

## Secondary School Children's Wellbeing Questionnaire – Year 3

### **Hello! Welcome to the Realigning Children's Services questionnaire.**

This is a health and wellbeing survey that is being run by Ipsos MORI on behalf of the Scottish Government.

#### **How to complete the survey:**

- The survey should take around 30 minutes to complete.
- Follow any instructions given to you at each question.
- Most questions can be answered by selecting the box next to the answer that applies to you, then clicking the 'Next' button underneath the question.
- Please answer as accurately as possible so that you are asked the questions which apply to you most.
- If it is difficult for you to choose an answer, select the answer that is true for most of the time.
- If you have gone on to the next question and you think that it does not apply to you, you can click on the 'Back to last question' button at the bottom of the page and check that you have not made a mistake with your last answer. If you have made a mistake, select the correct answer and then click 'Next'.
- If you feel that you would rather not answer a specific question, click on the 'Prefer not to answer' button, and you can move onto the next question.

Taking part in the survey is completely up to you. You do not have to take part if you do not want to.

Remember, **this is not a test and there are no right or wrong answers – we are just interested in hearing what you think and feel. We will not tell anyone your answers.**

#### **Who will see my answers?**

Only the survey team at Ipsos MORI (the company running the survey) will see the data collected in the survey. No-one else will see your answers. Once you have completed the survey, remember to click on the 'Finished' button so that your answers are saved and passed on to the survey team. The survey will be carried out in accordance with the MRS Code of Conduct. For more information on how the information you give us will be used please see the Scottish Government privacy notice for this project: <http://transformingchildrensfutures.scot/wellbeing-surveys/childrens-wellbeing-surveys-privacy-notice/>

Half way through the survey and at the very end, you will be asked if you are happy for the answers you've given to be used by the Researchers at Ipsos MORI. If you say 'Yes' your answers up to that point will be sent to the research team and combined with the answers of other children from your area and other parts of Scotland. If you say 'No', your answers will be deleted and not used by the research team.

**Click the 'next' button to start.**



ON SCREEN: First, a few details about yourself.

Q1. How would you describe your gender identity?

SA

Boy

Girl

In another way (if you would like to, please write in what other words you use)

Prefer not to answer

Q2. What school year are you in? Please select one answer.

1. Secondary 1
2. Secondary 2
3. Secondary 3
4. Secondary 4
5. Prefer not to answer

Q3 How old are you (in years)? Please select one answer.

1. 11
2. 12
3. 13
4. 14
5. 15
6. 16
7. Prefer not to answer

ON SCREEN: These next questions are about smoking tobacco

Q6. Do you smoke cigarettes at all nowadays?

SA

Yes

No

Prefer not to answer

Q7. Now read the following statements carefully and click the box next to the one which best describes you. Please select one answer.

SA

I have never smoked

I have only ever tried smoking once

I used to smoke sometimes but I never smoke a cigarette now

I sometimes smoke cigarettes now but I don't smoke as many as one a week

I usually smoke between one and six cigarettes a week

I usually smoke more than six cigarettes a week

Prefer not to answer

Q17. What about your friends – how many of them smoke?

Please select one answer.

SA

All or almost all

More than half

Half

Less than half

Almost none  
None  
Prefer not to answer

Q18. Does anyone smoke inside your home? Please include times when someone smokes out of a window or at/just outside an open door.

Please select one answer.

SA

Yes – every day/most days  
Yes – sometimes  
No – never  
Prefer not to answer

Q20. An electronic cigarette (sometimes called an 'e-cigarette') is a tube that can look like a normal cigarette, can have a glowing tip and puffs a vapour that looks like smoke but unlike normal cigarettes, they don't burn tobacco. Now read the following statements carefully and click on the box next to the ONE which best describes you.

SA

I have never used an e-cigarette  
I used to use e-cigarettes but don't use them anymore  
I have tried an e-cigarette once  
I have tried an e-cigarette a few times  
I use e-cigarettes sometimes, but no more than once a month  
I use e-cigarettes once a week or more  
Prefer not to answer

ON SCREEN: The next few questions are about your health and how you feel

Q25. How is your health in general? Would you say it was...?

