

## CHECK & REMOVE

### Survey Assistant

Check pupil name

Ask pupil to remove this page  
collect with other front covers  
from class



Name M61



## REMOVE & FILE

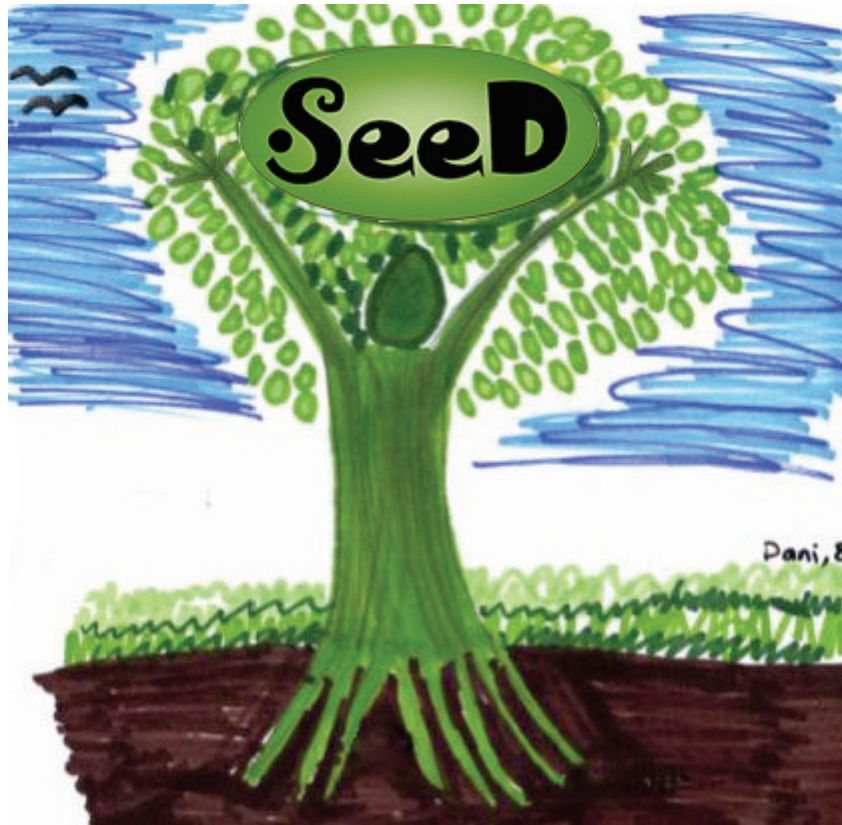
### Survey Assistant Name Page



Remove & file with all other name pages from this class – these will be returned to unit and shredded.

A COUNT OF THESE PAGES WILL BE MADE BEFORE LEEAVING TO ENSURE THAT NONE ARE LEFT BEHIND IN THE CLASS.





# Social and Emotional Education and Development

## PUPIL QUESTIONNAIRE



# CHECK



## Survey Assistant

Must check **About Me** page is complete before removing from questionnaire.



A COUNT OF THESE PAGES WILL BE MADE BEFORE LEAVING TO ENSURE THAT NONE ARE LEFT BEHIND IN THE CLASS.

# About Me

Please read very carefully.

It is important that you understand the questions before you answer.  
This section asks some questions about you.

## 1. Are you?

Please tick ✓ ONE box



A Girl  0



A Boy  1

## 2. How old are you?

Please tick ✓ ONE box

Eight  1

Nine  2

Ten  3

## 3. Do you know what street you live on?

If so, please write it on the line



.....  1

Don't know  9

## 4. Do you know your postcode?

If you do, write it into the boxes.  
like this example...

E	H	I	2	-	0	A	B
---	---	---	---	---	---	---	---

Or even if you only know some of  
the postcode, like this example...

	G	I	2	-	8		
--	---	---	---	---	---	--	--

Yes, my postcode is     -

No, I do not know my postcode  9



### Survey Assistant

#### About me




Remove & file with all other about me pages from this class – these must be kept as we will enter the data when returned. It is removed from the questionnaire so any identifying data is returned separately to MRC SPHSU.



