

2: Staff and student questionnaires, consent forms, and information sheets

2.1: Student information sheet and consent form (main survey)



Information Sheet for Year 8 students

We are researchers working at your school. As part of our research we are asking all Year 8 students to fill in a questionnaire about school and their health. This should only take about 30-40 minutes. The answers you give will be used to try and improve schools and young people's health.

The questionnaire has some questions about bullying and other potentially sensitive issues. A trained researcher will be here to make sure you have the peace and privacy you need to fill in the questionnaire. The researcher can also answer any questions you have. Your participation is voluntary and you can stop taking part at any point.

The questionnaire is completely confidential. Afterwards, the questionnaire will be taken to our offices and your name will not be on it. When we write

reports based on the research, you will not be named or in any way be identified.

If you're happy to fill in the questionnaire, please fill in the box below. This information sheet will be kept separately from the questionnaire.

Name

I have read the information above.

I understand that I can choose to take part or not.

I understand that I can stop taking part at any time.

I agree to take part in this study.

Signed Date

2.2: Student Questionnaire, year 3 (main survey)

Year 3 Ver2 28/02/2017

ID Number: _____
(FOR OFFICE USE ONLY)



VERSION 2

➤ **We are researchers and we want to get your views about school and find out about your health. This is NOT a test. There are no right or wrong answers!**

➤ **Your name is not on this questionnaire. This questionnaire is COMPLETELY CONFIDENTIAL. No-one except the researchers will find out what you write. Your family, friends and school will NOT find out what you write.**

➤ **Please answer all the questions as truthfully as you can. Please fill it all in and be honest. The answers you give will be used to try and improve schools and young people's health.**

Please put a tick (✓) in the boxes provided. If you have made a mistake, put a cross (x) through the box and answer again.

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

7. What kind of house or flat do you live in? Please ✓ one box only

- One rented from the Council or a housing association
- One rented from a landlord
- One owned by your family (including one with a mortgage)
- Other
- I don't know / not sure

8. Does your family own a car, van or truck?

Please ✓ one box only

- No
- Yes, one
- Yes, two or more

9. Do you have your own bedroom for yourself?

Please ✓ one box only

- No
- Yes

10. During the past 12 months, how many times did you travel away on holiday with your family?

Please ✓ one box only

- Not at all
- Once
- Twice
- More than twice

11. How many computers (including laptops and tablets, not including game consoles and smartphones) does your family own?

Please ✓ one box only

- None
- One
- Two
- More than two

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

The following questions are all about your experiences of bullying and aggression at this school. Remember that all your answers are confidential and no-one will find out what you tell us.

We want to know if any of the following things have happened in your last three months at school.

12. Has anyone TEASED YOU or CALLED YOU NAMES at this school in the last 3 months?

No → If 'No', please go to question 13 below
Yes

How often? Please ✓ one box only

Most days
About once a week
Less than once a week

How upsetting was it when you were teased or called names?

Please ✓ one box only

Not at all
A bit
I was quite upset

13. Has anyone spread RUMOURS ABOUT YOU at this school in the last 3 months?

No → If 'No', please go to question 14 on the next page
Yes

How often? Please ✓ one box only

Most days
About once a week
Less than once a week

How upsetting were the rumours?

Please ✓ one box only

Not at all
A bit
I was quite upset

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

14. Have you been DELIBERATELY LEFT OUT OF THINGS at this school in the last 3 months?

No → If 'No', please go to question 15 below
Yes

How often? Please ✓ one box only

Most days
About once a week
Less than once a week

How upsetting was it being left out of things? Please ✓ one box only

Not at all
A bit
I was quite upset

15. Have you been THREATENED PHYSICALLY OR ACTUALLY HURT by another student recently at this school?

No → If 'No', please go to the next question
Yes

How often? Please ✓ one box only

Most days
About once a week
Less than once a week

How upsetting was it being threatened or hurt? Please ✓ one box only

Not at all
A bit
I was quite upset

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

The next questions are about your experiences of **cyberbullying**. This is bullying through **mobile phone use** or by using the **internet**.

