

COPY ID NUMBERS FROM SUMMARY CONTACT SHEET	COUNTRY CODE		SAMPLE POINT NUMBER			ADDRESS NUMBER					INTERVIEWER NAME & NUMBER
ADDRESS:											
POSTAL CODE						TELEPHONE NUMBER					

EU Kids Online II April 2010

9-10 YEARS-OLD

HOW TO FILL IN THIS PART OF THE SURVEY

- Please **read each question carefully** and take your time to answer.
- Answer simply **by putting a tick** in the boxes next to the answers you want to give.
- PAPER ONLY: You may not need to answer all of the questions. Instructions in **"WORDS WRITTEN IN BOLD LIKE THIS"** are instructions to tell you which questions to answer.
- Please **make sure you read all the bits written in grey boxes**, these are really important in helping you to understand the questions.
- If you see **a question that you can't answer** or don't want to answer, just tick "don't know" or "prefer not to say" and go to the next question.
- Just **ask the interviewer** if you have any questions as you fill in the survey, however small.

This survey is all about you so it is really important that you are as honest as possible. Please don't worry about other people you know seeing your answers – that won't happen.



PRACTICE QUESTIONS

PLEASE READ: Here are some practice questions. The interviewer will help you understand what to do.

EVERYONE ANSWER THIS QUESTION

1. Have you ever played internet games (on your own or against the computer?)

PLEASE TICK ONE BOX ONLY

- | | | |
|---|-------------------|--------------------------|
| A | Yes | <input type="checkbox"/> |
| B | No | <input type="checkbox"/> |
| C | Don't know | <input type="checkbox"/> |
| D | Prefer not to say | <input type="checkbox"/> |

See question below

Answer question on next page

2. If you answered yes, how often have you played internet games in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- | | | |
|---|-------------------------------|--------------------------|
| A | Every day or almost every day | <input type="checkbox"/> |
| B | Once or twice a week | <input type="checkbox"/> |
| C | Once or twice a month | <input type="checkbox"/> |
| D | Less often | <input type="checkbox"/> |
| | Don't know | <input type="checkbox"/> |

3. How true are these of you?

PLEASE TICK ONE BOX ON **EVERY** LINE

		Not true	A bit true	Very true
A	I know more about the internet than my parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	I know lots of things about using the internet...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	There are lots of things on the internet that are good for children of my age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of practice questions

SECTION A

About you

EVERYONE ANSWER THESE QUESTIONS

PLEASE READ: Here are some questions about what kind of a person you are

4. How true is this of you?

PLEASE TICK ONE BOX ON EVERY LINE

		Not true	A bit true	Very true
A	I am confident that I can deal with unexpected problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	I am usually on my own, I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	It's easy for me to stick to my aims and achieve my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **How true is this of you?**

PLEASE TICK ONE BOX ON EVERY LINE

	Not true	A bit true	Very true
A I have at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B I fight a lot, I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C I am often unhappy, sad or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F I am nervous in new situations, I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H Other children or young people pick on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.. **How true is this of you?**

PLEASE TICK ONE BOX ON EVERY LINE

	Not true	A bit	Very true
A I am easily distracted and find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Other people my age often treat me as if I wasn't there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C If I am in trouble I can usually think of something to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F I can generally work out how to handle new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G I have many fears, and I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **How true is this of you?**

PLEASE TICK ONE BOX ON EVERY LINE

		Not true	A bit true	Very true
A	I do dangerous things for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	I do exciting things, even if they are dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **In the PAST 12 MONTHS, have you done any of these things?**

PLEASE TICK AS MANY BOXES AS NEEDED

B	Missed school lessons without your parents knowing (playing truant, bunking off, skiving or wagging school)	<input type="checkbox"/>
D	Been in trouble with my teachers for bad behaviour	<input type="checkbox"/>
E	Been in trouble with the police	<input type="checkbox"/>
F	None of these things	<input type="checkbox"/>
G	Prefer not to say	<input type="checkbox"/>

9. **When I am bothered about something, I talk to ...**

PLEASE TICK AS MANY BOXES AS NEEDED

A	My mother or father	<input type="checkbox"/>
B	My brother or sister	<input type="checkbox"/>
C	A friend	<input type="checkbox"/>
D	A teacher	<input type="checkbox"/>
E	Some one whose job it is to help children (e.g "police", "social worker", "adviser")	<input type="checkbox"/>
F	Another adult I trust	<input type="checkbox"/>
G	Someone else	<input type="checkbox"/>
H	No one	<input type="checkbox"/>
I	Don't know	<input type="checkbox"/>

10. In the PAST 12 MONTHS, have you seen or experienced something on the internet that has bothered you in some way? For example, made you feel uncomfortable, upset, or feel that you shouldn't have seen it.

