

This is an edited version of the pilot questionnaire that shows the changes that have been made for the final version as follows:

- | | |
|----------------------|---|
| abcabcabc | is a question or some text that has been deleted |
| abcabcabc | is a question or some text that has been added |
| abcabcabc | shows a change of order of response options to a question or a change of order of a list of questions |
| abcabcabc | shows questions which have been combined into a group |

Please note that the questions in this document and the numbering are in the same order as the original pilot questionnaire. There are also some changes of ordering of the questionnaire which are shown in the final Word template.

Section 1: About you

1. How old are you?

10 years old	<input type="checkbox"/>
11 years old	<input type="checkbox"/>
12 years old	<input type="checkbox"/>
13 years old	<input type="checkbox"/>
14 years old	<input type="checkbox"/>

2. Are you?

A girl	<input type="checkbox"/>
A boy	<input type="checkbox"/>

3. Please write the name of the city, town or village that you live in

Section 2: Your home and the people you live with

4. [This question is optional – see Appendix]

5. Which of the following best describes the home you live in?

I live with my family	<input type="checkbox"/>
I live in a foster home	<input type="checkbox"/>
I live in a children's home	<input type="checkbox"/>
I live in another type of home	<input type="checkbox"/>

6. How many people usually live in your home (including yourself)? _____ (number)
Please include anyone who lives in your home most of the time

7. Please tick all of the people who live in your home?

Mother	<input type="checkbox"/>
Father	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>
Grandmother	<input type="checkbox"/>
Grandfather	<input type="checkbox"/>
Brothers and sisters	<input type="checkbox"/>
Other children	<input type="checkbox"/>
Other adults	<input type="checkbox"/>

8. In total, how many brothers and sisters do you have? _____ (number)
(including step brothers and step sisters)

~~9. How many of these brothers and sisters live with you? _____ (number)~~

10. In the last year did either of your parents live or work ~~in another country~~ away from home for more than a month?

	No	Yes, in another part of [Country name]	Yes, in a different country
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Optional explanation] Some questions in this questionnaire, like the next one, ask you to say how satisfied you are with things about your life on a scale from 0 to 10 where zero means 'Not at all satisfied' and 10 means 'Completely satisfied'. Please circle a number to say how satisfied you are.

11. How satisfied are you with the people that you live with?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. How much do you agree with each of these sentences?

	I do not agree	I agree a little	I agree somewhat	I agree a lot	I totally agree	Don't know
There are people in my family who care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem, people in my family will help me	<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"/>
I feel safe at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent(s) 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"/>
My parents give me enough freedom My parents and I make decisions about my life together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often in the last month have your brothers or sisters hurt you or picked on you on purpose?

Never	Once	Two or three times	More than three times	I don't have brothers or sisters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often in the last month have you been:

	Never	Once	Two or three times	More than three times	Don't know
Hit by your brothers or sisters (not including fighting or play fighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called unkind names by your brothers or sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14. How often do you see other people in your family who don't live with you?**
For example grandparents, uncles, aunties and cousins

Never	Less than one day a week	Once or twice a week	Three or four times a week	Five or six times a week	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 15. How satisfied are you with the other people in your family (the ones that you don't live with)?**

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

Section 3: ~~About~~The home where you live

16. How satisfied are you with the home that you live in?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

~~17. Is the home where you live owned by your family?~~

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

18. How many rooms ~~does your home have? (not including rooms that are only toilets and bathrooms)~~in your home do people sleep in?