SA

Very good  
Good  
Fair  
Bad  
Very bad  
Prefer not to answer

Q26. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

SA

Yes  
No  
Prefer not to answer

If 1 go to Q27; if 2 or 3 go to Q28.

Q27. Does your condition or illness reduce your ability to carry out day-to-day activities?

SA

Yes – a lot  
Yes – a little  
Not at all  
Prefer not to answer

Q28. Below are some statements about feelings and thoughts. Please click the box that best describes your experience of each over the last 2 weeks.

Please click one box per row.

SA per row

ACROSS TOP OF GRID

None of the time

Rarely

Some of the time

Often

All of the time

Prefer not to answer

DOWN SIDE OF GRID

I've been feeling optimistic about the future

I've been feeling useful

I've been feeling relaxed

I've been feeling interested in other people

I've had energy to spare

I've been dealing with problems well

I've been thinking clearly

I've been feeling good about myself

I've been feeling close to other people

I've been feeling confident

I've been able to make up my own mind about things

I've been feeling loved

I've been interested in new things

I've been feeling cheerful

Q29. Do you care for or look after someone in your home because, for example, they have a long-term illness or disability? In other words, are you a young carer?

SA

Yes

No

Prefer not to answer

LIFESAT. The next few questions are about your life as a whole. We would like to know what thoughts about life you have had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Select the words next to each statement that indicate the extent to which you agree or disagree with each statement. Please select one answer for each question.

SA per row.

ACROSS TOP OF GRID:

Strongly disagree

Moderately disagree

Mildly disagree

Mildly agree

Moderately agree

Strongly agree

Prefer not to answer

DOWN SIDE OF GRID:

My life is going well

My life is just right

I would like to change things in my life  
LifeSat4{All} I wish I  
had a different kind of life  
I have a good life  
I have what I want in life  
My life is better than most kids

**[ChLife6]**

This question uses 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

How happy are you with your life as a whole?

0						5						10
Very						Not happy						Very
unhappy						or unhappy						happy
0	1	2	3	4	5	6	7	8	9	10		

ON SCREEN: These next questions are about alcohol

Q30. Have you ever had a proper alcoholic drink – a whole drink, not just a sip?  
Please don't count drinks labelled as low alcohol.  
SA

Yes  
No  
Prefer not to answer

If 1 go to Q31; if 2 or 3 go to Q43

Q31. How often do you USUALLY have an alcoholic drink?  
SA

Almost every day  
About twice a week  
About once a week  
About once a fortnight  
About once a month  
Only a few times a year  
I never drink alcohol now  
Prefer not to answer

Q32. When did you last have an alcoholic drink?  
SA

Today  
Yesterday  
Some other time during the last seven days  
1 week, but less than 2 weeks ago

2 weeks, but less than 4 weeks ago  
1 month, but less than 6 months ago  
6 months ago or more  
Prefer not to answer

Q34. Have you ever been drunk?

No – never  
Yes – once  
Yes – 2-3 times  
Yes – 4-10 times  
Yes – more than 10 times  
Prefer not to answer

Q35. In the past year, as a result of drinking alcohol have you...?  
Please click on one box on each line.  
SA per row

ACROSS TOP OF GRID

No  
Once  
Twice or more  
Prefer not to answer

DOWN SIDE OF GRID

Had an argument  
Had a fight  
Ended up in a situation where you felt threatened/unsafe  
Been to hospital  
Had to be seen by a doctor  
Stayed off school  
Been sick (vomited)  
Tried any drugs  
Been in trouble with the police  
Done school work badly  
Posted/wrote something on a social networking site like Facebook or Twitter that you wished you hadn't  
Sent a text/email that you wished you hadn't  
Done something you later regretted

Q43. Who lives with you at home?

Sometimes people live in two different homes. This may be because their parents live in different places, and they spend time at both of their homes. If this applies to you please answer for the home you live in most of the time.

