



nsw commission for
children & young people

Young People at Work

Young People at Work Survey

Hi, Thanks for agreeing to take part in the Young People at Work Survey. Thousands of young people across New South Wales are taking part.

In this survey we are interested in your experiences and opinions- about jobs and work, your family and friends and other things that you do. We will use what you tell us to make work conditions better for young people like yourself.

To answer most questions you only need to tick a box. For example:

What type of movie do you like best?

Comedy	<input type="checkbox"/>
Action.	<input type="checkbox"/>
Science fiction	<input type="checkbox"/>
Mystery	<input type="checkbox"/>
Other.	<input type="checkbox"/>

So, if you like 'Comedy' best, tick the box next to 'Comedy'.

Other questions will ask you to write an answer.

Please read each question and all the instructions carefully. This is not a test and there are no right or wrong answers – we would appreciate your honest answers.

Remember your answers are totally **confidential** and **anonymous**. That means that the only people who get to look at them are people working on the research. Teachers, principals, parents, employers or anyone else cannot look at the Survey. It also means you can't be identified – no one will know who filled out the survey.

We hope you enjoy the survey. And thank you very much for taking part.

QUESTIONS ABOUT YOU

Remember, your name will not be on the survey, and only people who work on the project will look at the survey, not teachers, principals, parents or employers.

First we would like to get a better idea about who you are.

Q.1 How old are you? (eg. 14 years old) _____

Q.2 Are you: Male (1) Female (2)

Q.3 Can you list all the people who live at home with you?

We don't need their names, just how they are **related** to you.
For example 'mum, dad, aunty, step-dad, brother, sister'

Q.4 What Year are you in at school?

Year 7 (1)
Year 8 (2)
Year 9 (3)
Year 10 (4)

Q.5 In which country were you born?

Australia **GO TO QUESTION 7**

Other – (please write in box below): **GO TO QUESTION 6**

Q.6 What year did you arrive in Australia? _____

Q.7 What is the main language spoken at your home?

English only.

Other – please write in box below:

(If more than one language is spoken at home, list them all.)

Q.8 Are you of Aboriginal or Torres Strait Islander origin?

(If you are of both Aboriginal and Torres Strait Islander origin, tick both ‘Yes’ boxes.)

No (1)

Yes, Aboriginal (2)

Yes, Torres Strait Islander (3)

Q.9 What is the postcode of where you live? (Eg. 2976, 2024) **If you don’t know the postcode, write down the suburb you live in.** _____

Q.10 When do you plan to leave school?

Leave school at the end of Year 10 (1)

Leave school at the end of Year 12 (2)

I am undecided (3)

QUESTIONS ABOUT JOBS AND WORK

Now we want to ask you about the jobs and work you have done in the last twelve months.

When we talk about 'jobs' and 'work' in this survey, we mean all the jobs and/or work you have had in the last 12 months, including any jobs and work you are doing now.

This DOES include:

- **jobs and/or work you are paid for, you are given a reward to do or you are asked to do but not paid or rewarded for.**

This 'DOES NOT' include:

- **household chores that you may or may not receive pocket money for, or**
- **school work.**

Jobs and/or work COULD INCLUDE things like

- **helping out in your family business or on your family farm,**
- **helping your parents do their work from home,**
- **tasks you might do for a neighbour,**
- **looking after a sibling while your parents are at work,**
- **a job where you are employed by a business, or**
- **volunteer work.**

Remember we would like to find out about all of the jobs and /or work you have had over the last 12 months, including jobs and work that you have now.

Q.11 Over the last 12 months, have you had any jobs or done any work? This includes any jobs and/or work you have now.

Remember jobs and/or work also includes things like helping out in your family business or on your family farm or helping your parents/carers do their work from home. It doesn't include house chores or schoolwork.

