

Your  
questionnaire

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

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INTERVIEWER: WRITE IN FROM CAPI SCREEN

Serial

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Person number

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First name

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Interviewer number

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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, Kantar 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

**8** How often do you feel lonely?

Hardly ever or never	<input type="checkbox"/>	
Some of the time	<input checked="" type="checkbox"/>	→ <b>10</b>
All of the time	<input type="checkbox"/>	

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.

YPDOBD YPDOB M YPDOBY  
 Day   Month

2 Are you male or female?

Male ☐ YPSEX  
 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 ☐ YPDEVICE  
 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 ☐ YPTVVIDHRS  
 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 ☐ YPTVVIDHRW  
 Less than an hour ☐  
 1 - 3 hours ☐  
 4 - 6 hours ☐  
 7 or more hours ☐



The next questions are about friendships and socialising.

6 How many close friends would you say you have?

Write in number

YPNPAL

7 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

☐

YPVIRFND

No

☐

8 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

☐

YPFNDMEET

Several times a week

☐

About once a week

☐

Less often

☐

Never

☐

9 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

☐

YPFNDONL

Several times a week

☐

About once a week

☐

Less often

☐

Never

☐

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

Yes ☐ → 11 YPSOCWEB  
 No ☐ → 13

11 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 ☐ YPNETCHT  
 1 - 3 hours ☐  
 4-6 hours ☐  
 7 or more hours ☐

12 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 ☐ YPNETCHTW  
 1 - 3 hours ☐  
 4-6 hours ☐  
 7 or more hours ☐

13 How often do you feel lonely?

Hardly ever or never ☐  
 Some of the time ☐ YPLONELY  
 All of the time ☐

14 Do you have your own personal mobile phone?

Yes ☐ → 15 YPM0BU  
 No ☐ → 16

15 Is your mobile a smartphone? A smartphone is a mobile phone that can download apps, send emails and surf the internet.

Yes ☐ No ☐ YPSMARTPH

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 ☐ YPEATLIVU  
 1 - 2 times ☐  
 3 - 5 times ☐  
 6 - 7 times ☐

- 17** Do you feel supported by your family, that is the people who live with you?

I feel supported by my family in most or all of the things I do ☐ YPFAMSUP  
 I feel supported by my family in some of the things I do ☐  
 I do not feel supported by my family in the things I do ☐

- 18** Suppose you felt upset or worried about something and you wanted to talk about it. Who would you turn to first within your family? Please tick one box only.

Mum ☐ YPUPSET  
 Step-mum ☐  
 Dad ☐  
 Step-dad ☐  
 A brother or sister ☐  
 A step-brother or step-sister ☐  
 Another relative living with you ☐  
 Another relative not living with you ☐  
 No-one within my family ☐

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

Never ☐ YPLATE  
 1 - 2 times ☐  
 3 - 9 times ☐  
 10 or more times ☐

20 Do you have any brothers or sisters living with you at home?

Yes ☐ → 21 YPSIBLING

No ☐ → 23

21 How often do any of your brothers or sisters do any of the following to you at home?

	Never	Not much (1-3 times in last 6 months)	Quite a lot (more than 4 times in the last 6 months)	A lot (a few times every week)	
Hit, kick or push you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSIBHIT
Take your belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSIBSTEAL
Call you nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSIBVERAB
Make fun of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSIBTEASE

22 How often do you do any of the following to your brothers or sisters at home?

	Never	Not much (1-3 times in last 6 months)	Quite a lot (more than 4 times in the last 6 months)	A lot (a few times every week)	
Hit, kick or push them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPHITSIB
Take their belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSTEALSIB
Call them nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPVERABSIB
Make fun of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPTEASESIB

The next few questions are about your relationship with your parents even if either of them live in a different household to you.

23 Most children have occasional quarrels with their parents. How often do you quarrel with your mother?

Most days ☐ YPARGM

More than once a week ☐

Less than once a week ☐

Hardly ever ☐

Don't have a mother ☐

24 How often do you quarrel with your father?

- Most days ☐ YPARGF  
 More than once a week ☐  
 Less than once a week ☐  
 Hardly ever ☐  
 Don't have a father ☐

25 How often do you talk to your mother, about things that matter to you?

- Most days ☐ YPTLKM  
 More than once a week ☐  
 Less than once a week ☐  
 Hardly ever ☐  
 Don't have a mother ☐

26 How often do you talk to your father, about things that matter to you?

- Most days ☐ YPTLKF  
 More than once a week ☐  
 Less than once a week ☐  
 Hardly ever ☐  
 Don't have a father ☐

