

Olympic Regeneration in East London (ORiEL Study)



Olympic Regeneration in East London

Your answers are CONFIDENTIAL

Nobody other than the research team will know what your answers are.

They will NOT be seen by your parents or teachers.

Please read each question carefully before ticking the boxes.

There are no right or wrong answers.

Your views are important to us.

Enjoy!

Some Questions About You

1. Are you **male** or **female**? Male ₁

Female ₂

2. What is your **date of birth**?

_____/_____/_____
date month year

3. What **language** is spoken in your home **most of the time**?

✓ **ONE** language only

| | | | | | | | |
|---------|--|---------------|--|-----------|--|------------------|--|
| English | <input type="checkbox"/> ₁ | Hindi | <input type="checkbox"/> ₂ | Gujerati | <input type="checkbox"/> ₃ | Punjabi | <input type="checkbox"/> ₄ |
| Bengali | <input type="checkbox"/> ₅ | Sylheti | <input type="checkbox"/> ₆ | Tamil | <input type="checkbox"/> ₇ | Mandarin | <input type="checkbox"/> ₈ |
| Urdu | <input type="checkbox"/> ₉ | Patois/Creole | <input type="checkbox"/> ₁₀ | Hakka | <input type="checkbox"/> ₁₁ | African Language | <input type="checkbox"/> ₁₂ |
| Yiddish | <input type="checkbox"/> ₁₃ | Hebrew | <input type="checkbox"/> ₁₄ | Cantonese | <input type="checkbox"/> ₁₅ | Polish | <input type="checkbox"/> ₁₆ |

Other (s) (please write) _____

4. What **religious group** or church do you belong to?

✓ **ONE** box only

| | | | | | | | |
|-------------------|---------------------------------------|-----------------|--|--------------|--|-------|---------------------------------------|
| None | <input type="checkbox"/> ₁ | Methodist | <input type="checkbox"/> ₂ | Jewish | <input type="checkbox"/> ₃ | Sikh | <input type="checkbox"/> ₄ |
| Catholic | <input type="checkbox"/> ₅ | Baptist | <input type="checkbox"/> ₆ | Muslim/Islam | <input type="checkbox"/> ₇ | Hindu | <input type="checkbox"/> ₈ |
| Church of England | <input type="checkbox"/> ₉ | Other Christian | <input type="checkbox"/> ₁₀ | Don't know | <input type="checkbox"/> ₁₁ | | |

Other (s) (please write) _____

5. Which **category** best describes **you?** - This is your race or ethnic group

✓ **ONE** box only

| | | |
|-------|-----------------------------------|-----------------------------|
| White | White: UK | <input type="checkbox"/> 1 |
| | White: Irish | <input type="checkbox"/> 2 |
| | White: Greek | <input type="checkbox"/> 3 |
| | White: Turkish | <input type="checkbox"/> 4 |
| | White: Jewish | <input type="checkbox"/> 5 |
| | White: Kurdish | <input type="checkbox"/> 6 |
| | White: Polish | <input type="checkbox"/> 7 |
| | White: Other (please write) _____ | |
| Mixed | Mixed: White and Black Caribbean | <input type="checkbox"/> 8 |
| | Mixed: White and Black African | <input type="checkbox"/> 9 |
| | Mixed: White and Asian | <input type="checkbox"/> 10 |
| | Mixed: Other (please write) _____ | |
| Asian | Asian: Indian | <input type="checkbox"/> 11 |
| | Asian: Pakistani | <input type="checkbox"/> 12 |
| | Asian: Bangladeshi | <input type="checkbox"/> 13 |
| Black | Black: Caribbean | <input type="checkbox"/> 14 |
| | Black: African | <input type="checkbox"/> 15 |
| | Black: Somali | <input type="checkbox"/> 16 |
| | Black: British | <input type="checkbox"/> 17 |
| | Black: Other (please write) _____ | |
| Other | Arab | <input type="checkbox"/> 18 |
| | Chinese | <input type="checkbox"/> 19 |
| | Vietnamese | <input type="checkbox"/> 20 |
| | Other (please write) _____ | |

Your Home and Family

These questions are about your home. If you live in different homes, **answer for the home where you live most of the time.**

