

Ipsos MORI

# Child of the New Century



Question booklet



BARCODE

# ABOUT THIS BOOKLET OF QUESTIONS

**PLEASE READ THIS PAGE AND THE NEXT PAGE BEFORE YOU START**

The questions in this booklet are about different things in your life. They are for you to read and answer on your own. We hope that you find the questions interesting and enjoy answering them.

Please try to answer all of the questions. Read everything carefully and take your time to answer each question as honestly and accurately as you can. There are no right or wrong answers. It is not a test. We just want to find out what you think about things.

Not all the questions will be about things that you have done. For the survey to be accurate, it is important that all children, even those who have done these things, answer honestly.

The interviewer will give you an envelope when they give you this booklet. When you get to the end, please put the booklet inside the envelope, seal it and then hand it back to the interviewer. The interviewer will not look at your answers or tell them to anyone else.

You do not have to show or tell your answers to anyone, including your parent(s). **Your name and address are not on this booklet so no-one who sees it will know whose answers they are.** If you come to a question that you don't want to answer you can skip it. If you come to a question that you can't answer, you can skip it or tick the 'Don't know' box if there is one.

If there are any words that you can't read or don't understand, please ask the interviewer to explain them to you.

If you find it difficult to read and answer the questions on your own, please tell the interviewer and they will help you. They can also give you some headphones and the questions will be read out to you.

PLEASE READ THIS PAGE BEFORE YOU START

## Example Questions

Most of the questions can be answered by putting a tick  in the box next to your answer, as in Example **1** shown below. Please try to make sure your tick is inside the box as this makes sure we read your answers correctly.

**1** Have you ever been to a live sports event, such as a football match or a tennis match?

TICK ONE BOX ONLY

Yes

No

Sometimes you have to write a number in a box, like this:

**2** How old were you when you first went to a live sports event?

WRITE THE AGE IN THE BIG BOX

(TICK THE SMALL BOX IF YOU HAVE NEVER BEEN TO A LIVE SPORTS EVENT)

I was  years old

Never been to a live sports event

If you make a mistake just fill in the box with the wrong answer, and put a tick in the box next to the right answer, like this:

**3** Do you like watching sport on TV?

TICK ONE BOX ONLY

Yes

No

# About what you do when not at school

**1** How often do you listen to or play music, not at school?

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**2** How often do you draw, paint or make things, not at school?

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**3** How often do you play sports or active games inside or outside, not at school?

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**4 How often do you read for enjoyment, not for school?**

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**5 How often do you play games on a computer or games console, such as a Wii, Nintendo D-S, X-Box or Play Station, not at school?**

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**6 How often do you use the internet, not at school?**

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**7 How often do you use the internet for homework?**

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**8** How often do you exchange messages with friends on the internet using instant messaging, such as MSN, or email, such as hotmail?

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

**9** How often do you visit a social networking website on the internet, such as Facebook or Bebo?

TICK ONE BOX ONLY

- Most days
- At least once a week
- At least once a month
- Less often than once a month
- Never

## About you

**10** On a scale of 1 to 7 where '1' means completely happy and '7' means not at all happy, how do you feel about the following parts of your life?

TICK ONE BOX ON EVERY ROW

		Completely happy					Not at all happy	
		1	2	3	4	5	6	7
<b>a</b>	How do you feel about your school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	How do you feel about the way you look?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	How do you feel about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	How do you feel about your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	How do you feel about the school you go to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	How do you feel about your life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11** How much do you agree or disagree with the following statements about you?

TICK ONE BOX ON EVERY ROW

		Strongly Agree	Agree	Disagree	Strongly Disagree
<b>a</b>	On the whole, I am satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	I feel that I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	I am a person of value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	I feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## You and your friends

**12** How many of your friends live in the same area as you?

TICK ONE BOX ONLY

- All of them
- Most of them
- Some of them
- None of them
- 
- Don't have any friends

**13** How many of your friends go to a different school than you?

TICK ONE BOX ONLY

- All of them
- Most of them
- Some of them
- None of them
- 
- Don't have any friends

