

Norfolk Children and Young People Survey 2014

The Primary Health-Related Behaviour Questionnaire from SHEU, Exeter

The purpose of this questionnaire is to help Norfolk County Council to plan health care for young people, and to help your teachers plan work in schools. To do this, they need some information about yourself. These questionnaires are confidential and will not be read by anyone connected with your school. You will not be identified.

1) Please answer all questions honestly.

Please do NOT write in any shaded boxes

2) Do NOT write your name on any page

Answer these questions in the box first

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Here are three statements about this survey
Please tick yes or no for each question ✓

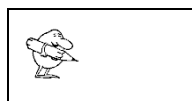
- A** I understand why we have been asked to do this survey 0 ☐ No 1 ☐ Yes
- B** I agree to take part in the survey 0 ☐ No 1 ☐ Yes
- C** I can leave out any question if I don't want to answer it 0 ☐ No 1 ☐ Yes

If you answered **No** to any of the last three questions, **please put up your hand now**

D Are you male or female?

Please tick one answer 0 ☐ Male 1 ☐ Female

E How old are you? Please write in the box



years old

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F Which school year are you in?

Please tick one answer ✓

Year 4 ☐ Year 5 ☐ Year 6 ☐

G What is your home postcode?

Please write in the box)



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We ask this to help the computer draw maps showing differences between areas.

No-one in your school or anywhere else in Norfolk will find your house or find out your answers

1 Which of the following best describes your ethnic background?

Please tick the one that most describes you ✓

WhiteWhite British 01 ☐White Irish 02 ☐White Romany or Gypsy 03 ☐White traveller of Irish heritage 04 ☐Any other White background * 05 ☐**Asian**Bangladeshi Asian 06 ☐British Asian 07 ☐Indian Asian 08 ☐Pakistani Asian 09 ☐Any other Asian background * 10 ☐**Black**Black African 11 ☐Black British 12 ☐Black Caribbean 13 ☐Any other Black background * 14 ☐**Chinese**British Chinese 15 ☐Chinese 16 ☐Any other Chinese background * ... 17 ☐**Mixed**Mixed White & Asian 18 ☐Mixed White & Black African 19 ☐Mixed White & Black Caribbean ... 20 ☐Any other mixed background * 21 ☐Any other background * 22 ☐Don't want to say 23 ☐

* please write in the box)

**2 Is someone helping you fill in this questionnaire?**Please tick one answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐ Don't want to say 3 ☐**3 Are you disabled?**Please tick one answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐ Don't want to say 3 ☐**4 Do you have a long-standing illness? E.g. asthma, epilepsy, diabetes**Please tick one answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐ Don't want to say 3 ☐**5 Do you have a special educational need or a learning difficulty?**Please tick one answer ✓ No 0 ☐ Not sure 1 ☐ Yes 2 ☐ Don't want to say 3 ☐
☐

If you ticked YES to any of the last three questions, carry on to the next question;
everyone else skip to Question 99 ➔

If you answered YES to any of the last three questions:**6 Does your school help you enough with your additional needs?**

Please tick one answer ✓

I don't have any needs like that 3 ☐Yes 2 ☐Not sure 1 ☐No 0 ☐

7 Which adults do you live with?

Please choose the nearest answer, or what you do most in the week ✓

- Mum & Dad together 01 ☐ Mum & Mum or Dad & Dad 07 ☐
 Mainly or only Mum 02 ☐ Other relatives e.g. aunt, grandad 08 ☐
 Mainly or only Dad 03 ☐ Foster parents 09 ☐
 Mum & Dad shared 04 ☐ Residential Social Worker 10 ☐
 Mum & stepdad/partner 05 ☐ Other (please tick 11 ☐
 Dad & stepmum/partner 06 ☐ and describe in the box)

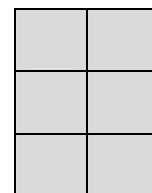


8 Do you get free school meals, or vouchers for free meals?

Please tick one answer ✓

- No 0 ☐
 Don't know 1 ☐
 Yes 2 ☐

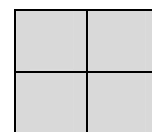
9 What are the three most important issues for young people in your area, do you think? Please write in the boxes



▼8

10 If you were Prime Minister for a day, what one thing would you do to improve things for young people?

Please write in the box



Keep going!

These questions are about BULLYING.