PLEASE TICK ONE BOX ONLY

- A Yes
- B No
- C Don't know
- D Prefer not to say

See question below

} Please go straight to the backpage

11. If you answered yes, how often have you seen or experienced something on the internet that has bothered you in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- A Every day or almost every day
- B Once or twice a week
- C Once or twice a month
- D Less often
- E Don't know

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**WELL DONE, YOU HAVE FINISHED THIS SECTION.
PLEASE TELL THE INTERVIEWER**

COPY ID NUMBERS FROM SUMMARY CONTACT SHEET	COUNTRY CODE		SAMPLE POINT NUMBER			ADDRESS NUMBER					INTERVIEWER NUMBER

SECTION B

EVERYONE ANSWER THESE QUESTIONS

PLEASE READ: Sometimes children or teenagers say or do hurtful or nasty things to someone.

When people are hurtful or nasty to someone in this way, it can happen:

- face to face (in person)
- by mobile phones (texts, calls, video clips)
- on the internet (e-mail, instant messaging, social networking, chatrooms)

12. Has someone acted in this kind of hurtful or nasty way to you in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- | | | | | |
|----------|--|-------------------|--------------------------|------------------------------------------|
| A | | Yes | <input type="checkbox"/> | Answer question on next page |
| B | | No | <input type="checkbox"/> | } Please go straight to section C |
| C | | Don't know | <input type="checkbox"/> | |
| D | | Prefer not to say | <input type="checkbox"/> | |

How did it happen...

ONLY ANSWER THE QUESTIONS ON THIS PAGE IF SOMEONE HAS DONE HURTFUL OR NASTY THINGS TO YOU IN THE LAST 12 MONTHS

EVERYONE ELSE GO STRAIGHT TO SECTION C

13. How often has someone acted in this kind of way towards you in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- A Every day or almost every day
- B Once or twice a week
- C Once or twice a month
- D Less often
- E Don't know

14. At any time during the last 12 months, has this happened ... ?

PLEASE TICK AS MANY BOXES AS NEEDED

- A In person face to face
- B By mobile phone calls, texts or image/video texts
- C Some other way
- D Don't know

15. At any time during the last 12 months has this happen on the internet?

PLEASE TICK ONE BOX ONLY

- A Yes
 - B No
 - C Don't know
- Answer questions on next page**
Please go straight to section C

What happened when on the internet...

ONLY ANSWER THE QUESTIONS ON THIS PAGE IF SOMEONE HAS DONE NASTY OR HURTFUL THINGS TO YOU ON THE INTERNET IN THE LAST 12 MONTHS

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

16. And in which ways has this happened to you in the LAST 12 MONTHS?

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|----------|--------------------------------|--------------------------|
| A | On a social networking site | <input type="checkbox"/> |
| B | By instant messaging | <input type="checkbox"/> |
| C | In a chatroom | <input type="checkbox"/> |
| D | By email | <input type="checkbox"/> |
| E | In a gaming website | <input type="checkbox"/> |
| F | Some other way on the internet | <input type="checkbox"/> |
| G | Don't know | <input type="checkbox"/> |
-

17. Thinking now about the LAST TIME this happened to you, how upset were you about what happened (if at all)?

PLEASE TICK ONE BOX ONLY

- | | | |
|---|------------------|--------------------------|
| A | Very upset | <input type="checkbox"/> |
| B | Fairly upset | <input type="checkbox"/> |
| C | A bit upset | <input type="checkbox"/> |
| D | Not at all upset | <input type="checkbox"/> |
| E | Don't know | <input type="checkbox"/> |
-

18.. Did you talk to anyone about what happened?

PLEASE TICK ONE BOX ONLY

- | | | |
|---|-------------------|--------------------------|
| A | Yes | <input type="checkbox"/> |
| B | No | <input type="checkbox"/> |
| C | Prefer not to say | <input type="checkbox"/> |

19. **If you answered yes**, who did you talk to about it?

