



**Self-completion questionnaire (10-15 yrs)**

**INTERVIEWER: WRITE IN FROM CAPI SCREEN**

Serial	Address	HH.No	ChkL	P.No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First name	Int No	F/Area	F/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## COMPLETING THE QUESTIONNAIRE

The questions inside cover a wide range of subjects, but each one can be answered simply by ticking the box next to the answer, as in the example below. Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question.

### Example Question

---

**Q16 Did you have breakfast today?**

Yes

No  → 18

When you have finished answering the questionnaire, please seal it in the envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer. Thank you again for your help.



**1** Please write in your date of birth.

Day  Month  Year

**2** Please tick whether you are male or female.

Male  Female

**3** How many hours do you spend watching TV, including video and DVDs, on a normal school day?

None   
Less than an hour   
1-3 hours   
4-6 hours   
7 or more hours

**4** How many hours do you spend watching TV, including video and DVDs, on a weekend, that is on Saturday or Sunday?

None   
Less than an hour   
1-3 hours   
4-6 hours   
7 or more hours

**5** Do you belong to a social web-site such as Bebo, Facebook or MySpace?

Yes  → **6**  
No  → **7**

**6** How many hours do you spend chatting or interacting with friends through a social web-site like that on a normal school day?

None   
Less than an hour   
1-3 hours   
4-6 hours   
7 or more hours

**7** Do you ever play multi-player on-line games?

Yes   
No   
Don't know

**The next few questions are about you and your family.**

**8** In the past 7 days, how many times have you eaten an evening meal together with the rest of your family who live with you?

- None
- 1 or 2 times
- 3- 5 times
- 6- 7 times

**9** About how many hours do you spend doing or helping with housework in an average week, such as time spent tidying your bedroom, cooking, cleaning or doing laundry?

- Don't do any housework
- Less than one hour
- 1-3 hours
- 4-6 hours
- 7 or more hours

**10** In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

- Never
- 1-2 times
- 3-9 times
- 10 or more times

**11** How many close friends do you have – friends you could talk to if you were in some kind of trouble?

Write in number

**12** Do you have a steady boyfriend or girlfriend?

- Yes
- No

**13** Please say whether you strongly agree, agree, disagree, or strongly disagree, that the following statements apply to yourself.

	Strongly agree	Agree	Disagree	Strongly disagree
I feel I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a likeable person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually solve my own problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am inclined to feel I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times I feel I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now some questions about how you spend your free time.**

**14** How often do you...

**Tick one box for each line**

	Most days	At least once a week	At least once a month	Several times a year	Once a year or less	Never/ almost never
Go to a party, dance, disco, or nightclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do painting, drawing, printmaking or sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the theatre (for example play, pantomime or opera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer to create original artworks or animation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to watch live sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a pub or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just hang around/mess about near your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just hang around/mess about in the high street or the town/city centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15** And how often do you...

**Tick one box for each line**

	Most days	At least once a week	At least once a month	Several times a year	Once a year or less	Never/ almost never
Go to youthclubs, scouts, girl guides or other organised activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a library (not your school library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to museums or galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to visit an historic place or stately home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do voluntary or community work (including doing this as part of school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a political meeting/ march, rally or demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16** Over the past month how many books have you read for pleasure? Please do not include comics or magazines. If you have not read any books please enter zero.

Write in number of books

**17** Please read each of the following statements and tick the box that best applies to you.

**Tick one box for each line**

	Often	Sometimes	Rarely	Never
We discuss books at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We discuss TV programmes we have watched at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults at home buy me books as gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults take me to museums or art galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults take me to watch sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents/other adults take me to the theatre or to see a dance performance or classical music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** Do you play a musical instrument?

Yes

No

**19** Which of the following regular classes do you do outside school, if any? Please tick all the things you do.

Music

Art

Dance

Sport

Tutorials for school subjects

Religious classes

None of these








Something else  
(WRITE IN)

The next few questions are about how you feel about different aspects of your life.








**20** The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy.

Please tick the box which comes closest to expressing how you feel about each of the following things...








A) Your school work?

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








B) Your appearance?

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








C) Your family?

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>








D) Your friends?

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E) The school you go to?

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F) Which best describes how you feel about your life as a whole?

						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions are about any homework you might be asked to do by teachers at your school. 'Homework' is any work set for you by teachers which is to be done outside lessons even if you do the work at school after lessons rather than taking it home with you.

21 Do you ever get set any homework at school?

Yes  → 22

No  → 28

22 How often are you given homework?

Most days

Once a week at least

Sometimes, less than once a week

Hardly ever

Never

23 During an average week in term time, on how many evenings do you do any homework? Please just think about Monday to Friday evenings during term time.

Write in the number of evenings you do homework

24 When you do homework on a week-day evening during term time, how many hours do you usually spend doing your homework?

Write in the number of hours

25 And how many hours do you usually spend doing homework on the weekend during term-time?

Write in the number of hours

26 Does anyone here at home help you with your homework, even if it's only occasionally?

Yes

No

27 Who usually helps you with your homework?

Mum or stepmum

Dad or stepdad

A brother or sister (or stepbrother/sister)

Another relative living with you

Any non-relative living with you

No one, I do it myself



**The next questions are about school and what you want to happen in the future.**

**28** How important do you think it is for you to do well in your GCSE exams or Standard Grades (if you live in Scotland)?

- Very important
- Important
- Not very important
- Not at all important

**29** The age young people must stay in education or training differs somewhat across the UK. What would you most like to do when you have completed your final GCSE/Standard Grade year at around age 16?

