



About you

Y1. Which of these is your religion? If you have no religion, tick 'no religion'

PLEASE TICK **ONE** BOX ONLY

- No religion
- Church of England / Anglican
- Roman Catholic
- Methodist / Congregational / Baptist
- Other Christian
- Muslim / Islam
- Hindu
- Jewish
- Sikh
- Something else
- I don't know
- I'd rather not answer this question

Y2. How much do you agree with this?

PLEASE TICK **ONE** BOX ONLY

	Agree	Not sure	Disagree	I don't have a religion
My religion often influences the decisions I make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School and learning

S1. Do you have these things at home?

PLEASE TICK **ONE** BOX ON EACH LINE

	Yes	No	Not sure
At home, there is a computer I can use to help me with my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, I can use the internet to help me with my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, I have somewhere quiet to do my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2. For each of the things about school, please tick the box that best describes you.

PLEASE TICK **ONE** BOX ON EACH LINE

	Yes	No	Not sure
I enjoy school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try my best at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn a lot at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3. Would any of the things below help you to do better in school?

PLEASE TICK **ONE** BOX ON EACH LINE

	Yes	No	Don't know
Smaller classes or groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fewer bullies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More help from family and friends (e.g. with homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere quiet at home to do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4. Have you played truant (bunked off or skived) in 2009?

PLEASE TICK **ONE** BOX ONLY

Never	<input type="checkbox"/>
For the odd day or lesson	<input type="checkbox"/>
For particular days or lessons	<input type="checkbox"/>
For several days at a time	<input type="checkbox"/>
For weeks at a time	<input type="checkbox"/>

S5. Please tell us about times when you might not go to school. Please tick the boxes that best describe you.

PLEASE TICK **ONE** BOX ON EACH LINE

	Yes	Sometimes	No	Not sure
I go to school even if I feel a little unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to school even if I feel very ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to school even if I feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to school even if I am bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to school even if there are lessons I don't like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S6. How much does your school help you mix with these different people?

PLEASE TICK **ONE** BOX ON EACH LINE

	A lot	A little	Not at all	Not sure
My school helps me to meet people from different religions and faiths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school helps me to meet people from different countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school helps me to meet people with different disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school helps me meet people who are older than 60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your local area

A1. Overall, what do you think of the activities and things to do in your area?

PLEASE TICK **ONE** BOX ONLY

- Good
- OK
- Not very good

A2. What would make your area a better place for you to live in?

PLEASE READ ALL OPTIONS CAREFULLY BEFORE CHOOSING. PLEASE THEN TICK **ALL** THAT ARE TRUE FOR YOU

- Better shops
- Cleaner with less litter
- Better sports clubs or centres
- Better public transport (such as buses, trains, underground)
- Safer roads
- More activities that all children and young people can do
- Safer area or less crime
- Better parks and play areas
- Fewer young people hanging around
- Something else
- Don't know
- Nothing - I think the area is fine as it is

A3. What do you think of the area you live in?

PLEASE TICK **ONE** BOX ONLY

- It's a good place to live
- It's an OK place to live
- It's not a good place to live

A4. How often do you have the chance to tell adults who are not your family your feelings about the things listed below?

PLEASE TICK **ONE** BOX ON EACH LINE

	Every day	Sometimes	Never	Not sure
Personal problems affecting your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems affecting the area where you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
World problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. How often do you feel safe going out...

PLEASE TICK **ONE** BOX ON EACH LINE

	Often	Sometimes	Never	Not sure or I don't do this
on your own in the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on your own when it's dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with your friends in the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with your friends when it's dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. How often do any of these things make you feel unsafe in your local area?

PLEASE TICK **ONE** BOX ON EACH LINE

	Often	Sometimes	Never	Not sure
Groups of people hanging around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People carrying knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People drinking or being drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People I think are on drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7. How often do you use the parks and play spaces in your area?

PLEASE TICK **ONE** BOX ONLY

- Every day
- Most days
- Around once a week
- Hardly ever
- Never
- There are no play spaces or parks near where I live

A8. When you go to a park or play area, how long do you stay there most days?

PLEASE TICK **ONE** BOX THAT IS CLOSEST TO THE TIME YOU SPEND

- Less than one hour
- 1-3 hours
- More than 3 hours
- All day

Your free time

F1. The next question asks you about volunteering. By volunteering, we mean if you choose to give up some of your free time to help another person or organisation and do not get paid for it.

Do you give up your free time to do any of these things?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- Help out or volunteer at school
- Help out or volunteer in your local area
- Help a charity
- Help a local voluntary group

- I don't do any volunteering

F2. How often do you...

PLEASE TICK **ONE** BOX ON EACH LINE

	Often	Sometimes	Never	Not sure
sit down for a meal with the people you live with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
talk to the people you live with about your day at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get help with your homework from the people you live with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. How important do you think it is to...

PLEASE TICK **ONE** BOX ON EACH LINE

	Very important	Quite important	Not very important	Not at all important	Not sure
save money if you want to buy something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
buy what you want as soon as you want it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learn how to manage money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
save money for the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Being healthy

H1. How often do you...

PLEASE TICK **ONE** BOX ON EACH LINE

	Every day	Sometimes	Never	Not sure
eat take-away food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sleep for 8 hours or more a night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H2. What do you eat for lunch on most days at school?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- A packed lunch from home
- School meals
- Food bought from elsewhere
- Nothing to eat

H3. If you had a question or worry about your health, who would you prefer to talk to (other than your parents)?

PLEASE TICK **ONE** BOX ONLY

- A doctor
- A health worker in school
- Someone else

Your feelings

YF1. How much do you agree with these sentences?

PLEASE TICK **ONE** BOX ON EACH LINE

	Agree	Not sure	Disagree
There are lots of things I would like to change about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on well with other people in my year group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it very hard to talk in front of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask the teacher if I don't understand something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YF2. How much do you agree with these statements?

PLEASE TICK **ONE** BOX ON EACH LINE

	Agree	Not sure	Disagree
I make choices that help keep me safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I treat others with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make choices that help keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think I am doing well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like being at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things to help other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel positive about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think I will be able to get the sort of job I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your future plans and advice you have had

AD1. How often do you share personal information about yourself on the internet? (Personal information could include details of where you live, your mobile phone number, details of your family)

PLEASE TICK **ONE** BOX ONLY

- Often
- Sometimes
- Never
- Not sure

AD2. Do you have enough information on how to be safe on the internet?

PLEASE TICK **ONE** BOX ONLY

- Yes
- No
- Don't need it