

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.

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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 1 9	19-26
AND TICK WHETHER YOU ARE MALE OR FEMALE	
Male	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

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

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

Yes	1	PLEASE ANSWER QUESTION A3a
No	2	PLEASE SKIP TO QUESTION A4

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A3a	And where do you mostly use a computer?	
1100	TICK AS MANY BOXES AS YOU NEED	
	At home	31
	At school ²	32
	At a Public Library	33
	In an internet café	34
	At a friends or relatives house	35
	Somewhere else (WRITE IN)	36
A 4	Thinking back over the last 7 days, how many times have you had friends round to your home?	
	None	37
	1-3 times	57
	4 - 6 times	
	7 or more times	
45	Thinking back over the last 7 days, how many times have you gone out with friends?	
	None	38
	1-2 times	
	3-5 times	
	6 or more times	
46	In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?	
	Never	39
	1 - 2 times 2	
	3 - 9 times	
	10 or more times	

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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	1
More than once a week	2
Less than once a week	3
Hardly ever / never	4
Don't have mother / female main carer	5

B2 How often do you talk to your mother, about things that matter to you?

Most days / every day	1
More than once a week	2
Less than once a week	3
Hardly ever	4
Don't have mother / female main carer	5

B3 How often do you quarrel with your father?

Most days	1
More than once a week	2
Less than once a week	3
Hardly ever / never	4
Don't have father / male main carer	5

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

Most days / every day	1
More than once a week	2
Less than once a week	3
Hardly ever	4
Don't have father / male main carer	5

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В5	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	46
	Once	
	2-5 times	
	6-9 times	
	10 or more times 5	
B7	In the past 7 days how many times have you eaten an evening meal together with your family?	
	None	47
	1-2 times	47
	3-5 times	
	6 - 7 times	
B8	How many times in the last four weeks have you had an alcoholic drink?	
	Never	48
	Once or twice	-10
	Several times	
B9	Have you ever tried a cigarette, even if it was only a single puff?	
	Yes 1	49
	No2	

	- 6 -	OFFICE USE ONLY
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	52
	b) Taking ecstasy, cocaine, crack or heroin? None	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	
Poor or Very Poor?	

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	1
Agree	2
Neither agree or disagree	3
Disagree	4
Strongly disagree	5

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

Strongly agree	1
Agree	2
Neither agree or disagree	3
Disagree	4
Strongly disagree	5

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	8

57

59

60-61

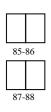
62-64 65

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4	And how much do you weigh? If you are not sure please write in your best guess. WRITE IN	
	Stones and pounds	66-67 68-69
	Kilograms	70-72
	Note sure and can't guess ⁸	73
5	Do you think that you are	
	About the right weight1Underweight2Slightly overweight3Very overweight4Don't know8	74
6	Do you ever diet or try to lose weight?	
	Yes, all the time 1 Yes, sometimes 2 No, never 3	75
7	How often do you usually play sports, do aerobics or do some other keep fit activity?	
	Every day or nearly every day1PLEASEAbout once a week2ANSWEREvery now and then3QUESTION C8Never or hardly ever4SKIP TO QUESTION C10	76
8	What type of exercise do you do or what sport do you play?	
	WRITE IN	77-78

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C9 When do you normally do exercise or play sports? PLEASE TICK AS MANY BOXES AS YOU NEED	
During school games or PE classes 1 After school finishes but at school 2	81 82
After school finishes but somewhere else (e.g. at a gym or youth centre)	83

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



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	- 10 -	OFFICE USE ONLY
C11	How often do you eat fresh fruit or vegetables?	
	Every day or nearly every day1About once a week2Every now and then3Never or hardly ever4	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 day1About once a week2Every now and then3Never or hardly ever4	90
C13	How often do you eat crisps or sweets or have fizzy drinks such as Coke or lemonade?	
	Every day or nearly every day1About once a week2Every now and then3Never or hardly ever4	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 way1Ride a bike2By bus or tube3By car4	92

	- 11 -	OFFICE USE ONLY
	se say whether you strongly agree, agree, disagree, or strongly disagree, that the wing statements apply to yourself.	CARD 251
D1	I feel I have a number of good qualities.	
	Strongly agree1Agree2Disagree3Strongly disagree4	19
D2	I feel that I do not have much to be proud of.	
	Strongly agree 1 Agree 2 Disagree 3 Strongly disagree 4	20
D3	I certainly feel useless at times.	
	Strongly agree1Agree2Disagree3Strongly disagree4	21
D4	I am able to do things as well as most other people.	
	Strongly agree 1 Agree 2 Disagree 3 Strongly disagree 4	22
D5	I am a likeable person.	
	Strongly agree1Agree2Disagree3Strongly disagree4	23

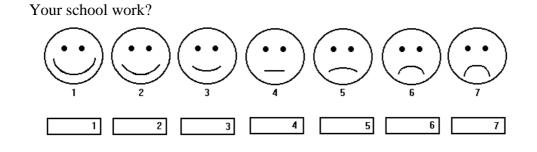
	ONLY
I can usually solve my own problems.	
Strongly agree1Agree2Disagree3Strongly disagree4	24
All in all, I am inclined to feel I am a failure.	
Strongly agree 1 Agree 2 Disagree 3 Strongly disagree 4	25
At times I feel I am no good at all. Strongly agree 1 Agree 2 Disagree 3 Strongly disagree 4	26
I like most of my teachers. Strongly agree 1 Agree 2 Disagree 3 Strongly disagree 4	27
Teachers are always getting at me. Strongly agree Agree Disagree 3 Strongly disagree	28
	Strongly agree 3 Agree. 3 Disagree 3 Strongly disagree 1 Agree. 2 Disagree 3 Strongly disagree 3 Strongly disagree 3 At times I feel I am no good at all. 1 Strongly agree 1 Agree. 2 Disagree 3 Strongly agree 3 Agree 3 Strongly disagree 3 Strongly disagree 3 Strongly agree 3 Strongly agree 3 Jisagree 3 Strongly agree 3 Jisagree 3 Jisagree 3

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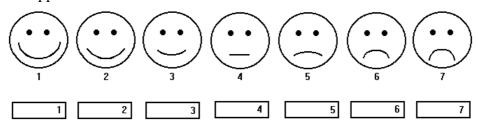
29

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.

