

Questionnaire Number:

Child number:

Children's Well-Being Survey



Child Questionnaire

**Some important points about this questionnaire before you begin.
Please:**

- Please try and fill this questionnaire in as privately as possible
- Please try not to put your name or anyone else's name on the questionnaire
- This questionnaire will be seen only by the people carrying out the research. It will not be seen by anyone else
- This is not a test. There are no right or wrong answers. We just want to find out about what you think and how you feel about things. Try and answer the questions as honestly as you can.

Children can be looked after by their dads and mums, or by other people, like step-parents, grandparents, aunts and uncles. In this questionnaire, these other people are called Carers.

Please GO TO the next page and begin filling in the questionnaire 

For the researcher to fill in:

- 1. Researcher/worker administering questionnaire:
- 2. Date when questionnaire completed:
- 3. Place where questionnaire completed:
- 4. How child was recruited to survey:
- 5. Was self-completed or read out:
- 6. Time started: 7. Time finished:

About you

1. Are you a boy or a girl?

I am a boy
I am a girl

2. How old are you?

..... years 

3. What is your date of birth?

..... 

4. How would you describe yourself or which of the following groups would you say you are in?

 If you want to give more information about how you would describe yourself or what group you are in, write it down on the line opposite the box you have ticked

White	<input checked="" type="checkbox"/> 
Asian	<input type="checkbox"/> 
Black	<input type="checkbox"/> 
Mixed ethnic group	<input type="checkbox"/> 
Other	<input type="checkbox"/> 

If you said 'Other', please describe your appearance/background/ethnicity here:

..... 

5. What country were you born in?

..... 

6. Do you have a long-term disability, illness, medical condition or special need?

Yes
No

If you said 'Yes', please write down what disability, illness, medical condition or special need you have:

.....

..... 

Physical activities and health

1. In general, how would you say your health is?

Excellent Very good Good Fair Poor

Thinking about the last week...

	not at all	slightly	moderately	very	extremely
2. Have you felt fit and well?	<input type="radio"/>				
3. Have you been physically active (e.g. running, climbing, biking)?	<input type="radio"/>				
4. Have you been able to run well?	<input type="radio"/>				

Thinking about the last week...

	never	seldom	quite often	very often	always
5. Have you felt full of energy?	<input type="radio"/>				

↓
 🖱️ **seldom** - means not very often

General mood and feelings about yourself

Thinking about the last week...

	not at all	slightly	moderately	very	extremely
1. Has your life been enjoyable?	<input type="radio"/>				

Thinking about the last week...

	never	seldom	quite often	very often	always
2. Have you been in a good mood?	<input type="radio"/>				
3. Have you had fun?	<input type="radio"/>				

Thinking about the last week...

	never	seldom	quite often	very often	always
4. Have you felt sad?	<input type="radio"/>				
5. Have you felt so bad that you didn't want to do anything?	<input type="radio"/>				
6. Have you felt lonely?	<input type="radio"/>				
7. Have you been happy with the way you are?	<input type="radio"/>				

Family and free time

Thinking about the last week...

	never	seldom	quite often	very often	always
1. Have you had enough time for yourself?	never <input type="radio"/>	Seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2. Have you been able to do the things that you want to do in your free time?	never <input type="radio"/>	Seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
3. Have your parent(s) had enough time for you?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4. Have your parent(s) treated you fairly?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
5. Have you been able talk to your parent(s) when you wanted to?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
6. Have you had enough money to do the same things as your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
7. Have you had enough money for your expenses?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

Friends

Thinking about the last week...

	never	seldom	quite often	very often	always
1. Have you spent time with your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
2. Have you had fun with your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	Always <input type="radio"/>
3. Have you and your friends helped each other?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4. Have you been able to rely on your friends?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

School and learning

Thinking about the last week...

	not at all	slightly	moderately	very	extremely
1. Have you been happy at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>
2. Have you got on well at school?	not at all <input type="radio"/>	slightly <input type="radio"/>	moderately <input type="radio"/>	very <input type="radio"/>	extremely <input type="radio"/>

Thinking about the last week...

	never	seldom	quite often	very often	always
3. Have you been able to pay attention?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>
4. Have you got along well with your teachers?	never <input type="radio"/>	seldom <input type="radio"/>	quite often <input type="radio"/>	very often <input type="radio"/>	always <input type="radio"/>

Contact with a parent/carer who is in prison

1. Do you have any contact with your parent/carer?

Yes
 No

(This could be any sort of contact, for example visiting, telephone calls or writing)

 If you said 'Yes', please answer questions 2-4
 If you said 'No', please GO TO questions 5-6 on the next page

2. What sort of contact do you have with your parent/carer?

(Tick as many boxes as you need to)

I visit him or her in prison	<input checked="" type="checkbox"/>
My parent/carer is allowed out to visit me	<input type="checkbox"/>
Telephone/mobile phone calls	<input type="checkbox"/>
Text messages	<input type="checkbox"/>
Email/internet chat	<input type="checkbox"/>
Letters or postcards	<input type="checkbox"/>
Video/DVD	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you said 'Other', please write down what sort of contact this is:

..... 