Please write the number _____ (number of rooms ~~not including toilets and bathrooms~~that people sleep in)

19. How many bathrooms (rooms with a bath/shower or both) are in your home?

None	<input type="checkbox"/>
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
More than two	<input type="checkbox"/>

20. Do you sleep in a room on your own or do you share a room?

I sleep in a room on my own	<input type="checkbox"/>
I sleep in a room that I share with other people	<input type="checkbox"/>

21. Do you have your own bed?

Yes, I have my own bed	<input type="checkbox"/>
No, I share a bed	<input type="checkbox"/>
No, I don't have a bed	<input type="checkbox"/>

22. Is there a place in your home where you can ~~go to~~ study quietly?

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

~~23. Is there a place in your home or very near it where you can play safely outside?~~

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

24a. Does your home have electricity?:

All of the time	Some of the time	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24b. Does your home have:

	Yes	No	Not sure
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean safe water to drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A toilet that flushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Your friends

25. How satisfied are you with your friends?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

26. How much do you agree with each of these sentences?

	I do not agree	I agree a little	I agree somewhat	I agree a lot	I totally agree	Don't know
I have enough friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Me and my friends get along well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem, I have a friend who will support me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How often do you see your friends (not including when you are at school)?

Never	Less than once a week	Once or twice a week	Three or four days a week	Five or six days a week	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: School

28. How satisfied are you with your life as a student?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

29. How satisfied are you with the things you have learned at school?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

30. How satisfied are you with the other children in your class?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

31. How long ~~did~~ will you spend travelling to ~~and from~~ school today (~~both ways together~~)?

Less than 30 minutes	Up to an hour	1 to 2 hours	More than 2 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Don't know
<input type="checkbox"/>

32. How safe do you feel on your way to and from school?

Not at all safe	Not very safe	Quite safe	Very safe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Don't know
<input type="checkbox"/>

33. How much do you agree with each of these sentences?

	I do not agree	I agree a little	I agree somewhat	I agree a lot	I totally agree	Don't know
My teachers care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem at school my teachers will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem at school other children will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a lot of arguments between children in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 have enough choice about what I do at school At school I have opportunities to make decisions about things that are important to me	<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"/>

34. How often are there fights between children in your school?

Never	Less than once a week	At least once a week	Most days	Every day	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. How often in the last month have you been:

	Never	Once	Two or three times	More than three times	Don't know
Hit by other children in your school (not including fighting or play fighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called nasty unkind names 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"/>

Section 6: The area where you live

Note: In countries where there are difficulties in describing the local area / neighbourhood some explanation can be added here.

36. How satisfied are you with the area where you live?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

37. How much do you agree with each of these sentences about your local area?

	I do not agree	I agree a little	I agree somewhat	I agree a lot	I totally agree	Don't know
I feel safe when I walk around in the area I live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my area there are enough places to play and have a good time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a problem there are people in my local area who will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults in my local area are kind to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my local area, I have opportunities to participate in decisions about things that are important to children I have enough freedom to do what I want in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults in my area listen to children and take them seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. How often are there fights between people in your local area?

Never	Less than once a week	At least once a week	Most days	Every day	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: A few other things about how you feel about life

39. How satisfied are you with how safe you feel?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

40. How satisfied are you with how ~~you~~ much freedom you have?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

41. How satisfied are you with your ~~own body~~ the way that you look?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

42. How satisfied are you with what may happen later in your life?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

43. How satisfied are you with how you are listened to by adults in general?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

44. How satisfied are you with your health?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Section 8: How you feel about life as a whole

45. How satisfied are you with your life as a whole?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

46. Now please say how much you agree with each of the following sentences about your life as a whole.

These questions ~~also~~ use a scale from 0 to 10 where 0 means that you do not agree with the sentence at all and 10 means that you agree with it completely.

0 = Not at
all agree

10 = totally
agree

I enjoy my life	0	1	2	3	4	5	6	7	8	9	10
My life is going well	0	1	2	3	4	5	6	7	8	9	10
My life is just right	0	1	2	3	4	5	6	7	8	9	10
I have a good life	0	1	2	3	4	5	6	7	8	9	10
The things that happen in my life are excellent	0	1	2	3	4	5	6	7	8	9	10
I like my life	0	1	2	3	4	5	6	7	8	9	10
I am happy with my life	0	1	2	3	4	5	6	7	8	9	10

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

Here 0 means that you have not felt this way at all over the last two weeks. 10 means that you have felt this way ~~all the time~~ 'extremely' over the last two weeks.