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|---|---------------------------------------------------------------------------------------|--------------------------|
| A | My mother or father | <input type="checkbox"/> |
| B | My brother or sister | <input type="checkbox"/> |
| C | A friend | <input type="checkbox"/> |
| D | A teacher | <input type="checkbox"/> |
| E | Some one whose job it is to help children (e.g. "police", "social worker", "adviser") | <input type="checkbox"/> |
| F | Another adult I trust | <input type="checkbox"/> |
| G | Someone else | <input type="checkbox"/> |
| H | Don't know | <input type="checkbox"/> |
-

20. Still thinking about that time, did you do any of these things?

PLEASE TICK AS MANY BOXES AS
NEEDED

- A I stopped using the internet for a while
- B I deleted any messages from the other person
- C I changed my privacy/contact settings
- D I blocked the person from contacting me
- E I reported the problem (eg clicked on a 'report abuse' button, contact an internet advisor or "Internet service provider (ISP)")
- F None of these things
- G Don't know

21. And which, if any, of the things you did helped you?

PLEASE TICK AS MANY BOXES
AS NEEDED

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-
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Please go back through the above question and double check that you have entered a response for 21. in the right hand column

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**WELL DONE, YOU HAVE FINISHED THIS SECTION.
PLEASE MOVE ON TO SECTION C**

COPY ID NUMBERS FROM SUMMARY CONTACT SHEET	COUNTRY CODE		SAMPLE POINT NUMBER			ADDRESS NUMBER					INTERVIEWER NUMBER

SECTION C

EVERYONE ANSWER THESE QUESTIONS

22. Have you acted in a way that might have felt hurtful or nasty to someone else in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- | | | | | |
|---|--|-------------------|--------------------------|--------------------------------------|
| A | | Yes | <input type="checkbox"/> | Answer questions on next page |
| B | | No | <input type="checkbox"/> | } Go straight to the backpage |
| C | | Don't know | <input type="checkbox"/> | |
| D | | Prefer not to say | <input type="checkbox"/> | |

How did it happen...

ONLY ANSWER THE QUESTIONS IN THIS SECTION IF YOU MIGHT HAVE DONE SOMETHING HURTFUL OR NASTY TO SOMEONE IN THE LAST 12 MONTHS

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

23. **If you answered yes, how often have you acted in this kind of way in the PAST 12 MONTHS?**

PLEASE TICK ONE BOX ONLY

- A Every day or almost every day
- B Once or twice a week
- C Once or twice a month
- D Less often
- E Don't know
-

24. **In which of the following ways have you acted like this in the PAST 12 MONTHS? ...**

PLEASE TICK AS MANY BOXES AS NEEDED

- A In person face to face
- B By mobile phone calls, texts or image/video texts
- C On the internet
- D Other way(s)
- E Don't know
-

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**WELL DONE, YOU HAVE FINISHED THIS SECTION.
PLEASE TELL THE INTERVIEWER.**

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SECTION D

EVERYONE ANSWER THESE QUESTIONS

PLEASE READ: In the past year, you will have seen lots of different images – pictures, photos, videos. Sometimes, these might be obviously sexual – for example, showing people naked or people having sex.

You might never have seen anything like this, or you may have seen something like this on a mobile phone, in a magazine, on the TV, on a DVD or on the internet.

25. Have you seen ANYTHING of this kind in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- A Yes Answer questions on next page
- B No
- C Don't know Please go straight to the
backpage
- D Prefer not to say

How did it happen...

ONLY ANSWER THE QUESTIONS ON THIS PAGE IF YOU HAVE SEEN ANY KIND OF SEXUAL IMAGE IN THE LAST 12 MONTHS

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

26. How often have you seen these things in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- A Every day or almost every day
 - B Once or twice a week
 - C Once or twice a month
 - D Less often
 - E Don't know
-

27. In which, if any, of these places have you seen these kinds of things in the PAST 12 MONTHS?

PLEASE TICK AS MANY BOXES AS NEEDED

- A In a magazine or book
 - B On television, film or video/DVD
 - C By text (SMS), images (MMS) or otherwise on my mobile phone
 - D By Bluetooth
 - E Other
 - F Don't know
-

28. Have you seen these kind of things on any websites in the PAST 12 MONTHS?

PLEASE TICK ONE BOX ONLY

- | | | | |
|---|-------------------|--------------------------|-----------------------------------------------------------------------------------------|
| A | Yes | <input type="checkbox"/> | } Answer questions on next page

Please go straight to the backpaae |
| B | No | <input type="checkbox"/> | |
| C | Don't know | <input type="checkbox"/> | |
| D | Prefer not to say | <input type="checkbox"/> | |

What happened when on the internet...

