

ID Number: AA-N-NNN

(FOR OFFICE USE ONLY)



➤ **We are researchers and we want to get your views about school and find out about your health. This is NOT a test. There are no right or wrong answers!**

➤ **Your name is not on this questionnaire. This questionnaire is COMPLETELY CONFIDENTIAL. No-one except the researchers will find out what you write. Your family, friends and school will NOT find out what you write.**

➤ **Please answer all the questions as truthfully as you can. Please fill it all in and be honest. The answers you give will be used to try and improve schools and young people's health.**

Please put a tick (✓) in the boxes provided. If you have made a mistake, put a cross (x) through the box and answer again.

-9 Missing

-8 Not applicable (Go to questions)

-5 If answered incorrectly
ie. Multiple response when only 1 req'd.
ignores goto.

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

1. How old are you? _____

2. Are you: Male 1 Female 2

3. Which ethnicity best describes you? Please one box

- White British 1-7
- White other
- Asian or Asian British
- Black or Black British
- Chinese or Chinese British
- Mixed ethnicity
- Other ethnic group

4. What religious group or church do you belong to? Please one box

- None 1-8
- Christian
- Jewish
- Muslim/Islam
- Hindu
- Sikh
- I don't know / not sure
- Other religious group

5. Which adult or adults (not including older siblings) do you live with?

Please as many as apply

- My mother
- My father 7x1
- My stepmother
- My stepfather
- My foster-mother
- My foster-father
- Someone else

6. Are any of the adults that you live with in paid work, either part-time or full-time? Please one box

- Yes 2 No 1 I don't know 3

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7. What kind of house or flat do you live in?

Please ✓ one box only

- One rented from the Council or a housing association 1-5
- One rented from a landlord
- One owned by your family (including one with a mortgage)
- Other
- I don't know / not sure

8. Does your family own a car, van or truck?

Please ✓ one box only

- No
- Yes, one 1-3
- Yes, two or more

9. Do you have your own bedroom for yourself?

Please ✓ one box only

- No 1
- Yes 2

10. During the past 12 months, how many times did you travel away on holiday with your family?

Please ✓ one box only

- Not at all 1-4
- Once
- Twice
- More than twice

11. How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?

Please ✓ one box only

- None 1-4
- One
- Two
- More than two

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The following questions are about your experiences of secondary school. Remember that your answers are confidential.

12. Have you been at this school since the start of Year 7?

Please ✓ one box only

- Yes, I have been at this school since the start of Year 7 2
- No, I have changed secondary schools at least once 1

13. How much do you agree with the following statements?

Please ✓ one box on **EVERY** line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!
The teachers at this school are fair in dealing with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-4
There's at least one teacher or other adult in this school I can talk to if I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can go to my teachers with the things that are on my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers believe all students can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, students' ideas are listened to and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers and students really trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers treat students with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This school really cares about students as individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers really listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really like most of my teachers at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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14. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!	
I feel very different from most other students here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-4
I can really be myself at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↓
Other students in this school take my opinions seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am encouraged to express my own views in my classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Most of the students in my classes enjoy being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Most of the students in my classes are kind and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Most other students accept me as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I feel I belong at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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15. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!	
There are lots of chances for students at this school to get involved in sports, clubs and other activities outside class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-4
Teachers at this school notice when students are doing a good job and let them know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↓
At this school, students have a lot of chances to help decide and plan school activities, events and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student activities at this school offer something for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Students have a say in decisions affecting them at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Students at this school are encouraged to take part in activities, programs and special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!	
I try hard in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-4
Doing well in school is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↓
Continuing or completing my education is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I feel like I am successful in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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The following questions are all about your experiences of bullying and aggression at this school. Remember that all your answers are confidential and no-one will find out what you tell us.

We want to know if any of the following things have happened in your last three months at school.

17. Has anyone TEASED YOU or CALLED YOU NAMES at this school in the last 3 months?

No 1 → If 'No', please go to question 18 below
Yes 2

How often?

Please ✓ one box only

Most days
About once a week 1-3
Less than once a week

How upsetting was it when you were teased or called names?

Please ✓ one box only

Not at all
A bit 1-3
I was quite upset

18. Has anyone spread RUMOURS ABOUT YOU at this school in the last 3 months?

No 1 → If 'No', please go to question 19 on the next page
Yes 2

How often?

Please ✓ one box only

Most days
About once a week 1-3
Less than once a week

How upsetting were the rumours?

Please ✓ one box only

Not at all
A bit 1-3
I was quite upset

Q17-20

e.g. Q17a = No
17b = -8 (Not applicable)
17c = -8

If 17a = No but respondent⁶ has still answered 17b+17c
17b = -5 (incorrectly filled out)
17c = -5

19. Have you been DELIBERATELY LEFT OUT OF THINGS at this school in the last 3 months?

No 1 → If 'No', please go to question 20 below
Yes 2

How often?