0 = Not at
all

10 = ~~all the
time~~extre
mely

Happy	0	1	2	3	4	5	6	7	8	9	10
Sad	0	1	2	3	4	5	6	7	8	9	10
Calm	0	1	2	3	4	5	6	7	8	9	10
Stressed	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
Bored	0	1	2	3	4	5	6	7	8	9	10

48. Finally in this section please say how much you agree with each of the following sentences about your life as a whole.

0 = Not at
all agree

10 = totally
agree

I like being the way I am	0	1	2	3	4	5	6	7	8	9	10
I am good at managing my daily responsibilities	0	1	2	3	4	5	6	7	8	9	10
People are generally friendly towards me	0	1	2	3	4	5	6	7	8	9	10
I have enough choice about how I spend my time	0	1	2	3	4	5	6	7	8	9	10
I feel that I am learning a lot at the moment	0	1	2	3	4	5	6	7	8	9	10
I feel positive about my future	0	1	2	3	4	5	6	7	8	9	10

Section 9: ~~About m~~Money and the things you have

49. Which of the following does your family have at home:

	Yes	No
A computer (including laptops and tablets)	<input type="checkbox"/>	<input type="checkbox"/>
A television	<input type="checkbox"/>	<input type="checkbox"/>
A fridge/freezer	<input type="checkbox"/>	<input type="checkbox"/>
A radio	<input type="checkbox"/>	<input type="checkbox"/>
A telephone (landline or mobile)	<input type="checkbox"/>	<input type="checkbox"/>
A family car / van / motorbike / etc.	<input type="checkbox"/>	<input type="checkbox"/>

~~50. How satisfied are you with how much money your family has?~~

~~Not at all
satisfied~~

~~Completely
satisfied~~

0	1	2	3	4	5	6	7	8	9	10
--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	--------------	---------------

51. 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"/>

~~52. Please say which sentence best describes the amount of money your family has?~~

We don't always have enough money to buy things we need, like food	<input type="checkbox"/>
We can just about buy everything we need	<input type="checkbox"/>
We can buy everything we need and some extra things we want	<input type="checkbox"/>
We can buy everything we want	<input type="checkbox"/>

53. Compared to your friends, is your family richer, poorer or about the same?

Richer	Poorer	About the same	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. How many adults that you live with have a paid job?

None	One	Two	More than two	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Does your family (who you live with) own a car, van or truck?

No	<input type="checkbox"/>
One	<input type="checkbox"/>
Two or more	<input type="checkbox"/>
<u>Three or more</u>	<input type="checkbox"/>

56. In the last 12 months, how many times did you and your family travel away on holiday with out of [country/region] for a holiday/vacation last year your family?

Not at all	<input type="checkbox"/>
Once	<input type="checkbox"/>
Twice	<input type="checkbox"/>
More than twice	<input type="checkbox"/>

56b. How many of these holidays were outside your country?

None	<input type="checkbox"/>
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
More than two	<input type="checkbox"/>

57. How many computers (including laptops and tablets) do your family own?

None	<input type="checkbox"/>
One	<input type="checkbox"/>
Two	<input type="checkbox"/>
More than two	<input type="checkbox"/>

58. Does your family home have a washing machine have a dishwasher at home?

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

The questions on this page are about the money and things you have for yourself

59. How satisfied are you with all the things you have ~~(like money and the things you own)~~?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

~~60. How often do you have enough money to afford all the things you really need?~~

All the time	Often	Sometimes	Never	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

~~61. How often do you have enough money to do things with your friends?~~

All the time	Often	Sometimes	Never	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Compared to your friends, do you have more money, less money or about the same?

I have more money	I have less money	I have about the same	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Do you have enough food to eat each day?