Examples of bullying using a **mobile phone** are:

- Receiving upsetting phone calls (e.g. malicious prank calls)
- Receiving abusive text messages

Examples of bullying through the **internet** are:

- Malicious or threatening emails directly to you, or about you to others
- Intimidation or abuse when participating in chat rooms
- Abusive instant messages (e.g. MSN)
- Websites where nasty or unpleasant comments are being made

We want to know if any of these things have happened **either in school or outside school** in the **last THREE months**.

16. Have you been bullied through mobile phone use or on the internet in the last three months?

Please ✓ one box only

- | | | |
|-----------------------------------|--------------------------|----------------------------|
| No, I haven't | <input type="checkbox"/> | → If 'No', go to quest. 18 |
| Yes, once or twice | <input type="checkbox"/> | |
| Yes, two or three times a month | <input type="checkbox"/> | |
| Yes, about once a week | <input type="checkbox"/> | |
| Yes, several times a week or more | <input type="checkbox"/> | |

17. If Yes, how did they bully you through mobile phone use or the internet in the last three months?

Please ✓ as **MANY** as apply

- | | |
|---|--------------------------|
| Using text messages | <input type="checkbox"/> |
| Using multimedia texts (e.g. photos, videos, etc.) | <input type="checkbox"/> |
| Using phone calls | <input type="checkbox"/> |
| Through emails | <input type="checkbox"/> |
| Through instant messages (e.g. MSN, Blackberry Messenger) | <input type="checkbox"/> |
| Through Twitter | <input type="checkbox"/> |
| Through Facebook | <input type="checkbox"/> |
| Through other social networking websites (e.g. myspace) | <input type="checkbox"/> |
| Through video sharing websites (e.g. YouTube, Vine, etc.) | <input type="checkbox"/> |
| Through photo sharing websites (e.g. Instagram, flickr, etc.) | <input type="checkbox"/> |
| Through a blog (e. blogspot, LIVEJOURNAL, etc.) | <input type="checkbox"/> |
| Through chat rooms | <input type="checkbox"/> |
| In another way | <input type="checkbox"/> |

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

18. Have YOU ever bullied anyone else using your mobile phone or using the internet?

Please ✓ one box only

- No, never
- Yes, once or twice
- Yes, two or three times a month
- Yes, about once a week
- Yes, several times a week or more

19. During the last 3 months of school how often did you do these things at school?

Please ✓ one box on EVERY line

	Most days!	At least once a week	Less than once a week	Hardly ever or never!
Arrive late for classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fight in or outside the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse to do homework or class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be cheeky to a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use bad or offensive language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wander around school in class time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purposely damage or destroy things belonging to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit or kick a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheat doing homework or tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit or kick another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

These questions are about things that might have happened at school in the last three months of school.

20. During the last 3 months of school how often did these things happen to you because of something you had done wrong?

Please ✓ one box on EVERY line

	Never!	1 or 2 times	3 or 4 times	5 or more times!
The school got in touch with my parents by letter or telephone about an incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got a punishment and my parents were informed about that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was sent to the head of year, deputy head or head teacher for my behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was put on a conduct/behaviour sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given extra homework to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

We want to know if any of the following things have happened either in school or outside school.

21. During the last 3 months, did you ever carry a knife or other weapon with you for protection or in case it was needed in a fight?

Yes No

22. During the last 3 months, did you use force, threats or a weapon to steal money or something else from somebody?

Yes No

23. During the last 3 months, did you damage or destroy property that did not belong to you on purpose (e.g. windows, cars or street lights)?

Yes No

24. During the last 3 months, did you ever set fire or try to set fire to something on purpose (e.g. bus shelter, shop, etc.)?

Yes No

25. Have you ever been in a physical fight (e.g. punching or kicking) at this school?

Yes
No

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

26. For each of the following items, please mark either the box for “Not True”, “Somewhat True” or “Definitely True”.

Please answer them all as best you can even if you are not absolutely sure or they seem odd questions!

