

# Promise Project

## Time 1 Booklet

ID Code

-  -  -

Date of birth\_\_\_\_\_

//

Tutor Group\_\_\_\_\_

Gender

Male <sub>0</sub>    Female <sub>1</sub>

## You and your family

- **Ethnicity**

How would you describe the ethnic status (or cultural group) of you and your parents? Please tick **one** box for each person.

	<b>You</b>	<b>Mother</b>	<b>Father</b>
White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Black Caribbean	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
Black African	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
Black other	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
Indian	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
Pakistani	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
Bangladeshi	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
Chinese	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
Other	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
Dual heritage/mixed race:	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>

- **Who do you live with?**

Please tick one box to show who you **usually** live with (apart from any brothers/sisters).

1. My mum and dad <sub>1</sub>
2. My mum & her partner/ new husband <sub>2</sub>
3. My dad & his partner/ new wife <sub>3</sub>
4. My mum <sub>4</sub>
5. My dad <sub>5</sub>
6. Relatives/friends <sub>6</sub>
7. Other, please describe <sub>7</sub>
8. \_\_\_\_\_

## A. How have you been feeling?

These questions are about how you have been **feeling** recently. Please tick the box which best describes how you feel.

	Never	Sometimes	Often	Always
1. I worry about bad things happening to me	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
2. I worry that something bad will happen to me	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
3. I worry about what will happen	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
4. I worry that something awful will happen to someone in my family	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
5. I think about death	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
6. I worry about being away from my parents	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
7. I feel scared if I have to sleep on my own	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
8. I would feel afraid of being on my own at home	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
9. I would feel scared if I had to stay away from home overnight	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
10. I am afraid of being in crowded places	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
11. I worry about making mistakes	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
12. I worry that I will do badly at my school work	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
13. I worry when I think I have done poorly at something	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

**Never**      **Sometimes**      **Often**      **Always**

- |  |                             |                             |                             |                             |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 14. I feel scared when I have to take a test                               | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 15. I feel afraid if I have to talk in front of my class                   | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 16. My heart suddenly starts to beat too quickly for no reason             | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 17. I suddenly start to tremble or shake when there is no reason for this  | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 18. When I have a problem, I feel shaky                                    | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 19. When I have a problem, my heart beats really fast                      | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 20. I suddenly feel as if I can't breathe when there is no reason for this | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 21. Nothing is much fun anymore  | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 22. I feel sad or empty  | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 23. I am tired a lot   | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 24. I feel like I don't want to move                                       | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |
| 25. I have problems with my appetite                                       | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 |

## B. How is your mood?

These questions are about how you have been **feeling** or **acting** recently.

For each question, please put a tick to show how much you have felt or acted this way **in the past two weeks.**

	Not True	Sometimes	True
1. I felt miserable or unhappy	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
2. I didn't enjoy anything at all	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
3. I felt so tired I just sat around and did nothing	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
4. I was very restless	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
5. I felt I was no good anymore	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
6. I cried a lot	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
7. I found it hard to think properly or concentrate	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
8. I hated myself	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
9. I felt I was a bad person	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
10. I felt lonely	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
11. I thought nobody really loved me	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
12. I thought I could never be as good as other young people	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2
13. I felt I did everything wrong	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2

## C. What do you think about yourself?

These questions are about the way you **think** about **yourself**.

Please tick the box to show how much you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. At times I think I am no good at all	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. I feel that I have a number of good qualities	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I am able to do things as well as most other people	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. I feel that I do not have much to be proud of	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. I certainly feel useless at times	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I feel that I am a person of worth, at least as equal as others	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. I wish I could have more respect for myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. All in all, I am inclined to feel that I am a failure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. I take a positive attitude towards myself	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

## D. How do you think about things?

Listed below are some of the thoughts that children and adolescents have said “pop into their heads”.

