



Please do NOT write in any shaded boxes

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2022 WOODSMITH PROJECT Y7 QUESTIONNAIRE

The purpose of this questionnaire is to help your school and the Council plan for your learning, personal development and wellbeing.

This survey has been put in place by the Woodsmith Education Programme focusing on schools in Scarborough and Cleveland. The programme is funded by AngloAmerican and aims to support disadvantaged students to reach their potential.

These questionnaires are confidential and will not be read by anyone connected with your school.

All the analysis will be carried out by SHEU in Exeter.

Only overall percentages will be sent to your school and no individual can be identified in these results.

1. Please answer all questions honestly.

2. The questionnaire is not a test and you can ask for help whenever you need it.

3. Do NOT write your name on any page

Please tick yes or no for this statement ✓ **No** **Yes**

- 1 I agree to take part in the survey and have read and understood the Privacy Notice**..... 0 1

<http://sheu.org.uk/x/download/SHEUPrivacyNoticeAA.htm>

If you answered No , please let a member of staff know now

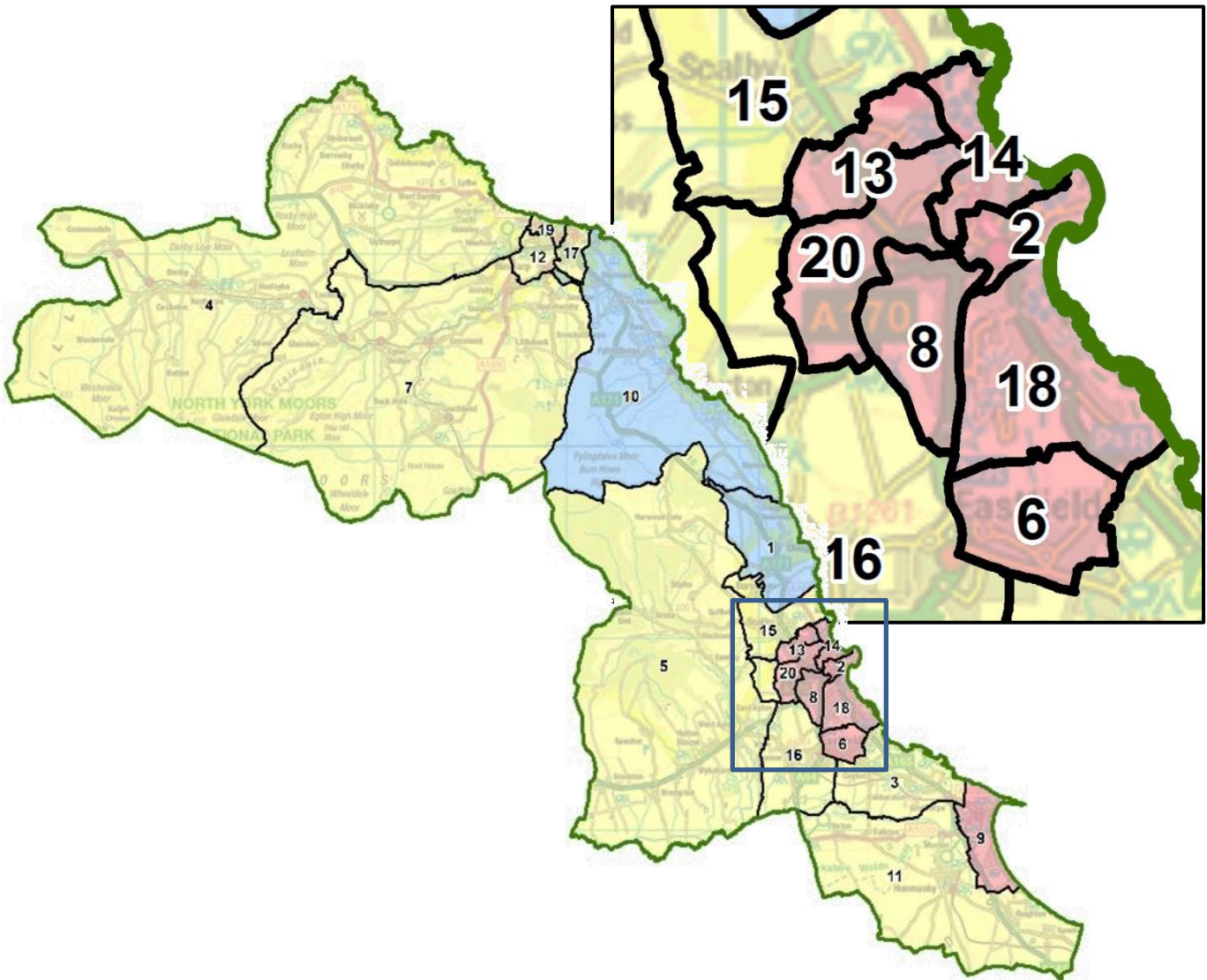
Background

2

Which area do you live in? (Scarborough)

Please look at the map to help you decide

- | | | | |
|-------------------------|--------------------------|---------------------------------------|--------------------------|
| Burniston and Cloughton | 01 <input type="radio"/> | Hunmanby | 11 <input type="radio"/> |
| Castle | 02 <input type="radio"/> | Mayfield | 12 <input type="radio"/> |
| Cayton | 03 <input type="radio"/> | Newby | 13 <input type="radio"/> |
| Danby & Mulgrave | 04 <input type="radio"/> | Northstead | 14 <input type="radio"/> |
| Derwent Valley & Moor | 05 <input type="radio"/> | Scalby | 15 <input type="radio"/> |
| Eastfield | 06 <input type="radio"/> | Seamer | 16 <input type="radio"/> |
| Esk Valley | 07 <input type="radio"/> | Streonshalh | 17 <input type="radio"/> |
| Falsgrave & Stepney | 08 <input type="radio"/> | Weaponness & Ramshell | 18 <input type="radio"/> |
