

GROWING UP IN IRELAND
– *the national longitudinal study of children*

STRICTLY CONFIDENTIAL

YOUNG PERSON MAIN QUESTIONNAIRE

AREA

H'HOLD

Interviewer Name _____ Interviewer Number

Date _____
day mnth year

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13-year-old in Ireland today. Your answers will help to plan things for young people like yourself.

Some of the questions are about you, your school, your family and friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's OK.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help, just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes No

Q1a. What school are you in (from September 2011)? Please fill in the school name and address

School name: _____

School address: _____

Q1b. What class are you in (from September 2011)?

Home schooled 1 → **Go to Q12**

5th class 2 **Q1c. What is your favourite subject?** _____

6th class 3 **Q1d. What is your least favourite subject?** _____

1st year 4 **Go to Q5x**

2nd year 5

Other class 6

Q2a. Please tick the subjects you are taking from September 2011. For Irish, English and Maths, please tick which level you are studying.

- | | | | | |
|---|---|---|---|---|
| Irish Higher <input type="checkbox"/> 1 | Ordinary <input type="checkbox"/> 2 | Foundation <input type="checkbox"/> 3 | Not sure yet <input type="checkbox"/> 4 | Don't take Irish ... <input type="checkbox"/> 5 |
| English Higher <input type="checkbox"/> 1 | Ordinary <input type="checkbox"/> 2 | Foundation <input type="checkbox"/> 3 | Not sure yet <input type="checkbox"/> 4 | |
| Mathematics Higher <input type="checkbox"/> 1 | Ordinary <input type="checkbox"/> 2 | Foundation <input type="checkbox"/> 3 | Not sure yet <input type="checkbox"/> 4 | |
| History <input type="checkbox"/> 1 | Business Studies <input type="checkbox"/> 1 | | | |
| Geography <input type="checkbox"/> 1 | Typewriting <input type="checkbox"/> 1 | | | |
| French <input type="checkbox"/> 1 | Environmental and Social Studies (ESS) <input type="checkbox"/> 1 | | | |
| German <input type="checkbox"/> 1 | Technology <input type="checkbox"/> 1 | | | |
| Spanish <input type="checkbox"/> 1 | Latin <input type="checkbox"/> 1 | | | |
| Italian <input type="checkbox"/> 1 | Ancient Greek Classical Studies <input type="checkbox"/> 1 | | | |
| Art, Craft & Design <input type="checkbox"/> 1 | Hebrew Studies <input type="checkbox"/> 1 | | | |
| Music Science (with Local Studies) <input type="checkbox"/> 1 | Religious Education <input type="checkbox"/> 1 | | | |
| Science <input type="checkbox"/> 1 | Civic, Social and Political Education (CSPE) <input type="checkbox"/> 1 | | | |
| Science (with Local Studies) <input type="checkbox"/> 1 | Physical Education <input type="checkbox"/> 1 | | | |
| Home Economics <input type="checkbox"/> 1 | Social, Personal and Health Education (SPHE) <input type="checkbox"/> 1 | | | |
| Materials Technology (Wood) <input type="checkbox"/> 1 | Computer Studies <input type="checkbox"/> 1 | | | |
| Metalwork <input type="checkbox"/> 1 | Other – please specify _____ <input type="checkbox"/> 1 | | | |
| Technical Graphics <input type="checkbox"/> 1 | | | | |

Q2b. What is your favourite subject? _____

Q2c. What is your least favourite subject? _____

Q3. How many of your friends from primary school are in your secondary school? **[TICK ONE BOX ONLY]**

None 1 One 2 Two 3 Three or more 4 Still at primary school ... 5

Q4. How many of your friends from primary school are in your class? **[TICK ONE BOX ONLY]**

None 1 One 2 Two 3 Three or more 4 Still at primary school ... 5

Q5x. How do you feel about school in general? **[TICK ONE BOX ONLY]**

- I like it very much 1
- I like it quite a bit 2
- I like it a bit 3
- I don't like it very much 4
- I hate it 5

Q5a. In general, how often do the following things happen to you in school? **[TICK ONE BOX ON EACH LINE]**

- | | Very often | Often | A few times | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| You are told by a teacher that your work is good | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| You are encouraged to ask questions in class | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| A teacher praises you for answering a question | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| You are given out to by a teacher because your work is untidy or not done on time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| You are asked questions in class by the teacher | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| You are given out to by a teacher for misbehaving in class | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Q5b. In general, thinking about all your subjects and teachers, how regularly do the following take place in your classes? [TICK ONE BOX ON EACH LINE]

