

21<sup>st</sup> March, 1997

# **PARENTS' QUESTIONNAIRE**

## **FOR THE PROJECT**

### ***YOUNG PEOPLE, NEW MEDIA:***

### ***Children, Young People and the Changing Media Environment***

**Sonia Livingstone**

**Moira Bovill**

**London School of Economics and Political Science**

**Thank you for taking part in this important survey of children and young people's leisure use.**

**The world is changing dramatically and our children face new opportunities and challenges. The aim of this survey is to document childhood today in terms of these opportunities and challenges.**

**The information you give us will contribute to building up a picture of young people's lives in Great Britain today and will help to establish guidelines to secure a better future for all our children.**

**EVERYTHING YOU TELL US IS STRICTLY CONFIDENTIAL.**

1 Please put the age of the child in your family who is taking part in our survey in the box below.

	.....years .....months	
--	---------------------------	--

FROM NOW ON PLEASE ANSWER ALL QUESTIONS WITH REGARD TO THIS PARTICULAR CHILD.

2 Some children and young people take part in organised activities outside school, such as clubs of different sorts. How often at the moment does YOUR CHILD do any of the things below?

	Never	Less than once a week	Once a week or more
<i>PUT A CROSS IN EACH ROW</i>			
Swimming club/lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cubs/ Brownies etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other club ( <i>PUT A CROSS AND WRITE IN BELOW</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	.....		

3a How much of YOUR CHILD'S leisure time is spent OUTDOORS outside the house (or garden) WITHOUT ADULTS being around?

*PUT A CROSS IN ONE BOX ONLY IN COLUMN 1*

3b When YOU were your child's age, how much of YOUR TIME was spent outdoors outside the house (or garden) without adults around?

*PUT ONE CROSS IN COLUMN 2*

	Col 1	Col 2
All/ Almost all of it	<input type="checkbox"/>	<input type="checkbox"/>
More than half	<input type="checkbox"/>	<input type="checkbox"/>
About half	<input type="checkbox"/>	<input type="checkbox"/>
Very little	<input type="checkbox"/>	<input type="checkbox"/>
None of it	<input type="checkbox"/>	<input type="checkbox"/>

4 Do you have a garden?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**5a How safe are the streets around where you live for YOUR CHILD to play/spend time in?**

*PUT ONE CROSS ONLY IN COLUMN 1*

**5b And how safe were the streets around where you lived when YOU were your child's age?**

*PUT ONE CROSS IN COLUMN 2*

	Col 1 Child	Col 2 You
Very safe	<input type="checkbox"/>	<input type="checkbox"/>
Quite safe	<input type="checkbox"/>	<input type="checkbox"/>
Not very safe	<input type="checkbox"/>	<input type="checkbox"/>
Not at all safe	<input type="checkbox"/>	<input type="checkbox"/>

**6 Below are some things which other parents have said they are concerned about.**

**Think about YOUR CHILD and what is effecting his/her life nowadays. Which THREE THINGS are giving you most cause for concern?**

*PUT 3 CROSSES ONLY*

- Educational standards in school
- Your child growing up with decent values
- Job prospects for your child
  
- Violence, sex or bad language on TV
- Violence, sex or bad language on videos
- Addictive computer games
  
- Having enough time to spend with child
- The availability of good social facilities, such as Youth Clubs etc
- The availability of good childcare facilities such as After School Clubs etc
  
- Safety on the roads
- Your child being the victim of crime
- Availability of illegal drugs
  
- NONE A CAUSE FOR CONCERN FOR MY CHILD
  
- Other concern (*PUT A CROSS IN THE BOX AND WRITE IN BELOW*)
- . . . . .