Tick a box to show how often, if at all, each thought has popped into your head over the past week.

	not at all	sometimes	fairly often	often	time
1. I can't do anything right	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
2. I am worthless	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
3. Nothing ever works out for me anymore	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
4. It's my fault that things have gone wrong	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
5. I've made such a mess of my life	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
6. I'll never be as good as other people are	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
7. I am a failure	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
8. Life is not worth living	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
9. I will never overcome my problems	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
10. I hate myself	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

## E. How do you feel about school?

These questions are about how you feel about school. Tick a box to show how true each statement is for you.

	Not at all true			Completely true	
1. I feel like a real part of this 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>	<input type="checkbox"/> <sub>5</sub>
2. Sometimes I don't feel as if I belong here.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3. People at this school are friendly to me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
4. I am treated with as much respect as other students.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
5. I can really be myself at this 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>	<input type="checkbox"/> <sub>5</sub>
6. The teachers here respect me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
7. I wish I were in a different 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>	<input type="checkbox"/> <sub>5</sub>
8. I feel proud of belonging to this 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>	<input type="checkbox"/> <sub>5</sub>

## F. Your relationships with other people

1. Listed below are three descriptions of how people feel in their relationships with others. Which description below best describes how you generally feel?

**Read each description below and then write A, B, or C here:**

.....

**A.** 'I find it easy to become close friends with others. I trust them and I am comfortable depending on them. I do not worry about being abandoned or about another person getting too close to me.'

**B.** 'I am uncomfortable being close friends with others. I find it difficult to trust them completely, difficult to depend on them. I get nervous when another person wants to become close friends with me. Friends often come more close to me than I want them to.'

**C.** 'I often find that others do not want to get as close as I would like them to be. I am often worried that my best friend doesn't really like me and wants to end our friendship. I prefer to do everything together with my best friend. However, this desire sometimes scares other people away.'



## G. How is your Health?

Place a tick in one box in each group to show which statement best describes your **own health** today.

### 1. Mobility

I have no problems in walking about <sub>1</sub>

I have some problems in walking about <sub>2</sub>

I am confined to bed <sub>3</sub>

### 2. Self-Care

I have no problems with self-care <sub>1</sub>

I have some problems washing or dressing myself <sub>2</sub>

I am unable to wash or dress myself <sub>3</sub>

### 3. Usual Activities (*e.g. work, study, family or leisure activities*)

I have no problems with performing my usual activities <sub>1</sub>

I have some problems performing my usual activities <sub>2</sub>

I am unable to perform my usual activities <sub>3</sub>

### 4. Pain/Discomfort

I have no pain or discomfort <sub>1</sub>

I have moderate pain or discomfort <sub>2</sub>

I have extreme pain or discomfort <sub>3</sub>

### 5. Anxiety/Depression

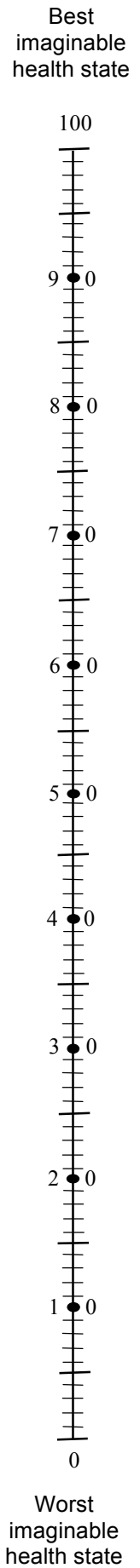
I am not anxious or depressed <sub>1</sub>

I am moderately anxious or depressed <sub>2</sub>

I am extremely anxious or depressed <sub>3</sub>

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

**We would like you to draw a straight line on the thermometer to show how good or poor your health is today.**



## H. Days off school

1. Have you had any days off school in the **last 6 months?**

Yes <sub>1</sub> No <sub>0</sub>

**If YES,**

2. How many days have you been off school?

3. How many of these days were due to worry, anxiety or unhappiness?

4. How many days did your mum/dad/carer have to take off work to look after you?

## Stayed overnight in Hospital

5. Have you stayed **overnight in hospital in the last 6 months?** Yes <sub>1</sub> No <sub>0</sub>

**If YES,** what was the reason(s) for your stay in hospital?

6. Admission 1.....

7. Number of days you spent in hospital   ...

8. Admission 2.....

9. Number of days you spent in hospital

10. Admission 3.....

11. Number of days you spent in hospital

**Attended Hospital**

12. Have you needed to attend **Accident & Emergency** ('A & E') in the **past 6 months?**

Yes <sub>1</sub> No <sub>0</sub>

13. If **YES**, how many times have you attended A&E

What was the reason for your visit(s)?

