



We are a group of researchers at the University of XX.

We are 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.

The questionnaire is being answered by children in many countries all over the world. It will help adults to know more about what children think about their lives.

We don't ask your name and no one will know your answers.

There are no right or wrong answers, we are only interested in knowing your choices, opinions and feelings.

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.

Section 1: About you

1. How old are you?

8 years old	<input type="checkbox"/>
9 years old	<input type="checkbox"/>
10 years old	<input type="checkbox"/>
11 years old	<input type="checkbox"/>
12 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)

10. In the last year did either of your parents live or work 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 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 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: 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
---	---	---	---	---	---	---	---	---	---	----

18. How many rooms in your home do people sleep in?

Please write the number _____ (number of rooms 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 study?

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
Running water	<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

28-30. How satisfied are you with each of the following things in your life?

0 = Not at all
satisfied

10 = totally
satisfied

Your life as a student	0	1	2	3	4	5	6	7	8	9	10
Things you have learned at school	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

31. How long did you spend travelling to school today?

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"/>
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 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: How you feel about life as a whole

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

These questions 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
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

Section 7: 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	<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 8: 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"/>

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"/>

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

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

56. In the last 12 months, how many times did you travel away on holiday with 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 home have a washing machine?

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?

Not at all
satisfied

Completely
satisfied

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

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 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 9: 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. This question is about how many hours were 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 10: A few other things about how you feel about life

39 - 44 & 46. 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
The freedom you have	0	1	2	3	4	5	6	7	8	9	10
The way that you look	0	1	2	3	4	5	6	7	8	9	10
What may happen later in your life	0	1	2	3	4	5	6	7	8	9	10
How you are listened to by adults in general	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Your life as a whole	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 'extremely' over the last two weeks.

0 =
Not at all

10 =
Extremely

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

Section 11: About children's rights and living in [Country]

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 participate in decisions that are important to them	<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

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 include 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 ☐