

(TO BE READ)

We are a group of researchers at the University of XX interested in knowing the opinions and points of view of young people of your age.

We would be very grateful if you would answer this questionnaire for us. It is ANONYMOUS, in other words, no one will know your answers.

There are no right or wrong answers, we are only interested in knowing your choices, opinions and feelings. This questionnaire is confidential (we won't know who you are and we won't pass on any information you give us).

You don't have to answer any questions you don't want to.

For each question, please tick the box or circle the number of the option that best corresponds to your personal situation or position.

Name of school: _____

Town: _____ State school Part-funded Private

School year: 8-year-olds

Today's date:/...../2012

You

1. I am _____ years old.

2. I am a: Boy Girl

3. I live in the town or city of:

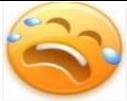
.....

4. I was born in this country: Yes No

(If “no”, name of the country:)

Your home and the people you live with

5. How much do you agree with each of these sentences?	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree	Don't know
▪ I feel safe at home	<input type="checkbox"/>					
▪ I have a quiet place to study at home	<input type="checkbox"/>					
▪ My parents (or the people who look after me) listen to me and take what I say into account	<input type="checkbox"/>					
▪ We have a good time together in my family	<input type="checkbox"/>					
▪ My parents (or the people who look after me) treat me fairly	<input type="checkbox"/>					

6. How happy you feel with ...					
▪ The house or flat where you live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The people who live with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ All of the other people in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often in the past week have you spent time doing the following things with your family?	Not at all	Once or twice	Most days	Every day	Don't know
▪ Talking together	<input type="checkbox"/>				
▪ Having fun together	<input type="checkbox"/>				
▪ Learning together	<input type="checkbox"/>				

Money and things you have

8. Which of the following things do or don't you have?	No	Yes	Don't know
▪ Clothes in good condition to go to school in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Access to computer at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Access to Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ A family car for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ A television at home that you can use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How happy you feel with all of the things you have?

				
<input type="checkbox"/>				

10. How often do you worry about how much money your family has?

Never	Sometimes	Often	Always	Don't know
<input type="checkbox"/>				

Your friends and other people

11. How much do you agree with each of these sentences?	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree	Don't know
▪ My friends are usually nice to me	<input type="checkbox"/>					
▪ I have enough friends	<input type="checkbox"/>					

12. How happy you feel with ...					
▪ Your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The people who live in your area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your relationships with people in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often in the past week have you spent time doing the following things with your friends apart from at school?	Not at all	Once or twice	Most days	Every day	Don't know
▪ Talking together	<input type="checkbox"/>				
▪ Having fun together	<input type="checkbox"/>				
▪ Meeting to study (apart from at school)	<input type="checkbox"/>				

The area where you live

14. How much do you agree with each of these sentences?	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree	Don't know
▪ In my area there are enough places to play or to have a good time	<input type="checkbox"/>					
▪ I feel safe when I walk in the area I live in	<input type="checkbox"/>					

15. How happy you feel with ...

					
▪ How you are dealt with when you go to the doctors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The outdoor areas children can use in your area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The area where you live, in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School

16. How much do you agree with each of these sentences?	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree	Don't know
▪ My teachers listen to me and take what I say into account	<input type="checkbox"/>					
▪ I like going to school	<input type="checkbox"/>					
▪ My teachers treat me fairly	<input type="checkbox"/>					
▪ I feel safe at school	<input type="checkbox"/>					

17. How often, if at all, in the last month have you been	Never	once	2-3 times	More than 3 times	Don't know
▪ Hit by other children in your school?	<input type="checkbox"/>				
▪ Left out by other children in your class?	<input type="checkbox"/>				

18. How happy you feel with ...					
▪ Other children in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your school marks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your school experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your relationship with teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How you use your time

19. How often do you usually spend time doing the following activities when you are not at school?	Rarely or never	Less than once a week	Once or twice a week	Everyday or Almost everyday	Don't know
▪ Taking classes outside school time on matters different than at school (like music, sports, dancing, languages, ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Reading for fun (not homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Helping up around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Playing sports or doing exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Using a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

More about you

20. How happy you feel with...					
▪ The freedom you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The way that you look?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your own body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ What you do in your free time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How you are listened to by adults in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ How safe you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your life and things in life

21. How much do you agree with each of these sentences?	I do not agree	Agree a little bit	Agree somewhat	Agree a lot	Totally agree	Don't know
▪ My life is going well	<input type="checkbox"/>					
▪ My life is just right	<input type="checkbox"/>					
▪ I have a good life	<input type="checkbox"/>					
▪ I have what I want in life	<input type="checkbox"/>					
▪ The things in my life are excellent	<input type="checkbox"/>					

22. Please answer the following questions about children's rights	No	Not sure	Yes
▪ I know what rights children have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I know about the children's rights convention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I think in my country, adults in general respect children's rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Look carefully: Next item has to be answered from 0 to 10!!

Up to now, are you happy with your overall life?	0 = Not at all happy										10 = Totally happy										
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9

Finally

We are currently testing this questionnaire and we would be interested in hearing your opinions to help us improve it.

24. Please tell us whether you agree with the following sentences about the questionnaire.

	I do not agree	I agree	I Don't know
The questionnaire is too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the questionnaire I am asked things that I think are important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for participating!!!!
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