6. How many other people do you live with at home?

write the number on the line below

I live with _____ other adults and children

7. Who do you **live with most of the time?**

✓ **ALL** boxes that apply

- | | | | | | |
|----------------------------|--------------------------|---|----------------------------|--------------------------|----|
| Mum | <input type="checkbox"/> | 1 | Brother or Sister | <input type="checkbox"/> | 8 |
| Dad | <input type="checkbox"/> | 2 | Step-brother or sister | <input type="checkbox"/> | 9 |
| Step-dad | <input type="checkbox"/> | 3 | Half-brother or sister | <input type="checkbox"/> | 10 |
| Step-mum | <input type="checkbox"/> | 4 | Grandmother | <input type="checkbox"/> | 11 |
| Mum's boyfriend / partner | <input type="checkbox"/> | 5 | Grandfather | <input type="checkbox"/> | 12 |
| Dad's girlfriend / partner | <input type="checkbox"/> | 6 | Other relative (e.g. Aunt) | <input type="checkbox"/> | 13 |
| Foster parent | <input type="checkbox"/> | 7 | Other non relative | <input type="checkbox"/> | 14 |

8. Does your **Mum** or **Step-Mum** that **you live with** have a job?

✓ **ONE** box only

- | | | |
|-------------------------------------|--------------------------|---|
| Mum or Step-Mum has a job | <input type="checkbox"/> | 1 |
| Mum or Step-Mum does not have a job | <input type="checkbox"/> | 2 |
| Mum or Step-Mum is a student | <input type="checkbox"/> | 3 |
| Don't live with Mum or Step-Mum | <input type="checkbox"/> | 4 |

9. Does your **Dad** or **Step-Dad** that **you live with** have a job?

✓ **ONE box only**

Dad or Step-Dad has a job ₁

Dad or Step-Dad does not have a job ₂

Dad or Step-Dad is a student ₃

Don't live with Dad or Step-Dad ₄

10. Do you have **free school meals**? No ₁ Yes ₂

11. Does your family **own a car, van or truck**? No ₁ Yes ₂

12. Do you have **your own bedroom** for yourself? No ₁ Yes ₂

13. During the past 12 months, how many times did you **travel away on holiday** with your family?

Not at all ₁ Once ₂ Twice ₃ More than twice ₄

14. How many **computers** does your family own? eg. Laptop, PC. (Do **NOT** include games consoles. eg. PS3)

None ₁ One ₂ Two ₃ More than two ₄

15. How **many rooms**, other than the kitchen, hall and bathroom **does your home have**?

write the number on the line below

My home has _____ rooms **not including** the kitchen, hall and bathroom

16. Thinking about the last year, **when you are at home**, how much **does noise from road traffic bother, disturb or annoy you?**

✓ **ONE** box only

not at all ₁ a little ₂ quite a bit ₃ very much ₄ extremely ₅

17. **How long** have you **lived in this country?**

✓ **ONE** box only

All my life ₁ Over 10 years ₂ 6-10 years ₃ 1-5 years ₄ Less than 1 year ₅

18. **Which country** were **you born in?**

UK ₁ Other (write in) _____

19. Did **you or your family** come to this country as **refugees?** (A refugee is someone who leaves their own country suddenly because of problems living there)

✓ **ONE** box only

No ₁ Yes ₂ Don't know ₃

20. What is your **address** and **postcode?** *We'd like to know this so we can see how close you live to the Olympics. Your address will be kept **private** and only the researchers will see it.*

My house or flat number is... _____

My street or estate is called... _____

My postcode is...
e.g. *E8 6GU* _____

About You

21. Below are some statements **about feelings and thoughts**. Please tick the box that best **describes your experience** of each **over the last 2 weeks**

✓ **ONE** box on **EVERY** line

| | None of the time | Rarely | Some of the time | Often | All of the time |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| I've been feeling hopeful about the future | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling useful | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling relaxed | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling interested in other people | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've had energy to spare | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been dealing with problems well | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been thinking clearly | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling good about myself | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling close to other people | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling confident | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been able to make up my own mind about things | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling loved | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been interested in new things | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I've been feeling cheerful | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

PLEASE CHECK: Have you ticked **ONE box on EVERY LINE???**

Your Health

22. In general, would you say your health is

✓ **ONE** box only

very good ₁ good ₂ fair ₃ bad ₄ very bad ₅

23. Do you have any **long-standing illness or disability**? By this we mean a health **problem that has troubled you over a period of time**, or is likely to affect you over a period of time?