**5. Where do you live most of the time?**

Please tick ✓ **ONE** box

One family home only	<input type="checkbox"/>	1
More than one family home	<input type="checkbox"/>	2
Care home	<input type="checkbox"/>	3
Foster home	<input type="checkbox"/>	4
Other please tick & tell us →	<input type="checkbox"/>	5 

**6. Which people look after you most of the time? This can be at more than one house.**

Please tick ✓ **ALL BOXES THAT APPLY**

my mum	<input type="checkbox"/>	1
my dad	<input type="checkbox"/>	1
another same sex parent	<input type="checkbox"/>	1
my step-mum (dad's partner)	<input type="checkbox"/>	1
my step-dad (mum's partner)	<input type="checkbox"/>	1
my grandmother	<input type="checkbox"/>	1
my grandfather	<input type="checkbox"/>	1
my aunt/uncle	<input type="checkbox"/>	1
my carer/foster parent	<input type="checkbox"/>	1
Other please tick & tell us →	<input type="checkbox"/>	1 

**7. In the last two years, has there been any big change in who looks after you most of the time (that you told us about in Q6)?**

Please tick ✓ **ONE** box

No change	<input type="checkbox"/>	1
one change in who looks after me most	<input type="checkbox"/>	2
two changes in who looks after me most	<input type="checkbox"/>	3
three changes in who looks after me most	<input type="checkbox"/>	4
four or more changes in who looks after me most	<input type="checkbox"/>	5

**PLEASE THINK ABOUT YOURSELF IN GENERAL  
WHEN YOU ANSWER THIS NEXT SECTION**

*Please tick ✓ ONE box on EACH LINE*

	No, not really	Sometimes	Often	Yes, definitely
--	-------------------	-----------	-------	--------------------

8. I think I have good ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
------------------------------	----------------------------	----------------------------	----------------------------	----------------------------

9. I can calm myself down quickly after getting angry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---	----------------------------	----------------------------	----------------------------	----------------------------

10. I keep my feelings to myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
----------------------------------	----------------------------	----------------------------	----------------------------	----------------------------

11. I am sometimes confused about the way I feel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------

*Please tick ✓ ONE box on EACH LINE*

	No, not really	Sometimes	Often	Yes, definitely
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12. I give up trying if I find something hard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---	----------------------------	----------------------------	----------------------------	----------------------------

13. I can usually work out the way to deal with problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------

14. I am easily hurt by what others say about me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------

15. Once I have a goal, I make a plan to reach it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---	----------------------------	----------------------------	----------------------------	----------------------------

*Please tick ✓ ONE box on EACH LINE*

	No, not really	Sometimes	Often	Yes, definitely
--	-------------------	-----------	-------	--------------------

16. When I feel upset, I don't know how to talk about it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------

17. At times I do not know why I am angry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---	----------------------------	----------------------------	----------------------------	----------------------------

18. I know what I'm good at and what I'm not so good at	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---	----------------------------	----------------------------	----------------------------	----------------------------

19. I try to learn from my mistakes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
-------------------------------------	----------------------------	----------------------------	----------------------------	----------------------------

*Please tick ✓ ONE box on EACH LINE*

	No, not really	Sometimes	Often	Yes, definitely
--	-------------------	-----------	-------	--------------------

20. I avoid things that are dangerous or unhealthy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------

21. I work hard at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---------------------------	----------------------------	----------------------------	----------------------------	----------------------------

22. I am able to talk about how I feel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------

23. I would feel bad if I couldn't finish something I'd promised to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
--	----------------------------	----------------------------	----------------------------	----------------------------



Please tick ✓ ONE box on EACH LINE

	No, not really	Sometimes	Often	Yes, definitely
24. I complete my school work regularly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
25. I like to help people with their problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
26. I can say no to activities that I think are wrong	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
27. I can get on with my school work even when I'm feeling sad or angry	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Please tick ✓ ONE box on EACH LINE

	No, not really	Sometimes	Often	Yes, definitely
28. At times I do not know how I am feeling	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
29. I feel good about myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
30. At times I just don't have words to describe how I feel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
31. When I fall out with friends I worry for days	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Please tick ✓ ONE box on EACH LINE

	No, not really	Sometimes	Often	Yes, definitely
32. Most things work out okay in the end	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
33. I am happy with how I look	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
34. I like myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
35. I know when my friend is sad even if they don't say so	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
36. I try to cheer people up	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
37. It makes me sad to see someone who is lonely	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!**

**Please give your answers on the basis of how things have been for you over the last SIX MONTHS**

*Please tick ✓ ONE box on EACH LINE*

		<b>Not True</b>	<b>Somewhat True</b>	<b>Certainly True</b>
<b>38.</b>	I try to be nice to other people. I care about their feelings	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>39.</b>	I am restless, I cannot stay still for long	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>40.</b>	I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>41.</b>	I usually share with others (food, games, pens etc.)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>42.</b>	I get very angry and often lose my temper	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

*Please tick ✓ ONE box on EACH LINE*

		<b>Not True</b>	<b>Somewhat True</b>	<b>Certainly True</b>
<b>43.</b>	I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>44.</b>	I usually do as I am told	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>45.</b>	I worry a lot	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>46.</b>	I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
<b>47.</b>	I am constantly fidgeting or squirming	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

Please tick ✓ ONE box on EACH LINE

	Not True	Somewhat True	Certainly True
48. I have one good friend or more	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49. I fight a lot. I can make other people do what I want	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50. I am often unhappy, down-hearted or tearful	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51. Other people my age generally like me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52. I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Please tick ✓ ONE box on EACH LINE

