

00002

1-5

OFFICE USE ONLY

CARD 250

6-8

MAINSTAGE

Wave

9

Serial Number

10-14

Household No

15

Check No

16

Person No

17-18

# LIVING IN NEWHAM YOUTH QUESTIONNAIRE

## Wave 2

Thank you for agreeing to take part in the Living in Newham survey. This questionnaire will be given to several hundred young people between the ages of 11 and 16 to find out about their health, their families, their hopes and their concerns.

Your answers will be kept confidential and your responses will in no way be identified with you.

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer.

If you have any questions or need help, please ask the interviewer.

Please read each question carefully and tick the answer box that applies to you.

Some questions ask you to write in your response. Please write clearly in the space provided.

Some questions have an instruction to PLEASE ANSWER QUESTION X OR PLEASE SKIP TO QUESTION X. Please follow these instructions carefully.

**PLEASE WRITE IN YOUR EXACT DATE OF BIRTH**

Day      Month      Year

19-26

**AND TICK WHETHER YOU ARE MALE OR FEMALE**

Male  <sub>1</sub>                      Female  <sub>2</sub>

27

*The first questions are about some things you may do in your spare time.*

TICK ONLY ONE BOX PER QUESTION

A1    How many hours do you spend watching TV on a normal school day?

None/Less than an hour .....	<input type="checkbox"/> <sub>1</sub>
1 – 3 hours.....	<input type="checkbox"/> <sub>2</sub>
4 – 6 hours.....	<input type="checkbox"/> <sub>3</sub>
7 or more hours .....	<input type="checkbox"/> <sub>4</sub>

28

A2    Do your parents ever stop you watching a particular programme, because they don't think it is suitable?

Yes .....	<input type="checkbox"/> <sub>1</sub>
No.....	<input type="checkbox"/> <sub>2</sub>
Don't own a TV .....	<input type="checkbox"/> <sub>3</sub>

29

A3    Do you ever use a computer? This includes computers for playing games but not games consoles like Playstation or Nintendo.

Yes .....	<input type="checkbox"/> <sub>1</sub>	PLEASE ANSWER QUESTION A3a
No.....	<input type="checkbox"/> <sub>2</sub>	PLEASE SKIP TO QUESTION A4

30

A3a And where do you mostly use a computer?  
TICK AS MANY BOXES AS YOU NEED

At home.....	<input type="checkbox"/>	1
At school.....	<input type="checkbox"/>	2
At a Public Library.....	<input type="checkbox"/>	3
In an internet café.....	<input type="checkbox"/>	4
At a friends or relatives house.....	<input type="checkbox"/>	5
Somewhere else (WRITE IN).....	<input type="checkbox"/>	6

---

31  
32  
33  
34  
35  
36

A4 Thinking back over the last 7 days, how many times have you had friends round to your home?

None.....	<input type="checkbox"/>	1
1 – 3 times.....	<input type="checkbox"/>	2
4 – 6 times.....	<input type="checkbox"/>	3
7 or more times.....	<input type="checkbox"/>	4

37

A5 Thinking back over the last 7 days, how many times have you gone out with friends?

None.....	<input type="checkbox"/>	1
1 – 2 times.....	<input type="checkbox"/>	2
3 – 5 times.....	<input type="checkbox"/>	3
6 or more times.....	<input type="checkbox"/>	4

38

A6 In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

Never.....	<input type="checkbox"/>	1
1 – 2 times.....	<input type="checkbox"/>	2
3 – 9 times.....	<input type="checkbox"/>	3
10 or more times.....	<input type="checkbox"/>	4

39

*The next few questions are about your relationship with your parents even if either of them live in a different household to you*

B1 Most children have occasional quarrels with their parents. How often do you quarrel with your mother?

- Most days .....
- More than once a week .....
- Less than once a week .....
- Hardly ever / never .....
- Don't have mother .....

40

B2 How often do you quarrel with your father?

- Most days .....
- More than once a week .....
- Less than once a week .....
- Hardly ever / never .....
- Don't have father .....

41

B3 How often do you talk to your mother, about things that matter to you?

- Most days / every day .....
- More than once a week .....
- Less than once a week .....
- Hardly ever .....
- Don't have mother .....

