

Your
questionnaire

Self-completion questionnaire (10-15 yrs)

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INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

Person number

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First name

Interviewer number

Month

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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

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.


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<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 ☐
- 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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do painting, drawing, printmaking or sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Go to watch live sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Go to museums or galleries	<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	<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)	<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	<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.

Write in the number of books



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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








B Your appearance?

						
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?

						
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?

						
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?

						
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?



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

☐

No

☐

Don't know

☐

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

☐

No

☐

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

33

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

Excellent

☐

Very good

☐

Good

☐

Fair

☐

Poor

☐

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

☐

Yes, limited a little

☐

No

☐

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 ☐
- Once or twice a week ☐
- 2 or 3 times ☐
- Once only ☐
- Never ☐

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 ☐
- Once ☐
- Twice ☐
- Three to five times ☐
- Six to nine times ☐
- Ten times or more ☐

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

62

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

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 ☐

67

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

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.

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

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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

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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.

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71

At what age would you like to leave home?

Please write in age

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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