Yes (1) No (2)
(PLEASE GO TO **QUESTION 12**) (PLEASE GO TO **QUESTION 55** on **PAGE 22**)

Q.12 What jobs/work have you done in the last 12 months? (PLEASE WRITE IN BOX BELOW)

There are three spaces. You may have done lots of jobs and/or work in the last 12 months but include only the **three most recent jobs or work** you have done. If you are doing more than one job at the moment, choose one as your 'current job/ most recent job' and list the others as 'Other job/work 2' and 'Other job/work 3'.

For **example**:

'Baby-sitting for my aunt',

'I work at the local video store',

'I help out at my parents shop serving customers',

'I do a newspaper run',

'I look after my brother when my parents work'

'I wash the next-door neighbours' car'

'Retail cashier'

'I help on my family property'

Current job/ most recent job:	_____

Other job/work 2:	_____

Other job/work 3:	_____

The next few questions are just about the jobs and/or work that you listed for question 12.

Q.13 What tasks did you normally do as part of each job/work? (PLEASE WRITE IN BOX BELOW)

For **example**:

'Serving customers, cleaning the shop after close time' *'Mowing the neighbours' lawn'*

'General farm duties'

'Cutting material for tracksuits'

'Caring after two toddlers including cooking meals'

'Letter boxing pamphlets in my area'

Current job/ most recent job:	_____

Other job/work 2:	_____

Other job/work 3:	_____

Q.14 For each job you have listed was each job-

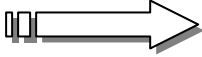
- **one-off** – that is you did it once and that's all **OR**
- **a casual job** - you did it as needed but the job is not regular **OR**
- **regular employment** – a regular part-time job, you usually work the same times each week or month for the same employer.

	One-off (1)	Casual (as needed) (2)	Regular (3)
Current job/ most recent job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other job 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other job 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions are about when you work and/or do your jobs.

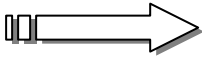
Q.15 When did you work? (TICK AS MANY AS APPLY)

Current/ most recent job



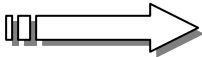
School holidays on weekends	<input type="checkbox"/>
School holidays on weekdays	<input type="checkbox"/>
During school terms, before school.	<input type="checkbox"/>
During school terms, during school	<input type="checkbox"/>
During school terms, after school.	<input type="checkbox"/>
During school terms, on the weekends.	<input type="checkbox"/>

Other job/work 2



School holidays on weekends	<input type="checkbox"/>
School holidays on weekdays	<input type="checkbox"/>
During school terms, before school.	<input type="checkbox"/>
During school terms, during school	<input type="checkbox"/>
During school terms, after school.	<input type="checkbox"/>
During school terms, on the weekends.	<input type="checkbox"/>

Other job/work 3



School holidays on weekends	<input type="checkbox"/>
School holidays on weekdays	<input type="checkbox"/>
During school terms, before school.	<input type="checkbox"/>
During school terms, during school	<input type="checkbox"/>
During school terms, after school.	<input type="checkbox"/>
During school terms, on the weekends.	<input type="checkbox"/>

Q.16 What part of the day do you normally work and /or do your jobs?

(TICK AS MANY AS APPLY)

	Morning	Afternoon	Evening
Current/ most recent job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other job/work 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other job/work 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.17 Did you have to do any of the jobs/work before 7:00 in the morning?

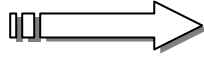
Current/ most recent job	Yes	<input type="checkbox"/>	(1)
	No	<input type="checkbox"/>	(2)
Other job/work 2	Yes	<input type="checkbox"/>	(1)
	No	<input type="checkbox"/>	(2)
Other job/work 3	Yes	<input type="checkbox"/>	(1)
	No	<input type="checkbox"/>	(2)

Q.18 Did you have to do any of the jobs/work after 7:00 in the evening?

Current/ most recent job	Yes	<input type="checkbox"/>	(1)
	No	<input type="checkbox"/>	(2)
Other job/work 2	Yes	<input type="checkbox"/>	(1)
	No	<input type="checkbox"/>	(2)
Other job/work 3	Yes	<input type="checkbox"/>	(1)
	No	<input type="checkbox"/>	(2)

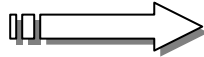
Q.19 Normally how many **hours a week do you work? If it was a one-off job/work tell us how long that took to do. It doesn't matter if you don't know exactly, just give your best guess.**

How many hours in your
current or most recent job?