	Very regularly	Quite regularly	Now and again	Never or hardly ever
We copy notes from the board	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can work in a group with other students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher reads from the textbook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher uses a CD or DVD in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We use computer facilities in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher explains things really well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The teacher does most of the talking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can express my opinions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We have projects to do outside class time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We get homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q6. On average how much time do you spend doing homework on a normal weekday during term-time? [TICK ONE BOX ONLY]

0 to 30 minutes	<input type="checkbox"/> 1	2 to less than 3 hours	<input type="checkbox"/> 5
31 minutes to less than one hour	<input type="checkbox"/> 2	3 to less than 4 hours	<input type="checkbox"/> 6
1 to less than 1.5 hours	<input type="checkbox"/> 3	4 hours or more	<input type="checkbox"/> 7
1.5 to less than 2 hours	<input type="checkbox"/> 4	Don't do homework	<input type="checkbox"/> 8

Q7. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q8. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	Interesting	OK	Not interesting	Don't take
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q9a. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes..... 1 No..... 2 → **Go to Q10**

Q9b. If Yes, what subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading .. 1 Maths..... 2 Irish 3 Other (please specify) _____

Q10. Over the last 12 months, how often have the following things happened to you? [TICK ONE BOX ON EACH LINE]

	Never	Now & Again	Quite Often	All the time
I was late for school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I got into trouble for not following school rules.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I skipped classes or mitched.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I 'messed' in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do extra work as punishment (including lines).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had to do detention (after school or at lunch-time).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I was suspended from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q11. How many days were you absent from school in the last 12 months (when the school was open) _____

Q12. What is the highest qualification you expect to get by the time you finish your education? [TICK ONE BOX ONLY]

- Junior Cert.....1
- Leaving Cert.....2
- Certificate or Diploma (including PLC, apprenticeship) ..3
- Degree or higher degree.....4

Q13. On a normal weekday during term-time, about how many hours do you spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

_____ hours _____ minutes None1

Q14. On a normal weekday during term-time, about how many hours do you spend reading for pleasure (books, magazines, newspapers, novels, comics)? [DO NOT INCLUDE TIME SPENT READING AT SCHOOL OR DOING HOMEWORK]

_____ hours _____ minutes None1

Q15. On a normal weekday, during term-time, about how much time do you spend using the computer? Please include time before school as well as time after school. [DO NOT INCLUDE TIME SPENT USING COMPUTERS IN SCHOOL]

_____ hours _____ minutes None1

Q16. On a normal weekday, during term-time, about how much time do you spend playing video games such as Playstation, X-box, Nintendo, etc.?

_____ hours _____ minutes None1

Q17. Are any of the following in your bedroom? [TICK 'YES' OR 'NO' FOR EACH]

- | | Yes | No |
|--|----------------------------|----------------------------|
| Television | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Computer or laptop | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Video / DVD player | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Games console (Playstation, etc) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Q18. Do you have your own mobile phone? Yes.....1 No2

Q19. Do you have a computer at home? Yes.....1 No2

Q20. Do you have access to the internet at home, in school or somewhere else? Yes...1 No2 → Go to Q23

Q21a. Where/how do you access the internet? [TICK ALL THAT APPLY]

- A. At school.....1
- B. At home on a PC or laptop in a family room2
- C. At home on a PC or laptop in your bedroom.....3
- D. Via a games console.....4
- E. Via Internet TV / cable in a family room5
- F. Via mobile phone / ipad or other mobile device.....6
- G. Other (please specify) _____7

Q21b. What do you use the internet for? [TICK 'YES' OR 'NO' FOR EACH]

- | | Yes | No |
|--|----------------------------|----------------------------|
| A. Playing games | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| B. Personal webpage (Facebook, Bebo, Twitter, etc) / instant messaging / emailing..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| C. Watching movies / downloading music | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. Surfing the internet for fun..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. Doing homework..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| F. Surfing the internet for school projects | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Q22. Are you allowed to use the internet without your parents or another adult checking what you are doing? [TICK ONE BOX ONLY]

Yes always.....1 Yes sometimes.....2 No3

Q23. On an average school day, how much time in a day do you spend alone at home while nobody else is home? [TICK ONE BOX ONLY]

- None1
- Less than 1 hour2
- 1 to less than 2 hours a day.....3
- 2 to less than 3 hours a day.....4
- 3 to less than 4 hours a day.....5
- 4 to less than 6 hours a day6
- 6 or more hours a day7

Q24. The following questions refer to the rules and limits your parents may place on your activities.

