

Young People's Survey: Module 2

Mental Health and Wellbeing This survey is part of the Born in Bradford Age of Wonder research project. We will be asking you questions about mental health and wellbeing. This will take about 10-20 minutes to complete.

You do not have to take part in this questionnaire. You also do not have to answer any questions you don't want to. If you don't want to answer a question, just leave it blank and move on to the next question.

By completing this questionnaire, you are agreeing to us using the information you provide for our research. We will keep your information completely confidential and will not pass on any of the responses to the questions to anyone. We will write reports based on the data we collect but no-one will ever be able to identify you from anything we publish.

If the answers to any of the questions upset you or you would like to talk about anything that is worrying you, please speak to the member of the research team or the teacher that is doing the survey with you.

The study has been reviewed and approved by Bradford Leeds Research Ethics Committee [Ref 21/YH/0261 date 22.12.21]. Research ethics committees think about the study from the point of view of a person taking part and make sure their rights and privacy are fully respected.

Mental Health and Wellbeing

Mental Ill Health Please indicate how often each of these things happen to you. There are no right or wrong answers.

	Never	Sometimes	Often	Always
I feel sad or empty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry when I think I have done poorly at something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel afraid of being on my own at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing is much fun anymore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that something awful will happen to someone in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry what other people think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel scared if I have to sleep on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems with my appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I suddenly become dizzy or faint when there is no reason for this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no energy for things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I suddenly start to tremble or shake when there is no reason for this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot think clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worthless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to think special thoughts (like numbers or words) to stop bad things happening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I don't want to move.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am tired a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel afraid that I will make a fool of myself in front of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to do some things in just the right way to stop bad things from happening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that something bad will happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wellbeing How do you feel about the following aspects of your life?
Indicate on a scale of 1 to 7 where "1" means completely happy and "7" means not at all happy

	1 (completely happy)	2	3	4	5	6	7 (not at all happy)
Your school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school you go to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your life as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Efficacy

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

- Never
 Some of the time
 All of the time

Relationships How often do you feel...?

	Hardly ever	Some of the time	Often
...that you lack friendships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

	Not true	Somewhat true	Very true
My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often does your family get along together?

- Never
 Some of the time
 Always

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

- Never
 Some of the time
 Always
 I don't live with any siblings

In the past month, how many times have you stayed out after 9.00pm at night without your parents knowing where you were?

- Never
 1-2 times
 3-9 times
 10 or more times

In the last 12 months, did you ever stay away over night without your parents knowing where you were?

- No never
 Yes, once or a few times
 Yes, lots of times

Friends and Peer Influence

Please indicate how you feel about the following statements

	Not many	Some	Lots
How many in-person friends do you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many online friends do you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any close friends?

By close friends we mean other young people you feel at ease with or who you can talk to about things that are private.

- Yes No

Indicate how you feel about each statement.

	All of them	Most of them	Some of them	None of them
How many of your close friends are from the same ethnic group as you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many of your close friends work hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many of your close friends get into a lot of trouble at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optimism

Overall, I expect more good things to happen to me than bad.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

Trust

Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

- Most people can be trusted Can't be too careful

Help Seeking How true are the following statements?

	Not true at all	Partly true	Very true
There is someone I trust whom I would turn to for advice if I were having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I feel close to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by choosing the number that best describes your intention to seek help from each help source that is listed. (1-7)

	1(extremely unlikely)	2	3(unlikely)	4	5(likely)	6	7(extremely likely)
Girlfriend/boyfriend or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend (not related to you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative/family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professional (e.g. psychologist, social worker, counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone helpline (e.g. Lifeline/Samaritans/NSPCC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor/GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher or other school staff member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not seek help from anyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would seek help from another not listed above

(Please list in the space provided)

I would seek help from another not listed above

(Please list in the space provided)

Public Self-Consciousness, Private Self-Consciousness, and Social Anxiety Please indicate how you feel about the following statements

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It is important for me to look good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Notice my inner feelings a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel scared when I have to talk in front of a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adverse Experiences

	No	Maybe	Yes
Some people believe that other people can read their thoughts. Have other people ever read your thoughts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever believed that you were being sent special messages through the television or the radio, or that a programme had been arranged just for you alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever thought you were being followed or spied on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever heard voices that other people couldn't hear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt that you were under the control of some special power?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever seen something or someone that other people could not see?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever felt that:

	No	Maybe	Yes
Your thoughts were being taken out of your head against your will?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else's thoughts were being inserted into your head against your will?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your thoughts were so loud that people around you could hear what you were thinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You are somebody really very special, or that you have special powers like reading people's minds, or that you have been chosen to perform great and special tasks? (This doesn't mean that you are just clever or that you come from an important family.)

Eating Habits

	Yes	No
Do you make yourself sick because you feel uncomfortably full?	<input type="radio"/>	<input type="radio"/>
Do you worry you have lost control over how much you eat?	<input type="radio"/>	<input type="radio"/>
Have you recently lost more than one stone (6.35 kg) in a three-month period?	<input type="radio"/>	<input type="radio"/>
Do you believe yourself to be fat when others say you are too thin?	<input type="radio"/>	<input type="radio"/>
Would you say food dominates your life?	<input type="radio"/>	<input type="radio"/>