| Filey | 09 <input type="radio"/> | Whitby West Cliff | 19 <input type="radio"/> |
| Fylingdales & Ravenscar | 10 <input type="radio"/> | Woodlands | 20 <input type="radio"/> |
| | | Don't know or don't want to say | 24 <input type="radio"/> |



3 What is your gender?

This can be a very sensitive question for you to answer so if you feel uncomfortable then do not respond or tick "I don't want to say".

By providing a response, you are giving us specific permission to use this information in our study.



Female 1

Male 0

I describe myself in some other way 2

I don't want to say 3

4 How many people (including yourself) live in your home?

Please write in the box. If you live at more than one address during a typical week, please choose the one you spend most time in.

people

5 How many bedrooms are there in your home?

Please write in the box

bedrooms

6 Which of the following best describes you?

Please tick one answer



I have my own bedroom 0

I share a bedroom 1

I don't have a bedroom 3

7 Which adults do you live with? (don't count your adult brothers and sisters)

Please choose the nearest answer, or what you do most in the week ✓

Mum & Dad together 01

Mum & Mum/female partner 07

Mainly or only Mum 02

Dad & Dad/male partner 08

Mainly or only Dad 03

Foster carers 09

Mum & Dad shared 04

Carer in a Residential School/Home .. 10

Mum & stepdad/male partner 05

Other adults (please tick 11

Dad & stepmum/female partner 06

then write in the box)

8 Do you get free school meals or credit/vouchers for free meals?

- Please tick one answer ✓
- Yes 2
- Not sure 1
- No, but I could if I wanted 4
- No 0
- I don't want to say 3

9 Has your household used 'food banks' or similar sources of free or subsidised food in the last 12 months?

- Please tick ONE answer ✓
- Not at all..... 0
- We did but we don't now..... 1
- Sometimes 2
- Not sure 3
- I don't want to say 4

10 Is your family or anyone in your family on benefits?

- Please tick one answer ✓
- Yes 2
- Not sure 1
- No 0
- I don't want to say 3

Young carers are people under 18 who give substantial, regular, help to a parent, grandparent, brother or sister who has a disability or has mental health, drug or alcohol issues.