11 Have you been bullied in the last twelve months? (This includes cyberbullying)

Please choose one box

No 0 ☐

Yes, a little 1 ☐

Yes, a lot 2 ☐

If NO, skip
to Q99 ➔

12 Was this bullying...? Please choose all that apply

At school ☐

Not at school ☐

In the next questions we will ask you to tell us about any experiences you have of being bullied in the last twelve months.

13 What form did the bullying take?

Please choose all that apply

Nasty names and threats..... ☐

Spreading rumours ☐

Leaving you out..... ☐

Kicking, hitting, spitting..... ☐

Taking your things..... ☐

Racist bullying (about your race or religion)..... ☐

Being called 'gay' or because someone thinks you are gay..... ☐

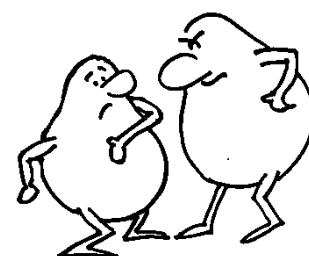
Bullying because you have a **special need or a disability** ☐

Saying or doing horrible things to you because you are a boy or a girl)..... ☐

Cyber-bullying (text messages, email, social networking sites, pictures or videos) ☐

Something else (please choose ☐
and describe in the box below)

➔ Go to
next question



14 If you have been cyber-bullied, please tell us how by clicking on the choices below **If you haven't been cyber-bullied, please skip this question and move onto the next one.**

Please choose all that apply

- I haven't been cyber-bullied ☐
- Text messages ☐
- Picture or video clip ☐
- Phone call bullying ☐
- email bullying ☐
- Chat room bullying ☐
- Bullying through Instant Messaging ☐
- Bullying through social networking sites ☐
- Bullying through other websites (using websites to humiliate someone) ☐
- Through electronic games (using a game box to send messages) ☐
- Something else (please choose ☐
and describe in the box below)

→ Go to
next question



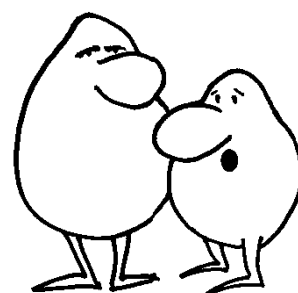
15 When was the last time you were bullied?

- In the last week 0 ☐
- In the last month, but not last week 1 ☐
- In the last term, but not last month 2 ☐
- In the last twelve months, but not last term 3 ☐

16 Who did you tell about the bullying? (You can choose more than one.)

Please choose all that apply

- No-one ☐
- A member of school staff ☐
- A friend ☐
- Someone in my family ☐
- A supporter/buddy/befriender/mentor ☐
- I phoned a helpline ☐
- Someone else (please choose ☐
and describe in the box below)



17 What happened?

- Something was done that stopped the bullying..... 0 ☐
- Something was done but it didn't stop the bullying. 1 ☐
- Something was done but it made the bullying worse. 2 ☐
- Nothing was done but the bullying stopped anyway. 3 ☐
- Nothing was done and the bullying carried on..... 4 ☐

18 Have you seen any bullying at school in the last twelve months?

- No 0 ☐
- Yes, a little 1 ☐
- Yes, a lot 2 ☐

19 Have you seen any bullying not at school in the last twelve months?

- No 0 ☐
- Yes, a little 1 ☐
- Yes, a lot 2 ☐

**20 Have you bullied anyone in the last twelve months?**

- No 0 ☐
- Yes, a little 1 ☐
- Yes, a lot 2 ☐

About your school

21 How well does your school deal with bullying?

- Very well..... 0 ☐
- Quite well..... 1 ☐
- Not very well..... 2 ☐
- Very badly 3 ☐
- I don't know 4 ☐

22 Do you feel safe at school?

- Yes usually 0 ☐
- Yes sometimes..... 1 ☐
- No 2 ☐

23 Does your school ask for the opinions of pupils?

- Yes usually 0 ☐
- Yes sometimes..... 1 ☐
- No 2 ☐

24 Have you ever done any of the following?

Please choose all that apply

Given your view on the school anti-bullying policy? ☐

Given your ideas about how to stop bullying in school? ☐

Taken part in assemblies, drama or other activities during Anti-Bullying Week? ☐

Become a peer supporter/buddy/befriender/mentor? ☐

If you have a problem with any issues relating to bullying, please talk to someone. A teacher or other member of staff will be able to help you. If your school has a peer support scheme, you could use that. If you do not feel comfortable talking to someone in your school, you can talk to someone you can trust, a friend, parent or carer. They can come with you to talk to a teacher or someone else about the problem. You can also call ChildLine free on 0800 1111, someone is there all the time and the number will not show up on the telephone bill. If you cannot get through the first time please try again.