A. Do you need your parents' permission before going out on week nights? **[TICK ONE BOX ONLY]**

Almost never or never <input type="checkbox"/> 1	Not very often <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Almost always or always <input type="checkbox"/> 5	Not applicable / don't do it <input type="checkbox"/> 6
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B. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going? **[TICK ONE BOX ONLY]**

Almost never or never <input type="checkbox"/> 1	Not very often <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Almost always or always <input type="checkbox"/> 5	Not applicable / don't do it <input type="checkbox"/> 6
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C. If you have been out very late one night, do your parents make you explain why and tell them who you were with? **[TICK ONE BOX ONLY]**

Almost never or never <input type="checkbox"/> 1	Not very often <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Almost always or always <input type="checkbox"/> 5	Not applicable / don't do it <input type="checkbox"/> 6
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D. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing? **[TICK ONE BOX ONLY]**

Almost never or never <input type="checkbox"/> 1	Not very often <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Almost always or always <input type="checkbox"/> 5	Not applicable / don't do it <input type="checkbox"/> 6
--	---	---	-------------------------------------	--	---

E. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night? **[TICK ONE BOX ONLY]**

Almost never or never <input type="checkbox"/> 1	Not very often <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Almost always or always <input type="checkbox"/> 5	Not applicable / don't do it <input type="checkbox"/> 6
--	---	---	-------------------------------------	--	---

F. Do your parents make you tell them how you spend your money? **[TICK ONE BOX ONLY]**

Almost never or never <input type="checkbox"/> 1	Not very often <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Almost always or always <input type="checkbox"/> 5	Not applicable / don't do it <input type="checkbox"/> 6
--	---	---	-------------------------------------	--	---

Q25. How much spending money, if any, do you have to spend each week?

_____ Euro _____ Cent None1 → [Go to Q27](#)

Q26. Where do you get this money from? **[TICK ALL THAT APPLY]**

Regular pocket money	<input type="checkbox"/> 1
Doing chores (or babysitting) in the home	<input type="checkbox"/> 2
Given money by parents when I need it	<input type="checkbox"/> 3
Doing occasional jobs (e.g. babysitting) outside the home	<input type="checkbox"/> 4
Have a regular part-time job	<input type="checkbox"/> 5

Now some questions about exercise and sport.

Q27. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, fast cycling). Include time spent in physical education class. **[TICK ONE BOX ONLY]**

None1 1 to 2 days2 3 to 5 days3 6 to 8 days4 9 or more days5

Q28. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes walking or slow cycling). Include time spent in physical education class. **[TICK ONE BOX ONLY]**

None1 1 to 2 days2 3 to 5 days3 6 to 8 days4 9 or more days5

Q29. Outside of your physical education classes, how many team or individual sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis etc.)? [TICK ONE BOX ONLY]

None 1 1 activity 2 2 activities 3 3 activities 4 4 or more activities. 5

Q30. Please tell us the reasons why you choose not to participate in sporting activities? [TICK ALL THAT APPLY]

- | | | | |
|--|----------------------------|--|-----------------------------|
| I do not like team games..... | <input type="checkbox"/> 1 | I prefer to watch sports on TV | <input type="checkbox"/> 6 |
| I am no good at games | <input type="checkbox"/> 2 | I do not fit in with the sporty crowd..... | <input type="checkbox"/> 7 |
| I have no opportunities to play | <input type="checkbox"/> 3 | I do not like to get dirty or sweaty | <input type="checkbox"/> 8 |
| I feel people laugh at me because of my size | <input type="checkbox"/> 4 | I am not competitive | <input type="checkbox"/> 9 |
| I have a disability or health problem which prevents me from playing | <input type="checkbox"/> 5 | I prefer to play computer games | <input type="checkbox"/> 10 |
| | | Other reason (please specify) | <input type="checkbox"/> 11 |

Q31. Please tick below to indicate (a) how often do you do each of these activities and (b), if you do them, whether or not they are paid for by your parents or by yourself:

	(a) How often do you do each of these activities?				(b) Does this activity have to be paid for?		
	Never	Less than once a week	1-3 times a week	4 or more times a week	No	Yes, my parents pay for it	Yes, I pay for it myself
A. Play sports or undertake physical activities without a coach or instructor (e.g. biking, skate-boarding etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, hockey, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Take part in dance, drama or music lessons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Take part in a homework club (either in school or elsewhere)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q31c. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?