Please ✓ one box only

Most days
About once a week 1-3
Less than once a week

How upsetting was it being left out of things?

Please ✓ one box only

Not at all
A bit 1-3
I was quite upset

20. Have you been THREATENED PHYSICALLY OR ACTUALLY HURT by another student recently at this school?

No 1 → If 'No', please go to the next page
Yes 2

How often?

Please ✓ one box only

Most days
About once a week 1-3
Less than once a week

How upsetting was it being threatened or hurt?

Please ✓ one box only

Not at all
A bit 1-3
I was quite upset

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**The next questions are about your experiences of cyberbullying.
This is bullying through mobile phone use or by using the internet.**

Examples of bullying using a mobile phone are:

- Receiving upsetting phone calls (e.g. malicious prank calls)
- Receiving abusive text messages

Examples of bullying through the internet are:

- Malicious or threatening emails directly to you, or about you to others
- Intimidation or abuse when participating in chat rooms
- Abusive instant messages (e.g. MSN)
- Websites where nasty or unpleasant comments are being made

We want to know if any of these things have happened either in school or outside school in the last THREE months.

21. Have you been bullied through mobile phone use or on the internet in the last three months?

Please ✓ one box only

- | | | |
|-----------------------------------|--------------------------|-------------------------------------|
| No, I haven't | <input type="checkbox"/> | → If 'No', go to qu. 23 (next page) |
| Yes, once or twice | <input type="checkbox"/> | |
| Yes, two or three times a month | <input type="checkbox"/> | 1-5 |
| Yes, about once a week | <input type="checkbox"/> | |
| Yes, several times a week or more | <input type="checkbox"/> | |

22. If Yes, how did they bully you through mobile phone use or the internet in the last three months?

Please ✓ as MANY as apply

- | | | |
|---------------------------------------------------------------|--------------------------|--------|
| Using text messages | <input type="checkbox"/> | 13 x 1 |
| Using multimedia texts (e.g. photos, videos, etc.) | <input type="checkbox"/> | |
| Using phone calls | <input type="checkbox"/> | |
| Through emails | <input type="checkbox"/> | |
| Through instant messages (e.g. MSN, Blackberry Messenger) | <input type="checkbox"/> | |
| Through Twitter | <input type="checkbox"/> | |
| Through Facebook | <input type="checkbox"/> | |
| Through other social networking websites (e.g. myspace) | <input type="checkbox"/> | |
| Through video sharing websites (e.g. YouTube, Vine, etc.) | <input type="checkbox"/> | |
| Through photo sharing websites (e.g. Instagram, flickr, etc.) | <input type="checkbox"/> | |
| Through a blog (e. blogspot, LIVEJOURNAL, etc.) | <input type="checkbox"/> | |
| Through chat rooms | <input type="checkbox"/> | |
| In another way | <input type="checkbox"/> | |
- 8
- 5
can apply.

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23. Have YOU ever bullied anyone else using your mobile phone or using the internet?

Please ✓ one box only

- No, never
 - Yes, once or twice
 - Yes, two or three times a month
 - Yes, about once a week
 - Yes, several times a week or more
- 1-5

These questions are about things that might have happened at school in the last three months of school.

24. During the last 3 months of school how often did these things happen to you because of something you had done wrong?

Please ✓ one box on EVERY line

	Never!	1 or 2 times	3 or 4 times	5 or more times!	
The school got in touch with my parents by letter or telephone about an incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-4
I got a punishment and my parents were informed about that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was given detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was sent to the head of year, deputy head or head teacher for my behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was put on a conduct/behaviour sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was given extra homework to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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25. During the last 3 months of school how often did you do these things at school?

Please ✓ one box on EVERY line

	Most days!	At least once a week	Less than once a week	Hardly ever or never!
Arrive late for classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fight in or outside the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to do homework or class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be cheeky to a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use bad or offensive language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wander around school in class time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purposely damage or destroy things belonging to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit or kick a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheat doing homework or tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit or kick another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-4
↓

26. Have you ever been in a physical fight (e.g. punching or kicking) at this school?

Yes 2
No 1

27. During the last 3 months of school, have you skipped / bunked off school?

Yes 2
No 1

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28. During the last 3 months of school, have any of your friends at this school skipped / bunked off?

Yes 2
No 1

29. Have you EVER been temporarily or permanently excluded from this school?

Yes 2
No 1

30. Have any of your friends at this school EVER been temporarily or permanently excluded?

Yes 2
No 1

31. In the past 12 months, have you ever been stopped or told off by the police OUTSIDE school?

No 1 Yes, once 2
Yes, twice 3 Yes, three or more times 4

32. In the past 12 months, have you ever been formally cautioned or arrested by the police?

No 1 Yes, once 2
Yes, twice 3 Yes, three or more times 4

33. Please think about your friends who are the same age as you. How many of them have been told off, stopped or picked up by the police OUTSIDE school in the last 12 months?