REMEMBER: KEEPING QUIET ABOUT BULLYING ALLOWS IT TO GO ON

What do you think about your school?

25 Please think about each of the following statements.

Please tick one answer on each line ✓

	No	Not sure	Yes
The school cares whether I am happy or not	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
My work is marked so I can see how to improve it	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
I set my own targets and I am helped to meet them	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
My achievements in and out of school are recognised	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school teaches me to deal with my feelings positively	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school helps me work as part of a team	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
In this school people with different backgrounds are valued	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school encourages everyone to take part in decisions, e.g. class discussions or school council	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school encourages me to contribute to community events	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
The school prepares me for when I leave this school	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

26 How many lessons do you enjoy at school?

Please tick ONE answer ✓

All of them	0 <input type="checkbox"/>
Most of them	1 <input type="checkbox"/>
About half of them	2 <input type="checkbox"/>
Less than half of them	3 <input type="checkbox"/>
Hardly any of them	4 <input type="checkbox"/>



27 What sort of job do you think you would like to do, in an ideal world?



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28 Do you think you will end up doing a job like this?

No	0 <input type="checkbox"/>
Not sure	1 <input type="checkbox"/>
Yes	2 <input type="checkbox"/>

29 If no, what sort of things might stop you getting the job you want?



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30 If no, what sort of job do you think you will end up doing, in the real world?



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These questions are about **ALCOHOL, SMOKING AND DRUGS**

31 Have you had an alcoholic drink in the last 7 days? (more than just a sip)

Please tick ONE answer ✓ No 0 ☐ Yes 1 ☐

→ 32 If you ever drink alcohol, do your parents/carers know? Please tick ONE answer ✓

I never drink alcohol 0 ☐

My parents/carers always know 1 ☐

My parents/carers usually know 2 ☐

My parents/carers sometimes know 3 ☐

My parents/carers never know 4 ☐

33 Which statement describes you best about smoking? (cigarettes from a packet or a roll-up)

Please tick ONE answer and follow the instructions

I have never smoked at all, not even a puff 0 ☐

I have tried smoking once or twice 1 ☐

I used to smoke, but I don't now 2 ☐

I smoke occasionally (less than 1 cigarette a week) 3 ☐

I smoke regularly but would like to give it up 4 ☐

I smoke regularly and don't want to give it up 5 ☐

→ Skip to Q99

Go on to the next question →

34 What do you know about electronic cigarettes or 'e-cigarettes'?

Please tick ONE answer ✓

I have never heard of them 0 ☐

I have never used them 1 ☐

I have tried them 2 ☐

I use one occasionally 3 ☐

I use one regularly 4 ☐

→ Please tick ONE answer on each line ✓

35 a Do your parents/carers smoke? No 0 ☐ Yes 1 ☐

b Does anyone smoke indoors at home in rooms that you use? .. No 0 ☐ Yes 1 ☐

c Does anyone smoke in a car when you are in it too? No 0 ☐ Yes 1 ☐

36 Do you know anyone personally who you think takes any drugs to get high?

(not medicines, tobacco or alcohol) Please choose one answer ✓

No 0 ☐

Not sure 1 ☐

Fairly sure 2 ☐

Certain 3 ☐

These questions are about HEALTHY WEIGHT.

37 Which statement describes you best?

Please tick ONE answer ✓

I would like to put on weight 0 ☐

I would like to lose weight 1 ☐

I am happy with my weight as it is 2 ☐

38 What did you do for lunch yesterday?

Please tick ONE answer ✓

School food 0 ☐

Ate a packed lunch from home 1 ☐

Bought lunch from a takeaway or shop 2 ☐

Went home for lunch 3 ☐

Did not have any lunch 4 ☐

39 How would you describe the place where you can get a school lunch?

Please tick all that apply

✓✓

Happy ☐

Friendly ☐

Crowded ☐

Smelly ☐

Safe ☐

Relaxed ☐

Busy ☐

Rushed ☐

40 What did you have before lessons this morning?

Please tick everything that you had ✓✓

Nothing to eat or drink ☐

Yoghurt ☐

Energy drink (e.g. Red Bull,
Lucozade Energy etc.) ☐

Breakfast bars ☐

Other drink ☐

Crisp-type snack ☐

Toast or bread ☐

Chocolate bar, sweets ☐

Sugar-coated cereals ☐

Biscuits/cakes ☐


Porridge/Ready Brek ☐

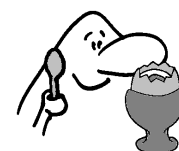
Fruit ☐

Other cereals ☐

Cooked breakfast ☐

Something else (please tick ☐
then write in box below)



