

Your  
questionnaire

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

+										+	
<b>INTERVIEWER: WRITE IN FROM CAPI SCREEN</b>											
Serial										Person number	
<input type="text"/>										<input type="text"/> <input type="text"/>	
First name				Interviewer number				Month			
<input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/>			
+										+	



Understanding  
Society

C1110024201

W17 GB

v1

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 (formerly known as Kantar Public) and NatCen Social Research.

For more information about Understanding Society and data security please visit our website:

*<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	<input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>
-----	---	-------	---

2 Are you male or female?

Male	<input type="text"/>
Female	<input type="text"/>

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	<input type="text"/>
Mobile phone other than smartphone	<input type="text"/>
A tablet	<input type="text"/>
Television	<input type="text"/>
A gaming console like an Xbox, PlayStation or Switch	<input type="text"/>
A laptop or desktop computer	<input type="text"/>

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

None	<input type="text"/>
Less than an hour	<input type="text"/>
1 - 3 hours	<input type="text"/>
4 - 6 hours	<input type="text"/>
7 or more hours	<input type="text"/>

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	<input type="text"/>
Less than an hour	<input type="text"/>
1 - 3 hours	<input type="text"/>
4 - 6 hours	<input type="text"/>
7 or more hours	<input type="text"/>



6 How often do you use the internet for...

	Every day	Several times a week	Several times a month	Once a month	Less than once a month	Never
Playing games	<input type="checkbox"/>					
Streaming videos	<input type="checkbox"/>					
Streaming music	<input type="checkbox"/>					

The next questions are about friendships and socialising.

7 How many close friends would you say you have?

Write in number

8 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

9 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

10 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



**11a** How often do you use the internet for looking at content on social media/websites and apps (e.g., looking at text, images, videos on YouTube, TikTok, Instagram, or Facebook)?

- |                        |                          |
|------------------------|--------------------------|
| Almost all of the time | <input type="checkbox"/> |
| Several times a day    | <input type="checkbox"/> |
| Once or twice a day    | <input type="checkbox"/> |
| Several times a week   | <input type="checkbox"/> |
| Several times a month  | <input type="checkbox"/> |
| Once a month           | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |
| Never                  | <input type="checkbox"/> |

**11b** How often do you use the internet for **posting** content on social media/websites and apps (e.g., posting text, images, videos on YouTube, TikTok, Instagram or Facebook)?

- |                        |                          |
|------------------------|--------------------------|
| Almost all of the time | <input type="checkbox"/> |
| Several times a day    | <input type="checkbox"/> |
| Once or twice a day    | <input type="checkbox"/> |
| Several times a week   | <input type="checkbox"/> |
| Several times a month  | <input type="checkbox"/> |
| Once a month           | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |
| Never                  | <input type="checkbox"/> |

**12** Do you have a personal account on any of the following?

	Yes	No
YouTube	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>
TikTok	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>
SnapChat	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>
Other social media account	<input type="checkbox"/>	<input type="checkbox"/>

Which other social media account is that?



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              | <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"/> |

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              | <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"/> |

15

How often do you feel lonely?

- |                      |                          |
|----------------------|--------------------------|
| Hardly ever or never | <input type="checkbox"/> |
| Some of the time     | <input type="checkbox"/> |
| All of the time      | <input type="checkbox"/> |

16

Do you have your own personal mobile phone?

- |     |                          |   |    |
|-----|--------------------------|---|----|
| Yes | <input type="checkbox"/> | → | 17 |
| No  | <input type="checkbox"/> | → | 18 |

17

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

- |     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

The next few questions are about you and your family.

18

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        | <input type="checkbox"/> |
| 1 - 2 times | <input type="checkbox"/> |
| 3 - 5 times | <input type="checkbox"/> |
| 6 - 7 times | <input type="checkbox"/> |

**19**

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

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

**20**

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.

Mother

Step-mother

Father

Step-father

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

**21**

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

**22**

Do you have any brothers or sisters living with you at home?  
Please include any step-brothers and step-sisters.