Please give your answers on the basis of how things have been for you over the last **SIX MONTHS**

Please <u>✓</u> <u>one</u> box on EVERY line	Not True	Somewhat True	Definitely True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

Please check <u>one</u> box on <u>EVERY</u> line	Not True	Somewhat True	Definitely True
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

The following questions are about your experiences of secondary school. Remember that your answers are confidential.

27. Have you been at this school since the start of Year 7?

Please ✓ one box only

Yes, I have been at this school since the start of Year 7

No, I have changed secondary schools at least once

28 How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!
The teachers at this school are fair in dealing with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's at least one teacher or other adult in this school I can talk to if I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can go to my teachers with the things that are on my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers believe all students can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, students' ideas are listened to and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers and students really trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers treat students with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This school really cares about students as individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers really listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really like most of my teachers at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

29. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!
I feel very different from most other students here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can really be myself at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students in this school take my opinions seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am encouraged to express my own views in my classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the students in my classes enjoy being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the students in my classes are kind and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most other students accept me as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I belong at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

30. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!
There are lots of chances for students at this school to get involved in sports, clubs and other activities outside class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers at this school notice when students are doing a good job and let them know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At this school, students have a lot of chances to help decide and plan school activities, events and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student activities at this school offer something for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have a say in decisions affecting them at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students at this school are encouraged to take part in activities, programmes and special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!
I try hard in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing well in school is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing or completing my education is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am successful in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

32. How many times have you done the things below in the last three months?

Please ✓ one box on **EVERY** line

	Never	1 or 2 times	3 or 4 times	5 or more times
I pushed, shoved, slapped, or kicked other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I called other students names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I said things about other students to make other students laugh.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I teased other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I threatened to hit or hurt another student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

33. During the last 3 months of school, have you skipped / bunked off school?

Yes
No

34. During the last 3 months of school, have any of your friends at this school skipped / bunked off?

Yes
No

35. Have you EVER been temporarily or permanently excluded from this school?

Yes
No

36. Have any of your friends at this school EVER been temporarily or permanently excluded?

Yes
No

37. In the past 12 months, have you ever been stopped or told off by the police OUTSIDE school?

No Yes, once
Yes, twice Yes, three or more times

38. In the past 12 months, have you ever been formally cautioned or arrested by the police?

No Yes, once
Yes, twice Yes, three or more times

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

39. Please think about your friends who are the same age as you. How many of them have been told off, stopped or picked up by the police OUTSIDE school in the last 12 months?

Please ✓ one box only

- | | | | |
|--------------|--------------------------|---------------|--------------------------|
| None of them | <input type="checkbox"/> | A few of them | <input type="checkbox"/> |
| Most of them | <input type="checkbox"/> | All of them | <input type="checkbox"/> |

40. In the past 12 months how many nights have you spent in hospital because you had an accident or injury?

Please ✓ one box only

- | | | | |
|--|--------------------------|--------------|--------------------------|
| None | <input type="checkbox"/> | One night | <input type="checkbox"/> |
| Two nights | <input type="checkbox"/> | Three nights | <input type="checkbox"/> |
| More than three nights please state how many _____ | | | |

41. In the past 12 months how many times have you used any other health services (e.g. GP, hospital outpatients) because you had an accident or injury?

Please ✓ one box only

- | | | | |
|---|--------------------------|-------------|--------------------------|
| None | <input type="checkbox"/> | One time | <input type="checkbox"/> |
| Two times | <input type="checkbox"/> | Three times | <input type="checkbox"/> |
| More than three times please state how many _____ | | | |

We also want to know about your health.

