

Well-Being Survey 2010

Draft questionnaire: years 8 and 10 (Version 2)

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

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

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"/>	<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

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 15)

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 adults that you live with have a paid job?

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

The next question is about your family relationships.

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

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, thinking about the home that you live in:

15. How happy are you with the home 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"/>
0	1	2	3	4	5	6	7	8	9	10

16. Have you moved house in the past year?

No	Yes – once	Yes - more than once	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Did you live in the same local area a year ago as you do now?

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

About school

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

18. 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

19. Do you receive free school meals?

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

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

			Neither agree nor disagree			
	Strongly agree	Agree		Disagree	Strongly disagree	Don't know
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"/>

21. Have you changed school in the past year?

No	Yes - once	Yes - more than once	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

23. 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"/>

[illegible]

Things that have happened recently

The next questions are about things that sometimes happen to young people. Please say whether each of these has happened to you **in the past three months**.

25. Please say whether each of these has happened to you in the past three months.

	Has not happened	Happened once	Happened more than once	Not sure
You got a really good mark in a test or exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You got a really bad mark in a test or exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You did really badly at an activity else at school (like sport, music, drama, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You got praised by a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You got told off by a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You did really well at an activity at school (like sport, music, drama, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You got detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt treated unfairly by a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You got into trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You got an award or prize for something you did at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please say whether each of these has happened to you in the past three months.

	Has not happened	Happened once	Happened more than once	Not sure
You were pressured by friends to do something you did not want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You had a serious argument with a close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You made a new friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A close friend had a serious problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You broke up with a boyfriend / girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You did really well at an activity outside school (like sport, music, drama, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A friend that you trusted did not keep a secret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You stopped being friendly with a close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You felt treated unfairly by an adult in your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were bullied or picked on by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very unhappy Not happy or unhappy Very happy

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

[illegible]

Some more questions about you

The following questions are about how you see yourself as a person.

For each question please tick the box to say how well the sentence describes you.

There are no right or wrong answers. Please describe yourself as you generally are now, not as you wish to be in the future.

Please describe yourself in relation to other young people you know who are the same sex as you are, and roughly your age.

Note: These questions could be split into five groups of five. They are currently in their original groupings so need to be randomised in some way.

[illegible]

[illegible]

Some more questions about how you feel about your life

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

30. How happy are you with your health?

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	

31. 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	

32. How happy are you with what may happen to you later on 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	

33. What do you hope to do when you leave school?

- Get a job at 16 ☐
- Study then get a job at 18 ☐
- Study to go to university ☐
- Something else ☐
- Don't know yet ☐

Finally ... some more things about you

34. 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"/>

35. In which country were you born?

- UK ☐
- Other ☐
- Not sure ☐

36. 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"/>

37. 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