



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!

ORIEL study
Queen Mary University of London
Tel: [REDACTED]

You and your Family

1. Are you **male** or **female**? Male ₁ Female ₂

2. What is your **date of birth**? / /
 day month year

3. How many homes do you live in? One ₁ Two ₂ More than two ₃

4. How many **people** live in the home where you live **most of the time**? (Do **NOT** count yourself)

One	Two	Three	Four	Five	Six	Seven	Eight or more
<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	<input type="checkbox"/> ₈

5. Who lives in the home where you live **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

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

✓ **ONE** box only

- Don't live with Mum or Step-Mum ₁
- Mum or Step-Mum has a job ₂
- Mum or Step-Mum is a student ₃
- Mum or Step-Mum does not have a job ₄

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

✓ **ONE** box only

- Don't live with Dad or Step-Dad ₁
- Dad or Step-Dad has a job ₂
- Dad or Step-Dad is a student ₃
- Dad or Step-Dad does not have a job ₄

8. Do you have **free school meals**?

- No ₁
- Yes ₂

9. Do you have **your own bedroom** for yourself?

- No ₀
- Yes ₁

10. Does your family **own a car, van or truck**?

- No ₀
- Yes, one ₁
- Yes, two or more ₂

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

- Not at all ₀
- Once ₁
- Twice ₂
- More than twice ₃

12. How many **computers** does your family own? eg. Laptop, PC, iPad, tablet. (Do **NOT** include games consoles. e.g. PS3)

None
_0

One
_1

Two
_2

More than two
_3

13. **How many rooms** does your home have? **Do not count** the kitchen, bathroom, hall/corridor

One
_1

Two
_2

Three
_3

Four
_4

Five
_5

Six
_6

Other
(write in)

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

Not at all
_1

A little
_2

Quite a bit
_3

Very much
_4

Extremely
_5

15. Have you moved home since you last completed our questionnaire?

No
_1

Yes
_2

Don't know
_3

I didn't complete a questionnaire
_4

16. What is your **address** and **postcode**? *We'd like to know this so we can see how close you live to the Olympic Park. 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* _____

Who you are

17. Which ONE category best describes you? - This is your race or ethnic group

✓ **ONE** box only

- White UK/British 1
- White Irish 2
- White Lithuanian 3
- White Albanian 4
- White Kurdish 5
- White Turkish 6
- White Polish 7
- Any other White background 8 (please write in) _____

- Black Caribbean 9
- Black African 10
- Black Somali 11
- Black British 12
- Any other Black background 13 (please write in) _____

- Indian 14
- Pakistani 15
- Bangladeshi 16
- Any other Asian background 17 (please write in) _____

- Mixed White and Black Caribbean 18
- Mixed White and Black African 19
- Mixed White and Asian 20
- Any other Mixed background 21 (please write in) _____

- Arab 22
- Vietnamese 23

- Any other background 24 (please write in) _____

About You

18. 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

19. In general, would you say your health is...

✓ **ONE box only**

very good	good	fair	bad	very bad
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

20. Do you use special equipment to help you move about, or have an illness or disability which makes it difficult to walk or climb stairs? No Yes

₁ ₂

21. Do you have any of these health problems? ✓ **ALL that you have**

Asthma	Anaemia	Eczema	Epilepsy	Diabetes	Hay fever
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Hearing problems	Eyesight problems	Chronic Fatigue Syndrome / M.E.	None of these	Other health problem(s)
<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁ write in: _____

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

✓ **ONE box for each problem**

	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

More About You

23. 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**.

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

✓ **ONE** box on **EVERY** line

	Didn't do it	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

25. How many times did you do the following activities **outside school** in the past 7 days? Do **not** count the times that you did them on a computer, Wii, Xbox, PS3 etc...

✓ **ONE** box on **EVERY** line

	Didn't do it	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

Question 24 continued...

	Didn't do it	Once	2-3 times	4 or more times	Each time that you did this, how long did you normally do it for?	
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
Rock climbing / 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 (<i>write in</i>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	___ hrs	___ mins

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

✓ **ONE** box on **EVERY** line

	Didn't do it	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 (<i>write in</i>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	___ hrs	___ mins

27. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	___ hrs	___ mins
Using computer, instant messenger, social networks, browsing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	___ hrs	___ mins
Watching TV / DVDs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	___ 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	___ hrs	___ mins
Using computer, instant messenger, social networks, browsing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	___ hrs	___ mins
Watching TV / DVDs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	___ hrs	___ mins

Where You Live

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.