**7 Now some questions about electronic equipment and other things you may have. First, which of these things, if any, are more or less permanently in the CHILD'S ROOM?**

*PUT CROSS(ES) IN COLUMN ONE -*

	Col 1 (In child's room)	Col 2 (Have in house)	Col 3 (Bought in last 6 mths)	Col 4 (Intend to buy)
TV set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable/ satellite TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teletext	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal stereo (Walkman/ Discman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gameboy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV-linked games machine (Sega/ Nintendo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC/ computer (doesn't take CD-ROMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC/computer (takes CD-ROMs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet link (modem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf of books (not school books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camcorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the things above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8 And which do you have SOMEWHERE ELSE in your home?**

*PUT CROSS(ES) IN COLUMN 2*

**9 And which, if any, have you bought in the last six months?**

*PUT CROSS(ES) IN COLUMN 3*

**10 Which, if any, do you intend to buy in the next six months?**

*PUT CROSS(ES) IN COLUMN 4*



**11 How many of the following things, if any, does your child have of his/her own?**

*PUT ONE CROSS ONLY IN EACH COLUMN*

	Col 1	Col 2	Col 3	Col 4
	<b>Books</b>	<b>Videos</b>	<b>Computer games discs/ cartridges</b>	<b>CD-ROMs</b>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12 Now some questions about what your child does in his/her free time. On a day when your child does any of the things below, about how long altogether does he/she usually spend?**

*PUT A CROSS IN ONE BOX IN EACH ROW*

	A few Minutes	Around half an hour	Around 1 hour	Around 2 hours	Around 3 hours	Around 4 hours	6 hours or more	Child never does this
Reading a book (not a school book)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading a comic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV on Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV on Sundays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV on a weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching a video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music on the radio/tapes/CDs/records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing a computer or video game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer (not for games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13 In general how satisfied are you with what is currently available for your child to watch on TV?**

*PUT A CROSS IN ONE BOX ONLY*

Very satisfied	<input type="checkbox"/>
Quite satisfied	<input type="checkbox"/>
Not very satisfied	<input type="checkbox"/>
Not at all satisfied	<input type="checkbox"/>

**14 Do you think it is a good thing or a bad thing for a young person of your child's age to have a TV set in their bedroom?**

*PUT ONE CROSS ONLY*

- Mainly a good thing
- Mainly a bad thing
- Neither a good thing or a bad thing
- Don't know/ Can't decide

**15 Here are a number of things other people have said about their child and TV.**

**How much do you agree or disagree with each one?**

*PUT ONE CROSS IN EACH ROW*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child learns a lot from TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV has encouraged my child to be lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV has encouraged my child to read some good books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think my child would read more if he/she watched less television <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child knows the difference between characters on TV and real people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child often wants to buy things he/she has seen on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is too old for me to tell him/her what he/she can watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV has made my child grow up too quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV has made my child think violence is a part of normal, everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is often upset by violence in television news reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is often upset by violence in fictional television programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has sometimes copied violent behaviour he/she has seen on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 British broadcasters are required by law to moderate the language and amount of violence shown on television before 9.00 pm (the "watershed"), as children may be watching. Do you think restrictions like this are a good idea or a bad idea?

PUT A CROSS IN ONE BOX ONLY

- Very good idea
- Quite good idea
- Bad idea
- Very bad idea
- No strong views

17 In your opinion when should "watershed" restrictions end?

PUT A CROSS IN ONE BOX ONLY

- Later than 11.00 pm
- 11.00 pm
- 10.00 pm
- 9.30 pm
- 9.00 pm as at present
- 8.30 pm
- 8.00 pm
- Earlier than 8.00 pm
- There shouldn't be any restrictions
- No strong views

---

18 At this time of year, on how many days a week do YOU watch television?

PUT A CROSS IN ONE BOX ONLY

- 6 or 7 days a week
  - 4 or 5 days a week
  - 2 or 3 days a week
  - About once a week
  - Less than once a week
- DO NOT WATCH TV  → Please go to Q 20
- } Please go to Q 19

---

19 On a day when you watch television, for about how long altogether do you watch on average?

PUT A CROSS IN ONE BOX ONLY

- More than 6 hours
- Around 5 hours
- Around 4 hours
- Around 3 hours
- Around 2 hours
- Around 1 hour
- About half an hour
- Just a few minutes