11 a) Are you a 'young carer'?

Please tick one answer and follow the instructions ✓

- Yes 2 → Tick, then carry on to Q14b
Not sure 1 → Tick, then carry on to Q14b
No 0 Tick, then skip to Q15 →
I don't want to say 3 Tick, then skip to Q15 →

b) If you are a 'young carer', who do you look after?

Please tick one answer ✓

- Parent/carer 0
Grandparent 1
Brother/sister 2
Other relative 3
Other (please tick 4
then write below)



These questions are about YOUR SCHOOL

12 How many times have you changed school since you were 5?

Please write in the box

Remember to include changing from primary to secondary school, along with any other changes.

13 How many days did you attend school last week?

Please write how many days

For example, if you were there for 3 and a half days you would write 3.5

14 How many lessons do you enjoy at school?

Please tick one answer ✓

All of them 0

Most of them 1

About half of them 2

Less than half of them 3

Hardly any of them 4

15 In the last month, have any of the following stopped you from going to school? (don't count school trips)

Please tick all that apply ✓✓

I've not been absent in the last month...

Illness or injury (physical)

Caring for family members

Medical appointments

Dental appointments

Day trips or holiday in term time

Shopping

Slept in and then didn't go.....

Worries about school work.....

Worries about bullying

Feeling stressed or anxious about other things.....

Other (please tick

and describe in the box below)

★ 1

16 a) Please think about each of the following statements.

Please tick one answer on each line ✓

	Disagree	Not sure	Agree
The school cares whether I am happy or not	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
My work is marked so I can see how to improve it.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Adults at school talk to me about how to improve my work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
I know my next steps in learning and what I need to do to improve	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
My achievements in and out of school are recognised.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school teaches me to deal with my feelings positively	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school helps me work as part of a team	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
In this school people with different backgrounds are valued	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school encourages everyone to take part in decisions, e.g. class discussions or school council.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

b) Please think about each of the following statements.

Please tick one answer on each line ✓

	Disagree	Not sure	Agree
The school encourages me to contribute to community events.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school prepares me for when I leave this school.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school encourages everyone to treat each other with respect.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
My teachers realise when I don't understand	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school encourages me to attempt difficult work	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
The school tells me it's OK to make mistakes	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
I am prepared to try something I am not used to or not so good at	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
I have the opportunity to use things I have learnt in different situations ...	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Sometimes I have a choice of different ways to learn about something.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
At school, I am encouraged to try different ways to do things	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
My school encourages me to take care of the planet and help prevent climate change	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

17 How important are these skills to you?

Please tick one answer on each line ✓

	Important	Not sure	Not important
Listening.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Speaking.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Problem Solving.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Creativity.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Staying Positive.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Aiming High (this means being able to set goals and work out how to achieve them)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Leadership.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Teamwork.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

18 How much are these things true for you?

Please tick one answer on each line ✓

	True	Not sure	False
I want to do well in my lessons	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
I get bored at school	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
My parents want me to do well at school.....	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
I'm thinking about what I will do once I leave school	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
I think I'll get an OK job no matter how hard I work at school	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
I think going to school every day is important..	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>
I think it is important to be on time for school and for each lesson.....	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>

19 Please read each statement carefully and tick the answer that fits you best

Please tick one answer on each line ✓

	Never				Always
I have goals and plans for the future.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I think I will be successful when I grow up.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

These questions are about YOUR FUTURE

20 a) Do you have ideas about what you might do for a job or career in the future?

Please tick one answer



Yes 2

Carry on to part b →

Not sure 1

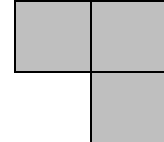
Carry on to part b →

No 0

→ Skip to Q21

b) If YES, what are your thoughts at the moment?





