



Questionnaire for Year 6

Thank you for answering our survey. Your answers will help to improve things for you and other children and young people in England.

We are interested in what **all children and young people** think about:

- their lives
- their school
- their local area.

What you think is important to us and there are no right or wrong answers.

Your answers to this survey are **private**. This means that we do not know your name and no one will know who said what.

But there are two reasons why your answers may not stay private.

1. If someone has helped you to answer any questions, they may know what you said.
2. If you reply that you are worried about your safety, we will need to let your school know about this, so they can make changes to help people like you. They still will not see your answers and will not know your name.

Your answers will be added to all of the others from your school and to those from other schools in your area and England. This will help us know what lots of children and young people think. We will send your headteacher a report of all the answers from your school but your headteacher will still not know what you said personally.

We would like you to answer all the questions but if you don't want to answer a question, you don't have to.

It may take you about **20 – 30 minutes** to answer everything, but please take your time and think about the questions.

If you want to talk to someone about anything you are worried about or if you feel unsafe you can telephone ChildLine on **0800 1111**

Thank you for taking part in the Tellus4 survey!

Part 1: About you

First of all, we would like to ask some questions about you. Please remember that your name is not written down and no one at your school will see your answers.

1. Are you:

PLEASE TICK **ONE** BOX ONLY

- Male
- Female

2a. How old are you?

PLEASE TICK **ONE** BOX ONLY

- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

2b. Which month is your birthday?

PLEASE TICK **ONE** BOX ONLY

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

3. Which one of these best describes you?

PLEASE TICK **ONE** BOX ONLY

- White – British
- White – Irish
- White – Traveller of Irish heritage
- White – Romany or Gypsy
- White – any other white background

- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Mixed – any other mixed race background

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Asian or Asian British – any other Asian background

- Black or Black British – Caribbean
- Black or Black British – African
- Black or Black British – any other Black background

- Chinese

- Any other ethnic background
- Don't know / Prefer not to say

Children and young people are different in lots of ways. You can be different in the things you like to do, the food you can eat, and the things you find easy or hard.

Some children and young people find it more difficult than others to carry out everyday things. This could be physical things like moving about, seeing and hearing, or things that affect your communication and understanding. This is often called 'Disability'.

4a. Do you get extra help at school from a person like a Teaching Assistant?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- Yes, I often get extra help with school work and learning
- Yes, I often get extra help with getting about
- Yes, I often get extra help with communicating
- Yes, I often get extra help to stay calm
- Yes, I often get extra help with taking my medicine
- No, I do not get any extra help
- Don't know / Don't want to say

4b. Do you have a disability?

PLEASE TICK **ONE** BOX ONLY

- Yes
- No
- Don't know

5. Do you have free school meals?

That is a meal provided by your school for free (you and your family do not have to pay for it).

PLEASE TICK **ONE** BOX ONLY

- Yes
- No
- Don't know

6. What is your postcode?

PLEASE WRITE IN THE BOX BELOW

When you tell us what you think of your local area we can tell what area you are talking about because you have given us your postcode. **We still do NOT KNOW your name or who you are.**

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Part 2: Your local area

This part asks you what you think about your local area.

7. What do you think of the parks and play areas in your area?

PLEASE TICK **ONE** BOX ONLY

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor
- Don't know

8. How safe do you feel...

PLEASE TICK **ONE** BOX ON EACH LINE

	Very safe	Quite safe	A bit unsafe	Very unsafe	Don't know
In the area where you live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to and from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a. Do you use local public transport (such as buses, trams, trains, the underground)?

PLEASE TICK **ONE** BOX ONLY

- Yes [go to Q9b]
- Sometimes [go to Q9b]
- No [go to Q9c]

9b. How safe do you feel when you travel on local public transport (such as buses, trains, trams, underground)?

PLEASE TICK **ONE** BOX ONLY

Very safe	Quite safe	A bit unsafe	Very unsafe	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9c. Why don't you use public transport?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- I don't need to
- There isn't any where I live
- It costs too much
- I don't feel safe
- It isn't easy
- My parents/carers don't want me to

10. How much have your ideas about your school been listened to when you have given them to your school council or in other ways?