28. 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

29. 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

30. 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

31. 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, empty or ugly buildings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

32. 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

33. 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

You and Your Neighbourhood

34. How much **in the last year** have you...?

✓ **ONE box on EVERY line**

	Not at all	Just once	More than once
Written things or sprayed paint on property that did not belong to you?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Stolen something from a shop or store?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Broken into a house or building to try and steal something?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Hit, kicked or punched someone else on purpose with the intention of really hurting them?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Deliberately damaged or destroyed property that did not belong to you?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Stolen any money or property that someone was holding, carrying or wearing at the time?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Set fire or tried to set fire to something on purpose?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Carried a weapon with you for protection or in case it was needed in a fight?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Been rowdy or rude in a public place so that people complained or you got in trouble?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

35. We'd like to know how much you **trust** different groups of people. Generally speaking, would you say that you...?

✓ **ONE box on EVERY line**

	A lot	Some	A little	Not at all	Not applicable
Trust people in your neighbourhood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Trust people at your school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Trust people at your church or place of worship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Trust people who work in the stores you shop at	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Trust the police in your local community	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

36. Please show how much you agree or disagree with each statement about the area where you live.

✓ **ONE** box on **EVERY** line

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree
I like this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I want to leave this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other people think this is a good area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I feel part of this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I have friends that live in this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

37. Thinking about the **past 2 weeks**, please say how true each of the following statements is for you.

✓ **ONE** box on **EVERY** line

	Not at all	A little bit	Somewhat	Very much	Extremely
Fear of embarrassment causes me to avoid doing things or speaking to people	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I avoid activities in which I am the centre of attention	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Being embarrassed or looking stupid are among my worst fears	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Smoking and Drinking

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

✓ **ONE** box only

- | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 14y | 13y | 12y | 11y | 10y | 9y | 8y | 7y | 6y | 5y | I have never smoked |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 13 | <input type="checkbox"/> 12 | <input type="checkbox"/> 11 | <input type="checkbox"/> 10 | <input type="checkbox"/> 9 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 0 |

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

No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2

If you **have never smoked cigarettes** then please **go to question 41**. If you **have smoked cigarettes** then **please answer** the following question.

40. How often do you smoke **cigarettes**?

✓ **ONE** box only

- | | |
|--|----------------------------|
| I have never smoked cigarettes | <input type="checkbox"/> 1 |
| I have only smoked cigarettes once or twice | <input type="checkbox"/> 2 |
| I used to smoke cigarettes sometimes, but I never smoke now | <input type="checkbox"/> 3 |
| I sometimes smoke cigarettes now, but I don't smoke every week | <input type="checkbox"/> 4 |
| I usually smoke between 1 and 6 cigarettes a week | <input type="checkbox"/> 5 |
| I smoke more than 6 cigarettes a week | <input type="checkbox"/> 6 |
| I smoke one cigarette a day, or more | <input type="checkbox"/> 7 |

41. **How old were you** when you had your **first proper alcoholic drink** - a whole drink, not just a sip?

✓ **ONE** box only

14y
₁₄

13y
₁₃

12y
₁₂

11y
₁₁

10y
₁₀

9y
₉

8y
₈

7y
₇

6y
₆

5y
₅

I have never had a whole alcoholic drink
₀

If you have **never** had a whole alcoholic drink then please **turn over to question 44**. If you **have had a drink** then please **carry on** answering the questions.

42. **How often** do you have an **alcoholic drink**?

✓ **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

₇

43. Have you ever been drunk?

No
₁

Yes
₂

The Olympics & East London

The next questions are about the Westfield shopping centre and the Olympic Park. Please think about **the last 6 months** when giving your answer.

44. How often do you visit **Westfield**?

	Everyday	Once a week	2 or 3 times a month	Once a month	Less than once a month	Never visited it
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

45. How often do you do the following activities when you visit **Westfield**?

✓ **All boxes that apply**

	Always	Usually	Sometimes	Never
Shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Cinema or Bowling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Eating out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Meeting friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Never visited it	<input type="checkbox"/> ₀			

46. How often do you visit the **Olympic Park**?

	Everyday	Once a week	2 or 3 times a month	Once a month	Less than once a month	Never visited it
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₀

47. How often do you do the following activities when you visit the **Olympic Park**?

✓ **All boxes that apply**

	Always	Usually	Sometimes	Never
Walking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Cycling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Play sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Meeting friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₀
Never visited it	<input type="checkbox"/> ₀			

48. Have any of these things connected to the Games happened to you?

✓ **ONE box on EVERY line**

	No	Yes
I do more sport because of the Games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I do more sport because of the Olympic Park	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Life at Home

49. 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

50. 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

51. 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???**

Some Questions About the Internet

52. How often do you use **instant messaging** services (e.g. BBM, Whatsapp, iChat)?

✓ **ONE box only**

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Several times a day | Every day or almost everyday | Once or twice a week | Less than once a week | Never |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

53. Do you have your **own** profile on a **social networking** site (e.g. Facebook) that you currently use?

- | | |
|---------------------------------------|---------------------------------------|
| No | Yes |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

