Viewpoint
Questionnaire
Child Protection Questionnaire
Template
Age 7-10 years
Information For Questionnaire "Child protection 7 to 10"

s 1 Hello <users User First Name>, welcome to Viewpoint. Click the arrow at the bottom of the screen to move on.

q 2 Do you know why you have a social worker?
   Response 1 No w 100
   Response 2 Not sure w 50
   Response 3 Yes w 0

q 3 Who looks after you? Please type your answer in the box below.

q 4 Are you happy at home?
   Response 1 Yes, always w 0
   Response 2 Yes, sometimes w 50
   Response 3 No w 100

q 5 Do your parents or the people who look after you, notice when you have done well at something?
   Response 1 Yes, always w 0
   Response 2 Yes, sometimes w 50
   Response 3 No w 100

q 6 Is there anything that makes you scared, worried or upset at home?
   Response 1 Yes w 100
   Response 2 No w 0

q 7 Please can you say what makes you scared, worried or upset at home?

q 8 Who do you talk to when you are scared, worried or upset? You can select more than one.
   Response 1 Mother
   Response 2 Father
   Response 3 Brother or sister
   Response 4 Grandparent, aunt or uncle
   Response 5 Someone else in my family, please type in notepad
   Response 6 Friends
   Response 7 Neighbour
   Response 8 Teacher
   Response 9 Someone from my religion
   Response 10 Social worker
   Response 11 Doctor
   Response 12 Someone else, please
write in notepad

Response 13 Nobody

q 9 Do you ever worry about anyone in your family?
Response 1 Yes w 100
Response 2 No w 0 g 11

q 10 Please could you tell us who they are and what you worry about.

s 11 Okay, now a chance to play a game. Click on the game button above my head to play or click the forward arrow to move on.

q 12 Do you sleep well?
Response 1 Yes, always w 0
Response 2 Yes, sometimes w 50
Response 3 No w 100

q 13 Do you feel tired during the day?
Response 1 Yes, always w 100
Response 2 Yes, sometimes w 50
Response 3 No w 0

q 14 Do you have breakfast before going to school?
Response 1 Yes, always w 0
Response 2 Yes, sometimes w 50
Response 3 No w 100

q 15 Do you enjoy school?
Response 1 Yes, always w 0
Response 2 Yes, sometimes w 50
Response 3 No w 100

q 16 What do you like best?

q 17 Are you doing well at school?
Response 1 Yes w 0
Response 2 No w 100

q 18 Is there anyone who can help you with homework?
Response 1 Yes w 0
Response 2 No w 100 g 20

q 19 Who helps you with your homework?

q 20 Are you ever bullied at school?
Response 1 Yes, always w 100
Response 2 Yes, sometimes w 50
Response 3 No w 0

q 21 What do you do to have fun?
q 22 Is there anything that stops you from doing this?

q 23 Do you make friends easily?

Response 1  Yes, always  w  0
Response 2  Yes, sometimes  w  50
Response 3  No  w  100

q 24 What things are going well in your family?

q 25 Is there anything in your life that you would like to change to make things better for you?

q 26 Is there anything else that you would like to know or want to tell us?

q 27 Thank you for completing this questionnaire. You can play one last game if you want to. Click on the game button above my head to play or click the forward arrow to exit.

Report Formats for questionnaire "Child protection 7 to 10"

Individual Report "7 to 10 Ind"

section - Healthy
12 Do you sleep well?
13 Do you feel tired during the day?
14 Do you have breakfast before going to school?

section - Education
15 Do you enjoy school?
16 What do you like best?
17 Are you doing well at school?
18 Is there anyone who can help you with homework?
19 Who helps you with your homework?
20 Are you ever bullied at school?

section - Emotional and Behavioural Development
2 Do you know why you have a social worker?
3 Who looks after you? Please type your answer in the box below.
4 Are you happy at home?
5 Do your parents or the people who look after you, notice when you have done well at something?
6 Is there anything that makes you scared, worried or upset at home?
7 Please can you say what makes you scared, worried or upset at home?
8 Who do you talk to when you are scared, worried or upset?
9 You can select more than one.

section - Family and Social Relationships
9 Do you ever worry about anyone in your family?
10 Please could you tell us who they are and what you worry about.
21 What do you do to have fun?
22 Is there anything that stops you from doing this?
23 Do you make friends easily?
24 What things are going well in your family?
25 Is there anything in your life that you would like to change to make things better for you?
26 Is there anything else that you would like to know or want to tell us?

Questions not included in the report format "7 to 10 Ind"

Thank you for completing this questionnaire. You can play one last game if you want to. Click on the game button above my head to play or click the forward arrow to exit.