PLEASE TICK **ONE** BOX ONLY

- A lot
- A little
- Not very much
- Not at all
- Don't know
- I haven't given my ideas

Part 3: Your free time

This part asks some questions about what you do in your free time after school and at weekends.

11. In the last 4 weeks, have you taken part in any group activity led by an adult outside school lessons (such as sports, arts, or a youth group)?

PLEASE TICK **ONE** BOX ONLY

- Yes
- No
- Don't know

12. Which of these have you been to in your free time in the last 4 weeks?
(Please do not count things that were part of school lessons)

PLEASE TICK **ONE** BOX ON EACH LINE

	Yes	No
Local park or playground	<input type="checkbox"/>	<input type="checkbox"/>
Sports club or class (not in school lessons and only count where you've done sport not just watched it)	<input type="checkbox"/>	<input type="checkbox"/>
A youth centre or club to take part in organised activities	<input type="checkbox"/>	<input type="checkbox"/>
A youth centre or club with few or no organised activities	<input type="checkbox"/>	<input type="checkbox"/>
Religious, faith or community group (not including services)	<input type="checkbox"/>	<input type="checkbox"/>
Art, craft, dance, drama, film/video-making group (not in school lessons)	<input type="checkbox"/>	<input type="checkbox"/>
Music group or lesson (not in school lessons)	<input type="checkbox"/>	<input type="checkbox"/>
Given your time to help a charity, a local voluntary group or done some organised volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>

13. What sort of things stop you from doing any activities you would like to do?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- Nothing stops me
- Not available in my area
- Not available when I want to do it
- Costs too much
- I can't get there
- I have no one to go with
- I don't have the time
- My parents/carers worry about me
- I don't know how to find out what's on offer
- Something else

Part 4: Your feelings

This part asks you about how happy you are and any worries you might have.

14. Which of these things do you often worry about?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU.

You can tick as many as you want.

*Remember, your answers to this survey are **private**. We don't know who you are.*

- Being bullied
- School work and exams
- Being healthy
- Money
- Friendships
- My parents or family
- Being a victim of crime
- The way I look
- Something else
- Don't know

- Nothing worries me

15. Please read each sentence below and tick the box next to it to show if it is true for you or not true for you.

Where we mention your mum and dad, we mean either your parents or the person/people, such as step parents, carers or grandparents who you live with and who look after you most of the time.

PLEASE TICK **ONE** BOX ON EACH LINE

	True	Neither true nor not true	Not true	Don't know
I feel happy about life at the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one or more good friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm worried about something I can talk to my mum or dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm worried about something I can talk to my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm worried about something I can talk to an adult who isn't my mum or dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5: School and learning

The next part asks about school and learning.

16. How do you get to and from school on most days?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- Walk
- By bike
- On the school bus
- By public transport (bus, train, tube, tram)
- By car
- Other

17. How much do you agree with these things about your school?

PLEASE TICK **ONE** BOX ON EACH LINE

	Agree	Not sure	Disagree
My school is giving me useful skills and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school has lots of activities (like sport and drama) to take part in at lunchtime or after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers make my lessons fun and interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers tell me how I am doing with my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pupils often disrupt my lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get enough help at school with learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have enough chances to learn somewhere that is not in a classroom (<i>this can include learning outside, going on visits</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get enough help with making choices and decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We'd like to ask you about bullying. Bullying can mean lots of different things to different people. Bullying is when people hurt or pick on you on purpose, for example by teasing you, hitting or kicking you or saying that they will do this. It can involve people taking or breaking your things, making you do something you don't want to do, leaving you out or spreading hurtful and untrue rumours. Bullying can be face to face, by mobile phone or on the internet.

18a. Have you ever been bullied at school?

Remember, your answers to this survey are **private**. We don't know who you are.

PLEASE TICK **ONE** BOX ONLY

- Yes [go to Q18b]
- No [go to Q19a]

18b. Have you been bullied at school?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- In the last year
- In the last six months
- In the last four weeks
- I was bullied more than 1 year ago

18c. How often has someone done something to bully you at school? This could be by the same person each time, or different people.

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- A few times this year
- Every month
- Every week
- Most days
- Every day

19a. Have you ever been bullied when you are not in school (including on your journey to school)?