27 Do you have a step-mother or father, or someone like this, living at home with you?

- Yes ☐ → 28 YPSTEPHAS  
 No ☐ → 29

28 How would you rate your relationship with your step-mother or father, or other person like this?

- Very good ☐ YPSTEPREL  
 Good ☐  
 Fair ☐  
 Poor ☐  
 Very poor ☐



**29** This question is about the adults you live with. Some young people live in more than one home so there are two columns below: If you only live in one home, please just fill in Column A. If you live in two homes (not including holiday or summer houses), please fill in Columns A and B. Please tick all of the adults that live in your home(s)

	Column A: Only/ first home	Column B: Second home	
Mother	<input type="checkbox"/>	<input type="checkbox"/>	YPHOMEA
Father	<input type="checkbox"/>	<input type="checkbox"/>	
Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	
Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	
Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	YPHOMEB
Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	
Other adult	<input type="checkbox"/>	<input type="checkbox"/>	
I live in a foster home	<input type="checkbox"/>	<input type="checkbox"/>	
I live in a children's home	<input type="checkbox"/>	<input type="checkbox"/>	





30

## Strengths and Difficulties Questionnaire

Now for some questions about how you see yourself as a person. For each item, please tick the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you aren't absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

	Not true	Somewhat true	Certainly true	
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPBENICE
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPRESTLESS
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPUNWELL
I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSHAROTH
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPISANGRY
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPALONER
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPOBEYS
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPWORRIES
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPOTHHELP
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPFIDGET
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPGDFREND
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPFIGHTLOT
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPUNHAPPY
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPPEERLIKE
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPDSTRCTED
I am nervous in new situations, I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPNERVOUS
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPKIND2KDS
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPLIECHEAT
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPISBULLIED
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPOFRHELP
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPTHNKS4
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPSTEALS
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPRELADULT
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPAFRAID
I finish the work I'm doing. My attention is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YPCOMPWRK

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

31

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

☐

YPHSW

B Your appearance?



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

YPHAP

C Your family?



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

YPHFM

D Your friends?



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

YPHFR

E The school you go to?



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

YPHSC

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



1

☐


2

☐


3

☐


4

☐


5

☐


6

☐


7

☐

YPHLF

The next few questions are about any homework you might be asked to do by teachers at your school. 'Homework' is any work set for you by teachers which is to be done outside lessons even if you do the work at school after lessons rather than taking it home with you.

**32** Do you ever get set any homework at school?

Yes ☐ → **33** YPHMWRK  
 No ☐ → **39**

**33** How often are you given homework?

Most days ☐ YPFHMWRK  
 More than once a week ☐  
 Less than once a week ☐  
 Hardly ever ☐  
 Never ☐

**34** During an average week in term time, on how many evenings do you do any homework? Please just think about Monday to Friday evenings during term time.

Write in the number of evenings you do homework  YPFHWEVE

**35** When you do homework on a week-day evening during term time, how many hours do you usually spend doing your homework?

Write in the number of hours  YPHMWKHS

**36** And how many hours do you usually spend doing homework on the weekend during term-time?

Write in the number of hours   YPHMWKWE

**37** Does anyone here at home help you with your homework, even if it's only occasionally?

Yes ☐ YPHMWKHL  
 No ☐

38 Who usually helps you with your homework?

- |                                  |                          |           |
|----------------------------------|--------------------------|-----------|
| Mum                              | <input type="checkbox"/> | YPHMWKWHO |
| Step-mum                         | <input type="checkbox"/> |           |
| Dad                              | <input type="checkbox"/> |           |
| Step-dad                         | <input type="checkbox"/> |           |
| A brother or sister              | <input type="checkbox"/> |           |
| A step-brother or step-sister    | <input type="checkbox"/> |           |
| Another relative living with you | <input type="checkbox"/> |           |
| Any non-relative living with you | <input type="checkbox"/> |           |
| No-one, I do it myself           | <input type="checkbox"/> |           |

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

39 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       | <input type="checkbox"/> | YPACVWELL |
| Important            | <input type="checkbox"/> |           |
| Not very important   | <input type="checkbox"/> |           |
| Not at all important | <input type="checkbox"/> |           |

40

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

☐

42

Stay at school or college to do A levels/Highers

☐

YPLVSCDO

Get an apprenticeship

☐

Do some other form of training

☐

Do something else

☐

Don't know

☐

41

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

Yes

☐

YP2UNI

No

☐

Don't know

☐

42

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

☐

YPTRUANT

No

☐

43

My parents are interested in how I do at school.

Always or nearly always

☐

Sometimes

☐

YPPARSCH

Hardly ever

☐

Never

☐

Not sure

☐

44

My parents come to school parents evenings.

Always or nearly always

☐

Sometimes

☐

YPPAREVE

Hardly ever

☐

Never

☐

Not sure

☐

45

How often do other pupils at your school misbehave or cause trouble in your classes?