42. Which of the following best describes you?

- | | |
|---|--------------------------|
| I currently smoke e-cigarettes | <input type="checkbox"/> |
| I have tried e-cigarettes in the past 12 months but do not currently smoke them | <input type="checkbox"/> |
| I have tried e-cigarettes longer than 12 months ago but do not currently smoke them | <input type="checkbox"/> |
| I have never tried e-cigarettes | <input type="checkbox"/> |

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

43. Read all of these statements carefully and tick the box next to the one which describes you best

Please ✓ one box only

- | | | |
|---|--------------------------|-------------------|
| I have never smoked | <input type="checkbox"/> | Go to question 45 |
| I have tried smoking but have never smoked regularly | <input type="checkbox"/> | Go to question 44 |
| I used to smoke regularly but I never smoke a cigarette now | <input type="checkbox"/> | Go to question 44 |
| I smoke cigarettes regularly but not as many as one a week | <input type="checkbox"/> | Go to question 44 |
| I usually smoke between one and six cigarettes a week | <input type="checkbox"/> | Go to question 44 |
| I usually smoke more than six cigarettes a week | <input type="checkbox"/> | Go to question 44 |

44. How long is it since you last smoked a cigarette (even if it was only a puff or two)?

Please ✓ one box only

- | | |
|--|--------------------------|
| Less than one day | <input type="checkbox"/> |
| One to three days | <input type="checkbox"/> |
| Four to seven days | <input type="checkbox"/> |
| More than a week but less than a month | <input type="checkbox"/> |
| One to two months | <input type="checkbox"/> |
| Three to six months | <input type="checkbox"/> |
| More than six months | <input type="checkbox"/> |

45. Have you ever drunk alcohol (more than just a sip)?

- | | | |
|-----|--------------------------|-------------------------------------|
| Yes | <input type="checkbox"/> | |
| No | <input type="checkbox"/> | → If 'No', please go to question 49 |

46. If yes, how often do you drink alcohol?

Please ✓ one box only

- | | |
|--|--------------------------|
| I have not drunk alcohol in the last week | <input type="checkbox"/> |
| I have drunk alcohol once or more in the last week | <input type="checkbox"/> |

47. Have you ever had so much alcohol that you were really drunk?

Please ✓ one box only

- | | |
|-------------------------|--------------------------|
| No, never | <input type="checkbox"/> |
| Yes, once | <input type="checkbox"/> |
| Yes, 2-3 times | <input type="checkbox"/> |
| Yes, 4-10 times | <input type="checkbox"/> |
| Yes, more than 10 times | <input type="checkbox"/> |

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

48. On how many occasions (if any) have you drunk 5 or more drinks in a row in the last 30 days?

Please ✓ one box only

- | | |
|------------|--------------------------|
| 0 | <input type="checkbox"/> |
| 1-2 | <input type="checkbox"/> |
| 3-5 | <input type="checkbox"/> |
| 6-9 | <input type="checkbox"/> |
| 10-19 | <input type="checkbox"/> |
| 20-39 | <input type="checkbox"/> |
| 40 or more | <input type="checkbox"/> |

49. Has anyone ever offered you any drugs?

Please ✓ one box only

- | | | |
|---|--------------------------|--------------------------|
| No, I've never been offered drugs | <input type="checkbox"/> | → go to qu. 51 next page |
| Yes, I've been offered drugs <u>but I didn't try them</u> | <input type="checkbox"/> | → go to qu. 51 next page |
| Yes, I've been offered drugs <u>and I tried them</u> | <input type="checkbox"/> | → answer qu. 50 |

50. If you have tried drugs, have you tried any of the following and how often?

	Yes, in the last week	Yes, in the last month	Yes, but not in the last month
Cannabis <i>(hash, weed, joints, spliff)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniffing glue or solvents <i>(lighter fuel, petrol, gas)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

51. Have you ever had sex (sexual intercourse) with a girl or woman?

Please ✓ one box only

Yes No

If yes, how old were you the first time? _____Years _____Months

52. Have you ever had sex (sexual intercourse) with a boy or man?

Please ✓ one box only

Yes No

If yes, how old were you the first time? _____Years _____Months

If you have never had sex, go to qu. 54

53. The FIRST TIME you had sex, did you or your partner use any of the following?

You can ✓ more than one box

- | | |
|---|--------------------------|
| Condom | <input type="checkbox"/> |
| The pill | <input type="checkbox"/> |
| The emergency contraception pill ('morning after' pill) | <input type="checkbox"/> |
| Other, Please say what: _____ | <input type="checkbox"/> |
| Not sure | <input type="checkbox"/> |
| OR Didn't use anything | <input type="checkbox"/> |