3. How often roughly do you have any sort of contact with your parent/carer?

More than once a week	<input checked="" type="checkbox"/>
Once a week	<input type="checkbox"/>
Once every 2 weeks	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Once every 3 months	<input type="checkbox"/>
Once every 6 months	<input type="checkbox"/>
Once a year	<input type="checkbox"/>
Less than once a year	<input type="checkbox"/>

4. What do you think about the contact you have with your parent or carer?

I <u>like it</u> a lot	<input checked="" type="checkbox"/>
I <u>like it</u> quite a bit	<input type="checkbox"/>
It's OK	<input type="checkbox"/>
I <u>don't like</u> it	<input type="checkbox"/>
I <u>don't like</u> it at all	<input type="checkbox"/>

If you **don't have any** contact with your parent/carer who is in prison 

5. What are the reasons why you don't you have contact with your parent/carer?

(Tick as many boxes as you need to)

- My parent/carer who looks after me doesn't want me to
- My parent/carer in prison doesn't want me to
- I don't want to have contact
- I don't want to say
- Other reason

If you ticked the box that said '**Other**' reason, please write down here what the reason is:

..... 

6. How do you feel about not having contact with your parent/carer?

- I am happy about this
- I am OK about this
- I am unhappy about this

Personality*

1. Please read each of the statements below and for each one tick a box that says either Not True, Somewhat True OR Certainly True.

☞ Please give an answer for each statement as well as you can, even if you are not absolutely certain what to write or if the statement seems a bit silly!

☞ Give your answers for how things have been for you over the last six months.

	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have any other comments or concerns?

..... 

.....

3a. Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 If you said 'Yes', please answer questions 3b - 3e

 If you said 'No', please GO TO the next page

3b. How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3c. Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3d. Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3e. Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The effects of a parent/carer being in prison

- | | | |
|---|----------|-------------------------------|
| 1a. Do you think that your parent/carer being in prison has had any bad effects for you? | Yes | ✓
<input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| | Not sure | <input type="checkbox"/> |

☞ If you said 'Yes', please answer questions 1b

☞ If you said 'No' or 'Not sure', please answer question 2a

- | | | |
|----------------------------------|---------------------------------------|-------------------------------|
| 1b. What were these bad effects? | What I do in my spare time | ✓
<input type="checkbox"/> |
| | Things to do with school | <input type="checkbox"/> |
| | My friendships | <input type="checkbox"/> |
| | How I am feeling | <input type="checkbox"/> |
| | My behaviour | <input type="checkbox"/> |
| | How much money my family has | <input type="checkbox"/> |
| | The home I live in | <input type="checkbox"/> |
| | The area I live in | <input type="checkbox"/> |
| | How my family gets on with each other | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |

If you said 'Other', please write down what this is:

.....

- | | | |
|--|----------|-------------------------------|
| 2a. Do you think that your parent/carer being in prison has had any good effects for you? | Yes | ✓
<input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| | Not sure | <input type="checkbox"/> |

☞ If you said 'Yes', please answer questions 2b

☞ If you said 'No' or 'Not sure', please GO TO the next page

- | | | |
|-----------------------------------|---------------------------------------|-------------------------------|
| 2b. What were these good effects? | What I do in my spare time | ✓
<input type="checkbox"/> |
| | Things to do with school | <input type="checkbox"/> |
| | My friendships | <input type="checkbox"/> |
| | How I am feeling | <input type="checkbox"/> |
| | My behaviour | <input type="checkbox"/> |
| | How much money my family has | <input type="checkbox"/> |
| | The home I live in | <input type="checkbox"/> |
| | The area I live in | <input type="checkbox"/> |
| | How my family gets on with each other | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |

If you said 'Other', please write down what this is:

.....

Feelings*

Please read the list of statements below dealing with your general feeling about yourself.