Yes  → **23**

No  → **25**

**23**

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"/>
Take your belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call you nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make fun of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



24

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"/>
Take their belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call them nasty names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make fun of them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

25

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

Most days	<input type="checkbox"/>
More than once a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
Hardly ever	<input type="checkbox"/>
Don't have a mother	<input type="checkbox"/>

26

How often do you quarrel with your father?

Most days	<input type="checkbox"/>
More than once a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
Hardly ever	<input type="checkbox"/>
Don't have a father	<input type="checkbox"/>

27

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

Most days	<input type="checkbox"/>
More than once a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>
Hardly ever	<input type="checkbox"/>
Don't have a mother	<input type="checkbox"/>



28

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

- |                       |                          |
|-----------------------|--------------------------|
| Most days             | <input type="checkbox"/> |
| More than once a week | <input type="checkbox"/> |
| Less than once a week | <input type="checkbox"/> |
| Hardly ever           | <input type="checkbox"/> |
| Don't have a father   | <input type="checkbox"/> |

29

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

- |     |                          |   |    |
|-----|--------------------------|---|----|
| Yes | <input type="checkbox"/> | → | 30 |
| No  | <input type="checkbox"/> | → | 31 |

30

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

- |           |                          |
|-----------|--------------------------|
| Very good | <input type="checkbox"/> |
| Good      | <input type="checkbox"/> |
| Fair      | <input type="checkbox"/> |
| Poor      | <input type="checkbox"/> |
| Very poor | <input type="checkbox"/> |

31

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"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>
Step-mother	<input type="checkbox"/>	<input type="checkbox"/>
Step-father	<input type="checkbox"/>	<input type="checkbox"/>
Grandmother	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



32

### 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"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations, I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

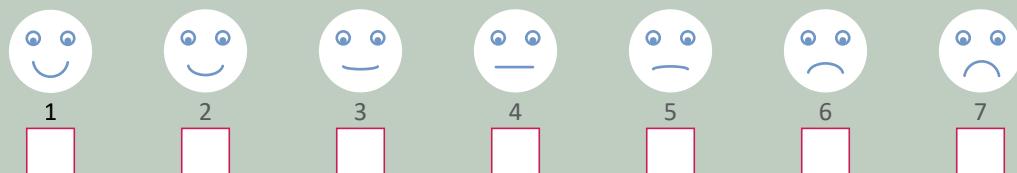
The next few questions are about how you feel about different aspects of your life.

33

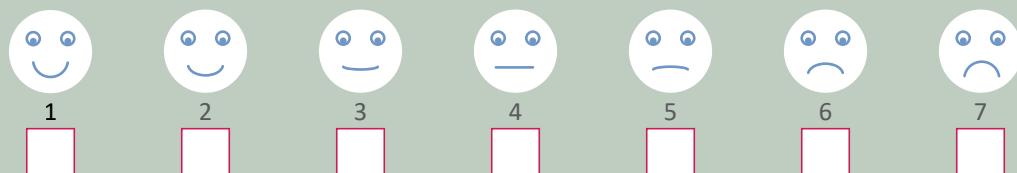
The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy.

Please put an "x" in the box which comes closest to expressing how you feel about each of the following things.

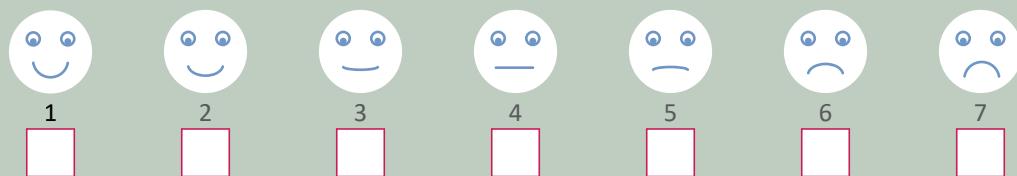
A Your school work?



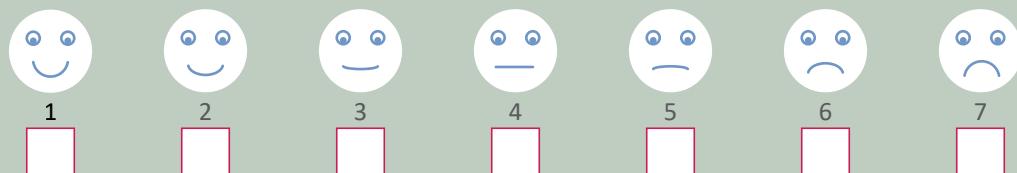
B Your appearance?



