

# 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 sleepings

☐ 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?**