ONLY ANSWER THE QUESTIONS ON THIS PAGE IF YOU HAVE SEEN ANY KIND OF SEXUAL IMAGES ON WEBSITES IN THE LAST 12 MONTHS_

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

29. Which types of website have you seen things like this on in the LAST 12 MONTHS?

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|----------|-------------------------------------------------------|--------------------------|
| A | On a social networking site | <input type="checkbox"/> |
| B | By images that pop-up accidentally | <input type="checkbox"/> |
| C | On a video-hosting site (e.g. YouTube) | <input type="checkbox"/> |
| D | On an adult/X-rated website | <input type="checkbox"/> |
| E | In a gaming website | <input type="checkbox"/> |
| F | On a peer to peer file-sharing website (e.g Limewire) | <input type="checkbox"/> |
| G | Some other type of website | <input type="checkbox"/> |
| H | Don't know | <input type="checkbox"/> |
-

30. Seeing sexual images on the internet may be fine or may not be fine. In the LAST 12 MONTHS, have you seen any things like this that have bothered you in any way? For example, made you feel uncomfortable, upset, or feel that you shouldn't have seen them.

PLEASE TICK ONE BOX ONLY

- | | | | |
|---|-------------------|--------------------------|-------------------------------------------|
| A | Yes | <input type="checkbox"/> | Answer questions on next page |
| B | No | <input type="checkbox"/> | |
| C | Don't know | <input type="checkbox"/> | Please go straight to the backpage |
| D | Prefer not to say | <input type="checkbox"/> | |
-

What happened when you were bothered by the things you saw...

**ONLY ANSWER THE QUESTIONS IN THIS SECTION IF YOU HAVE
SEEN ANY KIND OF SEXUAL IMAGES THAT BOTHERED YOU ON
THE INTERNET IN THE LAST 12 MONTHS**

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

31. **Thinking about the LAST TIME you were bothered by something like this, how upset did you feel about it (if at all)?**

PLEASE TICK ONE BOX ONLY

- | | | |
|----------|------------------|--------------------------|
| A | Very upset | <input type="checkbox"/> |
| B | Fairly upset | <input type="checkbox"/> |
| C | A bit upset | <input type="checkbox"/> |
| D | Not at all upset | <input type="checkbox"/> |
| E | Don't know | <input type="checkbox"/> |
-

32.. Again, thinking about this time, did you talk to anyone about what happened?

PLEASE TICK ONE BOX ONLY

- | | | |
|---|------------|--------------------------|
| A | Yes | <input type="checkbox"/> |
| B | No | <input type="checkbox"/> |
| C | Don't know | <input type="checkbox"/> |

33. **If you answered yes**, who did you talk to about it?

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|---|---------------------------------------------------------------------------------------|--------------------------|
| A | My mother or father | <input type="checkbox"/> |
| B | My brother or sister | <input type="checkbox"/> |
| C | A friend | <input type="checkbox"/> |
| D | A teacher | <input type="checkbox"/> |
| E | Some one whose job it is to help children (e.g. "police", "social worker", "adviser") | <input type="checkbox"/> |
| F | Another adult I trust | <input type="checkbox"/> |
| G | None of these | <input type="checkbox"/> |
| H | Don't know | <input type="checkbox"/> |
-

34. Again, thinking about this time, did you do any of these things?

PLEASE TICK AS MANY BOXES AS NEEDED

- A I stopped using the internet for a while
- B I deleted any messages from the person who sent it to me
- C I changed my filter/contact settings
- D I blocked the person who has sent it to me
- E I reported the problem (eg clicked on a 'report abuse' button, contact an internet advisor or "Internet service provider (ISP)")
- F None of these things
- G Don't know

35. And which, if any, of the things you did helped you?

PLEASE TICK AS MANY BOXES AS NEEDED

-
-
-
-
-
-
-

Please go back through the above question and double check that you have entered a response for 35. in the right hand column

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**WELL DONE, YOU HAVE FINISHED THIS SECTION.
PLEASE TELL THE INTERVIEWER.**

SECTION E

THERE ARE NO QUESTIONS TO BE ANSWERED
FOR THAT SECTION



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SECTION F

EVERYONE ANSWER THESE QUESTIONS

PLEASE READ: Here are some questions about the way you use the internet.

36. Have you done any of the following things in the PAST 12 MONTHS; if yes how often have you done each of these things?