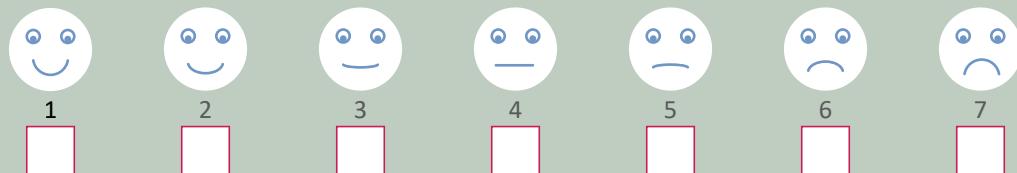
C Your family?



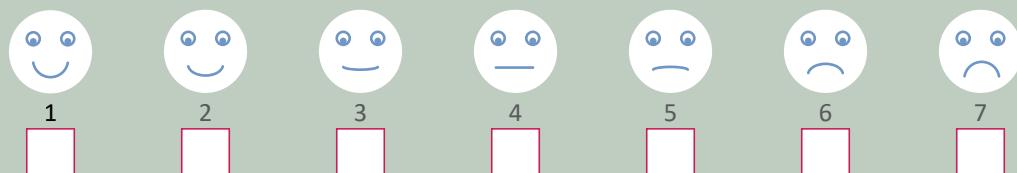
D Your friends?



E The school you go to?



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



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.

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

- |     |                            |    |
|-----|----------------------------|----|
| Yes | <input type="checkbox"/> → | 35 |
| No  | <input type="checkbox"/> → | 41 |

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

- |                                  |                          |
|----------------------------------|--------------------------|
| Most days                        | <input type="checkbox"/> |
| Once a week at least             | <input type="checkbox"/> |
| Sometimes, less than once a week | <input type="checkbox"/> |
| Hardly ever                      | <input type="checkbox"/> |
| Never                            | <input type="checkbox"/> |

**36** 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

**37** 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

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

Write in the number of hours

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

- |     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|



40 Who usually helps you with your homework?

- |                                  |                          |
|----------------------------------|--------------------------|
| Mother                           | <input type="checkbox"/> |
| Step-mother                      | <input type="checkbox"/> |
| Father                           | <input type="checkbox"/> |
| Step-father                      | <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.

41 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"/> |
| Important            | <input type="checkbox"/> |
| Not very important   | <input type="checkbox"/> |
| Not at all important | <input type="checkbox"/> |

42 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                              | <input type="checkbox"/> | → | 44 |
| Stay at school or college to do A levels/Highers | <input type="checkbox"/> | → | 43 |
| Get an apprenticeship                            | <input type="checkbox"/> | → | 43 |
| Do some other form of training                   | <input type="checkbox"/> | → | 43 |
| Do something else                                | <input type="checkbox"/> | → | 43 |
| Don't know                                       | <input type="checkbox"/> | → | 43 |

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

- |            |                          |
|------------|--------------------------|
| Yes        | <input type="checkbox"/> |
| No         | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |



44

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

45

My parents are interested in how I do at school.

Always or nearly always

Sometimes

Hardly ever

Never

Not sure

46

My parents come to school parents evenings.

Always or nearly always

Sometimes

Hardly ever

Never

Not sure

47

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

In most or all of your classes

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

48

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

In most or all of your classes

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.

