ID:<mailmerge linked barcode>

We are family
BORNINBRADFORD

This questionnaire is for children living in Bradford who are part of the Born in Bradford study. It usually takes around 30 minutes to complete.

We are interested to know how you are getting on during the coronavirus lockdown. We will ask questions about you and your family, your friends, your health and wellbeing and activities you have been doing.

Please try and answer all the questions. There are no right or wrong answers. We want to know what you think.

If you do not want to answer a question you can miss it out.

Once you have completed the questionnaire place it in the freepost envelope provided and please ask your mum, dad or carer to post it to us.

Thank you!

Your sleep

1A In the last **7 days** what time have you normally fallen asleep **(please write):**

…….. **PM**

1B In the last **7 days** what time have you normally woken up **(please write):**

…….. **PM**

Physical activity over the last 7 days

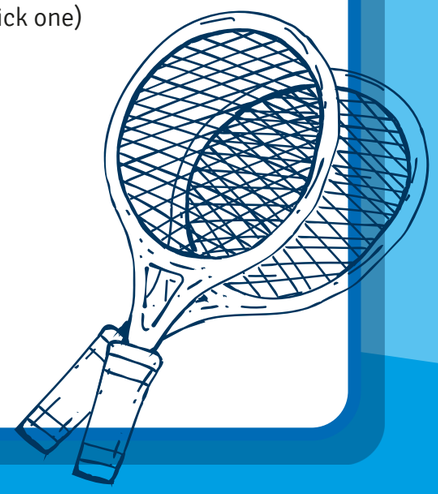
During the last **7 days**, how much physical activity did you do? (e.g. dancing, online exercise, games/ sports, jobs at home, cycling). This can be anything that made you feel warmer, breathe harder or your heart beat faster. **Think back and try to remember.**

2A **On a normal weekday** (Monday to Friday) **(please tick one)**

- ☐ No activity (0 minutes)
- ☐ Small amount of activity (1 to 30 minutes)
- ☐ Small to Moderate amount activity (31 to 60 minutes)
- ☐ Moderate to Large amount of activity (1 to 2 hours)
- ☐ Large amount of activity (more than 2 hours)

2B **On a normal weekend day** (Saturday and Sunday) (please tick one)

- ☐ No activity (0 minutes)
- ☐ Small amount of activity (1 to 30 minutes)
- ☐ Small to Moderate amount activity (31 to 60 minutes)
- ☐ Moderate to Large amount of activity (1 to 2 hours)
- ☐ Large amount of activity (more than 2 hours)



Physical activity away from your home

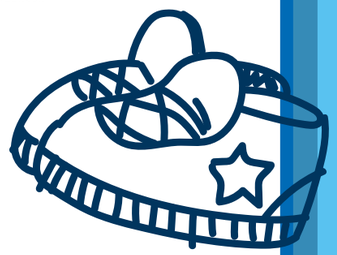
These questions are about what you have done **away from your home** (outside your home or garden).

Please tell us how many times you have taken part in each of the following activities **on a normal day in the last 7 days**.

3A How many times did you leave your home (away from your house and garden)? **(Please tick one)**

- ☐ I stayed at home
- ☐ Once a day
- ☐ More than once a day

Please skip to question 4a if you answered that you stayed at home.



3B What did you usually do? **(Please tick all that apply)**

- ☐ Walk
- ☐ Run/jog
- ☐ Scoot/ Ride bike

Other (please specify): ……

3C Where did you usually go? **(Please tick one)**

- ☐ Street
- ☐ Park
- ☐ Shops

Other (please specify): ……

3D How long did you go for? **(Please tick one)**

- ☐ Less than 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 60 minutes

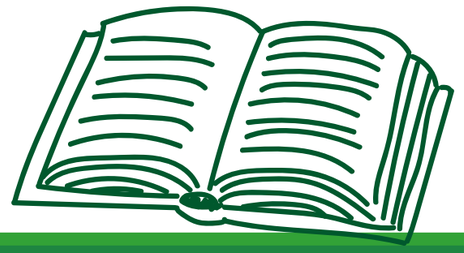
Time spent sitting and lying down

4A In the last **7 days, on a normal day**, how much time have you spent sitting or lying down at home when you are awake? **(Please tick one)**

- ☐ I spent almost **none** of my free time sitting or lying down
- ☐ I spent **little time** sitting during my free time or lying down
- ☐ I spent **about half** of my free time sitting or lying down
- ☐ I spent **a lot** of time sitting during my free time or lying down
- ☐ I spent **almost all** of my free time sitting or lying down

4B During the last 7 days, on **a normal day**, how many hours did you spend doing the following activities while sitting or lying down? **(Please tick one answer per row)**

	No time	1 hour or less	1-2 hours	3-4 hours	4+ hours
Watching TV but **NOT** time spent playing video games					
Playing video games on a game console (e.g. Playstation or Switch), mobile phone, tablet or computer.					
Using computers/tablets for social activity (e.g. Instagram, Facebook), surfing the web or video calling but NOT playing computer games or school work.					
Using your mobile phone to talk, text, or socialise (Instagram and Facebook) but NOT playing games.					
Doing school work in books or on a computer/tablet (e.g. maths, reading, topic work)					



School and Education

Most of the schools across the country have now closed, and we want to find out about how you are now learning and doing work.