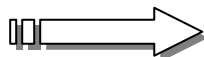
Between 0 - 5 hours a week.	<input type="checkbox"/>	(1)
Between 6 - 10 hours a week.	<input type="checkbox"/>	(2)
Between 11 - 15 hours a week.	<input type="checkbox"/>	(3)
More than 15 hours a week.	<input type="checkbox"/>	(4)

How many hours in
other job/work 2?



Between 0 - 5 hours a week.	<input type="checkbox"/>	(1)
Between 6 - 10 hours a week.	<input type="checkbox"/>	(2)
Between 11 - 15 hours a week.	<input type="checkbox"/>	(3)
More than 15 hours a week.	<input type="checkbox"/>	(4)

How many hours in
other job/work 3?



Between 0 - 5 hours a week.	<input type="checkbox"/>	(1)
Between 6 - 10 hours a week.	<input type="checkbox"/>	(2)
Between 11 - 15 hours a week.	<input type="checkbox"/>	(3)
More than 15 hours a week.	<input type="checkbox"/>	(4)

The next few questions are about pay.

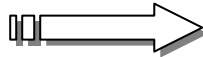
Q.20 Did you get paid or rewarded to do your work/job(s)?

Did you get paid or rewarded to do your current or most recent job?
(TICK AS MANY AS APPLY)



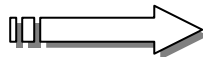
Yes, I got paid money to do this job.	<input type="checkbox"/>
Yes, I was rewarded some other way to do this job	<input type="checkbox"/>
No, I was not paid or rewarded	<input type="checkbox"/>

Did you get paid or rewarded to do other job/work 2?
(TICK AS MANY AS APPLY)



Yes, I got paid money to do this job.	<input type="checkbox"/>
Yes, I was rewarded some other way to do this job	<input type="checkbox"/>
No, I was not paid or rewarded	<input type="checkbox"/>

Did you get paid or rewarded to do other job/work 3?
(TICK AS MANY AS APPLY)



Yes, I got paid money to do this job.	<input type="checkbox"/>
Yes, I was rewarded some other way to do this job	<input type="checkbox"/>
No, I was not paid or rewarded	<input type="checkbox"/>

If you got **PAID IN MONEY** to do **ANY** of your jobs or work GO TO **QUESTION 21**
 If you got **REWARDED SOME OTHER WAY** to do **ANY** of these jobs or work GO TO **QUESTION 22**
 If you were **NOT PAID** or **REWARDED** to do **ANY** of your jobs or work GO TO **QUESTION 23**

You may need to answer BOTH questions 21 and 22. (PTO)

Q.21 If YOU GOT PAID IN MONEY, NORMALLY how much money A WEEK would you get for each job and/or work? If it was a one-off job or work, tell us how much you got paid for doing it. If it was a one-off job or work that lasted more than one week tell us normally how much you got in a week.

Remember this survey is **CONFIDENTIAL**

HOW MUCH A WEEK

Current / most recent job _____

Other job/work 2 _____

Other job/work 3 _____

Q.22 If you received SOMETHING OTHER THAN MONEY, write down what it was?

Current / most recent job _____

Other job/work 2 _____

Other job/work 3 _____

Q.23 The next question is about whether or not the work and/or jobs you have done gets in the way of other parts of your life or things you want to do.

Has working or the jobs you do got in the way of:

	Almost always (1)	Usually (2)	Not usually (3)	Almost never (4)
Spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time doing your school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time doing leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time doing things you want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.24 The next few questions are a bit different. Each is a sentence about work. We want you to think about **all** the work and/or jobs you have done over the last twelve months and say whether you strongly agree, agree, disagree or strongly disagree with each sentence.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Don't know (6)
I feel I get paid/rewarded fairly for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I do a good job, I get told that I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I work for is unfair to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the things I do at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tasks I have to do are clearly explained to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do things my own way in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I work for takes interest in the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have too much to do at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.25 How about these sentences How much does each one fit with your work and job experiences?