14. Visit 1.....

15. Visit 2.....

16. Visit 3.....

Have you visited **Hospital for an appointment** in the **past 6 months?**

17. Yes <sub>1</sub> No <sub>0</sub>

18. If **YES**, how many times have you visited Hospital for an appointment

What was the reason for your visit(s):

19. Visit 1.....

20. Visit 2.....

21. Visit 3.....

**Visited your Family Doctor**

22. Have you visited your **Family Doctor** in the **past 6 months?**

Yes <sub>1</sub> No <sub>0</sub>

23. If **YES**, how many times have you visited your Family Doctor

24. How many of these visits were about worry, anxiety or unhappiness?

**Seen anyone about psychological problems?**

25. Have you seen anyone about problems such as worry, anxiety or unhappiness **in the last 6 months?**

Yes \_1 No \_0

If yes, please show who you have seen out of the options below. Write the number of times you have seen each person.

	Number of times seen
a) Nurse at my GP practice	
b) School Nurse	
c) Counsellor	
d) Child Mental Health Service	
e) Child Psychologists	
f) Social Worker	
g) Someone else	

26. If stated 'someone else', please say who.....

**Depression and Anxiety**

27. Has a doctor ever told you that you have **depression?**

Yes \_1 No \_0

28. Has a doctor ever told you that you have **anxiety?**

Yes \_1 No \_0

29. Have you been taking any medication **for anxiety or depression** over the **last 6 months?**

Yes \_1 No \_0

**If Yes, What are the medicines called (don't worry about the spelling)?**

30. Medicine 1.....

31. Medicine 2.....

How long did you take them (or have been taking them)?

32. Medicine 1.....

33. Medicine 2.....

# I. Your life

These questions are about you and your life. Your replies are **confidential** and this information will **not be shared with the school or your parents/carers.**

Your responses are anonymous and you can not be identified from this questionnaire.

## Self-harming

1. Have thought about hurting yourself, even if you would not really do it, in the **last 6 months?**

- |                 |                          |   |
|-----------------|--------------------------|---|
| Not at all      | <input type="checkbox"/> | 0 |
| Once or twice   | <input type="checkbox"/> | 1 |
| 3 or more times | <input type="checkbox"/> | 2 |

2. Have you ever hurt yourself on purpose in any way (e.g. by taking an overdose of pills or by cutting yourself) in the **last 6 months?**

- |                 |                          |   |
|-----------------|--------------------------|---|
| Not at all      | <input type="checkbox"/> | 0 |
| Once            | <input type="checkbox"/> | 1 |
| 2 or more times | <input type="checkbox"/> | 2 |

## Drinking Alcohol

3. Tick the box that describes your drinking of alcohol over the **last 6 months**

- |  |                          |   |
|--|--------------------------|---|
| I have never drunk alcohol                         | <input type="checkbox"/> | 0 |
| I have drunk alcohol once or twice                 | <input type="checkbox"/> | 1 |
| I have drunk alcohol more than 2-4 times per month | <input type="checkbox"/> | 2 |
| I have drunk alcohol more than once per week       | <input type="checkbox"/> | 3 |

## Use of Cannabis

4. Tick the box that describes your use of cannabis over the last 6 months

I have never smoked cannabis <sub>0</sub>

I have smoked cannabis once or twice <sub>1</sub>

I have smoked cannabis 2-4 times a month <sub>2</sub>

I have smoked cannabis more than once per week <sub>3</sub>

## Use of other Drugs

5. Tick the box that describes your use of other drugs (e.g. amphetamines, LSD, Ecstasy, Cocaine, Ketamine, Crack, Heroin, etc) over the last 6 months

I have never taken any of these drugs <sub>0</sub>

I have taken drugs like this once or twice <sub>1</sub>

I have taken drugs like this 2-4 times per month <sub>2</sub>

I have taken drugs likes this more than once per week <sub>3</sub>

## Bullying

6. Over the past term how often have you been bullied (e.g. verbally such as being teased or made fun of, or physically such as being hit or threatened)?