42

B4 How often do you talk to your father, about things that matter to you?

- Most days / every day .....
- More than once a week .....
- Less than once a week .....
- Hardly ever .....
- Don't have father .....

43

B5 How many close friends do you have - friends you could talk to if you were in some kind of trouble?

Write in number:

44-45

B6 How often in the past month have you had a fight with someone that involved physical violence, such as hitting, punching, or kicking?

- None .....
- Once .....
- 2 – 5 times .....
- 6 – 9 times .....
- 10 or more times .....

46

B7 In the past 7 days how many times have you eaten an evening meal together with your family?

- None .....
- 1 – 2 times .....
- 3 – 5 times .....
- 6 – 7 times .....

47

B8 Have you ever tried a cigarette, even if it was only a single puff?

- Yes .....
- No.....

48

B9 How many cigarettes did you smoke in the last 7 days? If you didn't smoke any write zero.

Write in Number:

49-50

B10 Do any of your friends ever use illegal drugs, such as...

a) Smoking cannabis?

- None .....
- A few .....
- Most .....
- Don't know .....

51

b) Taking ecstasy, cocaine, crack or heroin?

- None .....
- A few .....
- Most .....
- Don't know .....

52

B11 Are any of your friends members of a gang or crew?

- None .....  1
- A few .....  2
- Most .....  3
- Don't know .....  8

53

B12 Are you in a gang or crew?

- Yes .....  1
- No .....  2
- Can't say .....  3

54

B13 Thinking about clubs at your school, do you go to ANY clubs or groups at your school. This could be in school hours or after school or in the school holidays.

TICK AS MANY BOXES AS YOU NEED

- Yes, I go to clubs in school hours .....  1
- Yes, I go to clubs after school hours .....  2
- Yes, I go to school clubs during the holidays .....  3
- No, I don't go to any clubs .....  4

55

56

57

58

B14 Apart from these clubs at your school, what other types of clubs or groups do you ever go to in the evenings, at the week-end or in the school holidays?

TICK AS MANY BOXES AS YOU NEED

- Don't go to any clubs .....  01
- School holiday playschemes .....  02
- Youth clubs (Cubs, Brownies etc) .....  03
- Sports clubs/teams .....  04
- Art, drama, dance or music clubs/groups/lessons .....  05
- Computer clubs/groups .....  06
- Religious groups or organisations .....  07
- Animal welfare groups .....  08
- Safety, First Aid groups .....  09
- Environmental clubs/groups .....  10
- Political clubs/groups .....  11
- Human rights groups .....  12
- Voluntary groups helping people .....  13
- Other clubs or groups .....  14

59-60

61-62

63-64

65-66

67-68

69-70

71-72

73-74

75-76

77-78

79-80

81-82

83-84

85-86

*Please say whether you strongly agree, agree, disagree, or strongly disagree, that the following statements apply to yourself.*

C1 I feel I have a number of good qualities.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

87

C2 I feel that I do not have much to be proud of.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

88

C3 I certainly feel useless at times.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

89

C4 I am able to do things as well as most other people.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

90

C5 I am a likeable person.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

91

C6 I can usually solve my own problems.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

92

C7 All in all, I am inclined to feel I am a failure.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

93

C8 At times I feel I am no good at all.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

94

C9 I like most of my teachers.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

95

C10 Teachers are always getting at me.

Strongly agree .....	<input type="text" value="1"/>
Agree.....	<input type="text" value="2"/>
Disagree .....	<input type="text" value="3"/>
Strongly disagree .....	<input type="text" value="4"/>

96



*The next few questions are about how you feel about different aspects of your life. The faces express various types of feelings. Below each face is a number where '1' is completely happy and '7' is not at all happy. Please tick the box that comes closest to expressing how you feel about each of the following things.*

D1 Your school work?

1 2 3 4 5 6 7

1  2  3  4  5  6  7

19

D2 Your appearance?

1 2 3 4 5 6 7

1  2  3  4  5  6  7

20

D3 Your family?

1 2 3 4 5 6 7

1  2  3  4  5  6  7

21

D4 Your friends?

1 2 3 4 5 6 7

1  2  3  4  5  6  7

22

D5 The school you go to?

1 2 3 4 5 6 7

1  2  3  4  5  6  7

23

D6 The neighbourhood you live in?

