

Well-Being Survey 2010
Draft questionnaire: year 4

About this survey

Who we are

The Children's Society is a children's charity that aims to improve the lives of children and young people. We are doing this survey jointly with researchers at the University of York.

What this survey is about

The survey is about how you feel about your life.

We will use the findings from the survey to let other people know what is most important for young people to have a good life.

We also plan to do the same survey again in the future to see if things have got better or worse for young people.

About the questionnaire

This questionnaire

- is **anonymous**
(we don't ask your name)
- is **confidential**
(we won't know who you are and we won't pass on any information you give us)
- takes about 20 minutes to do.

There are no right or wrong answers

You don't have to answer any questions you don't want to.

About you

1. How old are you?

8 years old ☐

9 years old ☐

2. Are you a boy or a girl?

A boy ☐

A girl ☐

About your life

The questions on this page are about how you feel about your life as a whole.

3. Here is a picture of a ladder.

The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment?

Tick the box next to the number that best describes where you stand.

<input type="checkbox"/>	10	Best possible life
<input type="checkbox"/>	9	
<input type="checkbox"/>	8	
<input type="checkbox"/>	7	
<input type="checkbox"/>	6	
<input type="checkbox"/>	5	
<input type="checkbox"/>	4	
<input type="checkbox"/>	3	
<input type="checkbox"/>	2	
<input type="checkbox"/>	1	
<input type="checkbox"/>	0	Worst possible life

A lot of the questions in this questionnaire ask you how happy with things in your life. These questions use a scale from 0 to 10. On this scale:

- 0 means you feel very unhappy
- 10 means you feel very happy
- 5 means that you feel neither happy nor unhappy

For these questions please tick one of the boxes to say how happy you feel.

So, please answer the question below about how happy you are with your life as a whole.

4. How happy are you with your life as a whole?

PLEASE TICK ONE BOX

VERY UNHAPPY						NOT HAPPY OR UNHAPPY						VERY HAPPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10		

About your home and the people you live with

The questions on this page are about the home you live in.

5. Which of the following best describes the home you live in:

- I live with my family ☐ ⇒ Route to Question 7
- I live in a foster home ☐ ⇨ Route to Question 6
- I live in a children's home ☐ ⇨ Route to Question 6
- I live in another type of home ☐ ⇨ Route to Question 6

(⇒ If no response, route to Question 7 i.e. give respondent the opportunity to answer the family questions)

6. How happy are you with your relationships with the people that you live with?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY				VERY HAPPY			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

(⇒ Now route to Question 20)

The next question is about the people you live with. Some children live in more than one home. (For example, they might live with their mother in one home and their father in another home).

7. Do you live in one or two homes (not including holiday or summer houses)?

One ☐ ⇒ Route to Question 8

Two ☐ ⇨ Route to Question 9

8. Which people do you live with?

- Mother ☐
- Father ☐
- Step-mother ☐
- Step-father ☐

- Sister(s) ☐
- Brother(s) ☐
- Grandmother ☐
- Grandfather ☐
- Other relatives ☐
- Other adults ☐

(⇒Now route to Question 11)

9. Which people do you live with in your first home?

- Mother ☐
- Father ☐
- Step-mother ☐
- Stepfather ☐
- Sister(s) ☐
- Brother(s) ☐
- Grandmother ☐
- Grandfather ☐
- Other relatives ☐
- Other adults ☐

10. Which people do you live with in your second home?

- Mother ☐
- Father ☐
- Step-mother ☐
- Step-father ☐
- Sister(s) ☐
- Brother(s) ☐
- Grandmother ☐
- Grandfather ☐
- Other relatives ☐

Other adults ☐

11. Were you living with the same adults this time last year?

Yes, the same adults ☐

No, there have been some changes ☐

Not sure ☐

12. How many brothers do you live with?

0 ☐

1 ☐

2 ☐

3 or more ☐

13. How many sisters do you live with?

0 ☐

1 ☐

2 ☐

3 or more ☐

14. How many adults that you live with have a paid job?

None

One

Two

More than two

Not sure

☐☐☐☐☐

15. How happy are you with your relationships with your family?

VERY
UNHAPPY

NOT HAPPY
OR UNHAPPY

VERY
HAPPY

☐
0

☐
1

☐
2

☐
3

☐
4

☐
5

☐
6

☐
7

☐
8

☐
9

☐
10

16. How happy are you with your relationship with your mother? (⇒ If haven't said that they live with their mother, route so this question is skipped.)