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Don't know (6)
I have a fair say about things that happen at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel unsafe at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get advice about how good or bad I am doing my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the training I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When things go wrong at work, I get blamed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am gaining skills from the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get help from the people I work with if I ask for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can take a break when I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am free to decide when I can take days off work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.26 Is there anything else about your work and job experiences that you would like to mention? If so, please write them down.

Q.27 In any of your jobs and/or work have you ever been in contact with these things?

Strong vibrations, from tools, or machinery	Yes (1)	<input type="checkbox"/>	No (2)	<input type="checkbox"/>
Strong fumes, dust, or chemicals	Yes. (1)	<input type="checkbox"/>	No (2)	<input type="checkbox"/>
Hot temperatures that make you sweat even when not working	Yes. (1)	<input type="checkbox"/>	No (2)	<input type="checkbox"/>
Things that are flammable	Yes. (1)	<input type="checkbox"/>	No. (2)	<input type="checkbox"/>
Cold temperatures whether indoors or outdoors	Yes. (1)	<input type="checkbox"/>	No (2)	<input type="checkbox"/>
Noise so loud that you would have to raise your voice to talk to people	Yes. (1)	<input type="checkbox"/>	No. (2)	<input type="checkbox"/>

Q.28 Are there any other things like the above you have been in contact with that you would like to mention? If so, please write them down.

Q.29 In any of your jobs and/or work, have you ever had to work with these things?

Sharp tools or implements (eg. knives, slicers, chainsaws)	Yes. (1)	<input type="checkbox"/>	No. (2)	<input type="checkbox"/>
Heavy machinery (eg. excavators)	Yes. (1)	<input type="checkbox"/>	No. (2)	<input type="checkbox"/>
Power tools (eg. drills, grinders)	Yes. (1)	<input type="checkbox"/>	No. (2)	<input type="checkbox"/>
Drive vehicles (eg. tractors, forklifts)	Yes. (1)	<input type="checkbox"/>	No. (2)	<input type="checkbox"/>

Q.30 Are there any other things like these you have had to work with? If so, please write them down.

Q.31 Have any of your jobs and/or work involved the following things?

	All the time (1)	Some of the time (2)	Never (3)
Painful or tiring positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying or moving heavy loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive hand or arm movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.32 Are there any other things like these that have happened to you while working? If so, please write them down.

Sometimes people get injured at work. The next few questions are about whether you have been injured at work or when doing your jobs.

Q.33 Have you ever been injured at work or doing your job (s)?

Include any injury no matter how big or little you think it was, as long as it happened while working.

Yes (1) No (2) (Please GO TO QUESTION 39)

Q.34 What injuries did you receive?

For example:

- 'I got scratched on my leg' 'I sprained my ankle' 'My fingers got bruised'
- 'I burnt my hand' 'I dislocated my shoulder' 'I got concussed'

Q.35 How did you get injured? For instance:

'I fell off my bike when I was delivering newspapers'

'I got my hand stuck in a machine'

'I slipped on greasy floor while sweeping'

'I cut my thumb cleaning the meat slicer'

'The tractor rolled'

'I was bitten by a dog while I was doing the milk run'

Q.36 Did you receive medical treatment for any of these injuries?

Yes, I had to stay in hospital because of the injury (1)

Yes I received other medical treatment from a doctor because of the injury (2)

Yes I received other medical treatment at home because of the injury (3)

No I didn't (4)

Q.37 Did you have to take time off school or work because of the injury?

Yes **GO TO QUESTION 38** (1)

No **GO TO QUESTION 39** (2)

Q.38 How many days were you unable to go to school or work for?