21 In this job, which best describes how you see yourself working?

You can tick more than one answer



I will work for someone else

I will work for myself

I will hire other people

I will work on my own

I will manage and supervise other people

I'm not sure how it's going to be

22 When you grow up, which things, if any, do you think will be most important for you to have a good life?

Choose up to FIVE (5) things from the list below. ✓✓

- | | |
|--|---|
| Good mental health..... <input type="checkbox"/> | Having a good education <input type="checkbox"/> |
| Good physical health..... <input type="checkbox"/> | Good friends..... <input type="checkbox"/> |
| Being part of a good local community..... <input type="checkbox"/> | A good job or career <input type="checkbox"/> |
| Living in a nice area with things to do <input type="checkbox"/> | Enough money to buy the things I need..... <input type="checkbox"/> |
| Everyone being treated fairly..... <input type="checkbox"/> | Getting on well with my current family <input type="checkbox"/> |
| A healthy environment and planet..... <input type="checkbox"/> | Starting my own family..... <input type="checkbox"/> |
| A nice home to live in..... <input type="checkbox"/> | None of these <input type="checkbox"/> |

23 When you grow up, which things, if any, are you most worried that you won't have?

Choose up to FIVE (5) things from the list below. ✓✓

- | | |
|--|---|
| Good mental health..... <input type="checkbox"/> | Having a good education <input type="checkbox"/> |
| Good physical health..... <input type="checkbox"/> | Good friends..... <input type="checkbox"/> |
| Being part of a good local community..... <input type="checkbox"/> | A good job or career <input type="checkbox"/> |
| Living in a nice area with things to do <input type="checkbox"/> | Enough money to buy the things I need..... <input type="checkbox"/> |
| Everyone being treated fairly..... <input type="checkbox"/> | Getting on well with my current family <input type="checkbox"/> |
| A healthy environment and planet..... <input type="checkbox"/> | Starting my own family..... <input type="checkbox"/> |
| A nice home to live in..... <input type="checkbox"/> | None of these <input type="checkbox"/> |

24 Do you do any special jobs or have any responsibilities in this school -- or did you at your last school?

Please tick all that are true for you ✓✓

- No.....
 - Playground pal/buddy.....
 - Special job in my class (e.g. tutor group monitor, take register to office).....
 - School council.....
 - School sports team captain.....
 - Lunchtime/playground leader.....
 - School prefect.....
 - Other (please tick.....
- then describe below)

25 a) Do you do any special jobs or have any responsibilities outside school?

- No 0
- Yes 1

b) If YES, please describe below

26 Do you go to any after-school clubs or activities at school?

You can choose more than one answer ✓✓

- No**
- Physical activity** (e.g. sports, dance, or any kind of physical exercise)
- Arts participation** (artistic and creative activities e.g. drama, music, playing an instrument, painting, or sculpture).....
- Outdoor adventure experiences** (e.g. climbing, survival, ropes or assault courses; orienteering, sailing and canoeing)
- Outdoor learning activities** (e.g. forest/field trips or anything to connecting with nature/the outdoors) ..
- STEM clubs** (related to science, technology, engineering, or maths).....
- Coding clubs** (or anything else to do with IT)
- Homework Club**
- Other clubs (please choose then write below)

Other activities:

27 Does anything stop you from going to an after-school club or activity at school?

You can choose more than one answer ✓✓

- I haven't been offered any
- Nothing interests me
- I feel shy or anxious
- I don't have time
- I can't get home afterwards
- They are booked up
- They are too expensive
- None of my friends go
- No, nothing stops me
- Other reason (please choose

then type below)

Other reason:



28 If there was one activity you would like to do outside of school as part of a club, what would it be?

Please describe:



29 Do you take part in any of these activities outside of school?

You can choose more than one answer ✓✓

- No**
- Physical activity** (e.g. sports, dance, or any kind of physical exercise)
- Arts participation** (artistic and creative activities e.g. drama, music, playing an instrument, painting, or sculpture)
- Outdoor adventure experiences** (e.g. climbing, survival, ropes or assault courses; orienteering, sailing and canoeing)
- Outdoor learning activities** (e.g. forest/field trips or anything to connecting with nature/the outdoors) ..
- STEM clubs** (related to science, technology, engineering, or maths)
- Coding clubs** (or anything else to do with IT)
- Youth Clubs
- Scouts / Guides / Cadets etc
- Volunteering
- Other (please choose then describe below)

Other activities:



These questions are about LIFE OUTSIDE SCHOOL

30 Do you do any of the following (at least a few times a year)?

- Please tick all that apply ✓✓
- Play at the park.....
 - Visit the beach.....
 - Go to the countryside to play or walk.....
 - Have days out in the countryside
 - Go for walks / bike rides
 - Play outside your home e.g. on the street
 - None of these.....