In most or all of your classes ☐

YPOTRMISB

Less often but in more than half of your classes ☐

In about half your classes ☐

Now and then ☐

This is not a problem at all ☐

46

And how often would you say you yourself misbehave or cause trouble in your classes?

In most or all of your classes ☐

YPMISBSCH

Less often but in more than half of your classes ☐

In about half your classes ☐

Now and then ☐

This is not a problem at all ☐

Now some questions about bullying.

47

How often do you get physically bullied at school, for example getting hit, pushed around or threatened, or having belongings stolen?

Never ☐

YFPRPBULLI

Not much (1-3 times in last 6 months) ☐

Quite a lot (more than 4 times in last 6 months) ☐

A lot (a few times every week) ☐

48

How often do you get bullied in other ways at school such as getting called names, getting left out of games, or having nasty stories spread about you on purpose?

Never ☐

YPFROBULLI

Not much (1-3 times in last 6 months) ☐

Quite a lot (more than 4 times in last 6 months) ☐

A lot (a few times every week) ☐



49

Do you physically bully other children at school by hitting or pushing them around, threatening them or stealing their things?

Never

☐

YFPRPBULLY

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐

50

How often do you bully children in other ways at school such as calling them names, leaving them out of games or spreading nasty stories about them on purpose?

Never

☐

YFROBULLY

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐

51

How often do you get bullied online, such as getting called hurtful names, having nasty stories spread about you, being bothered or threatened?

Never

☐

YPNETBULLI

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐

52

Do you bully others online by calling them hurtful names, spreading nasty stories about them, bothering or threatening them?

Never

☐

YPNETBULLY

Not much (1-3 times in last 6 months)

☐

Quite a lot (more than 4 times in last 6 months)

☐

A lot (a few times every week)

☐

- 53 In the last 12 months, have you been treated differently by others, in a negative way, for any of these reasons? (*cross all that apply*)

Your gender ☐  
 Your age ☐ YPDISCRIMY  
 Your ethnicity ☐  
 Your health or disability ☐  
 Your religion ☐  
 Your physique (tall/short, fat/thin) ☐  
 Your language or accent ☐  
 Other reason ☐  
 None of these ☐

Here are some questions about money and any work you may do.

- 54 Which of the following describes what you usually do with your money?

I save up to buy things I want ☐ YPSAVE  
 I save money and try not to spend it ☐  
 I spend money as soon as I get it ☐

- 55 How much money did you receive last week to spend on yourself? Please include pocket money and any allowance you get. But if you have a job, do not include money you earned. YPPKML & YPPKMP

Write in number of £  and pence

- 56 Did you do any paid work last week?

Yes ☐ → 57 YPWKLW  
 No ☐ → 59

- 57 How many hours paid work did you do last week? If you have more than one job please write in the total hours worked at all of them.



Write in the number of hours  YPWHR5

- 58 What was your total pay last week? If you earned money from more than one job, please write in the total you earned from all of them. YPPAY

Write in number of £  and pence

## The next questions are about taking care of others

**59** Some people your age may have to look after other people. This could be a brother or sister, a relative or someone else who is disabled or sick. Is there anyone like this who lives here with you that you have to look after on a regular basis?

Yes - in this household ☐  **60** YPCARE  
 No ☐  **63**

**60** Who do you look after? (*cross all that apply*)

Mother/Father ☐  
 Grandfather/mother ☐ YPCAWHO  
 Brother/Sister ☐  
 Another adult relative ☐  
 Another adult who is not a relative ☐  
 Another child relative ☐  
 Another child who is not a relative ☐

**61** About how many hours a week would you say that you usually spend looking after or doing things for them?

Please write in hours    YPCAHRS

**62** How often do you have to miss school to do this?

Never ☐ YPCASCH  
 Once a week or more often ☐  
 Once or twice a month ☐

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

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

Excellent ☐  
 Very good ☐ YPSRHLTH  
 Good ☐  
 Fair ☐  
 Poor ☐

64

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 ☐

YPLTDIS

Yes, limited a little ☐

No ☐

65

How many days a week do you usually eat breakfast?

Everyday ☐

YPBREAKFST

4 - 6 times ☐

1 - 3 times ☐

Never or hardly ever ☐

66

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 ☐

YPFFDWK

About once a week ☐

Every now and then ☐

Never or hardly ever ☐

YPJFD

67

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

Every day or nearly every day ☐

YPSUGFD

About once a week ☐

Every now and then ☐

Never or hardly ever ☐

68

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 ☐

YPSUGDR

About once a week ☐

Every now and then ☐

Never or hardly ever ☐

69

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

☐

YPSLTFD

70

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

☐

YPFRUTPPD

71

Do you think that you are...

About the right weight

☐

Underweight

☐

Slightly overweight

☐

Very overweight

☐

Don't know

☐

YPHLWTR

72

Do you ever diet or try to lose weight?