Please select all that apply to you.

MA

Mother  
Father  
Father's partner  
Mother's partner  
Grandmother  
Grandfather  
Foster mother  
Foster father  
Brother (include half/step/foster)  
Sister (include half/step/foster)  
I live in a care home

Someone or somewhere else (Please click and type in the box below) OE  
Prefer not to answer

Q43b. (on same screen) Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please type in the number (e.g. 2). If there are none please type in 0.

Number of **brothers** OE  
Number of **sisters** OE  
Prefer not to answer

Q44. What is your ethnic group?  
Please select the one that best describes your ethnic group or background.  
SA

White – Scottish  
White – Other British  
White – Irish  
White – Gypsy/Traveller  
White – Polish  
White – Other (Please click the box and type in) OE  
Mixed or multiple ethnic group (Please click the box and type in) OE  
Pakistani  
Indian  
Bangladeshi  
Chinese  
African  
Caribbean or Black  
Arab  
Other (Please click the box and type in) OE  
Prefer not to answer

FamWorr. If you were really worried about something, how likely would you be to talk to a family member about it?  
SA.

Very likely  
Fairly likely  
Not very likely  
Not at all likely  
Don't know  
Don't have or don't see any family members  
Prefer not to answer

ON SCREEN: The next questions are about drugs

Q49. Have you ever been offered any of the following drugs?  
Please make sure that you click one box on each line.  
SA per row

ACROSS TOP OF GRID  
1, Yes  
2, No  
3, Prefer not to answer

DOWN SIDE OF GRID  
Cannabis (hash, joints, weed, green, grass, pollen, resin, bud, smoke)  
Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas, nitrous oxide,

nitrous or noz) – To inhale or sniff  
 Amphetamine (speed, base, whizz, sulph)  
 Methamphetamine (crystal meth, tina, glass, ice)  
 LSD (acid, tabs, trips)  
 Ecstasy (E, eccies, XTC, pills, MDMA, sweeties)  
 Semeron (sems, semmies)  
 Poppers (amyl nitrate, Liquid Gold, Rush)  
 Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam, Xanax, Xans)  
 Heroin (smack, skag, gear, H, kit)  
 Magic mushrooms (shrooms, mushies)  
 Methadone (linctus, physeptone, meth)  
 Cocaine (coke, charlie, c)  
 Crack cocaine (crack, rock, stone)  
 Anabolic Steroids (roids)  
 Mephedrone (bubbles, drone, M-CAT, meow meow)  
 GHB/GBL (G, liquid ecstasy)  
 Ketamine (K, ket, special k, horsey)  
 Synthetic cannabis – e.g. Damnation, Black Mamba, Clockwork Orange, Pandora's Box  
 Salvia  
 MDMA powder (mandy, molly, madman)  
 MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)  
 MXE, MXP (or other synthetic dissociative)  
 Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)  
 AMT, NBOMe, 2Cs (or other synthetic psychedelic)

IF ANY CODES @q49= 1, GO TO Q55

IF ALL CODES @ Q49= 2 or 3

DRUG1. Have you ever used or taken any of the drugs previously mentioned (even if only once)? Please select one answer

1. Yes
2. No
3. Prefer not to answer

If 1 go to Q55; if 2 or 3 go to Q73

Q55. When was the last time you ever used or took any of the following?

Please make sure that you cross one box on each line.

SA per row

ACROSS TOP OF GRID

In the last month

In the last year

More than a year ago

Never

Prefer not to answer

DOWN SIDE OF GRID

Cannabis (hash, joints, weed, green, grass, pollen, resin, bud, smoke)

Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas nitrous oxide, nitrous or noz) – To inhale or sniff

Amphetamine (speed, base, whizz, sulph)

Methamphetamine (crystal meth, tina, glass, ice)

LSD (acid, tabs, trips)

Ecstasy (E, eccies, XTC, pills, MDMA, sweeties)

Semeron (sems, semmies)

Poppers (amyl nitrate, Liquid Gold, Rush)