31 In your own time, how often have you seen, visited, or taken part in any of the following in the last year?

- Please tick one answer on each line ✓
- | | Never | Once
or twice | Three
or more |
|--|-------------------------|--------------------------|--------------------------|
| Art shows, gallery or craft exhibition | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Book group/other reading event..... | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Dance | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Films at a cinema or other public showing | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Museum | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Musicals | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Other live music | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Plays, pantomime and other theatre shows | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Site of historical/archaeological interest | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Local cultural festival..... | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |

32 Do you...?

- Please tick one answer on each line ✓
- | | Rarely or
never | Some-
times | Often |
|--|----------------------------|-------------------------|-------------------------|
| Do you have at least one week's holiday away from home with your parents/carers each year? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Do you have family celebrations or parties on special occasions, like your birthday? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Do you go out for meals with your family?..... | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Do friends visit your home (e.g. for tea or a snack)?..... | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Do you ever go to the cinema with other people? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Do you visit or go out with other families? | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |
| Do you sit down and eat together as a family?..... | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> |

We want to ask about being active for the following questions.

Being active means moving and getting warm. You could be:

playing sport

doing PE

cycling

active at breaktime

doing exercise

dancing

horse riding

going for a walk

swimming

martial arts

...or anything else that gets you moving!

- 33** **How many hours of physical activity do you do in a typical week in school?** Please write in the box, if NONE write 0.....
- 34** **How many hours of physical activity do you do in a typical week out of school?** Please write in the box, if NONE write 0.....
- 35** **What time did you go to bed last night?** Please write in the box e.g. 9:00pm.....
- 36** **How many hours were you asleep last night?** Please write in the box. If you are not sure, just leave it out

hours

hours

pm

hours

These questions are about EMOTIONAL HEALTH AND WELLBEING

37 How happy or unhappy are you with the following things in your life?

	Very Unhappy		Unhappy		Neither happy nor unhappy		Happy		Very Happy	
My friendships	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My experiences online.....	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My personal safety	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My access to somewhere outside to go to have fun	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
The choice of things to do in my local area.....	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
Life at school.....	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My progress in education.....	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My family's health	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My family life.....	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My family's ability to buy things we need	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>
My life overall.....	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>

There is support available to young people. Details at the end of the survey.

38 Below are some statements about feelings and thoughts.

Please tick the option that best describes your experience of each over the last 2 weeks

		None of the time		Rarely		Some of the time		Often		All of the time
Please tick ONE answer on each line ✓										
I've been feeling optimistic about the future ...	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
I've been feeling useful.....	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
I've been feeling relaxed	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
I've been dealing with problems well	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
I've been thinking clearly	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
I've been feeling close to other people	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>
I've been able to make up my own mind about things	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

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39 We are going to ask you some questions about what you are like and how you normally behave.

For each statement, please indicate how often this occurs.✓

	Never	Almost never	Some-times	Often	Always
I can easily tell how others are feeling.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I feel sorry for a friend who feels sad.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I can often understand how people are feeling even before they tell me.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I feel sorry for someone who is treated unfairly.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
When a friend is angry, I feel angry too.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I am concerned for animals that are hurt.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
When my friend is sad, I become sad too.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I can tell when a friend is angry even if he/she tries to hide it.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
When a friend is scared, I feel afraid.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I can tell when someone acts happy, when they actually are not.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
I feel concerned for other people who are sick. .	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
When people around me are nervous, I become nervous too.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Adolescent Measure of Empathy & Sympathy (AMES)