24

1 2 3 4 5 6 7

1 2 3 4 5 6 7

D7 Which best describes how you feel about your life as a whole?

25

1 2 3 4 5 6 7

1 2 3 4 5 6 7

*Next we would like to ask you some questions about crime in Newham.*

E1 How much do you worry that you might be a victim of crime?

A big worry .....  1

A bit of a worry .....  2

An occasional doubt.....  3

Not a worry at all .....  4

26

E2 How safe would you feel walking alone in this area after dark?

Very safe .....  1

Fairly safe .....  2

A bit unsafe .....  3

Very unsafe .....  4

27

E3 In the past year, have you deliberately broken or damaged property that didn't belong to you?

Never.....  1

Once or twice .....  2

Several times.....  3

Often .....  4

28

E4 Have you ever been treated unfairly or bullied because of your race, colour or religion?

Yes .....	<input type="checkbox"/>	1
No.....	<input type="checkbox"/>	2

29

**IF YOU ANSWERED 'YES' AT QUESTION E4  
PLEASE ANSWER QUESTIONS E5 AND E6**

**OTHERWISE PLEASE GO TO QUESTION F1**

E5 Was this unfair treatment or bullying by a person you know?  
TICK AS MANY BOXES AS YOU NEED

Yes, a family member .....	<input type="checkbox"/>	1
Yes, a friend .....	<input type="checkbox"/>	2
Yes, a neighbour .....	<input type="checkbox"/>	3
Yes, someone at school .....	<input type="checkbox"/>	4
Yes, someone I know by face only .....	<input type="checkbox"/>	5
No, person not known to me .....	<input type="checkbox"/>	6

30

31

32

33

34

35

E6 Did it happen in:  
TICK AS MANY BOXES AS YOU NEED

Your home .....	<input type="checkbox"/>	1
Your School .....	<input type="checkbox"/>	2
Outside your home or school but in Newham .....	<input type="checkbox"/>	3
Outside of Newham .....	<input type="checkbox"/>	4

36

37

38

39

*Next there are a few questions on school, work and things you may hope to do.*

F1 In the past year, have you skipped school or lessons without an excuse?

- Never.....
- Once or twice .....
- Several times .....
- Often .....

40

F2 In the past year, have you been excluded from school?

- Yes .....
- No.....

41

F3 How much do you worry about being bullied at school? Is it . . .

- A lot .....
- A bit .....
- or not at all .....

42

F4 How much does it mean to you to do well at school?

- A great deal .....
- Quite a lot.....
- A bit but not very much .....
- Very little .....

43

F5 Do you want to leave school when you are 16, or do you plan to carry on in education, for instance in the sixth form or a college?

- Leave school at 16 .....
- Go to sixth form or college .....
- Don't know .....

44

F6 How important do you think it is for you to get your GCSE exams?

- Very important .....
- Important.....
- Not very important.....
- Not at all important .....

45

F7 What school do you go to? Please write down the full name of your school.

Write in school name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

83-84	

F8 Have you received or do you plan to get any advice from anyone on what to do after you leave school?

Yes .....  PLEASE ANSWER QUESTION F8a  
No.....  PLEASE SKIP TO QUESTION F9

46

F8a Who did you get this advice from?

Write in \_\_\_\_\_  
\_\_\_\_\_

47-48	

49-50	

F9 What job would you like to do once you leave school or finish your full-time education?

Write in job details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51-53		

Don't know/haven't decided yet.....

54

F10 At what age would you like to leave home?

Write in age:

55-56

Never want to leave home.....

57

F11 Did you do any paid work last week?

Yes .....	<input type="text" value="1"/>	PLEASE ANSWER QUESTION F12
No.....	<input type="text" value="2"/>	PLEASE SKIP TO QUESTION G1

58

F12 **IF YOU DID PAID WORK LAST WEEK**

What was the job you did last week? If you had more than one job, please write in the title of the main job.

Main job \_\_\_\_\_

--	--	--

59-61

F13 How many hours paid work did you do last week? If you have more than one job please write in the total hours you worked at all of them.

Write in hours:

62-63

F14 What was your total pay last week? If you earned money from more than one job, please write in the total you earned from all of them.