Tranquilisers (downers, benzos, valium, vallies, blues, Temazepam, Xanax, Xans)  
Heroin (smack, skag, gear, H, kit)  
Magic mushrooms (shrooms, mushies)  
Methadone (linctus, physeptone, meth)  
Cocaine (coke, charlie, c)  
Crack cocaine (crack, rock, stone)  
Anabolic Steroids (roids)  
Mephedrone (bubbles, drone, M-CAT, meow meow)  
GHB/GBL (G, liquid ecstasy)  
Ketamine (K, ket, special k, horsey)  
Synthetic cannabis – e.g. Damnation, Black Mamba, Clockwork Orange, Pandora's Box  
Salvia  
MDMA powder (mandy, molly, madman)  
MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)  
MXE, MXP (or other synthetic dissociative)  
Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)  
AMT, NBOME, 2Cs (or other synthetic psychedelic)

Q61. The last time you used drugs, were you also drinking alcohol?

SA

Yes

No

Prefer not to answer

ASK ALL

Q73. How old were you when you first did the following things?

In each line there is the option to click the 'Never' box for something you have not done at all.

SA per row

ACROSS TOP OF GRID

Never

I was OE years old

Prefer not to answer

DOWN SIDE OF GRID

Drank alcohol (more than a small amount)

Got drunk

Smoked a cigarette (more than a puff)

Used drugs

Q77. Here is a list of things that young people sometimes do in their free time, when they aren't at school. What about you?

Please click one box on each line.

SA per row

ACROSS TOP OF GRID

*When I'm not at school I...* (IN SAME COLUMN AS OPTIONS DOWN THE SIDE OF THE GRID)

Every day

Most days

Weekly

Less often

Never

Prefer not to answer

#### DOWN SIDE OF GRID

See my friends

Listen to music

Watch films/DVDs

Play computer games

Go online and use social networking sites (e.g. Facebook, Twitter)

Look around the shops

Read comics or magazines

Read books

Go to watch sports matches

Do a sport (e.g. football, swimming)

Go to the cinema

Hang around the street

Do a hobby, art or play a musical instrument

Go to a friend's house

Go to concerts or gigs

Go to the public library (not the school library)

Go to museums or galleries

Go to theatres or concert halls

Go to the church, mosque or temple

Help other people/voluntary work

Do nothing

ON SCREEN: These next questions are about social media and messaging apps

SM1. Do you use any social media or messaging apps like Instagram, Snapchat, Tik Tok, Facebook, WhatsApp, YouTube or Twitter?

Yes

No

Prefer not to answer

IF CODE 1 (Yes) @SM1 GO TO QSM2a. IF CODE 2 or 3 @ SM1 GO TO Q79.

SM2a. Please think only about Monday, Tuesday, Wednesday and Thursday when answering this question. After school has finished, how often, if at all, do you usually check your social media or messaging apps?

At least every half hour

At least every hour

At least every couple of hours

Less often than that

Not at all

Don't know

Prefer not to say

SM2b. When you are at school, how often, if at all, do you usually check your social media or messaging apps?

At least every half hour

At least every hour

Several times a day

About once a day

Less than once a day

Don't know

Prefer not to say

SM3. Some people check their social media or messaging apps during the night, after they are supposed to be asleep. How often, if at all, do you do that?

I do that every night  
I do that most nights  
I do that some nights  
I almost never do that  
I never do that  
I don't know  
Prefer not to say

SM4a. How do you feel about the amount of time you spend on social media and messaging apps?

I would like to spend a lot less time on them  
I would like to spend a little less time on them  
I'm happy with the amount of time I spend on them  
I would like to spend a bit more time on them  
I would like to spend a lot more time on them  
Don't know  
Prefer not to say

SM4b. How much do you care about keeping up to date with what others are posting on social media?

A lot  
A little  
Not very much  
Not at all  
I don't use social media  
Don't know  
Prefer not to say

SM4c. Thinking about how you use social media or messaging, how much do you agree or disagree with the following statement?