5A Do you still go to school? **(Please tick one)**

- ☐ No
- ☐ Yes

5B Please can you answer the following questions to help us understand how the changes to schools are affecting you. **(Please put a tick in one box per row)**

	All of the time	Some of the time	I don't have this
Do you have a computer, laptop or tablet where you can do school work?			
Do you have all the things you need to do your school work?			
Can you go on the internet?			
Do you get to talk with your teacher or someone from the school?			
Is the school giving you things to do when you are at home?			
Do you know where to get information on how to do school work at home?			
Do you have pens and paper to do your school work?			
Do you have books to read?			
Are you doing activities that help you learn?			

School and Education

5C Do you have space in your house where you can do your school work?

- ☐ No
- ☐ Yes

If no, please skip to question 5f

5D Is it warm and comfortable?

- ☐ No
- ☐ Yes

5E Is it quiet?

- ☐ No
- ☐ Yes

5F When I find something really hard I can work out what to do next?

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

5G What do you do when you need help with your school work at home?
You can tick more than one answer if you like.

- ☐ I ask my teacher
- ☐ I ask my parents or other adults in my house
- ☐ I ask my tutor
- ☐ I look on the internet
- ☐ I look in books
- ☐ I phone someone

5H If you are doing school work at home, how many hours are you spending on this each day? **(Please tick one)**

- ☐ None
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7+ hours

Your health and wellbeing

6A Please tick the word that shows how often each of these things happen to you. There are no right or wrong answers.

	Never	Sometimes	Often	Always
I feel sad or empty				
I worry when I think I have done poorly at something				
I would feel afraid of being on my own at home				
Nothing is much fun anymore				
I worry that something awful will happen to someone in my family				
I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)				
I worry what other people think of me				
I have trouble sleeping				
I feel scared if I have to sleep on my own				
I have problems with my appetite				
I suddenly become dizzy or faint when there is no reason for this				
I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)				
I have no energy for things				
I suddenly start to tremble or shake when there is no reason for this				
I cannot think clearly				
I feel worthless				

Your health and wellbeing (Continued)

6A Please tick the word that shows how often each of these things happen to you. There are no right or wrong answers.

	Never	Sometimes	Often	Always
I have to think of special thoughts (like numbers or words) to stop bad things from happening				
I think about death				
I feel like I don't want to move				
I worry that I will suddenly get a scared feeling when there is nothing to be afraid of				
I am tired a lot				
I feel afraid that I will make a fool of myself in front of people				
I have to do some things in just the right way to stop bad things from happening				
I feel restless				
I worry that something bad will happen to me				

6B How often do you feel left out of things by other children? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

6C How often do you feel happy? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

6D How often do you feel sad? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

You and your friends

7A How many friends do you have? **(Please tick one)**

- ☐ Not many
- ☐ Some
- ☐ Lots

7B Do you have any best friends?

- ☐ No
- ☐ Yes

7C Since schools closed, how much do you miss playing with your friends? **(Please tick one)**

- ☐ I don't miss it
- ☐ I miss it a bit
- ☐ I miss it a lot

7D How often are you mean to others at home, in the neighbourhood, online, via online school? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

7E In the **past two weeks** how often have you **taken part in cyberbullying** (e.g. sent mean instant messages, email or text messages; wall postings; created a website making fun of someone; posted unflattering or inappropriate pictures online without permission or shared them with others)? **(Please tick one)**

- ☐ I have not cyberbullied another person
- ☐ About once a week
- ☐ 2 or 3 times a week
- ☐ Several times a week

You and your friends (Continued)

7F How often do other children bully you? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

7G In the past **two weeks** how often **have you been cyberbullied?** e.g. someone sent mean instant messages, email or text messages about you; wall postings; created a website making fun of you; posted unflattering or inappropriate pictures of you online without permission or shared them with others)? **(Please tick one)**

- ☐ I have not been cyberbullied by another person
- ☐ About once a week
- ☐ 2 or 3 times a week
- ☐ Several times a week

You and your family

8A My family and the people I live with: How often do you have fun with your family? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

8B How often does your family get along well together? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time

8C How often do you get along with your brothers, sisters and other children you live with? **(Please tick one)**

- ☐ Never
- ☐ Some of the time
- ☐ All of the time
- ☐ I don't have brothers or sister or live with other children

Your worries

9A What do you do if you are worried about something?
You can tick more than one answer if you like.

- ☐ I keep it to myself
- ☐ I tell a friend
- ☐ I tell my mum/dad/guardian
- ☐ I tell a teacher
- ☐ I look online
- ☐ I call a helpline (like Childline)
- ☐ Other

9B Here is a list of things that could worry you. How often have these things happened to you?

	Many times	1 or 2 times	Never
We can't get the food we want because there is not enough money			
I worry about not having enough to eat			
I worry about how hard it is for my parents to get enough food for us			
I feel hungry because there is not enough food to eat			
I try not to eat a lot so that our food will last			
How often do you worry about how much money your family has			

Your worries (Continued)

9C Can you tell us three things that you worry about at the moment?

1. .....

2. .....

3. .....

9D Can you tell us three things that make you feel happy / that you enjoy doing at the moment?

1. .....

2. .....

3. .....

This is the END of the questions.

Thank you so much for your help!

We are family
BORNINBRADFORD

www.borninbradford.nhs.uk
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