

Tell me about you...

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You can miss out any question that you don't want to answer.
- Look at the instructions below and read what to do.

How to answer the questions

Please read each question carefully.

Most of the questions can be answered by putting a cross in the box next to the answer that applies to you like this:

Yes No

Sometimes you have to write a number in a box, for example:

Write in the number of hours

If you make a mistake, just put a line through the wrong answer, and put a cross in the box next to the right answer, like this:

Yes No

When you have finished please put the questionnaire in the envelope provided and hand it back to the interviewer. If the interviewer has left your house, please hand the envelope containing your questionnaire to your parent and they will keep it safe until the interviewer comes back to collect it.

For Office Use Only	
Job No	450100 (1-6)
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (14-21) (7-13)
Older Sibling	<input type="checkbox"/> ¹ <input type="checkbox"/> ² (22)
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> (23)
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>INTERVIEWER STICK BARCODE HERE</p> </div>	

your spare time...

- | | Yes | No | |
|---|--------------------------|--------------------------|----|
| 1(a) Do you sometimes go to sports classes or sports clubs that are not connected to your school to do sport, gymnastics, swimming, martial arts, horse riding, chess and so on? Please tick one box only | <input type="checkbox"/> | <input type="checkbox"/> | 24 |
| 1(b) Do you sometimes go to cubs, brownies, scouts or guides, or Boys/Girls Brigades, or Woodcraft Folk? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(c) Do you sometimes go to dance classes of any kind outside school ? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(d) Do you sometimes go to classes outside school to do drawing, painting, making pots or anything like that? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(e) Do you sometimes have any music lessons, or sing in a choir or group outside school ? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(f) Do you sometimes go to any clubs connected with the Army, Royal Air Force or Royal Navy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(g) Do you sometimes go to First Aid classes or classes run by St. John Ambulance or the Red Cross? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(h) Do you sometimes go to the local playcentre or adventure playground? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(i) Do you sometimes go to the local youth club? | <input type="checkbox"/> | <input type="checkbox"/> | 32 |
| 1(j) Do you sometimes use the local public library? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(k) During school holidays, do you sometimes go to a local summer holiday or play scheme? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(l) Do you do any work for money after school on school days? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(m) Do you do any work for money at weekends? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(n) Do you do any work for money during the school holidays? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1(o) Have you ever been on your own to a drop-in centre or play worker to talk over any problems you might have had? | <input type="checkbox"/> | <input type="checkbox"/> | 38 |

extra activities run by your school...

- | | Yes | No | I'm not at school | |
|---|--------------------------|--------------------------|--------------------------|----|
| 2(a) Do you sometimes go to a breakfast club before school starts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39 |
| 2(b) Do you sometimes go to a homework club? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2(c) Do you sometimes go to an after school club? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2(d) Do you sometimes stay on after school to play in a sports team or to play organised games? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2(e) Do you sometimes stay on after school to play in a band or orchestra, or sing in a choir or group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

other classes outside school...

- | | Yes | No | |
|---|--------------------------|--------------------------|-------|
| 3(a) Do you sometimes go to classes outside school to learn a language? | <input type="checkbox"/> | <input type="checkbox"/> | 44 |
| 3(b) Do you sometimes go to classes for school work at the weekend? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3(c) Do you have a private tutor for any school lessons? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3(d) Do you sometimes go to classes connected with your religion or your culture? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Do you do anything else outside school that you'd like to tell me about?
<i>Please write your answer in the space provided below.</i> | | | 48-51 |

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Please Turn Over...

your life at home...

- 5(a) Do your parent/s set any limits on the kinds of TV programmes you can watch? Yes No There is no TV at home 52
- 5(b) When you go out, do you tell your parent/s where you are going? Always/nearly always Sometimes Hardly ever Never
- 5(c) In the last few weeks, have you been out after nine o'clock at night without your parent/s knowing where you were? Yes No
- 5(d) Who usually chooses what **you** eat at home? I do Someone else does
- 5(e) Are your parent/s strict about making you do household chores? For example, washing up or tidying your bedroom. Yes No
- 5(f) Which statement best describes the way your parent/s check how you are doing at school? They watch what I am doing very closely They prefer me to be independent 57

about your health...

- 6(a) Have you ever been to see a dentist? Yes No 58
- 6(b) Have you ever had to have fillings put in your teeth by a dentist? Yes, more than one Yes one No
- 6(c) Do you ever smoke cigarettes? Yes No
- IF YOUR ANSWER IS 'YES' AT 6(c):**
- 6(d) How many cigarettes did you smoke in the last 7 days? Write in 61-63
- 6(e) Do any of your friends ever smoke cannabis? Yes No
- 6(f) Have you had an alcoholic drink in the last 4 weeks? Please include a whole drink not just a sip.
- 6(g) Do any of your friends ever use drugs like ecstasy, cocaine or crack?
- 6(h) Do you think that in the next 12 months, you might be tempted to use or try out any kind of illegal drug? 67

about school...

- 7(a) Do you want to leave school when you are 16, or do you plan to go on to sixth form or college?
- Leave at 16 Sixth Form /College
- 68
- 7(b) How important is it to you to get good marks in your school work, exams or tests?
- Not very important Fairly important Very important
- 7(c) Do you like most of your teachers?
- Yes No I'm not at school
- 7(d) Do you think your teachers are always getting at you?
-
- 7(e) Do you care what your teachers think about you?
-
- 7(f) Is it OK to break a bad school rule?
- Yes No
- 7(g) Do you agree or disagree that a lot of teachers like ordering pupils about just to show who's in charge?
- Agree Disagree
- 7(h) In the last 12 months, have you ever skipped or bunked off school?
- Yes No
- 75

Please Turn Over...

things that may have happened to you...

- | | Yes | No |
|--|--------------------------|--------------------------|
| 8(a) In the last 12 months, has anyone stolen or tried to steal something that belonged to you, even if you got it back later? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8(b) In the last 12 months, has anything of yours been damaged by vandals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8(c) In the last 12 months, has anyone used force against you on purpose?
For example scratched, hit or kicked you so that you were physically injured, cut or bruised? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8(d) In the last 12 months, has anyone used a weapon like a knife against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8(e) In the last 12 months, has anyone threatened you in a way that actually frightened you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8(f) In the last 12 months, has anyone bullied you in a way that frightened or upset you? <i>Please include bullying in and out of school</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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things you may have done...

- | | Yes | No |
|---|--------------------------|--------------------------|
| 9(a) Have you ever tried to avoid paying the correct fare when travelling on public transport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(b) Have you ever been noisy or rude in a public place so that people complained or got you into trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(c) Have you ever taken something from a shop without paying for it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(d) Have you ever bought a mobile phone that you knew or believed to be stolen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(e) Have you ever written things or sprayed paint on a building, fence or train or anywhere else where you shouldn't have? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(f) Have you ever on purpose damaged anything in a public place that didn't belong to you, for example by burning, smashing or breaking things like cars, bus shelters and rubbish bins? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(g) Have you ever picked on or bullied anyone? <i>Please include bullying in and out of school</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(h) Have you ever attacked, threatened or been rude to someone because of their skin colour, race or religion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9(i) Do you ever carry a knife or other weapon for your own protection or in case you get into a fight? | <input type="checkbox"/> | <input type="checkbox"/> |

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