I feel anxious if I'm not able to check social media or messaging apps regularly

Strongly agree  
Tend to agree  
Neither agree nor disagree  
Tend to disagree  
Strongly disagree  
Don't know  
Prefer not to say

SM4d. Thinking about how you use social media or messaging, how much do you agree or disagree with the following statement?

I care about the number of likes/retweets/comments I get when I post something on social media

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- I don't post on social media
- Don't know
- Prefer not to say

SM4e. Thinking about how you use social media or messaging, how much do you agree or disagree with the following statement?

Other people's social media posts sometimes make me feel worse about my own life

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- I don't use social media
- Don't know
- Prefer not to say

SM4f. Thinking about how you use social media or messaging, how much do you agree or disagree with the following statement?

Social media and messaging apps help me stay in touch with my friends

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know
- Prefer not to say

ON SCREEN: These next questions are about relationships with friends

Q79. How many close friends would you say you have?

SA

- None
- One
- Two
- Three or more
- Prefer not to answer

IF Q79 = 2-4

Friend1. How many of your close friends work hard at school? Please select one answer.

SA  
All of them  
Most of them  
Some of them  
None of them  
Prefer not to answer

IF Q79 = 2-4  
Friend2. How many of your close friends get into a lot of trouble at school? Please select one answer.

SA  
All of them  
Most of them  
Some of them  
None of them  
Prefer not to answer

IF Q79 = 2-4  
Friend3. How many of your close friends get into a lot of trouble outside of school? Please select one answer.

SA  
All of them  
Most of them  
Some of them  
None of them  
Prefer not to answer

IF Q79 = 2-4  
Friend4. How much do you agree or disagree with this statement: "I have a close friend that I can speak to about things that really bother me." Please select one answer

SA.  
Strongly agree  
Tend to agree  
Neither agree nor disagree  
Tend to disagree  
Strongly disagree  
Don't know  
Prefer not to answer

Well Done! You are making good progress.

ASK ALL  
USE1. A quick check before continuing are you happy to send the answers you've given so far to the researchers?  
SA.

Yes  
No

If USE1 = 2 (No)

USEN. Just to check, you said you do not want to send the answers you've given so far to the researchers - is that right?

SA.

Yes, that's right - I don't want you to send my answers

No, I clicked the wrong button - I am happy for the answers I've given so far to be sent

ASK ALL

Cont1

Are you happy to continue with the survey?

Yes

No

{IF Cont1=2}

Cont2. Just to check, you said 'you do not want to continue, is that correct? Click either:

SA

Yes, please stop the survey

No, I clicked the wrong button, please let me continue

{If cont 2= 1 go to END SCREEN}

{IF Cont2=1 and Use=1 go to END SCREEN 2 or IF Cont2=1 and USEN=1 go to END SCREEN 3}

Q86. How much do you like school at the moment?

SA

I like it a lot

I like it a bit

I don't like it very much

I don't like it at all

Prefer not to answer

Q87. How often do you feel strained or pressured by the schoolwork you have to do?

SA

Never

Sometimes

A lot of the time

Prefer not to answer

Q88. In the past year, how many times did you skip or skive school?

SA

None

Once

Twice

3 times

4 times

5 times

Between 6 and 10 times

More than 10 times

Prefer not to answer

Q89. Since you started secondary school, have you been excluded?

SA

Yes  
No  
Prefer not to answer

SCH1. Below are some more questions about how you feel about school. Please select one answer for each question.  
SA per row

ACROSS TOP OF GRID  
All of the time  
Most of the time  
Some of the time  
Never  
Prefer not to answer

DOWN SIDE OF GRID  
How often do you find it difficult to keep your mind on your work at school?  
How often do you feel unhappy at school?  
How often do you get tired at school?  
How often do you try your best at school?  
How often do you feel school is a waste of time?  
How often do you find school interesting?  
How often do you misbehave or cause trouble in lessons?  
How often do other pupils misbehave or cause trouble in your lessons?