Yes, all the time

☐

Yes, sometimes

☐

No, never

☐

YPTRYDIET

**73** What type of exercise do you do, including things like cycling or walking to school, or what sports do you play? Please put an "x" in the box for each one you do.

Walking (including walking the dog)	<input type="checkbox"/>	YPEXTYPE
Swimming or diving	<input type="checkbox"/>	
Cycling	<input type="checkbox"/>	
Jogging or running	<input type="checkbox"/>	
Tennis, squash or badminton	<input type="checkbox"/>	
Go to the gym	<input type="checkbox"/>	
Football	<input type="checkbox"/>	
Rugby	<input type="checkbox"/>	
Netball, Basketball or Hockey	<input type="checkbox"/>	
Cricket	<input type="checkbox"/>	
Athletics	<input type="checkbox"/>	
Martial arts	<input type="checkbox"/>	
Horse riding	<input type="checkbox"/>	
Gymnastics	<input type="checkbox"/>	
Dance	<input type="checkbox"/>	
Other type of sport or activity	<input type="checkbox"/>	

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

Every day	<input type="checkbox"/>	YPPSPRT
5 - 6 days	<input type="checkbox"/>	
3 - 4 days	<input type="checkbox"/>	
1 - 2 days	<input type="checkbox"/>	
Less often than once a week	<input type="checkbox"/>	
Never or hardly ever	<input type="checkbox"/>	

**75** What is the main way you usually travel to school?

Walk all the way	<input type="checkbox"/>	YPTRVL2SCH
Ride a bike	<input type="checkbox"/>	
By bus or tube	<input type="checkbox"/>	
By car	<input type="checkbox"/>	
By train	<input type="checkbox"/>	
Some other way/combination	<input type="checkbox"/>	



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

Before 9 pm	<input type="checkbox"/>	YPSLEEP1
9 - 9.59 pm	<input type="checkbox"/>	
10 - 10.59 pm	<input type="checkbox"/>	
11 - midnight	<input type="checkbox"/>	
After midnight	<input type="checkbox"/>	

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

Before 6 am	<input type="checkbox"/>	YPSLEEP2
6 - 6.59 am	<input type="checkbox"/>	
7 - 7.59 am	<input type="checkbox"/>	
8 - 8.59 am	<input type="checkbox"/>	
After 9 am	<input type="checkbox"/>	

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

Before 9 pm	<input type="checkbox"/>	YPSLEEP3
9 - 9.59 pm	<input type="checkbox"/>	
10 - 10.59 pm	<input type="checkbox"/>	
11 - midnight	<input type="checkbox"/>	
After midnight	<input type="checkbox"/>	

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

Before 8 am	<input type="checkbox"/>	YPSLEEP4
8 - 8.59 am	<input type="checkbox"/>	
9 - 9.59 am	<input type="checkbox"/>	
10 - 10.59 am	<input type="checkbox"/>	
11 - 11.59 am	<input type="checkbox"/>	
After midday	<input type="checkbox"/>	

80 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 ☐

YPSLEEP5

81 During the last four weeks, how often did you wake up 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 ☐

YPSLEEP6

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

Yes ☐

No ☐



83

YPEVRSM0



84

83 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 ☐

YPSM0FRQ

84 Have you ever used e-cigarettes/vaping?

I have never used e-cigarettes

☐

I have only tried using e-cigarettes once or twice

☐

YPEVRESMO

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.

85 Do you have any friends who drink alcohol regularly, that is at least once a week?

Yes

☐

YPFRALCO

No

☐

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

Yes

☐


87

YPEVRALC

No

☐


89

87 And would you say that you drink regularly, that is at least once a week?

Yes

☐

YPREGALCO

No

☐

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

Most days

☐

Once or twice a week

☐

YDPKLM

2 or 3 times

☐

Once only

☐

Never

☐

Finally, a few questions about the environment. Could you tell me how often you personally do each of the following things.

89 How often do you... leave the TV on standby

- Always ☐
- Very often ☐ YPEHAB1
- Quite often ☐
- Not very often ☐
- Never ☐
- We have no TV at home ☐

90 How often do you... switch off lights in rooms that aren't being used

- Always ☐ YPEHAB2
- Very often ☐
- Quite often ☐
- Not very often ☐
- Never ☐

91 How often do you... keep the tap running while you brush your teeth

- Always ☐ YPEHAB3
- Very often ☐
- Quite often ☐
- Not very often ☐
- Never ☐

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

- Yes ☐ YPOPECL
- No ☐
- Don't know ☐



# Thank you for your help

Please place the questionnaire in the envelope  
provided and return it to the address below, free  
of charge:

Kantar  
PO Box 1071  
High Wycombe  
HP12 3WY



YOUR QUESTIONNAIRE