Yes 1 No 2 Don't do any of the activities 3

We would now like to ask some questions about the things that you eat.

Q32. Do you usually have something to eat at home before going to school?

Yes 1 No 2

Q33. We would like you to think back to what you ate yesterday. Did you eat each of these foods Once, More than Once, or Not at All? [TICK ONE BOX ON EACH LINE]

	Once	More than Once	Not at All
A. Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Cooked vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Hamburger, hot dog, sausage or sausage roll, meat pie	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Hot chips or french fries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Crisps or savoury snacks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Sweets.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Full-fat cheese / yoghurt / fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Low-fat cheese / low-fat yoghurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Water (tap water / still water / fizzy water).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Full cream milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Skimmed / semi-skimmed milk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q34. How often do you brush your teeth? [TICK ONE BOX ONLY]

More than twice a day.....	<input type="checkbox"/> 1	Less often than once a day.....	<input type="checkbox"/> 4
Twice a day.....	<input type="checkbox"/> 2	Rarely.....	<input type="checkbox"/> 5
Once a day.....	<input type="checkbox"/> 3	Not at all.....	<input type="checkbox"/> 6

Q35. Do you do any of these chores at home? [TICK ONE BOX ON EACH LINE]

	Every day	4/5 times a week	2/3 times a week	Less Often	Never
A. Help with cooking for the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Hoovering / cleaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Helping in the garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Washing the dishes / emptying the dishwasher.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Putting out the bin / recycling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Cleaning the car.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Helping with your younger brothers or sisters.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Helping an elderly or sick relative in the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

A. None	<input type="checkbox"/> 1	Go to Q41	D. Between 6 and 10.....	<input type="checkbox"/> 4	Go to Q37
B. One or two	<input type="checkbox"/> 2	Go to Q37	E. More than 10	<input type="checkbox"/> 5	Go to Q37
C. Between 3 and 5	<input type="checkbox"/> 3	Go to Q37			

Q37. How many of these would you describe as CLOSE friends? _____

Q38. How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE]

	None	Some	Most or all
A. A year or more younger.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. About the same age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. A year or two older	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. More than two years older.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q39. How many of your friends have your parents met? [TICK ONE BOX ONLY]

None of them.....	<input type="checkbox"/> 1
Some of them.....	<input type="checkbox"/> 2
Most or all of them	<input type="checkbox"/> 3

Q40. This part asks about your feelings about your relationships with your close friends. Please read each statement and tick the ONE number that tells how true the statement is for you now. [TICK ONE BOX ON EACH LINE]

Almost never or never true	Not very often true	Sometimes true	Often true	Almost always or always true
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17 Items from the Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987) removed due to Copyright

Q41. The next set of questions are about how you have been feeling recently. For each question, please indicate how much you have felt or acted this way in the past two weeks.

If a sentence was true about how you felt or acted most of the time, answer TRUE. It was only sometimes true, answer SOMETIMES. If a sentence was not true about you, answer NOT TRUE.

TRUE SOMETIMES NOT TRUE

13 Items from the Short Mood and Feelings Questionnaire – Angold & Costello, 1987 removed due to Copyright

Q42. Have you been bullied in the last 3 months?

Yes ₁ No ₂ – **Go to Q49**

Q43. How often did this bullying take place? [TICK ONE BOX ONLY]

- Once or twice ₁
- 2 or 3 times a month ₂
- About once a week ₃
- Several times a week ₄

Q44. What form did the bullying take? [TICK ALL THAT APPLY]

- A. Physical bullying ₁
- B. Verbal bullying (name-calling, hurtful slugging) ₂
- C. Electronic (phone messaging, emails, Facebook, etc) ₃
- D. Graffiti / pinning up notes / passing notes in class ₄
- E. Taking / damaging personal possessions ₅
- F. Exclusion (being left out) ₆
- G. Gossip, spreading rumours ₇
- H. Threatened / forced to do things you didn't want to do ₈
- I. Other please (specify) _____ ₉

Q45. What was the reason for the bullying? [TICK ALL THAT APPLY]

