

THIS FORM IS FOR VIEWING, NOT FOR COMPLETING

All options fields are blacked out, the forms should be completed and submitted via the app.

THE LONDON YOUNG PEOPLE STUDY

ENDLINE YOUNG PEOPLE QUESTIONNAIRE

Thank you for agreeing to take part in the study. Your participation is invaluable to us and will help us empower young people in London keep safe.

This questionnaire includes questions about **your recent feelings and behaviours**. The questionnaire will take about **30 minutes** to complete.

There are **no right or wrong answers**, but please try to answer the questions **as truthfully as possible**.

Your answers will not be shared with anyone. However, the only time that your answers might be shared with someone is if you, or someone else, is at risk of harm. It is stated on the questionnaire which questions this refers to.

To thank you for completing this questionnaire, you will receive a **£25 Love2Shop voucher**. To receive it, please make sure that:

- You click **SUBMIT on the last page** of the questionnaire
- You **enter the email address you want us to send the voucher to below**. If you don't have an email address, you can ask your practitioner to enter theirs.

If you don't enter an email address, we will not be able to send you a voucher.

Email address for voucher*	
Local Authority	
Child case ID	

Who are you completing the questionnaire with?

About you and what you've been up to

Currently, what is your main activity? **Please tick all that applies.**

- I go to school/college
- I have a job
- I am on a training programme
- None of the above

Thinking about the worker you've spent most time with over the past 3-4 months, **how often did they do the following things?**

	Never	Rarely	Sometimes	Often	Always
My practitioner spent time getting to know and understand me.					
My practitioner tried to help me to better understand things that are important to me.					
My practitioner encouraged me to work towards goals that are important to me.					
My practitioner taught me new skills or behaviours .					
My practitioner helped me to see things differently .					
My practitioner helped me to find new ways of coping with difficult feelings .					
My practitioner helped me to find new ways of coping with difficult situations .					

Strengths and Difficulties Questionnaire

For each item, please mark the box for **Not True**, **Somewhat True** or **Certainly True**.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last month.

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Do you have any other comments or concerns?

Since you entered this study, are your problems:

Much worse •	A bit worse •	About the same •	A bit better •	Much better •
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Since then, has working with your practitioner been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all •	Only a little •	Quite a lot •	A great deal •
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Over the last month, have you had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No •	Yes – minor difficulties •	Yes – definite difficulties •	Yes – severe difficulties •
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If you answered "Yes", participants answer the following questions about these difficulties:

Do the difficulties upset or distress you?

Not at all •	Only a little •	Quite a lot •	A great deal •
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Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life				
Friendships				
Classroom learning				
Leisure activities				

Do your difficulties make it harder for those around you (family, friends, teachers etc.)?

Not at all •	Only a little •	Quite a lot •	A great deal •
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Thank you for answering these questions. This is great! Just a few more questions to go through.

In this set of questions, we would like you to ask **how likely you think different situations will happen in the next month.**

Your responses are confidential – we will not tell anyone (e.g. your youth worker, the police) what you tell us.

The only exception is if there is a risk of significant harm to you or other people. For questions marked with ****** if you answer likely or very likely then we will let your practitioner know so that they can work with you towards a plan to keep you safe.

If you have questions about this, please pause to talk to your practitioner.

- *Click here when you are ready to continue.*

In the next month, how likely do you think you are to engage in behaviour that...

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
... could cause distress or damage in a public place? (e.g. graffiti or other damage to public property, being drunk in a public place, transport fare dodging)					
... would get you into trouble with the police? (e.g. theft, fire setting, selling illegal substances or property, drink or drug driving, taking a car without consent, carrying an item that could cause serious physical harm to others)					
... could physically hurt other people? ** (e.g. serious physical fights, using an item that could cause serious physical harm to others)					

In the next month, how likely do you think it is that...

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
... that other people in your life will try and involve you in any of the above behaviours? **					

In the next month, how likely do you think it is that you will ...

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
... witness a violent crime?					
... be a victim of a violent crime? **					

Your social life

Thank you so much for sharing your thoughts with us.

We're in the final stretch now!

We would like to ask you about the people in your life who may support you at home, at school, or elsewhere.

At home , there is an adult who....	None of the time	Rarely	Some of the time	Often	All of the time
... is interested in my school work					
... believe that I will be a success					
... wants me to do my best					
... listens to me when I have something to say					

(The next block about support at school or in college will only be asked to those young people who respond their main current activity is attending school in question 1A)

At school or college , there is an adult who...	None of the time	Rarely	Some of the time	Often	All of the time
... really cares about me					
... tells me when I do a good job					
... listens to me when I have something to say					
... believes that I will be a success					

In other places , there is an adult who....	None of the time	Rarely	Some of the time	Often	All of the time
... really cares about me					
... tells me when I do a good job					
... believes that I will be a success					
... I trust					

Away from school ...	None of the time	Rarely	Some of the time	Often	All of the time
... I am a member of a club, sports team, church group, or other group					
... I take lessons in music, art, sports or have a hobby					

Your feelings and thoughts recently

Below are some statements about feelings and thoughts.

Thinking about **the last month**, please tick the answer that best shows how much you agree or disagree with each sentence below.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I find it hard to control my feelings					
I change my mind often					
I'm able to deal with stress					
I can control my anger when I want to					
Sometimes I get involved in things later I wish I could get out of					
I try to control my thoughts and not worry too much about things					

Please circle the answer that best describes your experience of each feeling below **over the last month**.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to people					
I've been able to make up my own mind about things					

Finally, below are some statements about **how you perceive yourself**.

To what extent do you **agree** or **disagree** with the following statements?

	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree
I'm now a good role model for people younger than me					
I'm one of the good guys in life					
I have a role in my life that means I behave well					
I'm someone who will have a positive impact on people's lives					
Looking forward, I'm the kind of person who would follow the law					
Others generally see me as well-behaved					
I know my strengths as a person					

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