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

64. Which of the following do you have:

	Yes	No
Clothes in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Enough money for school trips and activities	<input type="checkbox"/>	<input type="checkbox"/>
Access to the internet at home	<input type="checkbox"/>	<input type="checkbox"/>
The equipment/things you need for sports and hobbies	<input type="checkbox"/>	<input type="checkbox"/>
Pocket money / money to spend on yourself	<input type="checkbox"/>	<input type="checkbox"/>
Two good pairs of shoes in good condition	<input type="checkbox"/>	<input type="checkbox"/>
A mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
The equipment/things you need for school	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: How you use your time

65. How satisfied are you with how you use your time?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

66. How satisfied are you with how much free time you have to do what you want?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

67. Roughly how many hours did you sleep last night?

Less than 5 hours	5 hours	6 hours	7 hours	8 hours	9 hours	10 hours	11 hours	12 or more hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. This question is about how many hours you slept last night.

Please say what time you went to sleep last night: _____

And what time did you wake up this morning: _____

68a. How often do you usually spend time doing the following things when you are not at school?

	Never	Less than once a week	Once or twice a week	Three or four days a week	Five or six days a week	Every day
Helping out around the house (household chores)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of brothers or sisters or other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with family (e.g. family business, family farm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing other work (not with family) for money or food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing extra classes / tuition when not at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing homework and studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to religious places or services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

68b. And how often do you usually spend time doing the following things when you are not at school?

	Never	Less than once a week	Once or twice a week	Three or four days a week	Five or six days a week	Every day
Watching TV	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Relaxing, talking or having fun with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing or spending time outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using social media (on a computer, tablet or phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing electronic games (on a computer or other device)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing or resting (apart from sleeping at night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 11: About living in [Country]

Please read the next paragraph about a child living in [Country] and then answer the question about how satisfied you think she will be with her life.

[Name] is 12 years old. She lives with her mother and father and a brother and sister. The house she lives in is ~~nice~~-ordinary and safe. [Name]'s family are not rich but have enough money to buy the food and other things they need. [Name] goes to school, has some good friends and doesn't have any big problems in her life at the moment.

69. How satisfied do you think [Name] will be with her life at the moment?

Not at all
satisfied

Completely
satisfied

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

70. How often do you worry about things you hear about (like in the news) about what is happening in your country?

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

71. I know what rights children have

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

72. I know about the UN Convention on the Rights of the Child

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

73. How much do you agree with each of these sentences about living in [Country]?

	I do not agree	I agree a little	I agree somewhat	I agree a lot	I totally agree	Don't know
Adults in [Country] care about children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Country] is a safe place for children to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think in my country adults respect children's rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my country children are allowed to make choices about their lives -participate in decisions that are important to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 12: Some other things about you

Note: The following questions are examples of possibilities.

All the questions in this section will need to be developed thinking about the particular context in your country. The aim is to identify specific sub-groups of the population. Please see the explanatory notes.

74. Would you say that you are disabled?

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

75. Were you born in [Country]?

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

76. Was your mother born in [Country]?

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

77. Was your father born in [Country]?

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

78. What languages do you speak? (if you speak more than one language tick a box for each):

	Language 1	Language 2	Other
When you are at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you are in lessons at school (not including foreign language lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you are with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. What would you say your religion is?

<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

80. What would you say your ethnic origin is?

<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
<i>Category to be added</i>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

Alternative questions

The questions on this page are alternatives to Q4 to Q7 for countries that want to ask children if they live in two homes, and can be used on Page 3 if needed.

4. Some children usually live in the same home each night. Other children regularly live in different homes (for example with different parents).

Please say which of the following best describes you

I always or usually live in the same home ☐

I live in two homes with different adults ☐

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

(if you spend exactly half your time in two homes please answer about the home where you slept last night)

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 ☐

6. How many people usually live in your home (including yourself)? _____ (number)

Please include anyone who lives in your home most of the time

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 ☐