School	Less than 1 day (1) <input type="checkbox"/>	1-2 days (2) <input type="checkbox"/>	3 days or more (3) <input type="checkbox"/>
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Work.	Less than 1 day(1) <input type="checkbox"/>	1-2 days (2) <input type="checkbox"/>	3 days or more (3) <input type="checkbox"/>
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Here are some questions about getting advice and help at work.

Q.39 If you were not happy about something in your job or work, like how much you were paid or if you were being treated unfairly, is there someone at work you can turn to for help?

- Yes, there is someone at work I feel I can get help from (1)
- No, there is no one at work that I feel I can get help from (2)
- Don't know (6)

Q.40 If you were not happy about something in your job or work, who else outside of work can you turn to for help? We don't need their names, just what relationship they have to you. For instance 'my teacher', 'mum', 'dad', 'my big sister', 'my best friend', 'my neighbour'.

If there is no one who you can turn to for help, just write 'no one'.

Q.41 If something went wrong in your job or at work, like someone had an accident, is there an adult at work that you could get help from?

- Yes, there is an adult at work I could get help from (1)
- No, there is not an adult at work that I could get help from (2)
- Don't know (6)

Q.42 If you wanted to make a complaint about your workplace or something that happened at work, is there someone you can make a complaint to?

- Yes, there is someone I can make a complaint to. (1)
- No, there is no one I can make a complaint to (2)
- Don't know (6)

Q.43 If you need to do something important, like hand in an important piece of schoolwork or have a special family celebration, does the person you work for let you change your work hours to do these things?

Yes (1)

No (2)

Don't know (6)

Q.44 Here are some things people say are good about work. Thinking about your experiences of doing jobs and working, how much do you agree with each statement?

Having a job/working gives me a sense of responsibility.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

Working gives me a chance to build relationships with other people.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

Working means I have some control over my own income.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

Having a job/working means I can cover some of my own expenses.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

Working makes me feel I am doing something useful.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

I make friends through work.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

Having a job/working means I can buy what I want.

Strongly Agree Agree Disagree Strongly Disagree Don't Know

(1) (2) (3) (4) (6)

Q.45 How about these statements. How much do you agree with each statement?

Having a job and/or working means I can rely on myself more.

Strongly Agree Agree Disagree Strongly Disagree Don't Know
 (1) (2) (3) (4) (6)

The experience I get working will give me advantages in the future.

Strongly Agree Agree Disagree Strongly Disagree Don't Know
 (1) (2) (3) (4) (6)

Working means I help out at home financially.

Strongly Agree Agree Disagree Strongly Disagree Don't Know
 (1) (2) (3) (4) (6)

My parent(s)/carer(s) are supportive of me working.

Strongly Agree Agree Disagree Strongly Disagree Don't Know
 (1) (2) (3) (4) (6)

Q.46 Are there any other things you think are good about work and/or jobs that you would like to mention? If so please write them down.

Now some different questions

Q.47 Has anyone done these things to you at work or while doing your jobs? This could include people you work for (like your boss), other people you work with, or customers.

	Often (1)	Sometimes (2)	Never (3)
Has anyone called you hurtful names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone tried to make fun of you or make inappropriate jokes about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone spread rumours or gossip about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone sworn at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone shouted at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone made sexual remarks about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.48 Are there any other ways that someone has made you feel upset at your job or work that you would like to mention? If so please write them down.

Q.49 Has anyone done any of these things to you at work or while doing your jobs? This could include people you work for (like your boss), other people you work with, or customers.

	Often (1)	Sometimes (2)	Never (3)
Has anyone tried to threaten, intimidate or harm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone damaged or tried to damage. your personal possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone ever pushed you around or physically hurt you at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone tried to play a trick on you to make you feel bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone touched you in a way that made you feel uncomfortable, like patted, pinched, brushed or kissed you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.50 Are there any other ways that someone has tried to hurt you or your things at your job or work that you would like to mention? If so please write them down.

Q.51 Have any of these things ever happened to you at work or while doing your jobs? This could include people you work for (like your boss), other people you work with, or customers.