**14** Are your friends mostly boys, mostly girls or a mixture of boys and girls?

TICK ONE BOX ONLY

Mostly boys

Mostly girls

A mixture of boys and girls

-----  
Don't have any friends

**15** How many of your friends are from the same ethnic group as you?

TICK ONE BOX ONLY

All of them

Most of them

Some of them

None of them

-----  
Don't have any friends

**16** How often do you argue or fall out with your friends?

TICK ONE BOX ONLY

Most days

At least once a week

At least once a month

Less often than once a month

Never

-----  
Don't have any friends

**17** When you are not at school, how often do you spend time with your friends?

TICK ONE BOX ONLY

Most days

At least once a week

At least once a month

Less often than once a month

Never

-----  
Don't have any friends



**18** At the weekend how often do you spend time with your friends, but without adults or older children, doing things like playing in the park, going to the shops or just 'hanging out'?

TICK ONE BOX ONLY

Most weekends

At least once a month

Less often than once a month

Never

-----  
Don't have any friends

**19** In the afternoon after school how often do you spend time with your friends, but without adults or older children, doing things like playing in the park, going to the shops or just 'hanging out'?

TICK ONE BOX ONLY

Most days

At least once a week

At least once a month

Less often than once a month

Never

-----  
Don't have any friends

## You and your family

**20** Do you get pocket money regularly?

TICK ONE BOX ONLY

Yes

No

**21** Compared to your friends, is your family richer, poorer or about the same?

TICK ONE BOX ONLY

Richer

Poorer

About the same

- - - - -  
Don't know

**22** How much do you agree or disagree with the following statements about you?

TICK ONE BOX ON EVERY ROW

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>a</b> I wish my family could afford to buy me more of what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> I like clothing with popular labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> It bothers me if my friends have things I don't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## The area you live in

**23** How safe is it to walk, play or hang out in this area during the day?

TICK ONE BOX ONLY

Very safe

Safe

Not very safe

Not at all safe

**24** Are there any parks or playgrounds in this area where children your age can play outdoors?

TICK ONE BOX ONLY

Yes

No

## Things you may have done

**PLEASE READ:** Not all children will have done these things. For the survey to be accurate, it is important that all children, including any who have done these things, answer honestly.

**25** Have you ever been noisy or rude in a public place so that people complained or got you into trouble?

TICK ONE BOX ONLY

Yes

No

**26** Have you ever taken something from a shop without paying for it?

TICK ONE BOX ONLY

Yes

No

**27** Have you ever written things or sprayed paint on a building, fence or train or anywhere else where you shouldn't have?

TICK ONE BOX ONLY

Yes

No

**28** 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?

TICK ONE BOX ONLY

Yes

No

## About school

**29** How much do you like school?

TICK ONE BOX ONLY

A lot

A bit

Not at all

**30** How much do you like English?

TICK ONE BOX ONLY

A lot

A bit

Not at all

**31** How much do you like Welsh?

TICK ONE BOX ONLY

A lot

A bit

Not at all

**32** How much do you like Maths?

TICK ONE BOX ONLY

A lot

A bit

Not at all

**33** How much do you like Science?

TICK ONE BOX ONLY

A lot

A bit

Not at all

**34** How much do you like PE?

TICK ONE BOX ONLY

A lot

A bit

Not at all

**35** How often do you try your best at school?

TICK ONE BOX ONLY

All of the time

Most of the time

Some of the time

Never

**36** How often do you find school interesting?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**37** How often do you feel unhappy at school?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**38** How often do you get tired at school?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**39** How often do you feel school is a waste of time?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**40** How often do you misbehave or cause trouble in class?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**41** How often do other children misbehave or cause trouble in class?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**42** How often do your parents take an interest in your school work?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**43** How much do you like your class teacher?

