPPOLITC</b>	<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

YDISBUK

We discuss books at home

☐☐☐☐

We discuss TV programme we have

YDISTV

watched at home

☐☐☐☐

My parents/other adults at home

YGETBUK

buy me books as gifts

☐☐☐☐

My parents/other adults take me

to museums or art galleries

YFADMUS

☐☐☐☐

My parents/other adults take me

to watch sporting events

YFADSPT

☐☐☐☐

My parents/other adults take me

to the theatre or to see a dance  
performance or classical music

YFADTTR

☐☐☐☐

26

Do you play a musical instrument? YPMUSICL

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.

YPOSCLAS

Music

☐

Art

☐

Dance

☐

Sport

☐

Tutorials for school subjects

☐

Religious classes

☐

None of these

☐

Something else  
(WRITE IN)

YPOSCLASO










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
<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.

**29** Do you have a space at home where you can do your homework?

YPSCHLHM

Yes ☐

No ☐

**30** Which of these things do you have at home to help you do your school work?

YPSCHLTH

Access to a computer ☐

Good internet connection ☐

Help from your family when you need it ☐

Stationery ☐

A quiet/peaceful place to work ☐

**31** 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 ☐

**32**

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?

Get a full-time job ☐ → **34**

YPLVSCDO

Stay at school or college to do A levels/Highers ☐ → **33**

Get an apprenticeship ☐ → **33**

Do some other form of training ☐ → **33**

Do something else ☐ → **33**

Don't know ☐ → **33**

**33**

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 ☐

**34**

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.

**35** In general, would you say your health is... **YPSRHLTH**

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

**36** 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 ☐

**37** Have you ever tested positive for coronavirus (COVID-19)? **YPTTESTPOSCOV**

- Yes ☐ → **38**
- No ☐ → **42**

**38** Did you have coronavirus symptoms that lasted more than 12 weeks? **YPLONGCOVA**

- Yes ☐ → **39**
- No ☐ → **42**

**39** Which of the following symptoms have you had? **YPLGCVSYMP**

- |   |   |
|---|---|
| High temperature <input type="checkbox"/>           | Stomach pain/<br>Upset stomach <input type="checkbox"/> |
| A lot of coughing <input type="checkbox"/>          | Chest pain <input type="checkbox"/>                     |
| Cannot smell or taste <input type="checkbox"/>      | Trouble breathing <input type="checkbox"/>              |
| Headaches <input type="checkbox"/>                  | Body aches and muscle pain <input type="checkbox"/>     |
| Feeling tired all the time <input type="checkbox"/> | Dizziness <input type="checkbox"/>                      |
| Runny or stuffy nose <input type="checkbox"/>       | Difficulty concentrating <input type="checkbox"/>       |
| Sore throat <input type="checkbox"/>                | Other <input type="checkbox"/>                          |

**40** Did these ongoing symptoms affect your ability to do your normal daily activities? **YPLGCVDA**

- Yes ☐ No ☐

**41** Did these symptoms affect your ability to do your schoolwork or homework? **YPLGCVSCH**

- Yes, a lot ☐
- Yes, a little ☐
- No, not at all ☐

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

- Yes ☐ → **43**
- No ☐ → **44**

**43** 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 ☐

**44** 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.

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

Yes ☐ → 46

No ☐ → 49

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

Most days ☐ → 47

Once or twice a week ☐ → 47

2 or 3 times ☐ → 47

Once only ☐ → 47

Never ☐ → 48

**47** 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 ☐

48

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

☐ ☐ ☐ ☐ ☐ ☐ ☐

During the last twelve

YPDRNKYR

months

☐ ☐ ☐ ☐ ☐ ☐ ☐

During the last four

YPDRNK4W

weeks

☐ ☐ ☐ ☐ ☐ ☐ ☐

49

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

Yes    No

Glue/solvent sniffing

☐ ☐

YPDRGSOL

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

☐ ☐

YPDRGMJ

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

☐ ☐

YPDRGOTH

50

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

Never ☐Once or twice ☐Three or four times ☐Five to ten times ☐More than ten times ☐

51

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

☐

52

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

☐☐☐☐☐

YPSMRSK1

Smoke one or more  
packs of cigarettes per  
day

☐☐☐☐☐

YPSMRSK2

Have one or two  
alcoholic drinks nearly  
every day

☐☐☐☐☐

YPALRSK1

Have four or five  
alcoholic drinks nearly  
every day

☐☐☐☐☐

YPALRSK2

Have five or more  
alcoholic drinks each  
weekend

☐☐☐☐☐

YPALRSK3

53

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
<b>YPMJRSK1</b> Try cannabis (weed, marijuana or hash) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPMJRSK2</b> Smoke cannabis (weed, marijuana or hash) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPMJRSK3</b> Smoke cannabis (weed, marijuana or hash) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try ecstasy once or twice <b>YPERSK1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YPERSK2</b> Take ecstasy regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try an amphetamine (uppers, pep pills, speed) once or twice <b>YPAMRSK1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take amphetamines regularly <b>YPAMRSK2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54

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 ☐

55

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 ☐

56

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

Never ☐

Once or twice ☐

Several times ☐

Often ☐

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

**57** 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 ☐

**58**

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. ☐

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

59

At what age do you want to get married?

If you don't want to get married then write in zero. YPMARAGE

Please write in age

60

At what age would you like to start a family?

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

Please write in age

61

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. YPFUTA

62

At what age would you like to leave home? YPLVHM

Please write in age

63

What job would you like to do once you leave school or finish your full-time education? YPSOC00





# 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  
PO Box 107  
High Wycombe  
HP12 3WY**

