

BiBBS ACHIEVE Children's Wellbeing Survey

Introduction:

We are going to ask you some questions about you and your life. Don't worry, this is not a test, so there are no right or wrong answers. If you don't want to answer a question, you can just miss it out. Are you ready to start your BiBBS Survey? Let's go!

Section A My family and home

This section is about your family and home.

How many grown ups live in your home?

1 2 3 4 5 6 7 8 9 10 11 12 or more

How many brothers and sisters do you live with?

1 2 3 4 5 6 7 8 9 10 or more

Do you live with any other children like cousins or friends?

Yes No

If yes, how many other children do you live with?

1 2 3 4 5 6 7 8 9 10 or more

How often do you have fun with your family at the weekends?

All of the time Some of the time Never

How often does your family get along well together?

All of the time Some of the time Never

How often do you get along with your brothers, sisters and other children you live with?

All of the time Some of the time Never

Does your home have a garden where you can play?

Yes No

Do you have a park near your home where you can play with your friends/family?

Yes No

Section B A bit about me

This section is about you.

What is your religion?

<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Don't know
<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish	
<input type="checkbox"/> Hindu	<input type="checkbox"/> Other	
<input type="checkbox"/> Sikh	<input type="checkbox"/> None	

If answered Muslim, do you go to Madrassa?

Yes No

If yes, how often do you go to Madrassa?

Most days Some days Less than once a week

Here is a list of things that some children have.

Do you have each of these things?

Do you have a warm winter coat?

Yes, I have it No, I don't have it

Do you have a computer, laptop or tablet with internet at home?

Yes, I have it No, I don't have it

Do you have three meals a day?

Yes, I have it No, I don't have it

I worry about not having enough to eat.

Many times 1 or 2 times Never

Feelings and emotions

How often do you worry about how much money your family has?

All of the time Some of the time Never

How often do you feel happy?

All of the time Some of the time Never

How often do you feel sad?

All of the time Some of the time Never

How often are you ill or unwell?

All of the time Some of the time Never

How often are you quiet?

All of the time Some of the time Never

How often do you lose your temper?

All of the time Some of the time Never

How often do you get worried?

All of the time Some of the time Never

What do you do if you are worried about something (tick all that apply)

I keep it to myself I tell my brother/sister

I tell a friend

I tell my Mum, Dad or the person who looks after me

I tell a teacher

When I find something really hard, I can work out what to do next.

All of the time Some of the time Never

Section C My friends and other children

This is about your friends and other children.

How many friends do you have?

Lots Some Not many

Do you have any best friends?

Yes No

How much do you like playing with your friends?

I like it a lot I like it a bit I don't like it

How often do other children bully you?

All of the time Some of the time Never

How often are you mean to other children at school?

All of the time Some of the time Never

How often do you feel left out of things by other children?

All of the time Some of the time Never

How much do you like school?

I like it a lot I like it a bit I don't like it

Section D My sleep

This section is about your sleep.

In the last 7 days what time have you normally fallen asleep?

6pm to 7pm 9pm to 10pm
7pm to 8pm 10pm to 11pm
8pm to 9pm 11pm to 12pm

In the last 7 days what time have you normally woken up?

6am to 7am 9am to 10am
7am to 8am 10am to 11am
8am to 9am 11am to 12am

Section E Physical activity

This section is about your physical activity over the last 7 days.

On a normal weekday, how much physical activity do you do?

(A weekday would be a Monday to Friday)

No activity (0 min)
Small amount of activity (1-30 min)
Small to moderate amount of activity (31-60 min)
Moderate to large amount of activity (1-2 hrs)
Large amount of activity (more than 2 hrs)

On a normal weekend day, how much physical activity do you do?

(A weekend would be Saturday and Sunday)

- No activity (0 min)
- Small amount of activity (1-30 min)
- Small to moderate amount of activity (31-60 min)
- Moderate to large amount of activity (1-2 hrs)
- Large amount of activity (more than 2 hrs)

Section F: Sitting and lying down

This section is about how much time you spend sitting and lying down.

Do you own a video game console?

- Yes
- No

If yes, how much time do you spend on it sitting/lying down?

- None
- A lot of time
- A Little time
- Almost all of the time
- About half of my free time
- Don't have one

Do you own a computer/tablet?

- Yes
- No

If yes, how much time do you spend on it sitting/lying down?

- None
- A lot of time
- A Little time
- Almost all of the time
- About half of my free time
- Don't have one

Do you own a mobile phone?

- Yes
- No

If yes, how much time do you spend on it sitting/lying down?

- None
- A lot of time
- A Little time
- Almost all of the time
- About half of my free time
- Don't have one

Section G My health

This section is about your health.

These questions ask about how you are today.

For each question, read all the choices and decide which one is most like you today.

For example

Today I feel quite upset so I will tick this box (in red)

Upset

I don't feel upset today

I feel a little upset today

I feel a bit upset today

I feel quite upset today

I feel very upset today

Worried

I don't feel worried today

I feel a little bit worried today

I feel a bit worried today

I feel quite worried today

I feel very worried today

Sad

I don't feel sad today

I feel a little bit sad today

I feel a bit sad today

I feel quite sad today

I feel very sad today

Pain

I don't feel any pain today

I have a little bit of pain today

I have a bit of pain today

I have quite a lot of pain today

I have a lot of pain today

Tired

I don't feel tired today

I feel a little bit tired today

I feel a bit tired today

I feel quite tired today

I feel very tired today

Annoyed

I don't feel annoyed today

I feel a little bit annoyed today

I feel a bit annoyed today

I feel quite annoyed today

I feel very annoyed today

School work/Homework (such as reading, writing, doing lessons)

I have no problems with my schoolwork/homework today

I have a few problems with my schoolwork/homework today

I have some problems with my schoolwork/homework today

I have many problems with my schoolwork/homework today

I can't do my schoolwork/homework today

Sleep

Last night I had no problems sleeping

Last night I had a few problems sleeping

Last night I had some problems sleeping

Last night I had many problems sleeping

Last night I couldn't sleep at all

Daily routine (things like eating, having a bath/shower, getting dressed)

I have no problem with my daily routine today

- I have a few problems with my daily routine today
- I have some problems with my daily routine today
- I have many problems with my daily routine today
- I can't do my daily routine today

Able to join in activities (things like playing out with your friends, doing sports, joining in things)

- I can join in with any activities today
- I can join in with most activities today
- I can join in with some activities today
- I can join in with a few activities today
- I can join in with no activities today

Section H When I grow up

This section is about what you would like to do when you grow up.

What would you most like to be when you grow up?