TICK ONE BOX ONLY

- A lot
- A bit
- Not at all

**44** How often do you think your class teacher is getting at you?

TICK ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- Never

**45** Have you ever missed school without your parents' permission even if only for half a day or a single lesson?

TICK ONE BOX ONLY

- Yes
- No

**46** How much do you agree or disagree with each of the following statements about you?

TICK ONE BOX ON EVERY ROW

		Strongly Agree	Agree	Disagree	Strongly Disagree
<b>a</b>	I am good at English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	I am good at Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	I am good at Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	I am good at Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Secondary school

**47** How much are you looking forward to going to secondary school?

TICK ONE BOX ONLY

A lot

A bit

Not at all

-----  
Already at secondary school

**48** How many of your friends are going to the same secondary school as you?

TICK ONE BOX ONLY

All of them

Most of them

Some of them

None of them

-----  
Don't have any friends

Already at secondary school

## What you think

**49** How wrong do you think it is for someone your age to start a fight with someone?

TICK ONE BOX ONLY

Very wrong

A bit wrong

Not wrong

-----  
Don't know

**50** How wrong do you think it is for someone your age to write things or spray paint on a building, fence or train?

TICK ONE BOX ONLY

Very wrong

A bit wrong

Not wrong

---  
Don't know

**51** How wrong do you think it is for someone your age to take something from a shop without paying for it?

TICK ONE BOX ONLY

Very wrong

A bit wrong

Not wrong

---  
Don't know

**52** How wrong do you think it is for someone your age to copy or download music, games or films without paying for them, when they should have done?

TICK ONE BOX ONLY

Very wrong

A bit wrong

Not wrong

---  
Don't know

**53** To what extent do you agree or disagree with the statements below?

TICK ONE BOX ON EVERY ROW

		Strongly Agree	Agree	Disagree	Strongly Disagree
<b>a</b>	Men and women should do the same jobs around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	It is less important for women to go out to work than it is for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About other children

**PLEASE READ: Not all children will have done these things and not all children will have had these things done to them. For the survey to be accurate, it is important that all children answer honestly.**

**54** How often do your brothers or sisters hurt you or pick on you on purpose?

TICK ONE BOX ONLY

- Most days
- About once a week
- About once a month
- Every few months
- Less often
- Never
- Don't have brothers or sisters

**55** How often do you hurt or pick on your brothers or sisters on purpose?

TICK ONE BOX ONLY

Most days

About once a week

About once a month

Every few months

Less often

Never

-----  
Don't have brothers or sisters

**56** How often do other children hurt you or pick on you on purpose?

TICK ONE BOX ONLY

Most days

About once a week

About once a month

Every few months

Less often

Never

**57** How often do you hurt or pick on other children on purpose?

TICK ONE BOX ONLY

Most days

About once a week

About once a month

Every few months

Less often

Never

## Things some children try

**PLEASE READ:** Not all children will have tried these things. For the survey to be accurate, it is important that all children, including any who have tried these things, answer honestly.

**58** How many of your friends smoke cigarettes?

TICK ONE BOX ONLY

None of them

Some of them

Most of them

All of them

-----  
Don't know

**59** Have you ever tried a cigarette, even if it was only a single puff?

TICK ONE BOX ONLY

Yes

No

**60** How many of your friends drink alcohol?

TICK ONE BOX ONLY

None of them

Some of them

Most of them

All of them

-----  
Don't know

**61** Have you ever had an alcoholic drink? That is more than a few sips.

TICK ONE BOX ONLY

Yes  → Answer questions **62** to **69**  
pages 22 and 23

No  → Go to question **70** on page 24

PLEASE READ THIS TO TELL  
YOU WHAT QUESTION TO  
ANSWER NEXT!

ONLY ANSWER THE SECTION "DRINKING ALCOHOL" BELOW (QUESTIONS 62 TO 69) IF YOU HAVE EVER HAD AN ALCOHOLIC DRINK.

IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, SKIP TO SECTION "MORE ABOUT WHAT YOU THINK" (QUESTION 70 ON PAGE 24).

## Drinking alcohol

**62** How old were you when you first had an alcoholic drink?

WRITE THE AGE IN THE BIG BOX

I was  years old

**63** How many times have you had an alcoholic drink in the last 12 months?

TICK ONE BOX ONLY

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

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

TICK ONE BOX ONLY

- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10-19 times
- 20-39 times
- 40 or more times

**65** Have you ever drunk enough to feel drunk?

TICK ONE BOX ONLY

Yes

No

**66** How old were you when you first drank enough to feel drunk?

WRITE THE AGE IN THE BIG BOX  
(TICK THE SMALL BOX IF YOU HAVE NEVER FELT DRUNK)

I was  years old

Never felt drunk

**67** Have you ever had five or more alcoholic drinks at a time? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits.