	Often (1)	Sometimes (2)	Never (3)
Been treated unfairly because of your age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been treated unfairly because of your gender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been treated unfairly because of your nationality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been treated unfairly because of your ethnic or racial background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been treated unfairly because you have a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been treated unfairly because of your religious background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.52 Are there any other ways you have been treated unfairly at your job or work that you would like to mention? If so please write them down.

Q.53 What are the things you like about working?

Q.54 What are the things you don't like about working?

Please go onto QUESTION 55.

HAPPINESS AND SATISFACTION

Now we want to ask you about different things in your life and how happy you are with them. This includes things like school, friends, your family, the things you own and the things you like to do. This will give us an idea of how the amount of work and /or jobs you do fits in with other things in your life. Remember there are no right or wrong answers. We would appreciate your honest answers.

The next few questions are about how you feel about different parts of your life.

Q.55 How do you feel about your relationships with your family?

Very happy (1)	Happy (2)	Mixed (3)	Unhappy (4)	Very unhappy (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.56 How do you feel about your relationships with your friends?

Very happy (1)	Happy (2)	Mixed (3)	Unhappy (4)	Very unhappy (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.57 How do you feel about your schoolwork?

Very happy (1)	Happy (2)	Mixed (3)	Unhappy (4)	Very unhappy (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.58 Which best describes how you feel about your life?

Very happy (1)	Happy (2)	Mixed (3)	Unhappy (4)	Very unhappy (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions are about how much time you spend doing things like homework and leisure activities. It doesn't matter if you don't know exactly how long you spend on each activity or if it changes from day to day, just give us your best guess.

Q.59 How many hours do you spend doing homework in a normal school day?

Less than 1 hour (1)	<input type="checkbox"/>	1-2 hours (2)	<input type="checkbox"/>	3-5 hours. (3)	<input type="checkbox"/>
6-9 hours. (4)	<input type="checkbox"/>	10 hours or more. (5)	<input type="checkbox"/>		

Q.60 How many hours do you spend doing homework in a normal weekend?

Less than 1 hour (1)	<input type="checkbox"/>	1-2 hours (2)	<input type="checkbox"/>	3-5 hours. (3)	<input type="checkbox"/>
6-9 hours. (4)	<input type="checkbox"/>	10 hours or more. (5)	<input type="checkbox"/>		

Q.61 How many hours do you spend doing leisure activities in a normal school day? (things like watching TV, playing sport and games, hanging out, playing video or computer games, taking part in clubs like Scouts).

Less than 1 hour (1)	<input type="checkbox"/>	1-2 hours (2)	<input type="checkbox"/>	3-5 hours. (3)	<input type="checkbox"/>
6-9 hours. (4)	<input type="checkbox"/>	10 hours or more. (5)	<input type="checkbox"/>		

Q.62 How many hours do you spend doing chores at home in a normal school day?

Less than 1 hour (1)	<input type="checkbox"/>	1-2 hours (2)	<input type="checkbox"/>	3-5 hours. (3)	<input type="checkbox"/>
6-9 hours. (4)	<input type="checkbox"/>	10 hours or more. (5)	<input type="checkbox"/>		

Q.63 How often do you talk with a close friend, including telephone conversations, email and text messaging, outside of school hours?

Hourly <input type="checkbox"/>	Daily <input type="checkbox"/>	Once a week. <input type="checkbox"/>
(1)	(2)	(3)
Several times. . . <input type="checkbox"/>	Once a month. . . <input type="checkbox"/>	Less than once a <input type="checkbox"/>
a week	month	month
(4)	(5)	(6)

Q.64 In general how do you feel about your time?

I almost always feel rushed <input type="checkbox"/>	(1)
Sometimes I feel rushed <input type="checkbox"/>	(2)
I almost never feel rushed. <input type="checkbox"/>	(3)
Not sure <input type="checkbox"/>	(6)

You have completed the survey!

We really appreciate the time and effort you have put into answering the questions.

Thank you very much for your valuable contribution.