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

54. How much of a problem have these things been for you in the past ONE month ... Please ✓one box on EVERY line

	Never	Almost Never	Sometimes	Often	Almost Always
It is hard for me to walk more than 50 metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to do sports activity or exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to lift something heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to take a bath or shower by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard for me to do chores around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hurt or ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel afraid or scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about what will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble getting along with other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kids do not want to be my friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kids tease me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

	Never	Almost Never	Sometimes	Often	Almost Always
I cannot do things that other kids my age can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to keep up when I play with other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to pay attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forget things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble keeping up with my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss school because of not feeling well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss school to go to the doctor or hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each over the LAST TWO WEEKS.

Please ✓ one box on EVERY line

	None of the time	Rarely	Sometimes	Often	Always
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

These questions ask about how you are TODAY.

56. For each question, read all the choices and decide which one is most like you TODAY. Then put a tick in the box next to it.

Please ✓ one box only for each question

How worried are you today?

- 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

How sad are you today?

- 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

Are you in pain today?

- I don't have 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

How tired are you today?

- 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

How annoyed are you today?

- 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

How well did you sleep last night?

- 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

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

Please ✓ one box only for each question

Thinking about your school work/homework today (such as reading and writing)

- 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

Thinking about your daily routine (things like eating, having a bath/shower)

- I have no problems 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

Are you able to join in activities like playing out with your friends and doing sports?

- 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

And some more questions about school...

57. How fair do you think the rules are at this school?

Please ✓ one box only

- Very fair
- Quite fair
- Quite unfair
- Very unfair

58. Does this school have rules that are written down somewhere?

- Yes
- No
- I don't know

59. Do teachers at this school try to make sure that students obey the rules?

Please ✓ one box only

- All teachers do
- Some teachers do
- Most teachers do
- No teachers do

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

60. Are you involved with any extra-curricular activities at your school?

Please ✓ as many as apply

- No
- Yes – Sports
- Yes – Art, music or drama
- Yes – Other clubs

61. Do you feel safe at this school?

Please ✓ one box only

- All the time
- Most of the time
- Some of the time
- Never

This part of the questionnaire is about your friends at school.

62. First of all, how many friends do you have at this school?

Please ✓ one box only

- None → If 'None', please go to question 68 on the next page
- One friend
- Just a few
- Several
- Lots of friends

63. Recently have you had any fights or arguments with any of your friends at school?

Please ✓ one box only

- No
- Yes – with one or two people
- Yes – with more than two people

64. If you get angry or upset do you have a friend at school you can tell how you feel?

Please ✓ one box only

- No
- Yes – one or two people
- Yes – more than two people

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

65. When you feel happy do you have a friend at school you can share this with?

Please ✓ one box only

- No
Yes

66. Do you have a friend at school you can trust with your private thoughts and feelings?

Please ✓ one box only

- No
Yes

67. Is there anyone who really knows you very well (understands how you think and feel) at school?

Please ✓ one box only

- No
Yes
Yes, sort of

68. Which of the following have you seen happen at this school in the last 3 months of school

Please ✓ as many as apply

- Boys fighting
Girls fighting
Someone threatening someone
A student trying to hurt another student
Someone robbing money or a mobile phone
Someone letting off a firework
Someone carrying a knife