49

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

Never

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 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

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

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

Never

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

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

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

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

Never

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)



54

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

- |  |                          |
|--|--------------------------|
| Never  | <input type="checkbox"/> |
| Not much (1 - 3 times in last 6 months)          | <input type="checkbox"/> |
| Quite a lot (more than 4 times in last 6 months) | <input type="checkbox"/> |
| A lot (a few times every week)                   | <input type="checkbox"/> |

55

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                          | <input type="checkbox"/> |
| Your age                             | <input type="checkbox"/> |
| Your ethnicity                       | <input type="checkbox"/> |
| Your health or disability            | <input type="checkbox"/> |
| Your religion                        | <input type="checkbox"/> |
| Your physique (tall/short, fat/thin) | <input type="checkbox"/> |
| Your language or accent              | <input type="checkbox"/> |
| Other reason                         | <input type="checkbox"/> |
| None of these                        | <input type="checkbox"/> |

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

56

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

- |                                      |                          |
|--------------------------------------|--------------------------|
| I save up to buy things I want       | <input type="checkbox"/> |
| I save money and try not to spend it | <input type="checkbox"/> |
| I spend money as soon as I get it    | <input type="checkbox"/> |

57

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.

Write in number of £   and pence

58

Did you do any paid work last week?

- |     |                          |   |    |
|-----|--------------------------|---|----|
| Yes | <input type="checkbox"/> | → | 59 |
| No  | <input type="checkbox"/> | → | 61 |

59

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

--	--

60

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.

Write in number of £ and pence

--	--	--	--

The next questions are about taking care of others.

61

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

	→	62
--	---	----

No

	→	65
--	---	----

62

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

Mother/Father

Grandfather/mother

Brother/Sister

Another adult relative

Another adult who is not a relative

Another child relative

Another child who is not a relative

63

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

Please write in hours

--	--	--

64

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

Never

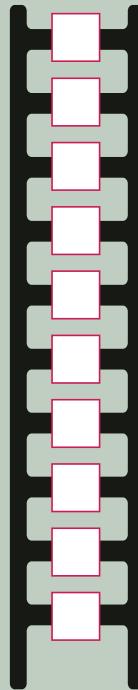
Once a week or more often

Once or twice a month

65

Imagine that this ladder pictures how UK Society is set up. At the top of the ladder are the people who are the best off - they have the most money, the highest amount of schooling, and the jobs that bring the most respect. At the bottom are people who are the worst off - they have the least money, little or no education, no job, or jobs that no one wants or respects.

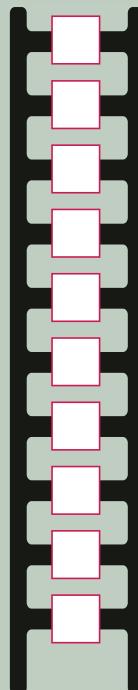
Now think about your family. Please tell us where you think your family would be on this ladder. Mark the rung that best represents where your family would be on this ladder with an 'x'.



66

Now assume that the ladder is a way of picturing your school. At the top of the ladder are the people in your school with the most respect, the highest grades, and the highest standing. At the bottom are the people whom no one respects, no one wants to hang around with, and have the worst grades.

Where would you place yourself on this ladder? Mark the rung that best represents where you would be on this ladder with an 'x'.





Here are a few questions about health.

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

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

68 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	<input type="checkbox"/>
Yes, limited a little	<input type="checkbox"/>
No	<input type="checkbox"/>

69 Do you ever smoke cigarettes at all? *Please do not include electronic cigarettes (e-cigarettes) or vaping devices (vapes)*

Yes	<input type="checkbox"/>	→	70
No	<input type="checkbox"/>	→	71

70 Please read the statements below and cross the box beside the statement that describes you best.

I have smoked only once or twice	<input type="checkbox"/>
I used to smoke but I don't now	<input type="checkbox"/>
I sometimes smoke, but not every week	<input type="checkbox"/>
I usually smoke between one and six cigarettes a week	<input type="checkbox"/>
I usually smoke more than six cigarettes a week	<input type="checkbox"/>



71

Have you ever used electronic cigarettes (*e-cigarettes*) or vaping devices (*vapes*)?

I have never used e-cigarettes/vapes

I have only tried using e-cigarettes/vapes once or twice

I used e-cigarettes/vapes in the past, but never use them now

I sometimes use e-cigarettes/vapes but less than once a month

I use e-cigarettes/vapes at least once a month but less than once a week

I use e-cigarettes/vapes at least once a week

Just to remind you, all your answers are confidential and will not be seen by anyone in your household.

72

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

Yes

No

73

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

Yes  → 74

No  → Page 23

74

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

Yes

No

75

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



+

+

# 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