PLEASE TICK ONE BOX ON EVERY LINE

	Yes				No	Don't know	Prefer not to say
	Every day or almost every day	Once or twice a week	Once or twice a month	Less often			
A Looked for new friends on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Sent personal information (e.g. my full name, address or phone number) to someone that I have never met face to face..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Added people to my <i>friends list</i> or <i>address book</i> that I have never met face to face.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Have you done any of the following things in the PAST 12 MONTHS; if yes how often have you done each of these things?

PLEASE TICK ONE BOX ON EVERY LINE

	Yes				No Never/ not in the past year	Don't know	Prefer not to say
	Every day or almost every day	Once or twice a week	Once or twice a month	Less often			
A Pretended to be a different kind of person on the internet from what I really am....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Sent a photo or video of myself to someone that I have never met face to face.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVERYONE ANSWER THESE QUESTIONS

PLEASE READ: Next are some questions about the contact you might have had with people you have met online.

Remember to think about **ANY WAY** of using the internet (e.g. on a computer or mobile phone) and **ANY PLACE** where you use the internet (e.g. at home or school or somewhere else).

When we talk about 'face to face' we mean talking to someone in person at the same place rather than through the internet, on a phone or a webcam.

38. Can I just check, have you ever had contact on the internet with someone you have not met face to face before?

(This could have been by email, chat rooms, social networking sites, instant messaging or gaming sites)

PLEASE TICK ONE BOX ONLY

- A Yes
- B No
- C Don't know

Answer 39.

**Please go straight to the
backpage**

39. **If you answered yes**

And have you ever gone on to meet anyone face to face that you first met on the internet in this way?

PLEASE TICK ONE BOX ONLY

- A Yes
- B No
- C Don't know
- D Prefer not to say

Answer 40.

**Please go straight to the
backpage**

How did it happen...

ONLY ANSWER THE QUESTIONS IN THIS SECTION IF YOU HAVE MET SOMEONE FACE-TO-FACE THAT YOU FIRST MET ON THE INTERNET IN THE LAST 12 MONTHS

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

And how many new people have you met in this way in the LAST 12 MONTHS, (if any)?

40.

PLEASE TICK ONE BOX ONLY

- | | | |
|---|--------------|--------------------------|
| A | 1-2 | <input type="checkbox"/> |
| B | 3-4 | <input type="checkbox"/> |
| C | 5-10 | <input type="checkbox"/> |
| D | More than 10 | <input type="checkbox"/> |
| E | Don't Know | <input type="checkbox"/> |

41. **In the LAST 12 MONTHS, which of these types of people have you met face to face that you first met on the internet?**

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|---|----------------------------------------------------------------------------------------|--------------------------|
| A | Someone who is a friend or family member of someone else I know in person face to face | <input type="checkbox"/> |
| B | Someone who had no connection with my life before I met them on the internet | <input type="checkbox"/> |
| C | Neither | <input type="checkbox"/> |
-

How did it happen...

ONLY ANSWER THE QUESTIONS IN THIS SECTION IF YOU HAVE MET SOMEONE FACE-TO-FACE THAT YOU FIRST MET ON THE INTERNET IN THE LAST 12 MONTHS

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

42. **And thinking about any people you have gone to a meeting with in the LAST 12 MONTHS who you first met on the internet, in what ways did you first get in contact with them?**

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|---|--------------------------------|--------------------------|
| A | On a social networking site | <input type="checkbox"/> |
| B | By instant messaging | <input type="checkbox"/> |
| C | In a chatroom | <input type="checkbox"/> |
| D | By email | <input type="checkbox"/> |
| E | In a gaming website | <input type="checkbox"/> |
| F | Some other way on the internet | <input type="checkbox"/> |
| G | Don't know | <input type="checkbox"/> |

43. **Face to face meetings with people that you first meet on the internet may be fine or not fine. In the LAST 12 MONTHS have you gone to a meeting with someone you met in this way that has bothered you? For example, made you feel uncomfortable, upset, or feel that you shouldn't have been there?**

PLEASE TICK ONE BOX ONLY

- | | | | |
|---|-------------------|--------------------------|----------------------------------------------------------------------------------|
| A | Yes | <input type="checkbox"/> | Answer question on next page
Please go straight to the backpage |
| B | No | <input type="checkbox"/> | |
| C | Don't know | <input type="checkbox"/> | |
| D | Prefer not to say | <input type="checkbox"/> | |

What happened when you felt bothered...