TICK ONE BOX ONLY

Yes

No

**68** How old were you when you first had five or more alcoholic drinks at a time?

WRITE THE AGE IN THE BIG BOX  
(TICK THE SMALL BOX IF YOU HAVE NEVER HAD FIVE OR MORE ALCOHOLIC DRINKS AT A TIME)

I was  years old

Never had five or more alcoholic drinks at a time

**69** How many times have you had five or more alcoholic drinks at a time?

TICK ONE BOX ONLY

Never

Once

Twice

3 to 5 times

6 to 9 times

10 or more times

## More about what you think

\*\*\*\*EVERYONE ANSWER THE NEXT QUESTIONS\*\*\*\*

**70** How much do you agree or disagree with each of the following statements? Even though you may not have drunk alcohol, we are still interested in what you think.

TICK ONE BOX ON EVERY ROW

		Strongly Agree	Agree	Disagree	Strongly Disagree
<b>a</b>	Drinking beer, wine, or spirits is a way to make friends with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Drinking alcohol makes people worry less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	It is easier to open up and talk about one's feelings after a few drinks of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	Drinking alcohol gets in the way of school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b>	Drinking alcohol makes people happier with themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b>	Drinking alcohol makes it hard to get along with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g</b>	If I drank alcohol without my parents' permission I would be caught and punished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**71** How much do you think people risk harming themselves if they try one or two alcoholic drinks?

TICK ONE BOX ONLY

- No risk
- Slight risk
- Some risk
- Great risk



**72** How much do you think people risk harming themselves if they drink one or two alcoholic drinks nearly every day?

TICK ONE BOX ONLY

- No risk
- Slight risk
- Some risk
- Great risk

**73** How much do you think people risk harming themselves if they drink four or five alcoholic drinks almost every day?

TICK ONE BOX ONLY

- No risk
- Slight risk
- Some risk
- Great risk

## How you feel

**74** In the last four weeks, how often did you feel happy?

TICK ONE BOX ONLY

- Never
- Almost never
- Sometimes
- Often
- Almost always

**75** In the last four weeks, how often did you get worried about what would happen to you?

TICK ONE BOX ONLY

- Never
- Almost never
- Sometimes
- Often
- Almost always

**76** In the last four weeks, how often did you feel sad?

TICK ONE BOX ONLY

- Never
- Almost never
- Sometimes
- Often
- Almost always

**77** In the last four weeks, how often did you feel afraid or scared?

TICK ONE BOX ONLY

- Never
- Almost never
- Sometimes
- Often
- Almost always

**78** In the last four weeks, how often did you laugh?

TICK ONE BOX ONLY

- Never
- Almost never
- Sometimes
- Often
- Almost always

**79** In the last four weeks, how often did you get angry?

TICK ONE BOX ONLY

- Never
- Almost never
- Sometimes
- Often
- Almost always

**80** What do you do if you are worried about something?

TICK AS MANY BOXES AS YOU NEED

- Keep it to myself
- Tell a friend
- Tell someone at home
- Tell a teacher
- Tell someone else

**81** How true is each of these statements about you?

TICK ONE BOX ON EVERY ROW

		Not at all true	Somewhat true	Very true	Definitely true
<b>a</b>	I care about how well I do at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	I feel bad or guilty when I have done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	I do not show my emotions to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b>	I am concerned about the feelings of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your future

**82** Do you want to stay on at school or college full-time when you are 16?

TICK ONE BOX ONLY

- Yes
- No
- Don't know

**83** When you grow up what would you like to be?

WRITE YOUR ANSWER IN THE BOX BELOW

**84** By the time you are 30, which one of the following would you most like to have achieved?

TICK ONE BOX ONLY

- Owning your own home
- Having a good car
- Earning a lot of money
- Having a worthwhile job
- Having children
- Having a partner or being married
- Being famous or making a name for yourself
- Having a personal achievement in sport, the arts or travel etc

**THIS IS THE END OF THE QUESTION BOOKLET  
THANK YOU VERY MUCH FOR FILLING IT IN!**

**PLEASE PUT IT IN THE ENVELOPE THE INTERVIEWER GAVE YOU,  
SEAL THE ENVELOPE, AND GIVE IT BACK TO THE INTERVIEWER**