	Not True	Somewhat True	Certainly True
53. I am nervous in new situations. I easily lose confidence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54. I am kind to younger children	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
55. I am often accused of lying or cheating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
56. Other children or young people pick on me or bully me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
57. I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Please tick ✓ ONE box on EACH LINE

	Not True	Somewhat True	Certainly True
58. I think before I do things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
59. I take things that are not mine from home, school or elsewhere	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
60. I get on better with adults than with people my own age	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
61. I have many fears, I am easily scared	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
62. I finish the work I'm doing. My attention is good	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2



**NOT ALL FAMILIES ARE THE SAME.  
WHEN WE TALK ABOUT  
PARENTS/CARERS IN THE NEXT  
QUESTIONS WE MEAN WHOEVER  
LOOKS AFTER YOU MOST OF THE TIME.  
WHEN WE TALK ABOUT HOME, WE  
MEAN WHEREVER YOU LIVE MOST OF  
THE TIME OR WHEREVER FEELS MOST  
LIKE HOME TO YOU.**

*Please tick ✓ ONE box  
for EACH QUESTION*

		No, not really	Sometimes	Often	Yes, definitely
63.	I enjoy being at home with my family/the people I live with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
64.	My family/the people I live with at home get along well together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
65.	I can talk to my parents/carers about most things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
66.	My parents/carers treat me fairly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
67.	My parents/carers and I do fun things together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

*Please tick ✓ ONE box  
for EACH QUESTION*

		No, not really	Sometimes	Often	Yes, definitely
68.	My parents/carers listen to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
69.	My parents/carers help me as much as I need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
70.	My parents/carers tell me if I behave well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
71.	My parents/carers help me with my homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
72.	My parents/carers tell me when I do something well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## THINKING ABOUT YOUR FAMILY/THE PEOPLE YOU LIVE WITH, HOW OFTEN DO YOU DO EACH OF THESE THINGS?

<i>Please tick ✓ ONE box for EACH ACTIVITY</i>		Less often than weekly				
		Never	Weekly	Most days	Every day	
<b>73.</b>	Watch TV or DVDs together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>74.</b>	Play indoor games together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>75.</b>	Eat a meal together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>76.</b>	Go places together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>77.</b>	Go for a walk or play sports together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>78.</b>	Visit friends or relatives together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## THE NEXT FEW QUESTIONS ARE ABOUT YOUR FRIENDS



<i>Please tick ✓ ONE box for EACH QUESTION</i>		No, not really	Sometimes	Often	Yes, definitely
<b>79.</b>	I find it difficult making new friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>80.</b>	I can talk to my friends about most things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>81.</b>	I pick on other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>82.</b>	I hurt or hit other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<i>Please tick ✓ ONE box for EACH QUESTION</i>		No, not really	Sometimes	Often	Yes, definitely
<b>83.</b>	I enjoy spending time with my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>84.</b>	Other children hit or hurt me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>85.</b>	Other children pick on me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>86.</b>	My friends are nice to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**THESE QUESTIONS ARE ABOUT HAVING  
AND BUYING EXPENSIVE THINGS**

*Please tick ✓ ONE box for EACH QUESTION*

No, not  
really

Sometimes

Often

Yes,  
definitely

- |            |   |                                       |                                       |                                       |                                       |
|------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>87.</b> | Do you think it's important to own expensive things?                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| <b>88.</b> | Does buying expensive things make you happy?                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| <b>89.</b> | Do you like children who have expensive things more than you like other children? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**THESE NEXT QUESTIONS ASK ABOUT HOW YOU ARE TODAY.  
FOR EACH QUESTION, READ ALL THE CHOICES  
AND DECIDE WHICH ONE IS MOST LIKE YOU TODAY.**

Put a tick ✓ in the box. Tick only one box for each question.

**90. Worried** *Please tick ✓ ONE box*

- I don't feel worried today <sub>1</sub>
- I feel a little worried today <sub>2</sub>
- I feel a bit worried today <sub>3</sub>
- I feel quite worried today <sub>4</sub>
- I feel very worried today <sub>5</sub>



Worried

**91. Sad** *Please tick ✓ ONE box*

- I don't feel sad today <sub>1</sub>
- I feel a little sad today <sub>2</sub>
- I feel a bit sad today <sub>3</sub>
- I feel quite sad today <sub>4</sub>
- I feel very sad today <sub>5</sub>