PLEASE TICK **ONE** BOX ONLY

- Yes [go to Q19b]
- No [go to Q20]

19b. Have you been bullied when you are not in school (including on your journey to school)?

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- In the last year
- In the last six months
- In the last four weeks
- I was bullied more than 1 year ago

19c. How often has someone done something to bully you when you are not in school? This could be by the same person each time, or different people.

PLEASE TICK **ALL** THAT ARE TRUE FOR YOU

- A few times this year
- Every month
- Every week
- Most days
- Every day

20. How well does your school deal with bullying?

Remember, your answers to this survey are **private**. We don't know who you are.

PLEASE TICK **ONE** BOX ONLY

- Very well
- Quite well
- Not very well
- Badly
- Bullying is not a problem in my school
- Don't know

Part 6: Your future plans and advice you have had

This part asks you about your future plans and the advice you have had.

21. What do you think you will do when you finish Year 11?

PLEASE TICK **ONE** BOX ONLY

- Do some more studying at college or sixth form
- Be an Apprentice
- Get a job with training
- Don't know yet

22. Do you think that you will go to university / higher education in the future?

PLEASE TICK **ONE** BOX ONLY

- Yes
- No
- Don't know

23. How much help have you had to plan what to do when you are older from any of the people below?

PLEASE TICK **ONE** BOX ON EACH LINE

	A lot	A little	Not very much	None	Don't know
Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Connexions Personal Adviser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers at secondary schools or colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 7: Being healthy

This next part asks you some questions about your health.

24. How many of the 'five a day' fruit and vegetables did you eat yesterday?

One of your 'five a day' is a handful of vegetables, a piece of fruit or a cup of fruit juice.

PLEASE TICK **ONE** BOX ONLY

- None
- 1-2
- 3-4
- 5 or more
- Don't know

25. Thinking back to last week, how often did you do something active?

Please include things like walking to school, running around, riding a bike, playing sports, skateboarding, dancing and swimming.

PLEASE TICK **ONE** BOX ON EACH LINE

	Everyday	Most days	Some days	Never
I did something active before school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did something active during lesson time (including PE lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did something active during lunchtime/breaktimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did something active after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Did you take part in any organised sport or keep fit activities last weekend?

PLEASE TICK **ONE** BOX ONLY

- Yes
- No

The next questions are about whether you have ever drunk alcohol or smoked cigarettes. Please be as honest as you can.

27a. Have you ever had an alcoholic drink – a whole drink not just a sip?

PLEASE TICK **ONE** BOX ONLY

- Yes [go to Q27b]
- No [go to Q28]
- I don't want to say [go to Q28]

27b. In the last four weeks, how many times have you been drunk?

PLEASE TICK **ONE** BOX ONLY

- None
- Once
- Twice
- Three or more times
- Don't want to say
- Don't know/ can't remember

- I have **never** been drunk

28. Read the sentences below carefully and tick the box next to the one that best describes you.

PLEASE TICK **ONE** BOX ONLY

- I have never smoked
- I have only ever tried smoking once
- I used to smoke sometimes but I never smoke a cigarette now
- I sometimes smoke cigarettes now but I don't smoke as many as one a week
- I usually smoke between one and six cigarettes a week
- I usually smoke more than six cigarettes a week
- I don't want to say

29. You have told us lots of things about your life. If there are three things that would make your life better, what would they be?

PLEASE TICK **UP TO THREE** BOXES ONLY

- More help to do better at school
- More interesting school lessons
- Less bullying
- More organised activities and things to do
- More places where I can go to spend time with my friends
- More chance to have a say in how things are run at school or in the local area
- More ways I can volunteer or help people
- More advice about being healthy
- More help to plan for my future
- More help to feel safer at school and in the local area
- Someone I can always talk to
- None of these
- Something else
- Don't know

Thank you for completing this questionnaire!

Sometimes people can sort out a problem on their own, but sometimes they can't. If you have a worry you can't cope with, don't bottle it up. It can really help if you talk to someone in your family, a carer, one of your friends or maybe a teacher. Or you can call ChildLine. This is a free helpline for children and young people in the UK. Children and young people can call ChildLine on **0800 1111** at any time to talk about any problem.