

00003

1-5

OFFICE USE ONLY

CARD 250

6-8

MAINSTAGE

Wave

3

9

Serial Number

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10-14

Household No

--

15

Check No

--

16

Person No

--	--

17-18

LIVING IN NEWHAM YOUTH QUESTIONNAIRE

Wave 3

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 ₁ Female ₂

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 ₁
 1 – 3 hours..... ₂
 4 – 6 hours..... ₃
 7 or more hours ₄

28

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

Yes ₁
 No..... ₂
 Don't own a TV ₃

29

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

Yes ₁ PLEASE ANSWER QUESTION A3a
 No..... ₂ 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	31
At school.....	<input type="checkbox"/>	2	32
At a Public Library.....	<input type="checkbox"/>	3	33
In an internet café.....	<input type="checkbox"/>	4	34
At a friends or relatives house.....	<input type="checkbox"/>	5	35
Somewhere else (WRITE IN).....	<input type="checkbox"/>	6	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	37
1 – 3 times.....	<input type="checkbox"/>	2	
4 – 6 times.....	<input type="checkbox"/>	3	
7 or more times.....	<input type="checkbox"/>	4	

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

None.....	<input type="checkbox"/>	1	38
1 – 2 times.....	<input type="checkbox"/>	2	
3 – 5 times.....	<input type="checkbox"/>	3	
6 or more times.....	<input type="checkbox"/>	4	

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	39
1 – 2 times.....	<input type="checkbox"/>	2	
3 – 9 times.....	<input type="checkbox"/>	3	
10 or more times.....	<input type="checkbox"/>	4	

The next few questions are about your relationship with your parents. When we say 'mother' or 'father' in the next questions this includes step or foster mothers and fathers and other people who mainly care for you in this household.

B1 Most children have occasional quarrels with their parents or main carer.
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 / female main carer

40

B2 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 / female main carer

41

B3 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 / male main carer

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 / male main carer

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	1	
Once	2	
2 – 5 times	3	
6 – 9 times	4	
10 or more times	5	

46

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

None	1	
1 – 2 times	2	
3 – 5 times	3	
6 – 7 times	4	

47

B8 How many times in the last four weeks have you had an alcoholic drink?

Never	1	
Once or twice	2	
Several times	3	

48

B9 Have you ever tried a cigarette, even if it was only a single puff?

Yes	1	
No	2	

49

B10 How many cigarettes did you smoke in the last 7 days? If you didn't smoke any write zero.

Write in Number:

--	--

50-51

B11 Do any of your friends ever use illegal drugs, such as...

a) Smoking cannabis?

- None

	1
--	---
- A few

	2
--	---
- Most

	3
--	---
- Don't know

	8
--	---

52

b) Taking ecstasy, cocaine, crack or heroin?

- None

	1
--	---
- A few

	2
--	---
- Most

	3
--	---
- Don't know

	8
--	---

53

B12 Are any of your friends members of a gang or crew?

- None

	1
--	---
- A few

	2
--	---
- Most

	3
--	---
- Don't know

	8
--	---

54

B13 Are you in a gang or crew?

- Yes

	1
--	---
- No

	2
--	---
- Can't say

	3
--	---

55

The next questions are about your health and the types of activities you do.

C1 Compared to people of your own age, would you say that your health has been

- Excellent
- Good.....
- Fair
- Poor
- or Very Poor?
- Don't know

56

C2 How strongly do you agree or disagree with the following statements

a) Young people about your age should not worry too much about their health

- Strongly agree
- Agree.....
- Neither agree or disagree
- Disagree
- Strongly disagree

57

b) People of your age care more about being happy than being healthy

- Strongly agree
- Agree.....
- Neither agree or disagree
- Disagree
- Strongly disagree

58

C3 How tall are you without shoes? Please use either feet and inches or metres and centimetres – whichever you know the best
WRITE IN

Feet and inches _____

Metres and centimetres _____

Not sure/don't know

--	--	--

59 60-61

--	--	--

62-64

65

C4 And how much do you weigh? If you are not sure please write in your best guess.
WRITE IN

Stones and pounds _____

Kilograms _____

Note sure and can't guess

--	--	--	--

66-67 68-69

--	--	--

70-72

73

C5 Do you think that you are....

About the right weight

Underweight.....

Slightly overweight.....

Very overweight

Don't know

74

C6 Do you ever diet or try to lose weight?

Yes, all the time

Yes, sometimes

No, never.....

75

C7 How often do you usually play sports, do aerobics or do some other keep fit activity?

Every day or nearly every day PLEASE

About once a week..... ANSWER

Every now and then QUESTION C8

Never or hardly ever SKIP TO QUESTION C10

76

C8 What type of exercise do you do or what sport do you play?
WRITE IN

--	--

77-78

--	--

79-80

C9 When do you normally do exercise or play sports?
PLEASE TICK AS MANY BOXES AS YOU NEED

During school games or PE classes	<input type="checkbox"/>	1
After school finishes but at school.....	<input type="checkbox"/>	2
After school finishes but somewhere else (e.g. at a gym or youth centre)	<input type="checkbox"/>	3
At weekends.....	<input type="checkbox"/>	4

81
82
83
84

PLEASE SKIP TO QUESTION C11

C10 Why don't you do any exercise or play sports? Please write in the main
reason you don't do these activities.
WRITE IN

85-86

87-88

C11 How often do you eat fresh fruit or vegetables?