---

20 Now some questions about computers. First do YOU use a computer?

YOU MAY PUT A CROSS IN MORE THAN ONE BOX

- Yes at home  Go to Q 21
- Yes at work  Go to Q 21

No

Go to Q 23

**21 What do you use a computer for?**

*YOU MAY PUT A CROSS IN MORE THAN ONE BOX*

- |                                     |                          |
|-------------------------------------|--------------------------|
| Entertainment (e.g. games)          | <input type="checkbox"/> |
| Word processing                     | <input type="checkbox"/> |
| Programming/graphics/ data analysis | <input type="checkbox"/> |
| Information                         | <input type="checkbox"/> |
| E-mail                              | <input type="checkbox"/> |

---

**22 How comfortable do you yourself feel about using computers?**

*PUT A CROSS IN ONE BOX ONLY*

- |                        |                          |
|------------------------|--------------------------|
| Very comfortable       | <input type="checkbox"/> |
| Fairly comfortable     | <input type="checkbox"/> |
| Not very comfortable   | <input type="checkbox"/> |
| Not at all comfortable | <input type="checkbox"/> |

---

**23 Who in your family knows most about computers and how to use them?**

*PUT A CROSS IN ONE BOX ONLY*

- |                       |                          |
|-----------------------|--------------------------|
| Me                    | <input type="checkbox"/> |
| My husband/wife       | <input type="checkbox"/> |
| Child in survey       | <input type="checkbox"/> |
| Child's brother       | <input type="checkbox"/> |
| Child's sister        | <input type="checkbox"/> |
| No difference         | <input type="checkbox"/> |
| Don't know/ Can't say | <input type="checkbox"/> |
-

**24 People have different views about the effects of computers on society today. How much do you agree or disagree with the following statements?**

*PUT ONE CROSS IN EACH ROW*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People get left behind if they don't know about computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers stop people thinking for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers are exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm keen for my child to know about computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school should teach my child more about computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is more important for children to understand computers than for their parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25 Do YOU YOURSELF sometimes say when your child can or can't do any of the things below? Please put a cross to tell us which ones, if any.**

*PUT CROSS(ES) IN COLUMN 1*

**26 Do you yourself sometimes chat about any of these with your child? Which ones, if any, do you chat about?**

*PUT CROSS(ES) IN COLUMN 2*

	Col 1 Say when	Col 2 Chat
Watch television/ videos	<input type="checkbox"/>	<input type="checkbox"/>
Use/ play on a computer	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music	<input type="checkbox"/>	<input type="checkbox"/>
Make telephone calls	<input type="checkbox"/>	<input type="checkbox"/>
Read books	<input type="checkbox"/>	<input type="checkbox"/>
Go out	<input type="checkbox"/>	<input type="checkbox"/>
None of the things above	<input type="checkbox"/>	<input type="checkbox"/>

27 Below is a list of the things that other parents have said can lead to arguments with their children. Which of these, if any, regularly lead to arguments with your child?

*YOU MAY PUT MORE THAN ONE CROSS*

- How much money they can have
- Getting homework done
- Helping in the house
- Going out
- Going to bed
- Getting up in the morning
- Playing computer games
- Playing/ listening to music
- Watching TV
- Watching videos
- Using the phone

---

28 Suppose there is a big decision to be made, say, over going on holiday or having someone come to live in your household for a while. What usually happens in your household?

*PUT A CROSS IN ONE BOX ONLY*

- The parent(s) decide and tell the child(ren) afterwards
  - The parent(s) decide after discussing it with the child(ren)
  - Everyone discusses it and the family decides together
  - The child(ren) have the final say
  - Other (PUT A CROSS IN THE BOX AND WRITE IN BELOW)
- .....

---

29 Here is a list of various changes in our way of life that might take place in the near future. Which THREE of these changes would you most like to see?

*PUT 3 CROSSES ONLY*

- Less emphasis on money and material possessions
  - Decrease in the importance of work in our lives
  
  - More emphasis on the development of technology
  - Greater emphasis on education
  
  - Greater respect for authority
  - More emphasis on family life
  - A simpler and more natural lifestyle
-

30 There is a lot of talk these days about what the aims of this country should be for the next 10 years. Below are listed some of the goals which different people would give top priority. Which ONE of these do YOU consider the most important?

*PUT ONE CROSS ONLY IN COLUMN 1*

And which would be the next most important?