Sad

**92. Pain** Please tick ✓ ONE box

I don't feel pain today  1

I have a little pain today  2

I have a bit of pain today  3

I have quite a lot of pain today  4

I have a lot of pain today  5

**93. Tired** Please tick ✓ ONE box

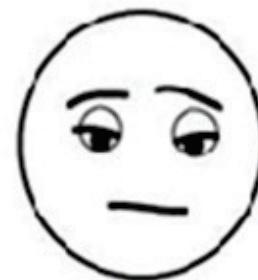
I don't feel tired today  1

I feel a little bit tired today  2

I feel a bit tired today  3

I feel quite tired today  4

I feel very tired today  5



Tired

**94. Annoyed** Please tick ✓ ONE box

I don't feel annoyed today  1

I feel a little bit annoyed today  2

I feel a bit annoyed today  3

I feel quite annoyed today  4

I feel very annoyed today  5

**95. School Work/Homework** Please tick ✓ ONE box

I have no problems with my school work/homework today  1

I have a few problems with my school work/homework today  2

I have some problems with my school work/homework today  3

I have many problems with my school work/homework today  4

I can't do my school work/homework today  5

**96. Sleep***Please tick ✓ ONE box*

- Last night **I had no problems** sleeping  1
- Last night **I had a few problems** sleeping  2
- Last night **I had some problems** sleeping  3
- Last night **I had many problems** sleeping  4
- Last night **I couldn't** sleep at all  5

**97. Daily Routine***Please tick ✓ ONE box*

- I **have no problems** with my daily routine today  1
- I **have a few problems** with my daily routine today  2
- I **have some problems** with my daily routine today  3
- I **have many problems** with my daily routine today  4
- I **can't do** my daily routine today  5

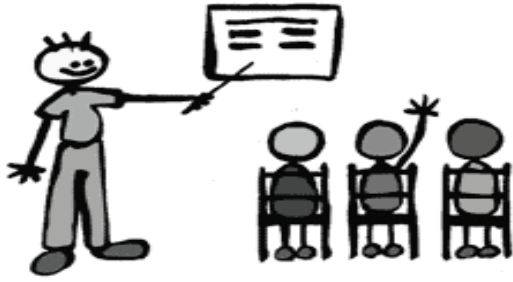
**98. Able to join in activities**

(things like playing out with your friends, doing sports, joining in things)

*Please tick ✓ ONE box*

- I can join in **with any** activities today  1
- I can join in **with most** activities today  2
- I can join in **with some** activities today  3
- I can join in **with a few** activities today  4
- I can join in **with no** activities today  5





**WE HAVE SOME QUESTIONS TO ASK YOU ABOUT YOUR SCHOOL. REMEMBER THIS IS NOT A TEST – JUST SAY WHAT YOU THINK. YOUR ANSWERS ARE CONFIDENTIAL AND WE WILL NOT TELL THEM TO YOUR TEACHERS, PARENTS OR CARERS.**

<i>Please tick ✓ ONE box for EACH QUESTION</i>		No, not really	Sometimes	Often	Yes, definitely
99.	At school I am well behaved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
100.	I look forward to going to school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
101.	I wish I didn't have to go to school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
102.	Other children in my class make it hard for me to do mywork	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<i>Please tick ✓ ONE box for EACH QUESTION</i>		No, not really	Sometimes	Often	Yes, definitely
103.	I enjoy learning at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
104.	It is important to do well at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
105.	I enjoy being at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
106.	Children in this school are kind to each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<i>Please tick ✓ ONE box for EACH QUESTION</i>		No, not really	Sometimes	Often	Yes, definitely
107.	I am encouraged to take part in clubs run by the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
108.	In this school we are safe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
109.	In this school we care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
110.	Most adults in this school treat us fairly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
111.	Most adults in this school are kind to pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please tick ✓ ONE box

	No	Yes	Don't Know
112. Do you receive a free school meal?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>

**WE HAVE JUST A FEW MORE QUESTIONS.  
THINKING ABOUT YOUR MAIN TEACHER AT SCHOOL,  
HOW WOULD YOU DESCRIBE YOUR TEACHER...?**

**IF YOU USUALLY HAVE MORE THAN ONE TEACHER, PLEASE THINK  
ABOUT THE TEACHER YOU HAVE TODAY**

Please tick ✓ ONE box  
for EACH QUESTION

My Teacher...	No, not really	Sometimes	Often	Yes, definitely
113. Helps me when I need help	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
114. Understands my problems and worries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
115. Lets me choose how to do my school work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
116. Makes me feel better when I am upset	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
117. Is happy to see me when I come to school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
118. Notices when I do things well	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
119. Talks with me about how I can make my work better	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**120. Finally, is there anything else that we haven't asked you about already that affects how you feel at school?**

**If you would like to, you can tell us a bit about it here, and how it makes you feel. You can write how you feel, or draw if you prefer.**



Thank you very much for taking part and  
answering the questions, we hope you  
enjoyed it!

(Don't forget to ask for a puzzle sheet now...)



**MRC SOCIAL AND PUBLIC HEALTH SCIENCES UNIT  
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