69. This school has recently been taking steps to reduce bullying and aggression

Please ✓ one box only

- Yes
No
Not sure

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

70. This past year in class, we've been learning how to get on well together

Please ✓ one box only

Yes
No
Not sure

71. This past year in class, we've been learning how to manage our emotions

Please ✓ one box only

Yes
No
Not sure

72. This past year in class, we've been learning how to resolve conflict

Please ✓ one box only

Yes
No
Not sure

73. I understand what is meant by 'Restorative Practice'

Please ✓ one box only

Yes
Yes, sort of
No

74. If there is trouble at this school, staff respond by:

Please ✓ all that apply

Punishing those who did wrong
Talking to those involved to help them get on better
Neither of the above

75. Teachers and students at this school get together to build better relationships

Please ✓ one box only

Often
Sometimes
Never

ALL YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL

76. Teachers and students at this school get together to discuss their views and feelings

Please ✓ one box only

Often
Sometimes
Never

77. At this school, students were involved in developing the behaviour policy or school rules

Please ✓ one box only

Yes
No
Not sure

That is the end. THANK YOU!

Please remain quiet until everyone has finished.

For confidential advice and support for whatever you are worried about, whenever you need help:

- NSPCC Childline on 0800 1111
- Brook, the young people's sexual health & wellbeing charity
<https://www.brook.org.uk/>

2.3: Staff information sheet and consent form (main survey)



Consent form for teachers

We are researchers working at your school. As part of our research we want to get your views about school and find out about how much you enjoy your work. This questionnaire will only take about 5-10 minutes. The answers you give will be used to try and improve schools and promote public health.

The questionnaire has some questions about your experiences of working with others at this school, bullying and other potentially sensitive topics. Please make sure you have the peace and privacy you need to fill in the questionnaire. Your participation is voluntary and you can stop taking part at any point.

The questionnaire is completely confidential. Afterwards, the questionnaire will be taken to our offices and your name will not be on it. When we write reports based on the research, you will not be named or in any way be identified.

If you're happy to fill in the questionnaire, please fill in the consent box below.
This information sheet will be kept separately from the questionnaire.

Name

I have read the information sheet above.

I understand that I can choose to take part or not.

I understand that I can stop taking part at any time.

I agree to take part in this study.

Signed **Date**

2.4: Staff questionnaire year 3 (main survey)

ID Number: _____
(FOR OFFICE USE ONLY)



- We are researchers and we want to get your views about school and find out about how much you enjoy your work. The answers you give on this questionnaire will be used to try and improve schools and promote students' and teachers' health.

- Your name is not on this questionnaire. This questionnaire is COMPLETELY CONFIDENTIAL. No-one will find out what you write other than the researchers. If you don't want to answer a question, just leave it blank.

- This should only take about 20 minutes
Please fill it all in and be honest.

- Unless otherwise instructed, put a tick (✓) in the boxes provided. If you have made a mistake, put a cross (x) through the box and answer again. Please return this questionnaire to the research team once completed.

1. Are you: Male Female

2. Which ethnicity best describes you?

Please ✓ one box

- White British
- White other
- Asian or Asian British
- Black or Black British
- Chinese/Chinese British
- Mixed ethnicity
- Other ethnic group

3. How long have you worked at this school?

Please ✓ one box

- Less than one year
- One to five years
- More than five years

4. How many other secondary schools have you worked at since you qualified as a teacher/became a teaching assistant?

Please ✓ one box

- None
- One
- Two
- More than two

5. Which of these best describes your position?

Please ✓ one box

- Subject teacher
- Teaching assistant
- Head of Year
- Head of Department
- School senior management
- Other (write) _____

The following questions are about your experiences of this school.

6. How much do you agree with the following statements?

Please ✓one box on EVERY line

	YES, totally agree	Yes, I agree a bit	No, I don't really agree	NO, totally disagree
Most pupils at this school want to do well in tests and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupils who get good marks or work hard are teased by the other pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most pupils at this school are interested in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many pupils don't do as well as they could because they are afraid that other pupils won't like them as much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is good extra-curricular provision in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are very few pupils at this school whose behaviour in class prevents other pupils from learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most pupils behave well in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is not much bullying or name-calling of each other by pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the students in my classes enjoy being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I notice when students are doing a good job and let them know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At this school, students have a lot of chances to help decide and plan school activities, events and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student activities at this school offer something for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have a say in decisions affecting them at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. At this school, if students are violent or aggressive on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians called or contacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to a school counsellor or school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to the leadership group (e.g., head of year, assistant head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to participate in a group or programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged to participate in peer mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placed in school detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated on their own at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded from school temporarily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded from school permanently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. We want to find out how you feel about work at this school. All your answers are completely confidential.