Strengths and Difficulties Questionnaire  
For each item, please click the box for 'Not true', 'Somewhat true', or 'Certainly true'. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.  
SA per row

ACROSS TOP OF GRID  
Not true  
Somewhat true  
Certainly true  
Prefer not to answer

DOWN SIDE OF GRID  
I try to be nice to other people. I care about their feelings  
I am restless; I cannot stay still for very long  
I get a lot of headaches, stomach-aches or sickness  
I usually share with others (food, games, pens etc.)  
I get very angry and often lose my temper  
I am usually on my own. I generally play alone or keep to myself  
I usually do as I am told  
I worry a lot  
I am helpful if someone is hurt, upset or feeling ill  
I am constantly fidgety or squirming  
I have one good friend or more  
I fight a lot. I can make other people do what I want  
I am often unhappy, down-hearted or tearful  
Other people my age generally like me  
I am easily distracted; I find it difficult to concentrate  
I am nervous in new situations. I easily lose confidence  
I am kind to younger children

I am often accused of lying or cheating  
Other children or young people pick on me or bully me  
I often volunteer to help others (parents, teachers, children)  
I think before I do things  
I take things that are not mine from home, school or elsewhere  
I get on better with adults than people my own age  
I have many fears; I am easily scared  
I finish the work I am doing. My attention is good

The next few questions are about situations in which other children or young people may have left you feeling hurt, threatened, frightened or left out.

HURT. In the last month, have other children or young people, either online/by phone or offline, done any of the following things...?

Please select one answer for each question.

#### ACROSS TOP OF GRID

1. Yes – online/by phone
2. Yes – offline
3. No – not at all
4. Prefer not to answer

#### DOWN SIDE OF GRID

Hit, kicked or punched you, taken your belongings or hurt or threatened you physically in some

other way {Option 1 not included for this}

Teased you in a mean way or called you hurtful names

Spread mean rumours or told lies about you, deliberately ignored you or excluded you from a group

#### NEXT SCREEN

The next question is about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends or walking to school. Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football and gymnastics.

For the next question, add up all the time you spend in physical activity each day.

PhysAct. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Please select one answer.

SA

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

Don't know

Prefer not to answer

EAT1. How many times a week do you normally eat the following things? Please select one answer for each question.

SA per row

ACROSS TOP OF GRID

Never

Less than once a week

Once a week

2-4 days a week

5-6 days a week

Once a day, every day

Every day, more than once

Prefer not to answer

DOWN SIDE OF GRID

Fruit

Vegetables

Sweets or chocolate

Crisps or fried potatoes

Sugary drinks (still or fizzy)

Diet1. On how many days a week would you usually sit down to eat a main meal (at lunchtime or in the evening) with one or both of your parents or carers?

Please select one answer.

SA

Every day

4-6 days a week

2-3 days a week

Once a week

Hardly ever or never

Prefer not to answer

Diet2. How many days a week do you eat breakfast? Please select one answer.

SA

None / never

Some days, but not all days

Every day

Prefer not to answer

Diet3. How often, if at all, do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that?

Please select one answer.

SA

More than once a day

Once a day

3-6 days a week

1-2 days a week

Less often but at least once a month

Less than once a month

Never

Sleep1. About what time do you usually go to sleep on a school night? Please select one answer.

SA per row

Before 9 pm

9-9:59 pm

10-10:59 pm  
11-midnight  
After midnight  
Prefer not to answer

FAM1. How much do you agree or disagree with the following statements about family relationships? For each of these select one answer.

SA per row

ACROSS TOP OF GRID

Strongly agree  
Tend to agree  
Neither agree nor disagree  
Tend to disagree  
Strongly disagree  
Don't know  
Prefer not to answer

DOWN SIDE OF GRID

My parents/carers treat me fairly {If Q43= 1-4 or 7-8}  
I enjoy spending time with my family {If Q43= 1-4 or 7-8}  
Members of my family shout at each other a lot  
I get to decide on how I spend most of my spare time

CLASS1. How much do you agree or disagree with the following statements about school, teachers and the pupils in your class(es)?