Tick one box for each statement to say whether you: **Strongly Agree** or **Agree**, or **Disagree** or **Strongly Disagree** with it.

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

* Self-Esteem Scale© F. Rosenberg

Help when a parent/carer is in prison

- The questions in this section are to do with help that children might get or want when their parents/carers are in prison
- This help could be from one particular person, a group of people or an organisation
- These people could be your family, relatives, friends, teachers, people in a voluntary group or anyone else at all

- 1a. Has **ANYONE** ever helped you, in any way at all, because your parent/carer was in prison? Yes No
- ✓

- If you said 'Yes', please answer questions 1b and 1c
- If you said 'No', please GO TO question 2a on the next page

- 1b. Who has helped you? ✓
- (Tick as many boxes as you need to)
- | | | |
|-----------------------------|--|--------------------------|
| Someone in my family | | <input type="checkbox"/> |
| One of my relatives | | <input type="checkbox"/> |
| One of my friends | | <input type="checkbox"/> |
| One of my teachers | | <input type="checkbox"/> |
| A social worker | | <input type="checkbox"/> |
| ChildLine | | <input type="checkbox"/> |
| Another person/organisation | | <input type="checkbox"/> |

If you said 'Another person or organisation', please write down who they are:

.....

- 1c. In what areas of your life have had help? ✓
- (Tick as many boxes as you need to)
- | | | |
|--------------------------------------|--|--------------------------|
| What I do in my spare time | | <input type="checkbox"/> |
| Things to do with school | | <input type="checkbox"/> |
| My friendships | | <input type="checkbox"/> |
| How I am feeling | | <input type="checkbox"/> |
| My behaviour | | <input type="checkbox"/> |
| How much money my family has | | <input type="checkbox"/> |
| The home I live in | | <input type="checkbox"/> |
| The area I live in | | <input type="checkbox"/> |
| How my family get on with each other | | <input type="checkbox"/> |
| Other | | <input type="checkbox"/> |

If you said 'Other', please write down what this is:

.....

2a. Is there any help you would like to have that has anything to do with your parent/carer being in prison?

Yes ✓
No

 If you said 'Yes', please answer questions 2b and 2c
 If you said 'No', please GO TO question 3a on the next page

2b. Who would you like this help from?

(Tick as many boxes as you need to)

- Someone in my family ✓
- One of my relatives
- One of my friends
- One of my teachers
- A social worker
- ChildLine
- Another person/organisation

If you said 'Another person or organisation', please write down who they are:

..... 

2c. In what areas of your life would you like to have this help?

(Tick as many boxes as you need to)

- What I do in my spare time ✓
- Things to do with school
- My friendships
- How I am feeling
- My behaviour
- How much money my family has
- The home I live in
- The area I live in
- How my family get on with each other
- Other

If you said 'Other', please write down what this is:

..... 

3a. Have you ever TALKED to, or had any other sort of CONTACT (for example, over the internet or by text) with anyone or any organisation about your parent/carer being in prison?

Yes ✓
 No

☞ If you said 'Yes', please answer questions 3b
 ☞ If you said 'No', please go to question 4a

3b. Who have you talked to or had contact with?

(Tick as many boxes as you need to)

- Someone in my family ✓
- One of my relatives
- One of my friends
- One of my teachers
- A social worker
- ChildLine
- Another person/organisation

If you said 'Another person or organisation', please write down who they are:

..... 

4a. Is there anything you have done OR tried to do to help yourself deal with your dad or mum or carer being in prison?

Yes ✓
 No

☞ If you said 'Yes', please answer questions 4b
 ☞ If you said 'No', please GO TO the next page

4b. What things have you done or tried to do to help yourself?

(Tick as many boxes as you need to)

- Tried not to think about things that are worrying me ✓
- Kept myself busy
- Talked to or contacted someone
- Visited or contacted my parent/carer in prison
- Something else

If you have 'Talked to or contacted someone', please say who this person or organisation is:

..... 

If you have done 'Something else', please write down what this is:

..... 

Other thoughts

1. What sorts of things would you like to do when you are older (for example, go to college or university, get a job, move somewhere, travel or have your own family)?

.....
.....
..... 

2. What job would you like to do in the future?

.....
.....
..... 

3. If you could wish for up to 3 things to have NOW or for 3 things to happen in your life NOW, what would they be?

.....
.....
..... 

4. If you could wish for up to 3 things to have in the FUTURE or for three things to happen in the FUTURE, what would they be?

.....
.....
..... 