- Every day or nearly every day
- About once a week.....
- Every now and then
- Never or hardly ever

89

C12 And how often do you eat fast food such as McDonalds, Burger King, Kentucky Fried Chicken or other take-away food like that?

- Every day or nearly every day
- About once a week.....
- Every now and then
- Never or hardly ever

90

C13 How often do you eat crisps or sweets or have fizzy drinks such as Coke or lemonade?

- Every day or nearly every day
- About once a week.....
- Every now and then
- Never or hardly ever

91

C14 How do you usually travel to and from school? Do you walk all the way, ride a bike, take the bus or tube or do you go by car?

- Walk all the way
- Ride a bike
- By bus or tube
- By car

92

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

**CARD
251**

D1 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"/>

19

D2 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"/>

20

D3 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"/>

21

D4 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"/>

22

D5 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"/>

23

D6 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"/>

24

D7 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"/>

25

D8 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"/>

26

D9 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"/>

27

D10 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"/>

28

E6 The neighbourhood you live in?

34

1 2 3 4 5 6 7

E7 Which best describes how you feel about your life as a whole?

35

1 2 3 4 5 6 7

F1 How interested would you say you are in politics and current affairs in the news?

Very interested 1

Fairly interested 2

Not interested 3

36

F2 If you could vote for a political party which would you vote for?

Conservative 1

Labour 2

Liberal Democrat 3

Green Party 4

Some other party 5

Write in the other party _____

Would not vote 6

Don't know 8

37

F3 Have you ever been bullied at home or at school or anywhere else?

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

38

**IF YOU ANSWERED 'YES' AT QUESTION F3
PLEASE ANSWER QUESTIONS F4, F5 AND F6**

OTHERWISE PLEASE GO TO QUESTION G1

F4 Was this bullying by a person you know?
TICK AS MANY BOXES AS YOU NEED

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

39

40

41

42

43

44

F5 Did it happen in:
TICK AS MANY BOXES AS YOU NEED

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

45

46

47

48

F6 Was the bullying because of:
TICK AS MANY BOXES AS YOU NEED

your race or colour of skin	<input type="text" value="1"/>	
your gender	<input type="text" value="2"/>	
your disability	<input type="text" value="3"/>	
your appearance (weight or looks).....	<input type="text" value="4"/>	
something else.....	<input type="text" value="5"/>	

49

50

51

52

53

Write in the something else _____

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

G1 In the past year, have you skipped school or lessons without an excuse?

Never.....	<input type="text"/>	1
Once or twice	<input type="text"/>	2
Several times	<input type="text"/>	3
Often	<input type="text"/>	4

54

G2 In the past year, have you been excluded from school?

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

55

G3 How much do you worry about being bullied at school? Is it . . .

A lot	<input type="text"/>	1
A bit	<input type="text"/>	2
or not at all	<input type="text"/>	3

56

G4 How much does it mean to you to do well at school?

A great deal	<input type="text"/>	1
Quite a lot.....	<input type="text"/>	2
A bit but not very much	<input type="text"/>	3
Very little	<input type="text"/>	4

57

G5 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	<input type="text"/>	1
Go to sixth form or college	<input type="text"/>	2
Don't know	<input type="text"/>	8

58

G6 How important do you think it is for you to get your GCSE exams?

Very important.....	<input type="text"/>	1
Important.....	<input type="text"/>	2
Not very important.....	<input type="text"/>	3
Not at all important.....	<input type="text"/>	4

59

G7 What school do you go to? Please write down the full name of your school.

Write in school name _____

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60-61

G8 Have you received or do you plan to get any advice from anyone on what to do after you leave school?

Yes 1 PLEASE ANSWER QUESTION G8a
No..... 2 PLEASE SKIP TO QUESTION G9

62

G8a Who did you get this advice from?

Write in _____

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63-64

--	--

65-66

G9 What job would you like to do once you leave school or finish your full-time education?

Write in job details _____

--	--	--

67-69

Don't know/haven't decided yet..... 1

70

G10 At what age would you like to leave home?

Write in age:

71-72

Never want to leave home..... 1

73

H1 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
		Other Asian	09

		Chinese.....	10

MIXED	{	White and Black Caribbean ...	11
		White and Black African	12
		White and Asian.....	13
		Other Mixed	14

BLACK OR BLACK BRITISH	{	Caribbean	15		
		African	16		
		Other Black	17		
				(PLEASE GIVE DETAILS)	

		Other ethnic group	18		
		(PLEASE GIVE DETAILS)			

		Don't know	98		

H2 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

H3 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

H4 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

H5 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

H6 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

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26-27

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28-29

H7 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 H8

No..... PLEASE ANSWER QUESTION H7a

Not sure yet..... PLEASE ANSWER QUESTION H7a

30

H7a What are the main reasons you might NOT go on to further full-time education? Please write your answer in the space below.

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31-32

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33-34

H8 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: _____

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35-36

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37-38

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.