I haven't been bullied <sub>0</sub>

Once or twice <sub>1</sub>

2 or 3 times a month <sub>2</sub>

About once per week <sub>3</sub>

Several times a week <sub>4</sub>

7. How often have you taken part in **bullying other students** (e.g. verbally or physically) over **the past term**?

- I haven't bullied other students  0
- Once or twice  1
- 2 or 3 times a month  2
- About once per week  3
- Several times a week  4

**Thank you for answering these questions**

**You will be given an information sheet about who you can contact if you would like to talk to anyone about any of the issues covered in this questionnaire**





**b. Worry less**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**c. Cope with worries when you have them**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**d. Solve problems**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**e. Recognise your strengths**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**f. Stop disagreements from turning into arguments**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**g. Get on better with other people**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**h. Ask people for help when you need it**

0 1 2 3 4 5 6 7 8 9 10  
Not at all A great deal

**Research/Psychology Assistant Feedback Form: RAP**

Thank you for all your hard work on the PROMISE Project. We'd like your feedback about RAP so that we can improve it for future use. We'd really appreciate it if you could complete the following questionnaire. Your answers will be completely confidential.

**1. Since September 2009, how many different classes have you worked with (across all the schools)?**

Year 8 \_\_\_\_\_ Year 9 \_\_\_\_\_ Year 10 \_\_\_\_\_ Year 11 \_\_\_\_\_

**2. Which school(s) have you worked in? \_\_\_\_\_**

\_\_\_\_\_

**How much do you agree/disagree with the following statements? (please circle ONE number)**

**Training & Supervision:**

**3. I felt I had sufficient initial training to prepare me for my role as RAP leader**

Strongly disagree    0    1    2    3    4    Strongly agree

**4. The supervision sessions provided enough on-going support to manage the demands of the post effectively.**

Strongly disagree    0    1    2    3    4    Strongly agree

**Delivering RAP:**

**5. Overall, I enjoyed leading the RAP sessions**

Strongly disagree    0    1    2    3    4    Strongly agree

**6. I found the role very challenging**

Strongly disagree    0    1    2    3    4    Strongly agree

**7. I think RAP will make a genuine difference to the mental health of the young people who took part**

Strongly disagree    0    1    2    3    4    Strongly agree

**8. Overall, the level of student engagement I encountered in my sessions was good**

Strongly disagree    0    1    2    3    4    Strongly agree

**Please tell us about the positives and negatives of the post in general:**

**9. What were the most positive things about undertaking your role?**

a.) .....

b.) .....

c.) .....

**10. What were the most negative things about undertaking your role?**

- a.) .....
- b.) .....
- c.) .....

**Please tell us about the positives and negatives of RAP:**

**11. What sessions/activities/concepts in the RAP worked best?**

- a.) .....
- b.) .....
- c.) .....

**12. What sessions/activities/concepts in the RAP did not work very well?**

- a.) .....
- b.) .....
- c.) .....

**13. If you were revising the RAP, what would you do differently next time around?**

- a.) .....
- b.) .....
- c.) .....

**14. Do you have any specific feedback surrounding the following areas?**

- a.) Age relevance of RAP material
- b.) Pitching RAP for different abilities
- c.) Working with teachers
- d.) Variation in tasks within sessions
- e.) Communication: within staff team and with teachers/schools

**15. Are there any other comments you would like to make?**

**Thank you very much for your feedback.**

## PROMISE Project: Teacher Feedback Questionnaire

School ID: \_\_\_\_\_

Date: \_\_\_\_\_

We are currently reviewing the Resourceful Adolescent Program (RAP) and Enhanced PSHE programs so that they can be improved before any subsequent roll out at the end of the trial. We would be very grateful for your feedback.

