**Questionnaire for Children**

**What to do:**

**The questionnaire will take about 10 minutes to complete.**

**Please tick one answer for each question.**

**If a question is not relevant to you, then please leave that question blank.**

**If you make a mistake or change your mind, please cross out the incorrect answer and tick your correct answer.**

**If you want to, please add any comments in the space below the statement about your answers.**

**Please continue on another sheet if you would like to say more about any of your answers.**

**Thinking about your life at the moment, do you agree with the following:**

**1. I live in a home where I am happy**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**2. I am happy with the people that I live with**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**3. I can do the things I like to do**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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**4. I feel I belong in the area where I live**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**5. I am happy with my family, friends and neighbours**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**6. I feel safe.** *For example, cared for and safe from anyone who can hurt you or treat you badly, both inside and outside your home*

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**Thinking about the care and support you have had, do you agree with the following:**

**7. I know who to speak to about my care and support**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**8. I have had the right information or advice when I needed it**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**9. My views about my care and support have been listened to**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**10. I have been able to use my everyday language.** *For example, using English, Welsh, Polish, Bengali or any other language*

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**11. I was treated with respect**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**12. I am happy with the care and support I have had**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

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…………………………………………………………………………………………………

**13. *Please only answer this question if you are aged 16 or 17 years old:***

**I have had advice, help and support that will prepare me for adulthood**

⃝Yes ⃝Sometimes ⃝No ⃝Don’t know

*Please add any comments if you would like to:*

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**A little about you…..**

**14. Are you?** ⃝Boy ⃝Girl ⃝Prefer not to say

**15. How old are you? ⃝**7-14 years old

**⃝**15-17 years old

⃝ Prefer not to say

**Thank you for your help.**

**Please return this questionnaire in the envelope provided (no stamp needed) by xxxx**

**[Insert unique code] XXXX**