



Child of the new Century

Child of the New Century questionnaire

About the Child of the New Century...

The Child of the New Century is exploring what it is like to grow up in the 21st century by following around 19,000 children born in the UK in 2000/2001, and their families. Your 5-year old brother or sister is one of the children included in this study. He or she has been asked to do some measurements with the interviewer, who has also talked to your parents. We are also interested in you. We'd like to complete the picture of your family by asking you some questions of your own. These are designed for people aged 10-15 which is why you have been asked to do this. If there are more than two 10-15 year olds in your family, you have been selected by chance by the computer.

You may have filled in a booklet like this last time we visited your family. Although the questions are pretty much the same, we are asking you to answer them again so that we can learn how your life has changed over two years. If you didn't answer them before we are still very interested in what you are able to tell us.

Tell me about yourself...

Please tell us about yourself by answering the questions in this booklet. The questions are about things that happen at school, at home and at other times, your health and your views about the area where you live. Your answers will help us to learn more about the kinds of things that people your age do and what you think about your life.

We are interested in your honest answers and we will not tell anyone what your answers are in a way that would identify you. The questions should take about 10-15 minutes to answer and you can answer them at a time that suits you.

Your parent has given the interviewer permission to give this questionnaire to you, but it is completely up to you whether or not you answer the questions in this booklet. If you do want to, please read the instructions over the page which tell you what to do. You can miss out any question that you don't want to or can't answer. If you don't want to answer any of the questions, then you can give the questionnaire back to the interviewer, post it back in the envelope provided, or simply throw it away.

If you have any questions about the study or the questions in the booklet, please ask the interviewer, your parent or call the study team on **Freephone 0800 783 5890**.

Thank you very much for reading this.

Name: _____

TO BE COMPLETED BY THE INTERVIEWER					
Serial no	Person no	CHK	CN=1	012	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	BATCH	013-017	
001-008	009-010	011	SP	018-029	
Int no	Date of birth	Sex			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>			
030-035	036-043	044	SP	045-063	

How to answer the questions

Please read each question carefully.

Most of the questions can be answered by putting a tick in the box underneath the answer that applies to you like this:

Yes

No

Sometimes you have to write a number in a box, for example:

Write in the number of hours

If you make a mistake, just put a line through the wrong answer, and put a tick in the box underneath the right answer, like this:

Yes

No

When you have finished please put the questionnaire in the envelope provided. If the interviewer is still in your home, give the envelope to them. If not, please post it back as soon as possible or give the envelope to your parent, and they will post it back to us. All your answers will remain confidential. Please call **Freephone 0800 783 5890** if you have any queries.

A Your spare time

Tick one box on each line

	Yes	No	
	1	2	
1			064
2			065
3			066
4			067
5			068
6			069
7			070
8			071
9			072
10			073
11			074
12			075
13			076
14			077
15			078

B Extra activities run by your school

Tick one box on each line

Yes **No** **I'm not
at school**

1 2 3

- | | | | | | |
|----------|--|--------------------------|--------------------------|--------------------------|-----|
| 1 | Do you sometimes go to a breakfast club before school starts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 079 |
| 2 | Do you sometimes go to a homework club? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 080 |
| 3 | Do you sometimes go to an after school club? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 081 |
| 4 | Do you sometimes stay on after school to play in a sports team or to play organised games? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 082 |
| 5 | Do you sometimes stay on after school to play in a band or orchestra, or sing in a choir or group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 083 |

C Other classes outside school

Tick one box on each line

Yes **No**

1 2

- | | | | | |
|----------|--|--------------------------|--------------------------|--------|
| 1 | Do you sometimes go to classes outside school to learn a language? | <input type="checkbox"/> | <input type="checkbox"/> | 084 |
| 2 | Do you sometimes go to classes for school work at the weekend? | <input type="checkbox"/> | <input type="checkbox"/> | 085 |
| 3 | Do you have a private tutor for any school lessons? | <input type="checkbox"/> | <input type="checkbox"/> | 086 |
| 4 | Do you sometimes go to classes connected with your religion or your culture? | <input type="checkbox"/> | <input type="checkbox"/> | 087 |
| 5 | Do you do anything else outside school that you'd like to tell me about?
<i>Please write your answer in the space provided below.</i> | | | 088-91 |

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D Your life at home

Tick one box on each line

- 1 Do your parent/s set any limits on the kinds of TV programmes you can watch? **Yes** 1 **No** 2 **There is no TV at home** 3 092
- 2 When you go out, do you tell your parent/s where you are going? **Always/nearly always** 1 **Sometimes** 2 **Hardly ever** 3 **Never** 4 093
- 3 In the last few weeks, have you been out after nine o'clock at night without your parent/s knowing where you were? **Yes** 1 **No** 2 094
- 4 Who usually chooses what you eat at home? **I do** 1 **Someone else does** 2 **We choose together** 3 095
- 5 Are your parent/s strict about making you do household chores? *For example, washing up or tidying your bedroom.* **Yes** 1 **No** 2 096
- 6 Which statement best describes the way your parent/s check how you are doing at school? **They watch what I am doing very closely** 1 **They prefer me to be independent** 2 097

E About your health

Tick one box on each line

- 1 Have you ever been to see a dentist? **Yes** 1 **No** 2 098
- 2 Have you ever had to have fillings put in your teeth by a dentist? **Yes, more than one** 1 **Yes, one** 2 **No** 3 099
- 3 Do you ever smoke cigarettes? **Yes** 1 **No** 2 100

IF YOUR ANSWER IS 'YES' AT QUESTION 3: *Write in*

3a How many cigarettes did you smoke in the last 7 days?