We are keen to hear about both the positive and negative aspects of the program, so please be as honest as possible. Your responses will be kept completely confidential.

### The Resourceful Adolescent Program (RAP)

1. How many of your classes took part in the RAP program? *If none, please go to Q15 on p. 4.*

Year 8 \_\_\_\_\_ Year 9 \_\_\_\_\_ Year 10 \_\_\_\_\_ Year 11 \_\_\_\_\_

2. Please tell us what you thought the most positive things were about the RAP program:

- 1.
- 2.
- 3.

3. Please tell us what you thought the most negative things were about the RAP program:

- 1.
- 2.
- 3.

4. Overall, how well organised did you think the RAP sessions were? *(Please circle one number)*

0	1	2	3	4
Very poorly organised				Very well organised

5. Overall, how relevant was the content of the RAP program for the young people in your classes? *(Please circle one number)*

0	1	2	3	4
Not at all relevant				Completely relevant

6. Overall, how age-appropriate was the content of the RAP program for the young people in your classes? *(Please circle one number)*

0	1	2	3	4
Inappropriate for this age group				Completely age appropriate

7. To what extent do you think RAP will help the young people in your classes with their mood? *(Please circle one number)*

0                      1                      2                      3                      4  
Not at all                      Very  
helpful                      helpful

8. How useful do you think RAP will be in helping young people deal with the challenges they face in day to day life? *(Please circle one number)*

0                      1                      2                      3                      4  
Not at all                      Very  
useful                      useful

9. Did you feel that the number of sessions was appropriate?

Too few.....  0  
About right.....  1  
Too many.....  2

10. Ideally, how many sessions do you think there should be in the RAP program?

.....

11. Do you have any suggestions on how the RAP program could be improved?

- a) Lesson structure & delivery for RAP (e.g. ratio of small group: whole class work, classroom management, volume of content for each lesson)
- b) RAP workbooks (content & presentation)
- c) Other RAP materials (e.g. examples, videos)
- d) RAP research staff (e.g. skills & training needs, communication)
- e) Anything else?

12. Would you feel comfortable delivering the RAP on your own in future (either as it stands, or in a slightly adapted form)? *(Please circle one number)*

0                      1                      2                      3                      4  
Completely                      Completely  
uncomfortable                      comfortable

13. Will you use any ideas from the RAP after the PROMISE project has finished?

No, none of it.....  1

Some of it.....  2

Yes, quite a lot of it.....  3

14. If so, what will you use?

## Focus Group and Interview Schedules

### Post-RAP Young Person Focus Group

**Group ID and size:**

**Student IDs:**

**Facilitator initials:**

**Date of interview:**

#### Introduction

- We would like you to give us some feedback on what you thought of the RAP program
- It's the first time this program has been run in UK, so we need to know what was good and bad about it so that we can do it better next time
- You have been picked at random from everyone who took part in the RAP lessons
- Your comments will be completely confidential
- We would really like you to be completely honest with us - both good and bad feedback is really important
- We'd like to hear everyone's views
- Establish group rules – confidentiality, listen to other people's views, everyone gets a chance to contribute, try to talk one at a time
- Consent to audio-record

#### Icebreaker activity:

- Write names on sticky labels and put them on
- Each person says their name and says the first word that springs in to their mind about RAP

#### Topics:

##### 1. Overall impressions of RAP

*[Have session summary sheet and RAP workbook to show]*

- a) What did you think of the **RAP lessons overall**?
- b) Did any of the sessions really **stand out** for you?  
*[Show lesson summary sheet]*
- c) What was your **favourite part** of RAP?  
*Why? What did you like about it?*
- d) Was there anything you **didn't like** about RAP?
- e) What did you think of the **people** who ran the RAP lessons?
- f) What was it like having these **extra people** in your PSHE classes?
- g) What did you think of the **RAP workbook**?
- h) What would you **change** about the workbook?
- i) Did you **understand** the RAP sessions?
- j) Were the tasks and examples **clear**?
- k) Which bits were the **most tricky**?