✓ **ONE** box only

No I don't have a long standing illness ₁

Yes I do have a long standing illness ₂

24. Do you have any of these health problems?

✓ **ALL** that you have

Asthma ₁

Anaemia ₂

Eczema ₃

Epilepsy ₄

Diabetes ₅

Hearing problems ₆

Eyesight problems ₇

Hay fever ₈

Chronic Fatigue Syndrome / M.E. ₉

Other health problem(s) *please write in* _____

25. Thinking back over **the last 3 months**, how often **have you had the following?**

✓ **ONE** box for each problem you have

| | Rarely or never | About once a month | About once a week | More than once a week | Daily |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Headache | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Stomach ache | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Back Pain | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Other aches and pains | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

26. Do you have any difficulties moving about, walking, climbing stairs, or use special equipment to help you to be mobile?

No ₁

Yes ₂

More About You

27. These questions are about **how you might have been feeling or acting recently**. For each question. Please check **how much you have felt or acted in this way in the past two weeks**.

If a sentence was true about you most of the time, tick TRUE. If it was only sometimes true, tick SOMETIMES. If a sentence was not true about you, tick NOT TRUE.

✓ **ONE** box on **EVERY** line

| | True | Sometimes True | Not True |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| I felt miserable or unhappy | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I didn't enjoy anything at all | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I felt so tired I just sat around and did nothing | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I was very restless | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I felt I was no good anymore | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I cried a lot | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I found it hard to think properly or concentrate | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I hated myself | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I was a bad person | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I felt lonely | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I thought nobody really loved me | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I thought I could never be as good as other kids | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| I did everything wrong | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |

PLEASE CHECK: Have you ticked **ONE box on EVERY LINE???**

Physical Activities

These questions are to see **how much exercise you do**. Please read the example below and then read the following questions carefully.

Example Question: How many times did you do the following **physical** activities in the **past 7 days**?

EXAMPLE

If you took part in PE lessons **two times** in the past 7 days then you must tick this box

If your PE lessons are usually 45 minutes long, please write in **0 hrs** and **45 mins**

| | Never | Once | 2-3 times | 4 or more times | Each time that did this, how long did you normally do it for? |
|----------|---------------------------------------|---------------------------------------|--|---------------------------------------|---|
| PE class | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input checked="" type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <u> 0 </u> hrs <u> 45 </u> mins |

28. How many times did you do the following **physical** activities at school in the **past 7 days**?

✓ **ONE** box on **EVERY** line

| | Never | Once | 2-3 times | 4 or more times | Each time that you did this, how long did you normally do it for? |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|
| PE class | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs ___ mins |
| Walk to school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs ___ mins |
| Cycle to school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs ___ mins |
| Travel to school by car/bus | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs ___ mins |

29. How many times did you do the following activities **outside school** in the **past 7 days**?

✓ **ONE** box on **EVERY** line

| Activities (NOT at school) | Never | Once | 2-3 times | 4 or more times | Each time that you did this, how long did you normally do it for? | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|----------|
| Aerobics | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Softball/rounders | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Basketball/Volleyball | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Cricket | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Dancing | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Football | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Gymnastics | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Hockey (field/ice/street) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Martial arts | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Netball | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Rugby | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Running or jogging | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Swimming | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Tennis/badminton/ squash/other racquet sport | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Ten Pin Bowling | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Household chores | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Climbing wall | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Horse riding | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Rollerblading/skating | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Gardening | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Skateboarding | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Skipping | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Walking for exercise/the dog | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |
| Other (write in) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ___ hrs | ___ mins |

