

PRB P145/Young Person T1

FORM TO BE COMPLETED AT START OF THE
PROGRAMME/FIRST SESSION

YOUNG PERSON'S QUESTIONNAIRE

CONFIDENTIAL

What this form is for

We would like you to fill in this form as part of a survey being carried out to find out more about parents and young people who are taking part in our project. We would like to ask you some questions about your life. There are no right or wrong answers - it is just important to try to be as honest as you can.

The form is **private and confidential** - that means your answers will **not** be shown to anyone apart from the researchers. The project workers will not read your answers. When you have finished, please put your form in the envelope provided. There is no need to put your name on the form or on the envelope.



PROJECT WORKERS PLEASE COMPLETE THIS BOX BEFORE DISTRIBUTING QUESTIONNAIRES

Project name

Individual serial number

| | | | |
|---|--|--|--|
| Y | | | |
|---|--|--|--|

Tick here if filled in on Serial Number Sheet

Date given out.....

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Section A: About you

Q1 Are you male or female? ₁ Male ₂ Female
Please tick ONE box like this

Q2 How old are you? *(Write your age in years)* I am years old

Q3 Which of these best describes you?
Only tick ONE box from the 16 choices below

White

- British 1
- Irish 2
- Any other White background 3

Black or Black British

- Caribbean 4
- African 5
- Any other Black background 6

Asian or Asian British

- Indian 7
- Pakistani 8
- Bangladeshi 9
- Any other Asian background 10

Mixed

- White and Black Caribbean 11
- White and Black African 12
- White and Asian 13
- Any other Mixed background 14

Chinese or other ethnic group

- Chinese 15
- Other 16



Section B: Questions to answer if your mother is going to sessions

Section B only needs to be filled out if your **mum** (or step-mum or foster-mum) is going along to sessions with the Project Worker as well. Check with the person who gave you this questionnaire if you are not sure.

Q4 We'd like to ask you some questions about how you get on with your mum. Parents and children often have arguments and disagreements. This is a list of some of the things you may have done when you had an argument with your mum. How often did these happen in the last week?

Please tick ONE box on each line to tell us how often YOU did any of these things with your mum in the last week. (If you didn't have an argument in the last week, tick 'not done in past week')

| | Not done in past week | Once | 2 or 3 times | 4-7 times | More than 7 times |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Discussed the issue calmly with her | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Sulked or refused to talk about it | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Shouted or yelled at her | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Swore at her, or said something nasty to her | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Stomped off in a huff | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Threatened to hit her, or threatened to throw something at her | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Hit her or threw something at her | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q5 The next couple of questions are about how things are for you at home. How true are these things for you?

Please tick **ONE** box on each line to say whether the things below are true for you at the moment.

| | Very true | Fairly true | Neither true, nor untrue | Fairly untrue | Not at all true | Can't say |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| My mum and I talk together a lot | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| My mum listens to my point of view | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| My mum and I have a lot of arguments | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| I tell my mum my problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| My mum understands how I am feeling | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Whenever I try to talk to my mum, we end up fighting | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Q6 How often does your mum do the following things these days?

Please tick **ONE** box on each line.

| | Very often | Fairly often | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Praises you, or says you have done well at something | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Loses her temper with you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Criticises you, or says you are bad | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Tells you she loves you or cares for you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |



Section C: Questions to answer if your father is going to sessions

Section C only needs to be filled out if your ***dad*** (or step-dad or foster-dad) is going along to sessions with the Project Worker as well. Check with the person who gave you this questionnaire if you are not sure.

Q7 We'd like to ask you some questions about how you get on with your dad. Parents and children often have arguments and disagreements. This is a list of some of the things you may have done when you had an argument with your dad. How often did these happen in the last week?

Please tick ONE box on each line to tell us how often YOU did any of these things with your dad the last week. (If you didn't have an argument in the last week, tick 'not done in past week')

| | Not done in past week | Once | 2 or 3 times | 4-7 times | More than 7 times |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Discussed the issue calmly with him | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Sulked or refused to talk about it | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Shouted or yelled at him | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Swore at him, or said something nasty to him | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Stomped off in a huff | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Threatened to hit him, or threatened to throw something at him | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Hit him or threw something at him | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q8 The next couple of questions are about how things are for you at home. How true are these things for you?