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

17. How happy are you with your relationship with your father? (⇒ If haven't said that they live with their father, route so this question is skipped.)

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

18. How happy are you with your relationship with your brother(s) and sister(s)? (⇒ If haven't said that they live with a brother or sister, route so this question is skipped.)

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

19. Please say how much you agree or disagree with the sentences below, which are about your relationships with your family/parents.
If you don't live with your parents, please answer these questions about the people who care for you.

PLEASE TICK ONE BOX ON EACH LINE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
I enjoy being at home with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family gets along well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents listen to my views and take me seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My parents treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents and I do fun things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, thinking about the home that you live in:

20. Do you have a bedroom of your own?

I have my own bedroom ☐

I share a bedroom ☐

21. How happy are you with the home that you live in?

VERY UNHAPPY					NOT HAPPY OR UNHAPPY						VERY HAPPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

About money and the things you own

22. How happy are you with the things you have (like money and the things you own)?

VERY UNHAPPY											NOT HAPPY OR UNHAPPY									VERY HAPPY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	1	2	3	4	5	6	7	8	9	10		10	9	8	7	6	5	4	3	2	1	0

23. On average how much pocket money do you get each week?

- None ☐
- Less than £1 ☐
- £1 to £1.99 ☐
- £2 to £4.99 ☐
- £5 to £9.99 ☐
- £10 to £14.99 ☐
- £15 and more ☐
- Not sure ☐

24. Here is a list of items that some children of your age have. Please tell us whether you have each item on the list.

	I have this	I don't have this but I would like it	I don't have this and I don't want or need it	Don't know
Some pocket money each week to spend on yourself				
Some money that you can save each month, either in a bank or at home				
A pair of designer or brand name trainers (like Nike or Vans)				
An iPod or other personal music player				
Cable or satellite TV at home				

A garden at home or somewhere nearby like a park where you can safely spend time with your friends				
A family car for transport when you need it				
The right kind of clothes to fit in with other people your age				
At least one holiday away from home each year with your family				
Trips or days out with your family at least once a month				

About your friends and other people

25. How happy are you with your relationships with your friends?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

The next question is about whether you have been bullied by other children.

26. How often, if at all, you been bullied in the last three months?

Never	Once	2 or 3 times	More than 3 times	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About how you use your time

Now, thinking about your time outside of school:

27. How happy are you with the way you use your time?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

28. How happy are you with the time you have to play?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

About school

We would now like you to think about school...

29. How happy are you with the school that you go to?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY				VERY HAPPY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10

30. How happy are you with your relationships with the children in your class?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY				VERY HAPPY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10

About your health

31. How happy are you with your health (feeling well or unwell)?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

32. How happy are you with how much sleep you usually get?

VERY UNHAPPY				NOT HAPPY OR UNHAPPY						VERY HAPPY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

How you feel about yourself

33. How happy are you with your appearance (the way that you look)?

VERY UNHAPPY						NOT HAPPY OR UNHAPPY					VERY HAPPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

34. How happy are you with how much choice you have in life?

VERY UNHAPPY						NOT HAPPY OR UNHAPPY					VERY HAPPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

35. How happy are you with what may happen to you later on in life (in the future)?

Very unhappy						Not happy or unhappy					Very happy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

36. How happy are you with how safe you feel?

VERY UNHAPPY						NOT HAPPY OR UNHAPPY					VERY HAPPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

Finally ... some more things about you

37. In which country were you born?

- UK ☐
- Other ☐
- Not sure ☐

38. What is your ethnic group?

White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Mixed	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other Mixed background	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Chinese or other ethnic group	Chinese	<input type="checkbox"/>
	Any other	<input type="checkbox"/>
	Not sure	<input type="checkbox"/>

39. Are you disabled?

Yes ☐
No ☐
Not sure ☐

40. What would you say is your religion?

Buddhist ☐
Christian ☐
Hindu ☐
Jewish ☐
Muslim ☐
Sikh ☐
Other ☐
None ☐ ⇒ Route to end of questionnaire
Not sure ☐ ⇒ Route to end of questionnaire

41. How important is religion to you?

Very important	Quite important	Not very important	Not at all important	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. In the last year, how often did you attend religious services?

Never	A few times	Once a month	Once a week	More than once a week	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for filling in this questionnaire