

(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: 10-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. Some children usually sleep in the same home each night. Other children sometimes or often sleep in different homes. Please choose which of the following sentences best describes you

I always sleep in the same home

I usually sleep in the same home, but sometimes sleep in other places (for example a friends or a weekend house)

I regularly sleep in two homes with different adults

6. Which of the following best describes the home you live in most of the time?

I live with my family

I live in a foster home

I live in a children's home

I live in another type of home

7. This question is about the people you live with.

Please tick all of the people who live in your home(s).

- If you always live in the same home, please just fill in Column A.
- If you live regularly in more than one homes with different adults, please fill in Columns A and B.

Column A: First home you live regularly

Mother

Father

Mother's partner

Father's partner

Grandmother

Grandfather

Brothers and sisters

Other children

Other adults

Column B: Another home / Another place you live regularly

Mother

Father

Mother's partner

Father's partner

Grandmother

Grandfather

Brothers and sisters

Other children

Other adults

8. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I have quiet place to study at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ We have a good time together in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My parents (or the people who look after me) treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How satisfied are you with each of the following things in your life?	0 = Not at all satisfied											10 = Totally satisfied
▪ The house or flat where you live?	0	1	2	3	4	5	6	7	8	9	10	
▪ The people who live with you?	0	1	2	3	4	5	6	7	8	9	10	
▪ All the other people in your family?	0	1	2	3	4	5	6	7	8	9	10	
▪ Your family life?	0	1	2	3	4	5	6	7	8	9	10	

10. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Having fun together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Learning together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Money and things you have

11. 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"/>
▪ Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your own room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Books to read for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ A family car for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Your own stuff to listen to music	<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"/>

12. How satisfied are you with all the things you have?

0 =											10 =
Not at all											Totally
satisfied											satisfied
0	1	2	3	4	5	6	7	8	9	10	

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

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

Your friends and other people

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
▪ My friends are usually nice to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I have enough friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How satisfied are you with each of the following things in your life?	0 = Not at all satisfied											10 = Totally satisfied										
▪ Your friends?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ The people who live in your area?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Your relationships with people in general?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

16. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Having fun together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Meeting to study (apart from at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The area where you live

17. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I feel safe when I walk in the area I live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How satisfied are you with each of the following things about the area where you live?

0 = Not at all satisfied	10 = Totally satisfied
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▪ How you are dealt with when you go to the doctors?	0	1	2	3	4	5	6	7	8	9	10
▪ The outdoor areas children can use in your area?	0	1	2	3	4	5	6	7	8	9	10
▪ The area where you live, in general?	0	1	2	3	4	5	6	7	8	9	10

School

19. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I like going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My teachers treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I feel safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Left out by other children in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How satisfied are you with each of the following things in your life?	0 = Not at all satisfied											10 = Totally satisfied										
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Other children in your class?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Your school marks?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Your school experience?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Your life as a student?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Things you have learned?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ Your relationship with teachers?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

How you use your time

22. 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 or listen to music	<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

23. How satisfied are you with each of the following things in your life?

	0 = Not at all satisfied											10 = Totally satisfied										
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
▪ How you use your time?																						
▪ The freedom you have?																						
▪ Your health?																						
▪ The way that you look?																						
▪ Your own body?																						
▪ What you do in your free time?																						
▪ How you are listened to by adults in general?																						
▪ Your self-confidence?																						
▪ Your life as a whole?																						

24. In the past year,

	No	Yes
...have you moved house?	<input type="checkbox"/>	<input type="checkbox"/>
...have you changed local area?	<input type="checkbox"/>	<input type="checkbox"/>
...have you changed schools?	<input type="checkbox"/>	<input type="checkbox"/>
...have you lived in another country for over a month?	<input type="checkbox"/>	<input type="checkbox"/>

25. Are you living with the same parents or carers that you lived with one year ago?

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

How you feel about yourself

26. How satisfied are you with each of the following things in your life?	0 = Not at all satisfied 10 = Totally satisfied											
	▪ About how safe you feel?	0	1	2	3	4	5	6	7	8	9	10
	▪ With the things you want to be good at?	0	1	2	3	4	5	6	7	8	9	10
	▪ About doing things away from your home?	0	1	2	3	4	5	6	7	8	9	10
	▪ About what may happen to you later in your life?	0	1	2	3	4	5	6	7	8	9	10
	▪ With your preparation for the future	0	1	2	3	4	5	6	7	8	9	10

27. Overall, how happy have you been feeling during the last two weeks?	0 = Not at all happy 10 = Totally Happy										
	0	1	2	3	4	5	6	7	8	9	10

Your life and your future

28. Here are five sentences about how you feel about your life as a whole.
Please tick a box to say how much you agree with each of the sentences

	0 = Not at all agree										10 = Totally agree
	0	1	2	3	4	5	6	7	8	9	10
▪ My life is going well											
▪ My life is just right											
▪ I have a good life											
▪ I have what I want in life											
▪ The things in my life are excellent											

29. 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"/>

30. Imagine you are already an adult: at this age how much do you think you would like other people to appreciate the following qualities about you?

	0 = Not at all										10 = Very much
	0	1	2	3	4	5	6	7	8	9	10
▪ Your friendliness	0	1	2	3	4	5	6	7	8	9	10
▪ Your relationships with people	0	1	2	3	4	5	6	7	8	9	10
▪ Your money	0	1	2	3	4	5	6	7	8	9	10
▪ Your power	0	1	2	3	4	5	6	7	8	9	10
▪ Your family	0	1	2	3	4	5	6	7	8	9	10
▪ Your personality	0	1	2	3	4	5	6	7	8	9	10
▪ Your kindness	0	1	2	3	4	5	6	7	8	9	10
▪ Your image	0	1	2	3	4	5	6	7	8	9	10

31. Below is a list of words that describe different feelings and emotions. Please read each word and then tick a box to say how much you have felt this way during the last two week

	0 = Not at all										10 = Extremely
	0	1	2	3	4	5	6	7	8	9	10
▪ Satisfied	0	1	2	3	4	5	6	7	8	9	10
▪ Happy	0	1	2	3	4	5	6	7	8	9	10
▪ Relaxed	0	1	2	3	4	5	6	7	8	9	10
▪ Active	0	1	2	3	4	5	6	7	8	9	10
▪ Calm	0	1	2	3	4	5	6	7	8	9	10
▪ Full of energy	0	1	2	3	4	5	6	7	8	9	10

Finally

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

32. 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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