

## **Well-Being Survey 2010**

### **Draft questionnaire: years 8 and 10 (Version 1)**

## **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 25-30 minutes to do.

## **Answering the questions**

There are no right or wrong answers. We want to know what you think.

If there is a question that you do not want to answer you can miss it out.

## **Thank you for helping us**

# About you

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**1. How old are you?**

10 ☐

11 ☐

12 ☐

13 ☐

14 ☐

15 ☐

**2. Are you female or male?**

Female ☐

Male ☐

## How you feel about life in general

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**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

**4. A lot of the questions in this questionnaire are like the one below. For these questions, please say how much you agree or disagree with each of the sentences.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
My life is going well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is just right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I had a different kind of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have what I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Some of the questions ask you how happy you are 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.

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

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"/>
0	1	2	3	4	5	6	7 8 9 10

# About your home and the people you live with

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## 6. Which best describes the home you live in:

- I live with my family ☐ Route to Question 8
- I live in a foster home ☐ Route to Question 7
- I live in a children's home ☐ Route to Question 7
- I live in another type of home ☐ Route to Question 7

Note: Non-response also routes to Question 8

## 7. How happy are you with your relationships with the people 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 18)

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).

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

One ☐ ⇒Route to Question 9

Two ☐ ⇒Route to Question 10

## 9. 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 12)

**10. 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 ☐

**11. 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 ☐

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

Yes, the same adults ☐

No, there have been some changes ☐

Not sure ☐

**13. How many brothers do you live with?**

- 0 ☐
- 1 ☐
- 2 ☐
- 3 or more ☐

**14. How many sisters do you live with?**

- 0 ☐
- 1 ☐
- 2 ☐
- 3 or more ☐

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

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None                     | One                      | Two                      | More than<br>two         | Not sure                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**16. How well off do you think your family is?**

- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very well<br>off         | Quite well<br>off        | Average                  | Not very<br>well off     | Not well<br>off at all   | Not sure                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions are about your family relationships.

**How happy are you with your relationships with your family?**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very<br>unhappy          |                          |                          |                          |                          | Not happy or<br>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                       |



[illegible]

**18. Do you have a bedroom of your own?**

I share a bedroom ☐

Very unhappy                      Not happy or unhappy                      Very happy

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

0       1       2       3       4       5       6       7       8       9       10

[illegible]

My home is very  
comfortable

☐☐☐☐☐☐

# About your friends

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## 21. How happy are you with your relationships with your friends?

Very unhappy											Very happy
0	1	2	3	4	5	6	7	8	9	10	

## 22. Below are some sentences about you and your friends. Please tick a box on each line to say how much you agree or disagree with each.

			Neither agree nor disagree			
	Strongly agree	Agree		Disagree	Strongly disagree	Don't know
My friends treat me well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe when I am with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I had different friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends are mean to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends are great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a bad time with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot of fun with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends will help me if I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next question is about whether you have been bullied by other young people

## 23. How often, if at all, have 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 school

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

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

Very 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

**25. Do you receive free school meals?**

Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26. How well do you feel you are doing at school at the moment?**

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

**27. How much do you agree or disagree with these sentences about school?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
I feel safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look forward to going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like being in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**28. How important do you think it is for you to get good marks in your school work, exams or tests?**

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"/>

## About how you use your time

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The next set of questions are about how you use your time.

### 29. 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"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	

### 30. How do you feel about the amount of time you spend on these things?

	Too much time	About the right amount of time	Not enough time	Not sure
Spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to yourself / relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities (hobbies, clubs, sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping round the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# About money and the things you own

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

Very unhappy                      Not happy or unhappy                      Very happy

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

0       1       2       3       4       5       6       7       8       9       10

**32. On average, how much money of your own do you have to spend each week?**

None ☐

Less than £5 ☐

£5 to £9.99 ☐

£10 to £14.99 ☐

£15 to £19.99 ☐

£20 to £24.99 ☐

£25 and more ☐

Not sure ☐

**33. Compared to your friends (on average) how much money do you usually have to spend for yourself?**

A lot more    A bit more    About the same    A bit less    A lot less    Not sure

**34. How often does not having money stop you from:**

[illegible]

**35. Here is a list of items that some young people 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some money that you can save each month, either in a bank or at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pair of designer or brand name trainers (like Nike or Vans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An iPod or other personal music player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable or satellite TV at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A garden at home or somewhere nearby like a park where you can safely spend time with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A family car for transport when you need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The right kind of clothes to fit in with other people your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one holiday away from home each year with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trips or days out with your family at least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About your health

**36. How happy are you with your health?**

Very unhappy                      Not happy or unhappy                      Very happy

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

0       1       2       3       4       5       6       7       8       9       10

**37. How much do you agree or disagree with these sentences about your health?**

[illegible]

**38. Would you say that your health is ...**

Very good      Good      Fair      Bad      Very bad      Not sure

☐      ☐      ☐      ☐      ☐      ☐



\_\_\_\_\_

[illegible]

... ..

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

## About the amount of choice you have

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

Very unhappy                      Not happy or unhappy                      Very happy

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

0       1       2       3       4       5       6       7       8       9       10

**43. How much do you agree or disagree with these sentences**

[illegible]

## About the future

**44. How happy are you with what may happen to you later on in life?**

Very unhappy                      Not happy or unhappy                      Very happy

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

0       1       2       3       4       5       6       7       8       9       10

**45. What do you hope to do when you leave school?**

Get a job at 16	<input type="checkbox"/>
Study then get a job at 18	<input type="checkbox"/>
Study to go to university	<input type="checkbox"/>
Something else	<input type="checkbox"/>
Don't know yet	<input type="checkbox"/>

**46. How much do you agree or disagree with these sentences**

[illegible]

## Finally ... some more things about you

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### 47. Would you say that you are . . .

	Yes	No	Not sure
. . . disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. . . have difficulties with learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 48. In which country were you born?

UK ☐

Other ☐

Not sure ☐

**49. What is your ethnic group?**

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

**50. What would you say your religion is?**

- None ☐
- Sikh ☐
- Muslim ☐
- Jewish ☐
- Hindu ☐
- Christian ☐
- Buddhist ☐
- Not sure ☐
- Other ☐

**Thank you very much for filling in this questionnaire**