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
I feel frustrated because of discipline problems in my classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frustrated because some students would do better if they tried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frustrated having to monitor student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frustrated attempting to teach students who are poorly motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frustrated because of inadequate/poorly defined discipline problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frustrated when my authority is rejected by students/management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How well are members of staff supported with behaviour management at this school by senior members of staff?

Please ✓ one box only

- Very well
- Quite well
- Not very well
- Not at all

10. How well are members of staff supported with behaviour management at this school by all staff implementing consistent techniques across the school?

Please ✓ one box only

- Very well
- Quite well
- Not very well
- Not at all

11. These questions are used to assess job satisfaction. They may seem obvious or weird but please try and answer them all!

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
I have a great deal of say in planning my work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others make decisions concerning my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good deal of say in decisions about my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a say in choosing with whom I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My working time can be flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can decide when to take a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a choice in deciding what you do at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a choice in deciding how you do your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your job boring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your work demand a high level of skill or expertise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your job require you take the initiative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get sufficient information from school leadership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to work very fast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to work very intensively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to do the same thing over and over again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough time to do everything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
Do different groups at work demand things from you that you think are hard to combine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the possibility of learning new things through your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough time to relax and enjoy your time at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you get help and support from your colleagues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your job provide you with a variety of interesting things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are your colleagues willing to listen to your work related problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get consistent information from school leadership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Which ONE of the following statements best sums up your current situation?

Please ✓ one box only

- I would quit this job at once if I could
- I would take almost any other job in which I could earn as much as I am earning now
- I would like to change both my job and my occupation
- I would like to exchange my present job for another one
- I am not eager to change my job, but I would do so if I could get a better job
- I cannot think of any jobs for which I would exchange
- I would not exchange my job for any other

13. Which ONE of the following statements shows how you think you compare with other people? Please ✓ one box only

- No-one dislikes their job more than I dislike mine
- I dislike my job much more than most people dislike theirs
- I dislike my job more than most people dislike theirs
- I like my job about as well as most people like theirs
- I like my job better than most people like theirs
- I like my job much better than most people like theirs
- No-one likes their job better than I like mine

14. Have you been THREATENED PHYSICALLY OR ACTUALLY HURT by a student at this school in the last three months of school-time?

- No → If 'No', please go to question 15
Yes

If 'Yes', how often? Please ✓ one box only

- Once
- Occasionally
- About once a week
- Most days

If 'Yes', have you had support to deal with this? Please ✓ one box only

- Yes
- No
- Not sure

15. Do you feel safe at this school?

Please ✓ one box only

- All the time
- Some of the time
- Most of the time
- Never

16. Have you ever been victimised through mobile phone use or on the internet by a student (e.g. sent abusive text messages or emails)? Please ✓ one box only

- No, I haven't
- Yes, it has happened once or twice
- Yes, several times

17. Do you know any member of staff at this school who has ever been victimised through mobile phone use or on the internet by a student?

- Yes
- No

18. In the past month how many hours of your time have been spent dealing directly with student bullying or aggressive behaviour?