Please select one answer for each question.

SA per row

ACROSS TOP OF GRID

Strongly agree  
Tend to agree  
Neither agree nor disagree  
Tend to disagree  
Strongly disagree  
Don't know  
Prefer not to answer

DOWN SIDE OF GRID

Other pupils accept me as I am  
My teachers listen to me  
I feel like teachers in my school treat me fairly  
The pupils in my class(es) treat each other with respect  
I am happy with what I get to do and study at school  
My teachers make me want to do well in school  
My teachers care about me as a person

AREA. How much do you agree or disagree with the following statements about the area you live in?

Please select one answer for each question.

ON SCREEN: Thank you very much for your help.

SA per row

ACROSS TOP OF GRID

Strongly agree

Tend to agree  
Neither agree nor disagree  
Tend to disagree  
Strongly disagree  
Don't know  
Prefer not to answer

DOWN SIDE OF GRID

People say "hello" and often stop to talk to each other in the street  
It's a really good place to live  
You can trust people round here  
There is nothing for young people to do in this area  
I feel safe being outside with my friends in this area

BAD1. Have you felt that someone has treated you badly because of any of the following things about you? (MULTI CODE)

ACROSS TOP OF GRID

Yes – Other children and young people have treated me badly because of:  
Yes – Adults have treated me badly because of:  
No  
Prefer not to answer

DOWN SIDE OF GRID

My gender  
My sexual orientation (school years 2-4 only at Q2)  
A disability  
My skin colour  
My nationality  
My religion/faith/belief

Risk1. How much do you agree or disagree with the following statement: "Sometimes I find it exciting to do things that might get me into trouble" Please select one answer.  
SA

Agree a lot  
Agree a bit  
Disagree a bit  
Disagree a lot  
Don't know  
Prefer not to answer

Codes 1-6 {If Q43=1-10 or 12-13} Code 7 ask all  
YEAR. During the last year did any of these things happen to you? Please select yes or no for each question below:  
SA per row

ACROSS TOP OF GRID

Yes  
No  
Prefer not to say

DOWN SIDE OF GRID

1. My family moved house
2. A close member of my family was seriously ill
3. A close member of my family died
4. My parents split up or divorced

5. My mum stopped living with me
6. My dad stopped living with me
7. I went to live with someone else

Appear. How do you feel about the way you look? Please select one answer.  
SA

- Very happy
- Fairly happy
- Not very happy
- Not at all happy
- I don't care/looks aren't important to me
- Prefer not to answer

Area9. How often do you usually spend time in any of the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space.  
Please select one answer.

SA.

- Less than once a month
- About once a month
- 2 to 3 times a month
- 1 to 2 times a week
- 3 to 4 times a week
- 5 to 6 times a week
- Every day
- Prefer not to answer

Area10. And, how much time overall in a week do you usually spend in the following places in your local area? Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space.  
Please select one answer.

SA

- None
- Half an hour or less per week
- Between half to one hour per week
- Between 1 to 2 hours per week
- Between 2 to 4 hours per week
- Between 4 to 6 hours per week

## END SCREEN 1

Well done! You have finished the questionnaire.

Use2 {All}

Are you happy to send **all** the answers you've given to the researchers?

1. Yes
2. No

{IF Use2=2}

UseConf. Just to check, you said you do not want to send all your answers, is that correct?

1. Yes, that's right – I don't want you to send my answers
2. No, I clicked the wrong button - I am happy for the answers I've given so far to be sent

## **END SCREEN 2**

**{IF Use2 = 1 or UseConf=2}**

Now your answers will be sent away and no one will know what you have said. We really hope you've enjoyed answering the questions but if you have been upset by anything please talk to your parents, teacher or another adult you trust.

Thanks for your help.

## **END SCREEN 3**

**{IF UseConf=1}**

We really hope you've enjoyed answering the questions but if you have been upset by anything please talk to your parents, teacher or another adult you trust.

Thanks for your help.