- A. Ethnicity / race / nationality / skin colour ₁
- B. Physical disability ₂
- C. Learning difficulty / disability ₃
- D. Religion ₄
- E. Class performance / seen as star pupil ₅
- F. Teacher's pet ₆
- G. Physical appearance (clothes, glasses, weight, height, etc) ₆
- H. Family background ₇
- I. Seen not to conform to gender roles ₈
- J. Jealousy ₉
- K. Other (please specify) _____ ₁₀

Q46. When you were bullied, how did this make you feel? [TICK ONE BOX ON EACH LINE]

- | | Not at all | A little | A lot |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Upset..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Afraid..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Angry..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Wanted to take revenge..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Shrugged it off..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Isolated..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Determined to do something about it..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Q47. Have you told anyone that you have been bullied? Yes ₁ No ₂

Q48. Who have you told you have been bullied? [TICK ALL THAT APPLY]

- Teacher ₁
- Parent(s) ₂
- Friend ₃
- Other (please specify) _____ ₈

Q49. In the last 3 months have you bullied someone?

Yes.....1

No2 – **Go to Q54**

Q50. How often did you bully someone? [TICK ONE BOX ONLY]

Once or twice1

2 or 3 times a month2

About once a week3

Several times a week.....4

Q51. What form did the bullying take? [TICK ALL THAT APPLY]

A. Physical bullying1

B. Verbal bullying (name-calling, hurtful slugging).....2

C. Electronic (phone messaging, emails, Facebook, etc)3

D. Graffiti / pinning up notes / passing notes in class.....4

E. Taking / damaging personal possessions5

F. Exclusion (being left out)6

G. Gossip, spreading rumours.....7

H. Threatened / forced to do things they didn't want to do8

I. Other (please specify) _____9

Q52. What was the reason for the bullying? [TICK ALL THAT APPLY]

A. Ethnicity / race / nationality / skin colour1

B. Physical disability2

C. Learning difficulty / disability.....3

D. Religion.....4

E. Class performance / star pupil.....5

F. Teacher's pet6

G. Physical appearance (clothes, glasses, weight, height, etc) .6

H. Family background.....7

I. Seen not to conform to gender roles8

J. Jealousy9

K. Other (please specify) _____10

Q53. What caused you to bully someone? [TICK ALL THAT APPLY]

A. Having a bad day.....1

B. Dislike of the person2

C. Jealousy of the person3

D. To impress friends.....4

E. To be feared5

F. Enjoy hurting people.....6

G. To be accepted by the group/gang.....7

H. To get someone back / get revenge.....8

I. Other (please specify) _____9

And now, some more questions about you ...

Q54. How would you describe yourself? [TICK ONE BOX ONLY]

Very skinny.....1

A bit skinny.....2

Just the right size3

A bit overweight4

Very overweight5

Q55. Have you ever exercised to lose weight or to avoid gaining weight?

Yes.....1

No2

Q56. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

Yes.....1

No2

Q57. How often do you weigh yourself? [TICK ONE BOX ONLY]

More than once a day1

Every day2

Once a week3

Once a month.....4

Less than once a month.....5

Never.....6

Q58. Which of the following are you trying to do about your weight? [TICK ONE BOX ONLY]

Lose weight.....1

Gain weight2

Stay the same weight.....3

I am not trying to do anything about my weight4

Q59. When you misbehave, how often do your parents do the following? [TICK ONE BOX ON EACH LINE]

Always Sometimes Never

- a. Explain to you what you have done wrong 1 2 3
- b. Ignore you 1 2 3
- c. Slap or hit you 1 2 3
- d. Shout at you 1 2 3
- e. Send you out of the room or to your bedroom 1 2 3
- f. Stop your treats or pocket money 1 2 3
- g. Give out to you 1 2 3
- h. Offer you treats to be good 1 2 3
- i. Ground you 1 2 3

Q60. Here are some questions about how you feel about yourself. Please tick Yes or No for each question. Remember we won't tell anyone your answers.

60 Items from the Piers-Harris Children's Self-Concept Scale which have been removed due to Copyright

Q61. Looking to the future, if you had your choice, what job would you really like to get?

Q62a. Were you alone when completing the questionnaire?

Yes 1 No 2

Q62b. Who else was present in the room with you? [TICK ALL THAT APPLY]

- Parent 1
- Interviewer 2
- Other adult 3
- Brother / sister 4
- Other child 5