Please ✓ one box only

None in the last month Less than two hours
Two to four hours Four to six hours
More than six hours please state how long _____

19. On the following page are 22 statements of job related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

Example

How often (0-6)	Statement:
1. _____	I feel depressed at work

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How Often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

How often (0-6)	Statement:
1. _____	I feel emotionally drained from my work
2. _____	I feel used up at the end of the workday
3. _____	I feel fatigued when I get up in the morning and have to face another day on the job
4. _____	I can easily understand how my students feel about things
5. _____	I feel I treat some students as if they were impersonal objects.
6. _____	Working with people all day is really a strain for me
7. _____	I deal very effectively with the problems of my students
8. _____	I feel burned out from my work
9. _____	I feel I'm positively influencing other people's lives through my work
10. _____	I've become more callous toward people since I took this job
11. _____	I worry that this job is hardening me emotionally
12. _____	I feel very energetic
13. _____	I feel frustrated by my job
14. _____	I feel I'm working too hard on my job
15. _____	I don't really care what happens to some students
16. _____	Working with people directly puts too much stress on me
17. _____	I can easily create a relaxed atmosphere with my students
18. _____	I feel exhilarated after working closely with my students
19. _____	I have accomplished many worthwhile things in this job
20. _____	I feel like I'm at the end of my rope
21. _____	In my work, I deal with emotional problems very calmly
22. _____	I feel students blame me for some of their problems

The next questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please tick the one box that best describes your answer. Please ✓ one box only.

20. In general, would you say your health is:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- | | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|--|--------------------------|--------------------------|--------------------------|
| a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Climbing several flights of stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <u>Accomplished less</u> than you would like | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were limited in the <u>kind</u> of work or other activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. This school has recently been taking steps to reduce bullying and aggression

Please ✓ one box only

- Yes
No go to question 29
Not sure go to question 29

28. If 'yes' would you say that you support this new work?

Please ✓ one box only

- Yes
No
Not sure

29. I understand what is meant by 'Restorative Practice'

Please ✓ one box only

- Yes
Yes, sort of
No go to question 31

30. If 'yes' or 'yes, sort of', are you supportive of using Restorative Practice in schools

Please ✓ one box only

- Yes completely
Yes, mostly
No

31. If there is trouble at this school, staff respond by:

Please ✓ all that apply

- Punishing those who did wrong
Talking to those involved to help them get on better
Neither of the above

32. Teachers and students at this school get together to build better relationships

Please ✓ one box only

- Often
Sometimes
Never

33. Teachers and students at this school get together to discuss their views and feelings

Please ✓ one box only

- Often
- Sometimes
- Never

34. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree!!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!!
The teachers at this school are fair in dealing with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's at least one teacher or other adult in this school students can talk to if they have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students feel they can go to teachers with the things that are on their minds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers believe all students can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, students' ideas are listened to and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers and students really trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers and students treat each other with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This school really cares about students as individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most teachers really listen to what students have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most students like most of their teachers at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Does this school have rules that are written down somewhere?

Yes No I don't know

36. How fair do you think the rules are at this school?

Please ✓ one box only

Very fair Quite fair
Quite unfair Very unfair

37. Do members of staff at this school try to make sure that students obey the rules?

Please ✓ one box only

All staff do Most staff do
Some staff do Very few staff do

38. At this school, students were involved in developing the behaviour policy or school rules

Please ✓ one box only

Yes
No
Not sure

That is the end. THANK YOU!
Please return this questionnaire to the researcher.

2.5: Parent information sheet (main survey)



Information Sheet for Parents/Guardians

We are researchers working at your child's school to evaluate the "Inclusive" project. This is a new project which is being implemented in some schools in England this year and aims to improve relationships between students in school and reduce bullying and aggression.

As part of this research we are asking all Year-8 students to fill in a questionnaire at school. This only takes about 40 minutes. Your child will only fill in the questionnaire if she or he agrees. Your child will also receive information about the questionnaire and be able to ask questions before they decide.

What your child tells us will be used to try and improve schools and young people's health, and the questionnaire will be completely confidential. No-one except the research team will find out about what they say. When we write reports based on the research, your child will not be named or in any way be identified.

We hope you are happy for your child to participate. If you are, you do NOT need to do anything. If you are not happy or have any questions, please contact Anne Mathiot (telephone: [REDACTED] or email: [REDACTED]). Alternatively, you can tell the school directly that you do not want your child to participate.

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Many thanks for your time,

Anne Mathiot (University College London)