Please one box only

None of them 1 A few of them 2
Most of them 3 All of them 4

34. In the past 12 months how many nights have you spent in hospital because you had an accident or injury?

Please one box only

None 1 One night 2
Two nights 3 Three nights 4
More than three nights please state how many Text.

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35. In the past 12 months how many times have you used any other health services (e.g. GP, hospital outpatients) because you had an accident or injury?

Please ✓ one box only

- | | | | | | |
|-----------------------------------------------------------|--------------------------|---|-------------|--------------------------|---|
| None | <input type="checkbox"/> | 1 | One time | <input type="checkbox"/> | 2 |
| Two times | <input type="checkbox"/> | 3 | Three times | <input type="checkbox"/> | 4 |
| More than three times please state how many <u>text</u> . | | | | | |

We want to know if any of the following things have happened either in school or outside school.

36. During the last 3 months, did you ever carry a knife or other weapon with you for protection or in case it was needed in a fight?

- Yes 2 No 1

37. During the last 3 months, did you use force, threats or a weapon to steal money or something else from somebody?

- Yes 2 No 1

38. During the last 3 months, did you damage or destroy property that did not belong to you on purpose (e.g. windows, cars or street lights)?

- Yes 2 No 1

39. During the last 3 months, did you ever set fire or try to set fire to something on purpose (e.g. bus shelter, shop, etc.)?

- Yes 2 No 1

We also want to know about your health.

40. Which of the following best describes you?

- | | | |
|-------------------------------------------------------------------------------------|--------------------------|-----|
| I currently smoke e-cigarettes | <input type="checkbox"/> | 1-4 |
| I have tried e-cigarettes in the past 12 months but do not currently smoke them | <input type="checkbox"/> | |
| I have tried e-cigarettes longer than 12 months ago but do not currently smoke them | <input type="checkbox"/> | |
| I have never tried e-cigarettes | <input type="checkbox"/> | |

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41. Have you ever tried smoking a cigarette, even if it was only a puff or two?

- Yes 2
No 1 → If 'No', please go to question 43

42. If yes, how often have you smoked cigarettes in the last month?

Please ✓ one box only

- I have not smoked in the last month
I have only smoked once or twice in the last month
I have smoked about once a week in the last month
I have smoked daily or almost daily in the last month

1-4
-8
-5
may apply

43. Have you ever drunk alcohol (more than just a sip)?

- Yes 2
No 1 → If 'No', please go to question 45

44. If yes, how often do you drink alcohol?

Please ✓ one box only

- I have not drunk alcohol in the last month
I have drunk alcohol once or twice in the last month
I have drunk alcohol about once a week or more in the last month

1-3
-8
-5
may apply

45. Has anyone ever offered you any drugs? Please ✓ one box only

- No, I've never been offered drugs 1 → go to qu. 47 next page
Yes, I've been offered drugs but I didn't try them 2 → go to qu. 47 next page
Yes, I've been offered drugs and I tried them 3 → answer question 46

46. If you have tried drugs, have you tried any of the following and how often?

	Yes, in the last week	Yes, in the last month	Yes, but not in the last month
Cannabis <i>(hash, weed, joints, spliff)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniffing glue or solvents <i>(lighter fuel, petrol, gas)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-3
↓
-8
-5
may apply

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47. For each of the following items, please mark either the box for "Not True", "Somewhat True" or "Definitely True".

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

Please give your answers on the basis of how things have been for you over the last SIX MONTHS

Please **✓** one box on **EVERY** line

	Not True	Somewhat True	Definitely True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-3
↓

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	Not True	Somewhat True	Definitely True	
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-3
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↓
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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48. How much of a problem have these things been for you in the past ONE month ... Please one box on EVERY line

	Never	Almost Never	Sometimes	Often	Almost Always
It is hard for me to walk more than 50 metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to do sports activity or exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to lift something heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to take a bath or shower by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to do chores around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hurt or ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel afraid or scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about what will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble getting along with other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kids do not want to be my friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kids tease me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-5



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	Never	Almost Never	Sometimes	Often	Almost Always	
I cannot do things that other kids my age can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5
It is hard to keep up when I play with other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
It is hard to pay attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I forget things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have trouble keeping up with my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I miss school because of not feeling well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I miss school to go to the doctor or hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



49. Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each over the LAST TWO WEEKS.

Please one box on EVERY line

	None of the time	Rarely	Sometimes	Often	Always	
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

These questions ask about how you are TODAY.

50. For each question, read all the choices and decide which one is most like you TODAY. Then put a tick in the box next to it.