Write in to nearest £:

64-66

F15 Which days of the week do you usually work?  
PLEASE TICK EVERY DAY YOU USUALLY DO PAID WORK

Monday .....	<input type="text" value=" "/>	01
Tuesday .....	<input type="text" value=" "/>	02
Wednesday .....	<input type="text" value=" "/>	03
Thursday .....	<input type="text" value=" "/>	04
Friday .....	<input type="text" value=" "/>	05
Saturday .....	<input type="text" value=" "/>	06
Sunday.....	<input type="text" value=" "/>	07
It varies .....	<input type="text" value=" "/>	08

67-68

69-70

71-72

73-74

75-76

77-78

79-80

81-82

G1 Please look at this list and tick the box to show the group you think you belong to.

**CARD  
252**

19-20

WHITE	{	British.....	01
		Irish .....	02
		European .....	03
		East European .....	04
		Other White .....	05
		(PLEASE GIVE DETAILS)	
		_____	

ASIAN OR ASIAN BRITISH	{	Indian .....	06
		Pakistani.....	07
		Bangladeshi.....	08
		Tamil.....	09
		Sri Lankan.....	10
		Other Asian .....	11
		_____	
		Chinese.....	12

MIXED	{	White and Black Caribbean ...	13
		White and Black African .....	14
		White and Asian.....	15
		Other Mixed .....	16
		_____	

BLACK OR BLACK BRITISH	{	Caribbean .....	17		
		African .....	18		
		Other Black .....	19		
				(PLEASE GIVE DETAILS)	
				_____	
		Other ethnic group .....	20		
		(PLEASE GIVE DETAILS)			
		_____			
		Don't know .....	98		

G2 Thinking of your friends, are they mostly from the same race, or colour or religious background as you are?

- Yes, most are from the same background.....
- A few are from the same background.....
- None are from the same background.....

21

G3 To what extent do you agree or disagree that this local area is a place where where people from different backgrounds get on well together?

- Definitely agree.....
- Agree.....
- Disagree.....
- Definitely disagree.....
- Too few people from different backgrounds to say ...
- All from same background.....
- Don't know.....

22

G4 Which language do you usually speak at home?

- Only English.....
- Mainly English.....
- Equal use of English and another language.....
- Mainly another language.....
- Only another language.....

23

G5 And which language do you usually speak with your friends?

- Only English.....
- Mainly English.....
- Equal use of English and another language.....
- Mainly another language.....
- Only another language.....

24



G6 Apart from languages you only learn at school what languages do you speak at home or with friends?

I speak English only .....

I also speak (WRITE IN) .....

---

25

--	--

26-27

--	--

28-29

G7 Would you like to go on to do further full-time education at a college or University after you finish school?

Yes .....  PLEASE SKIP TO QUESTION G8

No.....  PLEASE ANSWER QUESTION G7a

Not sure yet.....  PLEASE ANSWER QUESTION G7a

30

G7a What are the main reasons you might NOT go on to further full-time education? Please write your answer in the space below.

---



---



---

--	--

31-32

--	--

33-34

G8 Different things can be important when deciding what type of job or occupation you might want to follow in the future. Please tick the box to show how important each one of the following things is to you.

	Very Important	Important	Not important	Not at all important	Not sure
a) Future job security	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="8"/>

---

35

	Very Important	Important	Not important	Not at all important	Not sure
b) Having a job with a high income	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="8"/>

36

	Very Important	Important	Not important	Not at all important	Not sure
c) Having a job that leaves you with a lot of time for leisure	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="8"/>

37

	Very Important	Important	Not important	Not at all important	Not sure
d) Having a job that interests you	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="8"/>

38

	Very Important	Important	Not important	Not at all important	Not sure
e) Having a job in which you can help others	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="8"/>

39

G9 If you could change just one thing to make your life better, what would you change? Write in as much as you like in the space provided.

Write in what you would like to change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

--	--

40-41

--	--

42-43

**THESE ARE ALL THE QUESTIONS WE HAVE FOR YOU.**

**THANK YOU VERY MUCH FOR HELPING US.**

**PLEASE PUT THE QUESTIONNAIRE INTO THE BROWN ENVELOPE AND HAND IT TO THE INTERVIEWER.**