**ONLY ANSWER THE QUESTIONS IN THIS SECTION IF YOU HAVE
GONE TO A MEETING WITH SOMEONE FROM THE INTERNET
THAT MADE YOU FEEL BOTHERED IN SOME WAY IN THE LAST 12
MONTHS**

EVERYONE ELSE GO STRAIGHT TO THE BACKPAGE

44. Thinking about THE LAST TIME you were bothered by meeting someone in this way, how old was the person you actually met?

PLEASE TICK ONE BOX ONLY

- | | | |
|----------|----------------------------------------------------------|--------------------------|
| A | I met with someone about my age | <input type="checkbox"/> |
| B | I met with someone younger than me | <input type="checkbox"/> |
| C | I met with an older teenager (younger than 20 years old) | <input type="checkbox"/> |
| D | I met with an adult (aged 20 years or older) | <input type="checkbox"/> |
| E | Don't Know | <input type="checkbox"/> |
-

45. And was that person male or female?

PLEASE TICK ONE BOX ONLY

- | | | |
|----------|--------------------------|--------------------------|
| A | Male – a boy or man | <input type="checkbox"/> |
| B | Female – a girl or women | <input type="checkbox"/> |
-

46. **And still thinking about that LAST TIME, did you talk to anyone about where you were going?**

PLEASE TICK ONE BOX ONLY

- A Yes
- B No
- C Don't know

47. **If you answered yes, who did you talk to about it?**

PLEASE TICK ONE BOX ONLY

- A I told someone my age
- B I told an older teenager (aged under 18)
- C I told an adult I trust (aged 18 or over)
- D I told someone else
- E Don't know
-

48. **Did you take somebody with you when you went to that meeting?**

PLEASE TICK ONE BOX ONLY

- A Yes
- B No
- C Don't know

49. **If you answered yes, who did you take with you?**

PLEASE TICK ONE BOX ONLY

- A I went with someone about my age
- B I went with an older teenager (aged under 18)
- C I went with an adult I trust (aged 18 or over)
- D Don't know
-

50. How upset did you feel about what happened (if at all)?

PLEASE TICK ONE BOX ONLY

- | | | |
|---|------------------|--------------------------|
| A | Very upset | <input type="checkbox"/> |
| B | Fairly upset | <input type="checkbox"/> |
| C | A bit upset | <input type="checkbox"/> |
| D | Not at all upset | <input type="checkbox"/> |
| E | Don't know | <input type="checkbox"/> |
-

51. Again, still thinking about this time, did you talk to anyone about what happened?

PLEASE TICK ONE BOX ONLY

- | | | |
|---|------------|--------------------------|
| A | Yes | <input type="checkbox"/> |
| B | No | <input type="checkbox"/> |
| C | Don't know | <input type="checkbox"/> |

52. **If you answered yes**, who did you talk to?

PLEASE TICK AS MANY BOXES AS NEEDED

- | | | |
|---|---------------------------------------------------------------------------------------|--------------------------|
| A | My mother or father | <input type="checkbox"/> |
| B | My brother or sister | <input type="checkbox"/> |
| C | A friend | <input type="checkbox"/> |
| D | A teacher | <input type="checkbox"/> |
| E | Some one whose job it is to help children (e.g. "police", "social worker", "adviser") | <input type="checkbox"/> |
| F | Another adult I trust | <input type="checkbox"/> |
| G | Someone else | <input type="checkbox"/> |
| H | Don't know | <input type="checkbox"/> |
-

53. Again, thinking about this time, did you do any of these things?

PLEASE TICK AS MANY BOXES AS NEEDED

- A I stopped using the internet for a while
- B I deleted any messages from the other person
- C I changed my privacy/contact settings
- D I blocked the person from contacting me
- E I reported the problem (eg clicked on a 'report abuse' button, contact an internet advisor or "Internet service provider (ISP)")
- F None of these things
- G Don't know

54. And which, if any, of the things you did helped you?

PLEASE TICK AS MANY BOXES AS NEEDED

-
-
-
-
-
-
-

Please go back through the above question and double check that you have entered a response for 54. in the right hand column

WELL DONE, YOU HAVE FINISHED THIS PART OF THE SURVEY. THERE ARE NO MORE QUESTIONS THAT YOU NEED TO FILL IN YOURSELF.

PLEASE TELL THE INTERVIEWER THAT YOU HAVE FINISHED AND THEY WILL HAVE JUST A FEW MORE QUESTIONS THAT THEY WOULD LIKE TO ASK YOU.