40 If something goes wrong...

Please tick ONE answer on each line ✓

	Never	Some-times	Usually	Always
I get angry or upset and feel bad for ages.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I might feel a bit bad but soon forget it.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I'm calm and can carry on	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I learn from it for next time	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I might feel something else (please tick and write in the box below)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>



41 If at first I don't succeed...

Please tick ONE answer on each line ✓

	Never	Some-times	Usually	Always
I blame someone else.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I keep on trying until I do.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I might have another go	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I give up	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I try a different way of doing it	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I ask for help	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I go and do something else.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
I just accept that I can't do it	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

42 Please answer by ticking the number that best shows how much you agree or disagree with each sentence below.

If you strongly disagree with a sentence, tick a number close to 1. If you strongly agree with a sentence, tick a number close to 7. If you're not too sure if you agree or disagree, tick a number close to 4. Work quickly, but carefully. There are no right or wrong answers.

Tick one number on each line ✓

	Disagree							Agree
I find it hard to control my feelings	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
I change my mind often	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
I'm able to deal with stress	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
I can control my anger when I want to	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
Sometimes, I get involved in things later I wish I could get out of	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	
I try to control my thoughts and not worry too much about things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	

43 How much does worry affect your life?

Please tick one answer ✓

- Not at all..... 0
- I can usually deal with any feelings of worry.... 1
- Worry sometimes stops me concentrating on or enjoying other things 2
- I find it hard to concentrate on or enjoy anything because of worries 3

44 How much do you worry about the issues listed below?

Please tick ONE answer on each line ✓	None of the time	Rarely	Some of the time	Often	All of the time
School-work problems	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Tests and exams	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Money problems	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Health	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Problems with friends	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Family problems	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Being separated from parents/carers.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Feeling lonely	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
The way you look	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Relationships	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Feeling pressures from social media.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Being different...					
... because of my religion	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
... because of my culture and background.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
... because of my sexuality	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
... because of my gender	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Death and loss	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Climate change.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
War	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Other worries (please tick then describe in the box)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

There is support available to young people. Details at the end of the survey.

45 a) If you were worried about something, do you know an adult AT SCHOOL who you can talk to about it? e.g. teacher, support staff, school nurse

Please tick ONE answer ✓
 No 0
 Maybe 1
 Yes 2

b) If you were worried about something, do you know an adult OUTSIDE SCHOOL who you can talk to about it? e.g. someone at home, health professional, adult friend

Please tick ONE answer ✓
 No 0
 Maybe 1
 Yes 2

46 Do you...?

Please tick one answer on each line ✓

	No	Some- times	Usually	Always
If nearly always, please choose Always				
Feel safe in school lessons?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>
Feel safe at school outside lessons?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>
Feel safe going to and from school?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>
Feel safe being outside where you live?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>
Feel safe at home?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>
Feel safe on your bike or scooter?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>
Feel safe when online?.....	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt you both physically and emotionally. (NSPCC)

47 Have you been bullied at or near school in the last 12 months?

Please tick ONE answer ✓
 No 0
 Not sure 1
 Yes 2

THE END!

Thank you for completing this questionnaire ▼29

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★9



SCARBOROUGH

If you are worried about anything mentioned in this survey and you would like to talk to someone about it, you can:

talk to an adult you feel comfortable with in school or at home.

contact BUZZ US, the local text support for young people on 07520 631168

contact the Go To Website for healthy minds in North Yorkshire <https://www.thegoto.org.uk/>

Ring ChildLine on 0800 1111 or contact them at <https://www.childline.org.uk/>

CLEVELAND

If you are worried about anything mentioned in this survey and you would like to talk to someone about it, you can:

talk to an adult you feel comfortable with in school or at home.

contact the Headstart Website for young people in South Tees <http://headstartsouthtees.co.uk/>

Ring ChildLine on 0800 1111 or contact them at <https://www.childline.org.uk/>

Contact Kooth (an online mental wellbeing website to support young people) at <https://www.kooth.com/>