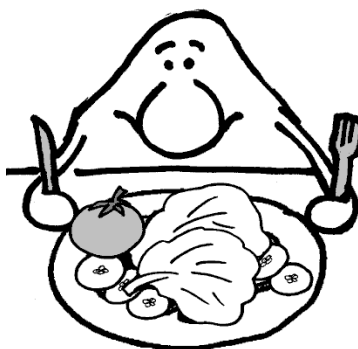


✓✓

41 How often do you eat or drink the following?

Please tick ONE answer on each line ✓

	Rarely or never	Once a week or less	2-3 days a week	On most days
Any fish/fish fingers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Fresh fruit	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Salads	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Vegetables	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Water	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
"Diet" (low calorie) drinks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other fizzy drinks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Energy drinks (e.g. Red Bull, Lucozade Energy etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crisps	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sweets, chocolate, choc bars	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



42 How many portions* of fruit and vegetables did you eat yesterday?

Please circle ONE answer. If more than 8, circle 8.

0 1 2 3 4 5 6 7 8

*** A portion is about a handful.**

To help you decide, all of these examples count as ONE portion:

ONE portion = 80g = any of these...

1 apple, banana, pear, orange or other similar sized fruit

3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned)

1 cupful of grapes, cherries or berries

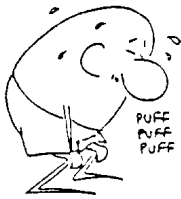
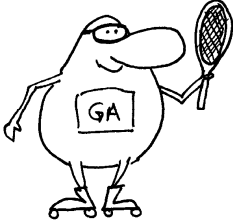
a glass (150ml) of fruit juice (however much you drink, fruit juice counts as one portion a day)

a dessert bowl of salad

N.B. Potatoes don't count when thinking about 5-a-day

These questions are about PHYSICAL ACTIVITY

- Add which activities you do in and out of school during a normal school week & weekend
- How do you normally get to school?
- Are you a member of a sports club outside of school?





Emotional health and wellbeing

43 How much do you worry about the issues listed below?

Tick ONE answer on each line ✓

	Never	Hardly ever	A little	Quite a lot	A lot
School-work problems	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Exams and tests	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Bullying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your health	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Problems with friends	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Family problems	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
The way you look	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

If you worry about other things please write what they are in the box

44 When you have a problem that worries you or you are feeling stressed, what do you do about it?

Please tick ONE answer on each line ✓

	Never	Sometimes	Usually	Always
Talk to someone about it	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Rest or sleep more	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Think carefully about the problem by yourself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Keep busy (exercise, work, socialising)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Watch more TV	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Eat or drink more (e.g. sweets, chocolates)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Listen to music	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Do nothing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other (please tick	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

then describe in the box



45 If you were worried about something, do you know an adult you trust who you can talk to about it? e.g someone at home, someone at school, health professional, adult friend

Please choose ONE answer ✓

No 0 ☐


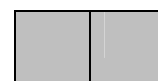
Maybe 1 ☐

Yes 2 ☐



46 If something goes wrong...

Tick one answer ✓ on each line

Never Sometimes Usually AlwaysI get upset and feel bad for ages 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I might feel a bit bad but soon forget it 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I'm calm and can carry on 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I learn from it for next time 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I might feel something else (please tick 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐
and write in the box below)



★4

47 If I don't succeed at something...

Tick one answer ✓ on each line

Never Sometimes Usually AlwaysI blame someone else 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I keep on trying until I do 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I might have another go 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I give up 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I try a different way of doing it 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I ask for help 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I go and do something else 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐I just accept that I can't do it 0 ☐ .. 1 ☐ .. 2 ☐ .. 3 ☐**These questions are about HEALTH SERVICES****48 Do you know who your School Nurse is?**

Please tick ONE answer ✓

No 0 ☐Not sure 1 ☐Yes 2 ☐Don't have one 3 ☐**49 Do you know how to get to see your School Nurse?**