30. How many times did you do the following activities **outside school** in the **past 7 days?**

✓ **ONE** box on **EVERY** line

| Activities (NOT at school) | Never | Once | 2-3 times | 4 or more times | Each time that you did this, how long did you normally do it for |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Art & Craft (pottery, sewing, drawing, painting) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Doing homework | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Listening to music | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Cooking/Baking | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Playing board games/cards | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Playing musical instruments | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Reading | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Sitting talking | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Talking on the phone / online messaging | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |
| Other (write in) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | ____hrs ____mins |

31. When did you **watch TV** or **use the computer** in the **past 7 days**?

✓ **ALL** boxes that apply on a SCHOOLDAY

| | On what days in the past week did you do these activities? | | | | | | Each time that you did this, how long did you normally do it for? | |
|--|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|---------|
| | None | Mon | Tue | Wed | Thu | Fri | | |
| Playing computer consoles (Xbox, PlayStation, Nintendo) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | ___hrs | ___mins |
| Using computer, instant messenger, social networks, browsing | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | ___hrs | ___mins |
| Watching TV / DVDs | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | ___hrs | ___mins |

✓ **ALL** boxes that apply on a WEEKEND

| | On what days in the past week did you do these activities? | | | Each time that you did this, how long did you normally do it for? | |
|--|--|---------------------------------------|---------------------------------------|---|---------|
| | None | Sat | Sun | | |
| Playing computer consoles (Xbox, PlayStation, Nintendo) | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | ___hrs | ___mins |
| Using computer, instant messenger, social networks, browsing | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | ___hrs | ___mins |
| Watching TV / DVDs | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | ___hrs | ___mins |

Smoking and Drinking

32. Tick which best describes you

✓ **ONE** box only

- I have never smoked cigarettes ₁ → **Go to question 34**
 - I have only smoked cigarettes once or twice ₂
 - I used to smoke cigarettes sometimes, but I never smoke now ₃
 - I sometimes smoke cigarettes now, but I don't smoke every week ₄
 - I usually smoke between 1 and 6 cigarettes a week ₅
 - I smoke more than 6 cigarettes a week ₆
 - I smoke one cigarette a day, or more ₇
- } **Go to question 33**
↓

33. How old were you when you **first tried smoking** a cigarette, even if it was a puff or two?

Write how old you were then: _____

34. Do you use **any other tobacco** substances. e.g. paan, shisha, bidi, chewing tobacco?

- No ₁
- Yes ₂

35. Have you ever had a proper **alcoholic drink** or alcopop – **a whole drink, not just a sip?**

No ₁

Yes ₂

36. **How old were you** when you had your first proper alcoholic drink or alcopop – **a whole drink, not just a sip?**

Write how old you were then: _____

37. **How often** do you have an **alcoholic drink** or alcopop?

✓ **ONE** box only

Almost every day ₁

About twice a week ₂

About once a week ₃

About once a fortnight ₄

About once a month ₅

Only a few times a year ₆

I never drink alcohol ₇

38. Have you ever been drunk?

No ₁

Yes ₂

Your Neighbourhood

We'd like to ask you about the neighbourhood **where you live**.

By your neighbourhood we mean **ALL the area** that you could **walk to in 10-15 minutes**.

Please give the answer that best applies to you and your view of your neighbourhood.

39. **How long** have you lived in the neighbourhood **where you live now**

✓ **ONE** box only

| | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| All my life | Over 10 years | 6-10 years | 1-5 years | Less than 1 year |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

40. About how long would it take to get from your home to the **nearest** businesses or services listed below if you **walked** to them?

✓ **ONE** box on **EVERY** line

| | 1-5 mins | 6-10 mins | 11-20 mins | 21-30 mins | More than 30 mins |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Local shop | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Supermarket | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Local services such as bank, post office or library | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Fast food restaurant or takeaway | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Bus stop | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Tram, tube or train station | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Sport and leisure facility. e.g. swimming pool, fitness centre, gym | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Open recreation area. e.g. park, sports field or other open space | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

41. How **safe** is your neighbourhood?

✓ **ONE** box on **EVERY** line

| | Strongly disagree | Slightly disagree | Slightly agree | Strongly agree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| It is not safe to leave a bicycle <u>locked</u> in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| There are not enough safe places <u>to cross</u> busy streets in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Walking is unsafe because of the <u>traffic</u> in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Cycling is unsafe because of the <u>traffic</u> in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| It is unsafe in my neighbourhood <u>during the day</u> because of the level of crime/ anti-social behaviour | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| It is unsafe in my neighbourhood <u>during the night</u> because of the level of crime / anti-social behaviour | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