54. In the **past month** how often have you visited a **social networking profile** (yours or someone else's)?

✓ **ONE box only**

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Several times a day | Every day or almost everyday | Once or twice a week | Less than once a week | Never | I do not have a social networking profile |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

55. Which of the following social networking sites do you use **most**?

✓ **ONE box only**

- | | | |
|---|---|---|
| Facebook <input type="checkbox"/> ₁ | Twitter <input type="checkbox"/> ₂ | Instagram <input type="checkbox"/> ₃ |
| Other(s) <input type="checkbox"/> ₄ (please write) | I do not have a social networking profile <input type="checkbox"/> ₅ | |
-

56. Roughly **how many people** are you friends with (or follow you) on the social networking site you use **most**?

✓ **ONE box only**

- | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Up to 10 | 11 to 50 | 51 to 100 | 101 to 300 | Over 300 | I do not have a social networking profile |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

57. People also communicate online with people they don't know in person. In the **past 12 months** have you...?

✓ **ONE** box on **EVERY** line

	No	Yes
Talked to people online who you don't know in person (e.g. people you met through the internet on Facebook etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Shared personal information or personal photos with somebody you don't know in person but met online?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

58. In the **past 12 months** how often have you...?

✓ **ONE** box on **EVERY** line

	Every day or almost every day	Once or twice a week	Once or twice a month	A few times a year	Less than a few times a year	Never
Received rude or nasty comments from someone online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Become the target of rumours spread online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Received threatening or aggressive comments online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

59. Now thinking about things you might have done - in the **past 12 months**, how often have you...?

✓ **ONE** box on **EVERY** line

	Every day or almost every day	Once or twice a week	Once or twice a month	A few times a year	Less than a few times a year	Never
Sent rude or nasty comments to someone online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Spread rumours about someone else online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sent threatening or aggressive comments to someone online	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Eating Habits

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

✓ **ONE box only**

Never or rarely	2 to 3 days a week	4 to 6 days a week	Everyday
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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

✓ **ONE box only**

Not at all	Once or twice a week	3 to 5 times a week	6 to 7 times per week
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

62. The following questions are about the **food situation** in your home in the last year. Please tick the box that describes **your home** and your experiences **in the last year**.

✓ **ONE box on EACH line**

	Never	Sometimes	A lot
My parents worried about having enough money for food	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The food at home was running out, and there wasn't money to buy more	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
There were only a few kinds of cheap foods at home because there wasn't enough money for food	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I worried that food at home would run out before my family got money to buy more	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I had to eat less because my family didn't have enough money to buy food	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I felt hungry, but did not eat because my family didn't have enough money for food	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I can't always have the foods I like because there wasn't enough money for food	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

63. 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

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

(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)

One	Two	Three	Four	Five	None
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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

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

One	Two	Three	Four	Five	None
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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

Never or rarely	Less than 1 day a week	2 to 3 days a week	4 to 6 days a week	Everyday
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

Never or rarely	Less than 1 day a week	2 to 3 days a week	4 to 6 days a week	Everyday
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Cultural Identity

Question 17 asked about which ethnic group you belong to. The following questions are about **how similar or different you feel from people in your race or ethnic group.**

✓ **ONE** box on **EVERY** line

I only speak English Not at all Sometimes A lot of the time Always

68. Do you **prefer speaking English**? ₀ ₁ ₂ ₃ ₄

69. Do you **prefer speaking another language**? ₀ ₁ ₂ ₃ ₄

✓ **ONE** box on **EVERY** line

No A little bit like them A lot like them Mostly like them

70. Is your choice of **clothes similar** to people of **your** race/ethnic group? ₁ ₂ ₃ ₄

71. Is your choice of **clothes similar** to people of **other** races/ethnic groups? ₁ ₂ ₃ ₄

✓ **ONE** box on **EVERY** line

None Some Quite a lot Most or all of them

72. Do **you have** many **good friends** who belong to **your** race/ethnic group? ₁ ₂ ₃ ₄

73. Do **you have** many **good friends** who belong to **other** races/ethnic groups? ₁ ₂ ₃ ₄

Home Life

74. The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home.

✓ **ONE** box on **EVERY** line

	Never	Almost never	Sometimes	Often	Always
You fail to leave a note or let your parents know where you are going	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You stay out in the evening past the time you are supposed to be home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Your parents do not know the friends you are with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You go out without a set time to be home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You go out after dark without an adult with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Your parents get so busy that they forget where you are and what you are doing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You stay out later than you are supposed to and your parents don't know it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Your parents leave the house and don't tell you where they are going	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You come home from school more than an hour past the time your parents expect you to be home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You are at home without an adult being with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

The Future

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

✓ **ALL** boxes that apply

Doing A levels 1

Doing some other course at school/college 2

Getting a full time job 3

Getting a part time job 4

Getting an apprenticeship/training/
employment training course 5

Be unemployed 6

Don't know 7

Other (write in) _____

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: