

YOUNG PERSON'S QUESTIONNAIRE

CONFIDENTIAL

What this form is for

You may remember filling in a form like this a while ago, as part of a survey being carried out to find out more about parents and young people who are taking part in our project. Now that you have finished the project, we would like to ask you a few more questions about how you found it, and about your life now. 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			
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Tick here if filled in on Serial Number Sheet

Date given out.....

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Section A: About the Project

The first few questions are about the project that you were involved in (with the person that gave out this questionnaire).

Q1 How helpful were the project sessions with the following things?

Please tick ONE box on each line, like this

	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

Q2 Was there anything else not on the list in Q1 that you found helpful from the project?

Please write in your answer below

Q3 Was there anything else you needed help with that the project didn't cover?

Please write in your answer below



Q4 How well do the following statements describe the project, in your view?

	Very true	Fairly true	Neither true, nor untrue	Fairly untrue	Not at all true	Can't say
It was interesting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
The project workers knew what they were doing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
The project workers understood how I was 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
The project workers listened to what I had to say	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Q5 Overall, which of these best describes what you found the project to be like?

Please tick ONE box

Very helpful; I got a lot out of it	Fairly helpful	Neither helpful nor unhelpful	Fairly unhelpful	Very unhelpful; It was a waste of time	Can't say
<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 Would you recommend the project to other young people?

Yes	No	Can't say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3

Q7 Is there anything else you would like to say about the project?

Please write in your answer below

Section B: Questions to answer if your mum went to sessions

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

Q8 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

Q9 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

Q10 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 went to sessions

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

Q11 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

Q12 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

Q13 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

Q14 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 type="text"/>
Stolen anything from someone (e.g. shoplifting, money from vending machine, snatched purse, used stolen credit card)	<input type="text"/>
Driven (or been a passenger in) a car, motorbike etc. when not meant to	<input type="text"/>
Damaged or destroyed anything, like a window, or written graffiti ('tagging')	<input type="text"/>
Carried a weapon (knife, gun etc.)	<input type="text"/>
Got into a fight in public somewhere (e.g. in street, pub etc.)	<input type="text"/>
Bought alcohol for own use	<input type="text"/>
Bought drugs for own use	<input type="text"/>
Sold drugs to someone	<input type="text"/>
Set fire to anything on purpose (e.g. building, car, furniture)	<input type="text"/>
Beat up or hurt someone	<input type="text"/>
Threatened someone in order to get something from them (e.g. mobile phone)	<input type="text"/>
Anything else that could have got you into trouble with the police?	<input type="text"/>
Please write in here what you did:	



Section E: And finally....the future

Q15 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

Q16 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.