42. How **nice** is your neighbourhood?

✓ **ONE** box on **EVERY** line

| | Strongly disagree | Slightly disagree | Slightly agree | Strongly agree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| My local neighbourhood is a nice environment for walking or cycling | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| My neighbourhood is generally free from litter or graffiti | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| There are trees along streets in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| In my neighbourhood there are a lot of badly maintained, unoccupied or ugly buildings | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

43. How easy is it to walk or cycle in your neighbourhood?

✓ **ONE** box on **EVERY** line

| | Strongly disagree | Slightly disagree | Slightly agree | Strongly agree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| There are many shortcuts for walking in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Cycling is quicker than driving in my neighbourhood during the day | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| There are many road junctions in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| There are so many different routes that I don't have to go the same way every time | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| The streets in my neighbourhood are hilly, making my neighbourhood difficult to walk or cycle in | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

44. Do you agree or disagree with the following statements?

✓ **ONE** box on **EVERY** line

| | Strongly disagree | Slightly disagree | Neither agree nor disagree | Slightly agree | Strongly agree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| I feel safe walking in my neighbourhood, day or night | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Violence is not a problem in my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| My neighbourhood is safe from crime | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

The Olympic Games

45. How **excited do you feel** about the 2012 Olympic and Paralympic Games being held in London

✓ **ONE box on a 1 -10 scale** (1=not excited and 10=very excited)

| | | | | | | | | | | | | | | | | | | | |
|-------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|--------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|----|--------------------------|
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> |
| Not excited | | | | | | | | | | Very Excited | | | | | | | | | |

46. Do you **agree or disagree** with the following statements about the London 2012 Olympic and Paralympic games?

✓ **ONE box on EVERY line**

| | Strongly agree | Slightly agree | Neither agree nor disagree | Slightly disagree | Strongly disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| I feel proud that the Olympics are happening in London | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I will watch it on television | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I want tickets to see the Games | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| It will encourage me to take part in sports in future | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| It is not good for my neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| It is not good for London | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| It is not good for the UK | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

47. If you could, would you choose to **give your time for free** to help with the running of the Olympic or Paralympic Games?

No ₁ Yes ₂

Life and Home

48. Please **tick one box** for each statement about your **parents** or **carers**.

✓ **ONE box only**

| | Always | Often | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| If I have a problem at my school my parents are ready to help me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| My parents are willing to come to school and talk to teachers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| My parents encourage me to do well at school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

49. Have any of the following things **happened** to you **during your life**?

✓ **ONE box on EVERY line**

| | No | Yes |
|--|---------------------------------------|---------------------------------------|
| You were bullied at school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| You were bullied online or by phone | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Your parents often argued or had fights with each other | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| You were in care/foster home/children's home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Your family had continuing money problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Your Mum, Dad, sister or brother died | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Your parents were divorced or separated | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Your parents/carers had a severe illness, injury or operation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| You or your family experienced a mugging, robbery or burglary | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| Your parents/carers drank alcohol so often it caused family problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

People Around You

50. We are interested in **how you feel about the following statements**. Read each statement carefully and indicate how you feel about each statement. (**Neutral** means you **do not agree or disagree**)

✓ **ONE** box on **EVERY** line

| | Disagree very strongly | Disagree strongly | Disagree Mildly | Neutral | Agree mildly | Agree strongly | Agree very strongly |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| There is a special person who is around when I am in need | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| There is a special person with whom I can share my joys and sorrows | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| My family really tries to help me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| I get the emotional help and support I need from my family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| I have a special person who is a real source of comfort to me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| My friends really try to help me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| I can count on my friends when things go wrong | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| I can talk about my problems with my family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| I have friends with whom I can share my joys and sorrows | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| There is a special person in my life who cares about my feelings | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| My family is willing to help me make decisions | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| I can talk about my problems with my friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