- l) What did you think about the **group work**?  
*Too much? Too little? Size of groups?*
- m) Did you get enough **chances to contribute** your ideas?
- n) If you were going to be a **RAP leader, what would you change** about RAP?  
*Would you run the sessions differently?*  
*Would you change the tasks or examples?*  
*What could we do to improve the sessions?*

## 2. Using the skills you learnt

- a) Overall, do you think RAP has **helped you** or any of your friends in any way?  
*How? Did you find anything in particular helpful?*
- b) Did any of the **skills or ideas** that were talked about in RAP stand out to you as being **helpful** for young people?  
*[Refer to session summary sheet]*
- c) Have you (or anyone you know) **used** any of the **skills or ideas** you learnt in RAP?  
*Which ones? Can you give an example of how you/they used this skill?*
- d) Do you think that you might use these skills in the **future**?
- e) If you've taken **ONE thing** away from RAP, what is it?

## 3. Talking with others

- a) Has anyone talked about any of the ideas **discussed** in RAP with **anyone else at your school**?  
*If so, who? Were they in your year group?*  
*Did you talk about RAP with anyone in a different year group? If so, which year?*
- b) If you talked about RAP with other people, **what sort of things** did you talk about?  
*E.g. what you'd done in the lessons, some of the ideas you learnt, whether you liked the lessons or not.*
- c) Did anyone talk about any of the ideas in RAP with **anyone else** (outside school)?  
*E.g. Family, friends outside of school. If so who?*  
*What sort of things did you talk about?*
- d) Have you heard anything about RAP in school outside of your PSHE lessons/project days?  
*For example, have your teachers spoken about it in assembly, or have some of your teachers mentioned things you learnt in RAP in other lessons? If so, what was said and when?*

## 4. Any other comments

Is there anything else you would like to say about RAP that we haven't talked about?

**Thank you very much for telling us what you thought about RAP.**



## PROMISE Project: RAP RA/PA Debriefing Interview Topic Guide

### Introduction

- Thanks for assistance
- Opportunity to make changes & improve the RAP program
- Honest opinions – really want to hear about good and bad points so that we can improve
- Comments all confidential
- Audio-recording the interview – this will be transcribed and anonymised, but will be more accurate than notes

### The PROMISE Project

1. What was your **overall impression** of the PROMISE Project?
2. What did you think of the **assessments**?
  - Were they well organised?
  - What about the length of the assessment sessions?
  - Were there any students who may have had problems with the assessments?
3. Did you feel you had enough **communication with the school**?
4. Did you feel you had enough **communication with the research team**?
5. Is there anything you would have **changed** about the project?

### The RAP Program

#### *Overall impressions*

6. What were your **overall impressions** of RAP?
7. What did you **like** about RAP?
8. What parts of RAP were **not as good**?
9. What **changes** would you make?
- 10.

#### *Individual RAP sessions*

*[Hand out RAP session summary cards]*

11. Did any of these sessions really **stand out** for you?
12. What did you think of the way lessons were **structured**?
13. What did you think of the **workbooks**?
14. What did you think of the **other materials**?

#### *Delivery of RAP*

15. How did you find the **teachers** you were working with in delivering the program?
16. Were they **helpful**?
17. Was **classroom management** an issue?
18. How did you find the **small group activities**?

### *Pupils' perceptions of RAP*

19. How do you think the **pupils** found the RAP program?
20. What could be done to make them more **engaged**?
21. Do you think RAP **helped** the pupils? How?
22. **Which pupils** do you think would **benefit** most from RAP?
23. Who would benefit the least?

### **Training and supervision**

24. Did you feel you had **sufficient training** for this post?
25. Did you find the **supervision** sessions useful?
26. Did you develop any **new skills** through this project?
27. Do you think you will use any of these skills in your work in the **future**?
28. What would you **change** about the supervision and training for this post?

### **Adopting the programs**

29. If you had the opportunity, would you **continue to deliver** the RAP program after this project had finished?
30. How did you feel about **working in schools**?
31. What did you think of working on a **sessional** basis?
32. What did you think of the rate of **pay**?