Please ✓ one box only for each question

How worried are you today?

- I don't feel worried today
- I feel a little bit worried today 1-5
- I feel a bit worried today
- I feel quite worried today
- I feel very worried today

How sad are you today?

- I don't feel sad today
- I feel a little bit sad today 1-5
- I feel a bit sad today
- I feel quite sad today
- I feel very sad today

Are you in pain today?

- I don't have any pain today
- I have a little bit of pain today 1-5
- I have a bit of pain today
- I have quite a lot of pain today
- I have a lot of pain today

How tired are you today?

- I don't feel tired today
- I feel a little bit tired today 1-5
- I feel a bit tired today
- I feel quite tired today
- I feel very tired today

How annoyed are you today?

- I don't feel annoyed today
- I feel a little bit annoyed today 1-5
- I feel a bit annoyed today
- I feel quite annoyed today
- I feel very annoyed today

How well did you sleep last night?

- Last night I had no problems sleeping
- Last night I had a few problems sleeping 1-5
- Last night I had some problems sleeping
- Last night I had many problems sleeping
- Last night I couldn't sleep at all

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

Please ✓ one box only for each question

Thinking about your school work/homework today (such as reading and writing)

- I have no problems with my schoolwork/homework today
- I have a few problems with my schoolwork/homework today
- I have some problems with my schoolwork/homework today 1-5
- I have many problems with my schoolwork/homework today
- I can't do my schoolwork/homework today

Thinking about your daily routine (things like eating, having a bath/shower)

- I have no problems with my daily routine today
- I have a few problems with my daily routine today
- I have some problems with my daily routine today 1-5
- I have many problems with my daily routine today
- I can't do my daily routine today

Are you able to join in activities like playing out with your friends and doing sports?

- I can join in with any activities today
- I can join in with most activities today
- I can join in with some activities today 1-5
- I can join in with a few activities today
- I can join in with no activities today

And some more questions about school...

51. How fair do you think the rules are at this school?

Please ✓ one box only

- Very fair
- Quite fair 1-4
- Quite unfair
- Very unfair

52. Does this school have rules that are written down somewhere?

- Yes 2 No 1 I don't know 3

53. Do teachers at this school try to make sure that students obey the rules?

Please ✓ one box only

- All teachers do 1
- Some teachers do 3
- Most teachers do 2
- No teachers do 4

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

54. Are you involved with any extra-curricular activities at your school?

Please ✓ as many as apply

- No
- Yes - Sports
- Yes - Art, music or drama
- Yes - Other clubs

4x1

if 'NO' -8 applies
if 'Yes' (any) 1st variable -8.

55. Do you feel safe at this school?

Please ✓ one box only

- All the time
- Most of the time
- Some of the time
- Never

1-4

We want to find out about personal, social and health education (PSHE) lessons at your school. These are the lessons about relationships, your personal development and your health.

56. How much do you agree with the following statements about personal, social and health education (PSHE) in this school?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!	
It teaches me what I want to know about health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-4
It helps me feel more confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↓
It helps me understand other people's feelings and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
It doesn't teach me anything that I don't know already	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In PSHE students can be honest about how they feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This part of the questionnaire is about your friends at school.

57. First of all, how many friends do you have at this school?

Please ✓ one box only

- None → If 'None', please go to question 63 on the next page
One friend 1-5.
Just a few
Several
Lots of friends

58. Recently have you had any fights or arguments with any of your friends at school?

Q 58 - 62

Please ✓ one box only

- No
Yes - with one or two people 1-3
Yes - with more than two people

-8
-5
may apply

59. If you get angry or upset do you have a friend at school you can tell how you feel?

Please ✓ one box only

- No
Yes - one or two people 1-3
Yes - more than two people

60. When you feel happy do you have a friend at school you can share this with?

Please ✓ one box only

- No 1
Yes 2

61. Do you have a friend at school you can trust with your private thoughts and feelings?

Please ✓ one box only

- No 1
Yes 2

62. Is there anyone who really knows you very well (understands how you think and feel) at school?

Please ✓ one box only

- No
Yes 1-3
Yes, sort of

63. Which of the following have you seen happen at this school in the last 3 months of school

Please ✓ as many as apply

- | | | |
|------------------------------------------|--------------------------|-----|
| Boys fighting | <input type="checkbox"/> | 7x1 |
| Girls fighting | <input type="checkbox"/> | |
| Someone threatening someone | <input type="checkbox"/> | |
| A student trying to hurt another student | <input type="checkbox"/> | |
| Someone robbing money or a mobile phone | <input type="checkbox"/> | |
| Someone letting off a firework | <input type="checkbox"/> | |
| Someone carrying a knife | <input type="checkbox"/> | |

That is the end. THANK YOU!

Please remain quiet until everyone has finished.