Please tick ONE answer ✓

No 0 ☐Not sure 1 ☐Yes 2 ☐Don't have one 3 ☐

These questions are about ACCIDENTS



50 In the past 12 months, have you had any accidents that needed attention from a doctor or a nurse?

Please tick one answer ✓

Yes 1 ☐

No 0 ☐

If NO, tick the box
then go to Q99 ➔

51 If you answered YES to the last question, what was the MOST RECENT injury?

Please tick ONE ✓ and then tell us more* in the box below

A sports injury 0 ☐ What sport were you doing? *

A fall, trip or slip 1 ☐ What caused it? *

A burn or scald 2 ☐ What caused it? *

Accidental poisoning 3 ☐ What did you eat or drink? *

Cycling injury 4 ☐ What caused it? *

Road Traffic Accident ... 5 ☐ What caused it? *

Animal bite or sting 6 ☐ What animal? *

Cut 7 ☐ What cut you? *

Other 8 ☐ Please describe below *

* Please write in the box below

Your school

52 How many school lessons do you enjoy at school?

Please tick one answer ✓

All of them 0 ☐

Most of them 1 ☐

About half of them 2 ☐

Less than half of them 3 ☐

Hardly any of them 4 ☐

53 Do you think it is important to go to school regularly?

Please tick ONE answer ✓

No 0 ☐

Not sure 1 ☐

Yes 2 ☐

54 In the last 12 months, have any of the following stopped you from going to school?

Please tick all that apply

✓ ✓

Illness or injury ☐Worries about school ☐Caring for family members ☐Worries about bullying ☐Medical/dental appointments ☐Effects of my social life ☐Day trips or holiday in term ☐Other (please tick ☐time ☐

and describe in the box below)

Shopping ☐

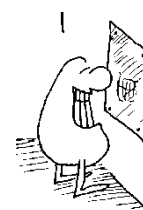
▼10

These questions are about TEETH**55 How many times do you usually clean your teeth each day?**

Please tick one answer ✓

Less than once a day 0 ☐Once a day 1 ☐Twice a day 2 ☐Three times or more a day 3 ☐**56 How long ago did you last visit the dentist?**

Please tick one answer ✓

Never 0 ☐In the past 7 days 1 ☐In the past month 2 ☐In the past 3 months 3 ☐In the past 6 months 4 ☐In the past year 5 ☐More than a year ago 6 ☐**57 Why did you go to the dentist last time?**

Please tick as many as are right for you ✓✓

I was having trouble with my teeth ☐I went for a check up ☐I had a reminder from my family/local dentist ☐For some other reason, please tick and write in below ☐

These questions are about **LEISURE**

58 How long did you spend doing each of these things below after school yesterday?

Please tick ONE answer on each line ✓

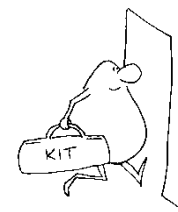
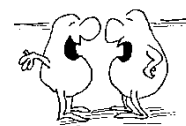
	No time at all	Up to 1 hour	Up to 2 hours	Up to 3 hours	More than 3 hours
a Watching TV (live, online, catch-up)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b Doing homework	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c Playing video games (e.g. Xbox, DS, PC, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d Talking/texting on the 'phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e Talking/messaging online e.g. Facebook, Twitter ..	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

59 Did you spend any time doing any of these things after school yesterday?

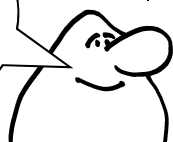
Please tick all that apply

- ✓✓
- a Met with friends ☐
 - b Used a computer for school work ☐
 - c Read a book for pleasure ☐
 - d Cared for pets ☐
 - e Played a musical instrument ☐
 - f Sport ☐
 - g Cared for family members (babysitting, minding grandparents, etc.) ... ☐
 - h Extra lessons/tutoring ☐
 - i Listened to music ☐
 - j Helping and volunteering outside the home ☐
 - k Other (please tick ☐

and describe in the box)



Please
read this
carefully



If you are worried about anything mentioned in this survey and you would like to talk to someone about it, please talk to an adult you feel comfortable with in school or at home.

Instead, an adult in school can suggest where to go for help, or you could ring ChildLine – their free number is 0800 1111

THE END!

Thank you for completing this questionnaire

If you have time, please check you have not left any questions out by accident.

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