- Get a full time job  → **31**
- Stay at school or college to do A levels/Highers  → **30**
- Get an apprenticeship  → **30**
- Do some other form of training  → **30**
- Do something else  → **30**
- Don't know  → **30**

**30** Would you like to go on to do further full-time education at a college or university after you finish school?

- Yes
- No
- Don't know

**31** In the last 12 months, have you ever played truant, that is missed school without permission, even if it was only for a half day or single lesson?

- Yes
- No

Here are a few questions about health and nutrition.

32 In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

33 How many portions of fresh fruit or vegetables do you eat on a typical day? One portion is one piece of fruit or one serving of a vegetable or salad item.

- 5 or more portions
- 3 – 4 portions
- 1-2 portions
- None

34 How tall are you without shoes? Please use either feet and inches or metres and centimetres – whichever you know the best.

WRITE IN

Feet and inches

Metres and centimetres

Don't know

35 And how much do you weigh without clothes on? If you are not sure please write in your best guess.

WRITE IN

Stones and pounds

Kilograms

Not sure and can't guess

**36** Do you think that you are...

About the right weight

Underweight

Slightly overweight

Very overweight

Don't know

**37** Do you ever diet or try to lose weight?

Yes, all the time

Yes, some of the time

No, never

**38** What type of exercise do you do, including things like cycling or walking to school, or what sports do you play? Please tick the box for each one you do.

Walking, including walking the dog

Cricket

Swimming or diving

Athletics

Cycling

Martial Arts

Jogging or running

Horse riding

Tennis, squash or badminton

Gymnastics

Keep fit, aerobics or gym training

Dance

Football

Other type of sport or activity

Rugby

Netball, basketball or hockey

**39** How many days in a usual week do you play sports, do aerobics or do some other keep fit activity?

- Every day
- 5-6 days
- 3-4 days
- 1-2 days
- Less often than once a week
- Never or hardly ever

**40** What is the main way you usually travel to school?

- Walk all the way
- Ride a bike
- By bus or tube
- By car
- By train
- Some other way/combination

**41** Do you ever smoke cigarettes at all?

- Yes  → **42**
- No  → **43**

**42** Please read the statements below and tick the box beside the statement that describes you best.

- I have smoked only once or twice
- I used to smoke but I don't now
- I sometimes smoke, but not every week
- I usually smoke between one and six cigarettes a week
- I usually smoke more than six cigarettes a week

**Just to remind you, all your answers are confidential and will not be seen by anyone in your household.**

**43** Have you ever had an alcoholic drink? That is a whole drink, not just a sip.

- Yes
- No

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

- Most days  → **45**
- Once or twice a week  → **45**
- 2 or 3 times  → **45**
- Once only  → **45**
- Never  → **46**

**45** Thinking back over the last four weeks, how many times (if any) have you had five or more drinks on one occasion? (A 'drink' is one pint/bottle/can of beer or cider, 2 alcopops, one small glass of wine, a single measure of spirits).

- None
- Once
- Twice
- Three to five times
- Six to nine times
- Ten times or more

**46** On how many occasions (if any) have you been intoxicated or drunk from drinking alcohol, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?

	0	1-2	3-5	6-9	10-19	20-39	40 or more
In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last twelve months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last four weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**47** Have you ever tried any of the following...?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Glue/solvent sniffing                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannabis (also known as marijuana, dope, hash or skunk)    | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other illegal drug (including ecstasy, cocaine, speed) | <input type="checkbox"/> | <input type="checkbox"/> |

**48** How many times have you ever used or taken any illegal drugs?

- Never
- Once or twice
- Three or four times
- Five to ten times
- More than ten times

**49** How difficult do you think it would be for you to get cannabis (marijuana or hash) if you wanted?

- Impossible
- Very difficult
- Fairly difficult
- Fairly easy
- Very easy
- Don't know

**50** How much do you think PEOPLE RISK harming themselves, physically and in other ways, if they...

**Tick one box for each line**

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Smoke cigarettes occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have one or two alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have four or five alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have five or more alcoholic drinks each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51** And how much do you think PEOPLE RISK harming themselves, physically and in other ways, if they...

**Tick one box for each line**

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Try cannabis (marijuana or hash) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cannabis (marijuana or hash) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cannabis (marijuana or hash) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try ecstasy once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try an amphetamine (uppers, pep pills, speed) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take amphetamines regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now a few questions about the environment. How often you personally do each of the following things?**

**52** How often do you leave the TV on standby?

- Always
- Very often
- Quite often
- Not very often
- Never
- We have no TV at home

**53** How often do you switch off lights in rooms that aren't being used?

- Always
- Very often
- Quite often
- Not very often
- Never

**54** How often do you keep the tap running while you brush your teeth?

- Always
- Very often
- Quite often
- Not very often
- Never

**55** Do you believe that people in the UK will be affected by climate change in the future?

- Yes
- No
- I don't know

**The next questions are about what you want to do in the future.**

**56** At what age do you want to get married? If you don't want to get married then write in zero.

Please write in age:

**57** At what age would you like to start a family? If you don't want any children, write in zero.

Please write in age:

**58** Thinking about your own future, what would you like to be doing with your life in about ten years' time from now? Write in as much as you like in the space provided.

# Thank you for your help

**Please place the questionnaire in the envelope  
and hand it back to your interviewer**

Or please return to the address below:

**National Centre for Social Research  
Unit B2, Admiralty Park, Station Road, Holton Heath,  
Poole, BH16 6HX**