*PUT ONE CROSS ONLY IN COLUMN 2*

	Col 1	Col 2
Maintaining order in the nation	<input type="checkbox"/>	<input type="checkbox"/>
Giving the people more say in important government decisions	<input type="checkbox"/>	<input type="checkbox"/>
Fighting rising prices	<input type="checkbox"/>	<input type="checkbox"/>
Protecting freedom of speech	<input type="checkbox"/>	<input type="checkbox"/>

31a Now for some other kinds of questions. Could you please tell us at what time your child usually goes to bed when there is school or work the next day?

*PUT ONE CROSS IN COLUMN 1*

31b And at what time does your child usually go to bed on a Friday or Saturday?

*PUT ONE CROSS IN COLUMN 2*

	Col 1	Col 2
Before 7.00	<input type="checkbox"/>	<input type="checkbox"/>
7.00 - 7.59	<input type="checkbox"/>	<input type="checkbox"/>
8.00 - 8.59	<input type="checkbox"/>	<input type="checkbox"/>
9.00 - 9.59	<input type="checkbox"/>	<input type="checkbox"/>
10.00 - 10.59	<input type="checkbox"/>	<input type="checkbox"/>
11.00 - 12.00	<input type="checkbox"/>	<input type="checkbox"/>
After 12.00	<input type="checkbox"/>	<input type="checkbox"/>

32 Does your child share a bedroom with someone else?

*YOU MAY PUT MORE THAN ONE CROSS*

No	<input type="checkbox"/>
Yes - with brother	<input type="checkbox"/>
Yes - with sister	<input type="checkbox"/>
Yes - with someone else	<input type="checkbox"/>

**33 Which type of school, if any, does your child attend?**

*PUT A CROSS IN ONE BOX ONLY*

State primary school	<input type="checkbox"/>	}	Please go to Q 32
Private preparatory school	<input type="checkbox"/>		
State secondary school	<input type="checkbox"/>		
State middle school	<input type="checkbox"/>		
6th form college	<input type="checkbox"/>		
Private secondary school	<input type="checkbox"/>		
Has left school	<input type="checkbox"/>	}	Please go to Q 33
Being educated at home	<input type="checkbox"/>		

**34 Which school year is your child in? (If your child is in a Middle School, 6<sup>th</sup> Form college etc, please put a cross in the equivalent box)**

*PUT A CROSS IN ONE BOX ONLY*

Primary School		Secondary school	
Reception	<input type="checkbox"/>	Year 7	<input type="checkbox"/>
Year 1	<input type="checkbox"/>	Year 8	<input type="checkbox"/>
Year 2	<input type="checkbox"/>	Year 9	<input type="checkbox"/>
Year 3	<input type="checkbox"/>	Year 10	<input type="checkbox"/>
Year 4	<input type="checkbox"/>	Year 11	<input type="checkbox"/>
Year 5	<input type="checkbox"/>	Year 12	<input type="checkbox"/>
Year 6	<input type="checkbox"/>	Year 13	<input type="checkbox"/>

**35 Compared with other children/young people of his/her age in school, how well is your child doing nowadays?**

*PUT A CROSS IN ONE BOX ONLY*

Above average	<input type="checkbox"/>
About average	<input type="checkbox"/>
Below average	<input type="checkbox"/>

**36a How many OLDER brothers and sisters does the child in the survey have?**

*PUT A CROSS IN ONE BOX IN EACH COLUMN*

	Col 1	Col 2
	Older brothers	Older sisters
None	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3+	<input type="checkbox"/>	<input type="checkbox"/>

**36b And how many YOUNGER brothers/ sisters does the child in the survey have?**

*PUT A CROSS IN ONE BOX IN EACH COLUMN*

	Col 1	Col 2
	Younger brothers	Younger sisters
None	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3+	<input type="checkbox"/>	<input type="checkbox"/>

**37 Finally, some questions about you and your household to check that we have spoken to a representative sample of parents. First, are you the mother/ female guardian of the child in the survey, or the father/ male guardian?**