### **Additional comments**

Is there anything else you would like to say about the RAP Program?

Do you have any further comments about the PROMISE Project in general?

## PROMISE Project: Co-ordinating Teachers' Debriefing Interview Topic Guide

### Introduction

- Thanks for assistance
- Opportunity to make changes & improve the RAP program
- Honest opinions – really want to hear about good and bad points so that we can improve
- Comments all confidential
- Audio-recording the interview – this will be transcribed and anonymised, but will be more accurate than notes

### RAP

#### Overall impressions

1. What were your **impressions** of RAP overall?
2. What did you **like** about RAP?
3. What parts of RAP were **not as good**?
4. What **changes** would you make?
5. What did you think about the **pitch** of RAP?  
e.g. age appropriateness, student ability
6. How did it **compare to usual PSHE** lessons?

#### Individual RAP sessions

*[Hand out RAP session summary cards]*

7. Did any of the sessions really **stand out** for you?
8. What did you think of the way lessons were **structured**?
9. What did you think of the **workbooks**?
10. What did you think of the **other materials**?

#### Delivery of RAP

11. What did you think about the **research assistants** delivering the program?  
*Were they helpful?*  
*How did they get on with the teachers and young people?*
12. Was **classroom management** an issue?
13. How did you find the small **group activities**?
14. Were the **notes** you were given **sufficient**?

#### Pupils' perceptions of RAP

15. How do you think the **pupils found** the RAP program?
16. What could be done to make them more **engaged**?
17. Do you think RAP **helped** the pupils?  
*If so, how?*  
*If not, why?*

18. Which pupils do you think would **benefit most** from RAP?

19. Who would **benefit the least**?

### **Maintenance of RAP**

20. Do you intend to **continue** with the RAP program after the project had finished?

**If yes:**

- a. **Which parts** of it are you most likely to use?
- b. Will class **teachers be delivering it alone** or with support from other staff?
- c. Do you think class teachers would be **confident** in delivering this program alone?
- d. Would teachers need additional **training** to deliver RAP alone?
- e. Do you think the program will work as well **without the input of the Research Assistants**?

**If no:**

- i. **Why not**?
- ii. Would you continue if additional **resources** were available (e.g. external funding for RA support and workbooks/materials).

### **Costs**

21. The RAP Program currently costs approximately **£37 per pupil** to deliver (*i.e. 9 initial sessions plus 2 booster sessions run by two research assistants and the class teacher*).

- iii. Do you think this represents **good value for money**?
- iv. How likely do you think the school would be to **continue** with the program at this cost if it was not funded from elsewhere?

22. The RAP Workbooks cost approximately **£5** each.

- v. Do you think this represents **good value for money**?
- vi. How likely do you think the school would be to **continue** to use the workbooks at this cost if they were not funded from elsewhere?

### **Enhanced PSHE (i.e. Attention Control PSHE)**

23. What did you think of the **Enhanced PSHE program overall** (*where 2 researchers joined the teachers who were delivering their usual curriculum*)?

24. What did you **like** about Enhanced PSHE?

25. What aspects of it were **not as good**?

26. What **changes** would you make?

27. How did it **compare to usual** PSHE lessons?

### **The PROMISE Project overall**

28. What was your **overall impression** of the PROMISE Project?

29. Did you feel you had enough **communication** with the research team?

30. Is there anything you would have liked us to **do differently**?

**Delivery of PSHE in school: General**

31. What do you think about the way that PSHE is **usually delivered in your school**?
32. What do you **like** about it?
33. Are there any aspects of the PSHE program that are **not so good**?
34. How do you think it **compares to other schools**?
35. Would you make any **changes** in the way PSHE is delivered in schools?
36. Has being involved in the **PROMISE project influenced** how PSHE is likely to be delivered in your school in future?

**Additional comments**

37. Is there anything else you would like to say about the **RAP** Program?
38. Do you have any further comments about the **PROMISE** Project in general?

**Thank you for your feedback.**