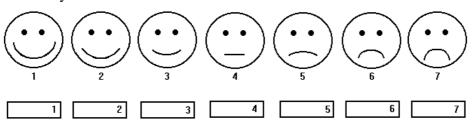


E2 Your appearance?

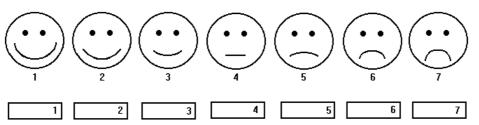
E1



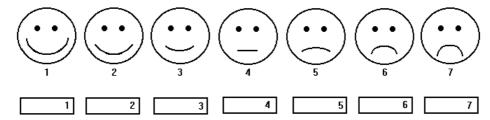
E3 Your family?



E4 Your friends?



E5 The school you go to?



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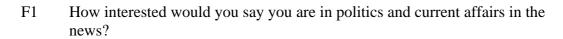
32

The neighbourhood you live in?

E6

E7

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



Very interested	1
Fairly interested	2
Not interested	3

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

Conservative	1
Labour	2
Liberal Democrat	3
Green Party	4
Some other party	5
Write in the other party	

write in the other party	
Would not vote	6
Don't know	8

		ONLY
F3	Have you ever been bullied at home or at school or anywhere else?	
	Yes	38
	No2	
	YOU ANSWERED 'YES' AT QUESTION F3 EASE ANSWER QUESTIONS F4, F5 AND F6	
OT	HERWISE 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	39
	Yes, a friend	40
	Yes, a neighbour 3	41
	Yes, someone at school 4	42
	Yes, someone I know by face only	43
	No, person not known to me	44
F5	Did it happen in: TICK AS MANY BOXES AS YOU NEED	
	Your home	45
	Your School 2	46
	Outside your home or school but in Newham	47
	Outside of Newham 4	48
F6	Was the bullying because of: TICK AS MANY BOXES AS YOU NEED	
	your race or colour of skin	49
	your gender 2	50
	your disability 3	51
	your appearance (weight or looks) 4	52
	something else ⁵	53
	Write in the something else	

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	- 16 -	OFFICE USE ONLY
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	54
	Once or twice	
	Several times	
	Often 4	
G2	In the past year, have you been excluded from school?	
	Yes 1	55
	No 2	55
G3	How much do you worry about being bullied at school? Is it	
	A lot	56
	A bit	
	or not at all 3	
G4	How much does it mean to you to do well at school?	
	A great deal	57
	Quite a lot	
	A bit but not very much	
	Very little 4	
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	58
	Go to sixth form or college 2^2	
	Don't know	
G6	How important do you think it is for you to get your GCSE exams?	
	Very important	59
	Important	
	Not very important	
	Not at all important	
		1

G7	What school do you go to? Please write down the full name of your school.	
	Write in school name	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	63-64 65-66
G 9	What job would you like to do once you leave school or finish your full- time education?	05-00
	Write in job details	67-69
	Don't know/haven't decided yet	70
G10	At what age would you like to leave home? Write in age:	71-72
	Never want to leave home	73

Please look at this list and tick the box to show the group you think you H1 belong to. 01 British..... 02 Irish 03 WHITE . European 04 East European Other White 05 (PLEASE GIVE DETAILS) 06 Indian 07 Pakistani..... 08 ASIAN OR ASIAN BRITISH Bangladeshi..... 09 Other Asian (PLEASE GIVE DETAILS) 10 Chinese..... White and Black Caribbean ... 11 12 White and Black African 13 White and Asian..... MIXED -14 Other Mixed (PLEASE GIVE DETAILS) 15 Caribbean 16 African BLACK OR BLACK BRITISH-17 Other Black (PLEASE GIVE DETAILS) Other ethnic group 18 (PLEASE GIVE DETAILS) 98 Don't know

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19-20

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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 1 A few are from the same background 2 None are from the same background 3	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 agree1Agree2Disagree3Definitely disagree4Too few people from different backgrounds to say5All from same background6Don't know8	22
H4	Which language do you usually speak at home?	
	Only English1Mainly English2Equal use of English and another language3Mainly another language4Only another language5	23
Н5	And which language do you usually speak with your friends?	
	Only English1Mainly English2Equal use of English and another language3Mainly another language4Only another language5	24

		I
	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)	
		26-2
	Would you like to go on to do further full-time education at a college or University after you finish school?	28-
	Yes PLEASE SKIP TO QUESTION H8	
	No 2 PLEASE ANSWER QUESTION H7a	
	Not sure yet ³ PLEASE ANSWER QUESTION H7a	
ı	What are the main reasons you might NOT go on to further	
	full-time education? Please write your answer in the space below.	
		31-
		33-3
	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:	
		35-3
		37-3
ES	E ARE ALL THE QUESTIONS WE HAVE FOR YOU.	
	IK YOU VERY MUCH FOR HELPING US.	
F A	SE PUT THE QUESTIONNAIRE INTO THE BROWN	
	LOPE AND HAND IT TO THE INTERVIEWER.	

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