*PUT A CROSS IN ONE BOX ONLY*

Mother/ female guardian       Father/ male guardian

**38 How old are you?**

*PUT A CROSS IN ONE BOX ONLY*

Under 25	<input type="checkbox"/>	40-44	<input type="checkbox"/>
25-29	<input type="checkbox"/>	45-49	<input type="checkbox"/>
30-34	<input type="checkbox"/>	50-54	<input type="checkbox"/>
35-39	<input type="checkbox"/>	55-59	<input type="checkbox"/>
		60+	<input type="checkbox"/>

**39 Which of the following best describes you?**

*PUT ONE CROSS ONLY*

Married and living with husband/wife

Living with partner, but not married

Separated or divorced

Widowed

Single and not living with a partner

**40 How would you describe yourself and the child's other parent?**

	Mother	Father
In part-time work	<input type="checkbox"/>	<input type="checkbox"/>
In full-time work	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed (looking for work)	<input type="checkbox"/>	<input type="checkbox"/>
Full-time housewife/husband	<input type="checkbox"/>	<input type="checkbox"/>
Retired/pensioned	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>

**41a When did you finish your full-time education? By that we mean spending 20 hours a week or more in education, registered as a full-time student.**

PUT ONE CROSS IN COLUMN 1

41b And when did the child's other parent finish full-time education?

PUT A CROSS IN COLUMN 2

	Col 1	Col 2
Under 16	<input type="checkbox"/>	<input type="checkbox"/>
Aged 16	<input type="checkbox"/>	<input type="checkbox"/>
Aged 17-19	<input type="checkbox"/>	<input type="checkbox"/>
Aged 20+	<input type="checkbox"/>	<input type="checkbox"/>
Still in full-time education	<input type="checkbox"/>	<input type="checkbox"/>

42 Please can you tell us what is the yearly income of your household, including any benefits.

PUT A CROSS IN ONE BOX ONLY

Under £5,000	<input type="checkbox"/>	
£5,000 - £9,499		<input type="checkbox"/>
£9,500 - £11,499		<input type="checkbox"/>
£11,500 - £14,499		<input type="checkbox"/>
£14,500- £17,499		<input type="checkbox"/>
£17,500 - £24,999		<input type="checkbox"/>
£25,000- £34,999		<input type="checkbox"/>
£35,000 or over		<input type="checkbox"/>

43 What is the main language spoken at home in your family?

PUT A CROSS IN ONE BOX ONLY

English	<input type="checkbox"/>
Other (PUT A CROSS AND WRITE IN)	<input type="checkbox"/>

.....

44a How would you describe yourself?

PUT A CROSS IN ONE BOX ONLY

White	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>
Black - African	<input type="checkbox"/>
Black - Other	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>

44b Which of the following best describes the area where you live?

In the middle of a city	<input type="checkbox"/>
On the outskirts of a city	<input type="checkbox"/>
In the middle of a town	<input type="checkbox"/>
On the outskirts of a town	<input type="checkbox"/>
In a village/countryside	<input type="checkbox"/>

45 Apart from such special occasions such as weddings, funerals or baptisms, how often, if at all nowadays do you attend services or meetings connected with your religion?

PUT A CROSS IN ONE BOX ONLY

- Once a week or more
- About once a fortnight
- About once a month
- About once or twice a year
- Hardly ever/ never

46 Finally, this survey is designed to see how families are using different kinds of media. This may be changing rapidly at the moment and we may want to recontact some families after six months or a year. Would you be willing for your family to be recontacted?

PUT A CROSS IN ONE BOX ONLY

- Yes  Go to Q 47
- No  END OF QUESTIONNAIRE

**TO BE FILLED IN ONLY BY THOSE WILLING TO BE RECONTACTED**

47 Please give us your name, initials, address and telephone number.

NAME : (Mr/ Mrs/ Miss/ Ms CIRCLE AS APPROPRIATE)

.....

ADDRESS:

.....

.....

.....

TELEPHONE NUMBER (including area code):

.....

THANK YOU FOR YOUR HELP. PLEASE GIVE THIS QUESTIONNAIRE TO THE INTERVIEWER WHEN THE INTERVIEW WITH YOUR CHILD HAS ENDED OR POST IT BACK TO US IN THE ENVELOPE PROVIDED.