PLEASE CHECK: Have you ticked **ONE box on EVERY LINE???**

Cultural Identity

Question 5 asked you about your race or ethnic group. The following questions are about **how similar or different you feel from people in your race or ethnic group.**

51. Is your choice of **clothes similar** to people of **your race/ethnic group?**

- No ₁
- A little like them ₂
- A lot like them ₃
- Mostly like them ₄

52. Is your choice of **clothes similar** to people of **other race/ethnic group?**

- No ₁
- A little like them ₂
- A lot like them ₃
- Mostly like them ₄

53. Do **you have** many **good friends** who belong to **your race/ethnic group?**

- None ₁
- Some ₂
- Quite a lot ₃
- Most or all of them belong to my own race/ethnic group ₄

54. Do **you have** many **good friends** who belong to **other races/ethnic groups?**

- None ₁
- Some ₂
- Quite a lot ₃
- Most or all of them belong to other races/ethnic group ₄

55. Do you **prefer speaking English**?

- Not at all 1
- Some of the time 2
- Quite a lot of the time 3
- Most of the time or always 4
- I only speak English 5

56. Do you **prefer speaking another language**?

- Not at all 1
- Some of the time 2
- Quite a lot of the time 3
- Most of the time or always 4
- I don't speak another language 5



Eating Habits

57. **How often** do you have **breakfast** at home or at school?

✓ **ONE** box only

- Never ₁
- 2-3 days a week ₂
- 4-6 days a week ₃
- Everyday ₄

58. **How many times** have you eaten an **evening meal** with your family in the last 7 days?

✓ **ONE** box only

- Not at all ₁
- Once or twice a week ₂
- 3-5 times a week ₃
- 6-7 times per week ₄

59. **How often** do you **eat** or **drink** the **following**?

✓ **ONE** box on **EVERY** line

| | More than once a day | Once a day | At least once a week | Rarely | Never |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Crisps or savoury snacks | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Sweets, ghee sweets or chocolate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Biscuits | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Cakes, pies, puddings and pastries | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Fizzy drinks | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Fried food, chips, samosas or bhajis, or fried English breakfast | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

60. How **many portions of fruit** do you usually eat **in a day**?

✓ **ONE box only**

(One portion means a whole piece of fruit, like a banana, or a handful of smaller fruit like grapes or a glass of juice. Do not include fruit flavoured fizzy drinks)

1 ₁ 2 ₂ 3 ₃ 4 ₄ 5 ₅ None ₆

61. How **many portions of vegetables** do you usually eat **in a day**?

✓ **ONE box only**

(Please do not include potatoes. A portion means a handful sized amount)

1 ₁ 2 ₂ 3 ₃ 4 ₄ 5 ₅ None ₆

62. How often **do you eat takeaways** or fast food **at home**? (e.g. Pizza Hut, Burger King, Subway, McDonald's, Perfect Fried Chicken)

✓ **ONE box only**

Never or rarely ₁

Less than one day a week ₂

2-3 days a week ₃

4-6 days a week ₄

Everyday ₅

63. How often **do you eat takeaways** or fast food **away from home**?

✓ **ONE box only**

Never or rarely ₁

Less than one day a week ₂

2-3 days a week ₃

4-6 days a week ₄

Everyday ₅

The Future

64. What do you think you will **most likely be doing when you are 16?**

✓ **ALL** boxes that apply

- | | | |
|---|--------------------------|---|
| Doing A levels | <input type="checkbox"/> | 1 |
| Doing some other course at school/college | <input type="checkbox"/> | 2 |
| Getting a full time job | <input type="checkbox"/> | 3 |
| Getting a part time job | <input type="checkbox"/> | 4 |
| Getting an apprenticeship/training/ employment training course | <input type="checkbox"/> | 5 |
| Be unemployed | <input type="checkbox"/> | 6 |
| Leave school | <input type="checkbox"/> | 7 |
| Don't know | <input type="checkbox"/> | 8 |

That's it!!!

Well Done!!

Thanks for taking part!



Now, please **go back** and check that you have not **missed any questions....**

If you have any comments you would like to make, please write them in this box:

| |
|----------------------|
| For office use only |
| Code _____ |
| Date _____ |
| Level A _____ |