101-3

E About your health *(continued)*

Tick one box on each line

Yes **No**

- | | | | | |
|---|---|----------------------------|----------------------------|-----|
| 4 | Do any of your friends ever smoke cannabis? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 104 |
| 5 | Have you had an alcoholic drink in the last 4 weeks? <i>Please include a whole drink not just a sip.</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 105 |
| 6 | Do any of your friends ever use drugs like ecstasy, cocaine or crack? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 106 |
| 7 | Do you think that in the next 12 months, you might be tempted to use or try out any kind of illegal drug? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 107 |

F About school

Tick one box on each line

Leave at 16 **Sixth Form/ College** **Don't know**

- | | | | | | | | | | | | |
|--|--|----------------------------|----------------------------|----------------------------|-----|---|--|----------------------------|----------------------------|----------------------------|-----|
| 1 | Do you want to leave school when you are 16, or do you plan to go on to sixth form or college? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 108 | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; padding-right: 10px;">2</td> <td style="vertical-align: top; padding-right: 20px;">How important is it to you to get good marks in your school work, exams or tests?</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 1</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 2</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 3</td> <td style="vertical-align: middle; padding-left: 20px;">109</td> </tr> </table> | | | | | | 2 | How important is it to you to get good marks in your school work, exams or tests? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | 109 |
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G Things that may have happened to you

		Tick one box on each line		
		Yes	No	
		1	2	
1	In the last 12 months, has anyone stolen or tried to steal something that belonged to you, even if you got it back later?	<input type="checkbox"/>	<input type="checkbox"/>	116
2	In the last 12 months, has anything of yours been damaged by vandals?	<input type="checkbox"/>	<input type="checkbox"/>	117
3	In the last 12 months, has anyone used force against you on purpose? For example scratched, hit or kicked you so that you were physically injured, cut or bruised?	<input type="checkbox"/>	<input type="checkbox"/>	118
4	In the last 12 months, has anyone used a weapon like a knife against you?	<input type="checkbox"/>	<input type="checkbox"/>	119
5	In the last 12 months, has anyone threatened you in a way that actually frightened you?	<input type="checkbox"/>	<input type="checkbox"/>	120
6	In the last 12 months, has anyone bullied you in a way that frightened or upset you? <i>Please include bullying in and out of school.</i>	<input type="checkbox"/>	<input type="checkbox"/>	121

H Things you may have done

		Tick one box on each line		
		Yes	No	
		1	2	
1	Have you ever tried to avoid paying the correct fare when travelling on public transport?	<input type="checkbox"/>	<input type="checkbox"/>	122
2	Have you ever been noisy or rude in a public place so that people complained or got you into trouble?	<input type="checkbox"/>	<input type="checkbox"/>	123
3	Have you ever taken something from a shop without paying for it?	<input type="checkbox"/>	<input type="checkbox"/>	124
4	Have you ever bought a mobile phone that you knew or believed to be stolen?	<input type="checkbox"/>	<input type="checkbox"/>	125
5	Have you ever written things or sprayed paint on a building, fence or train or anywhere else where you shouldn't have?	<input type="checkbox"/>	<input type="checkbox"/>	126
6	Have you ever on purpose damaged anything in a public place that didn't belong to you, for example by burning, smashing or breaking things like cars, bus shelters and rubbish bins?	<input type="checkbox"/>	<input type="checkbox"/>	127
7	Have you ever picked on or bullied anyone? <i>Please include bullying in and out of school.</i>	<input type="checkbox"/>	<input type="checkbox"/>	128
8	Have you ever attacked, threatened or been rude to someone because of their skin colour, race or religion?	<input type="checkbox"/>	<input type="checkbox"/>	129
9	Do you ever carry a knife or other weapon for your own protection or in case you get into a fight?	<input type="checkbox"/>	<input type="checkbox"/>	130

I The area where you live

Tick one box on each line

Yes **No**
1 2

- 1 Do you enjoy living in this area? 131
- 2 Do you ever worry about being robbed or mugged on the street in this area? 132
- 3 Are you ever afraid to walk alone in this area after dark? 133
- 4 Are most people in this area friendly? 134
- 5 Which things, if any, do you think would most improve this area as a place for you to live? *Please write your answer in the space provided below.*

135-138

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