Please tick ONE box on each line to say whether the things below are true for you at the moment.

| | Very true | Fairly true | Neither true, nor untrue | Fairly untrue | Not at all true | Can't say |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| My dad and I talk together a lot | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| My dad listens to my point of view | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| My dad and I have a lot of arguments | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| I tell my dad my problems | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| My dad understands how I am feeling | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Whenever I try to talk to my dad, we end up fighting | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Q9 How often does your dad do the following things these days?

Please tick ONE box on each line.

| | Very often | Fairly often | Sometimes | Rarely | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Praises you, or says you have done well at something | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Loses his temper with you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Criticises you, or says you are bad | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| Tells you he loves you or cares for you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |



Section D: Getting into trouble

Q10 How many times, if any, have you done these things in the past four weeks, even if you weren't caught?

Please write in the boxes the number of times you have done each of these things in the last four weeks, like this:
 If you have not done it in the past four weeks, or have never done it, please put '0' in the box on that line.

| |
|---|
| 3 |
|---|

| | How many times in past four weeks? |
|--|---|
| Played truant from school (bunked-off, skived or skipped school) | <input style="width: 60px; height: 25px;" type="text"/> |
| Stolen anything from someone (e.g. shoplifting, money from vending machine, snatched purse, used stolen credit card) | <input style="width: 60px; height: 25px;" type="text"/> |
| Driven (or been a passenger in) a car, motorbike etc. when not meant to | <input style="width: 60px; height: 25px;" type="text"/> |
| Damaged or destroyed anything, like a window, or written graffiti ('tagging') | <input style="width: 60px; height: 25px;" type="text"/> |
| Carried a weapon (knife, gun etc.) | <input style="width: 60px; height: 25px;" type="text"/> |
| Got into a fight in public somewhere (e.g. in street, pub etc.) | <input style="width: 60px; height: 25px;" type="text"/> |
| Bought alcohol for own use | <input style="width: 60px; height: 25px;" type="text"/> |
| Bought drugs for own use | <input style="width: 60px; height: 25px;" type="text"/> |
| Sold drugs to someone | <input style="width: 60px; height: 25px;" type="text"/> |
| Set fire to anything on purpose (e.g. building, car, furniture) | <input style="width: 60px; height: 25px;" type="text"/> |
| Beat up or hurt someone | <input style="width: 60px; height: 25px;" type="text"/> |
| Threatened someone in order to get something from them (e.g. mobile phone) | <input style="width: 60px; height: 25px;" type="text"/> |
| Anything else that could have got you into trouble with the police? | <input style="width: 60px; height: 25px;" type="text"/> |
| Please write in here what you did: | |



Section E: The Project

The next couple of questions are about the project that you are involved in (with the person that gave out this questionnaire).

Q11 Which of these best describes what you are expecting the project to be like?

Please tick ONE box

Very helpful;
I expect to get a
lot out of it

 1

Fairly helpful

 2

Neither helpful
nor unhelpful

 3

Fairly
unhelpful

 4

Very unhelpful;
I expect it to be a
waste of time

 5

Can't say

 6

Q12 How helpful would it be for the project sessions to give you help with the following things?

Please tick ONE box on each line.

| | Very helpful | Fairly helpful | Neither helpful nor unhelpful | Fairly unhelpful | Not at all helpful | Can't say |
|---|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|
| Getting on better with my parents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Handling arguments with my parents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| How to get on at school better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| How to avoid getting into trouble with the police | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Making a big decision | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

Q13 Is there anything else not on the list in Q12 that you would like help with?

Please write in your answer below

Section F: And finally....the future

Q14 The final couple of questions are about the future. How likely do you think that you will do the following things in the next four weeks?

Please tick ONE box on each line to say how likely you think it is that you would do the following things.

| | Very likely | Fairly likely | Neither likely, nor unlikely | Fairly unlikely | Not at all likely | Can't say |
|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Play truant from school ('bunk-off') | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Break the law | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Argue with your friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Shout or swear at your parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Take drugs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Get into a fight | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Q15 How wrong do you think it would be for you to do the following things?

Please tick ONE box on each line to say how wrong you think that the following things would be.

| | Very wrong | Fairly wrong | Neither wrong, nor OK | Fairly OK | Not at all wrong | Can't say |
|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Play truant from school ('bunk-off') | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Break the law | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Argue with your friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Shout or swear at your parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Take drugs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| Get into a fight | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Thank you very much for filling out our form. Now please put it in the envelope provided.