Viewpoint Questionnaire
Child Protection Questionnaire Template
Age 11+ years
Information For Questionnaire "Child Protection 11 plus"

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

q 2 How easy do you find it to talk about your family and things at home?

Response 1 Very easy w 0
Response 2 Quite easy w 33
Response 3 Not very easy w 67
Response 4 Not at all easy w 100

q 3 Who would you talk to if there were problems at home? 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 write in the 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 4 How well do you get on with your parents or the people who look after you? Please place the slider where you think it should be on the scale.

Minimum Value 0
Minimum Text Very well
Maximum Value 100
Maximum Text Not at all well
Increment Value 10

q 5 Please say why you describe your relationship like this

q 6 How often do your parents or the people that look after you notice when you have done well at something?

Response 1 Always w 0
Response 2 Sometimes w 33
q 7 Do you currently feel safe at home?

Response 1  Always     w 0   g 9
Response 2  Sometimes  w 33
Response 3  Rarely     w 67
Response 4  Never      w 100

q 8 Could you please say why you feel unsafe?

q 9 Do you ever worry about a member of your family?

Response 1  Always     w 100
Response 2  Sometimes  w 67
Response 3  Rarely     w 33
Response 4  Never      w 0   g 11

q 10 Could you please say who this is and what you worry about?

q 11 Have you ever felt unsafe in the past?

Response 1  Yes        w 100
Response 2  No         w 0   g 13

q 12 Can you please say why you felt unsafe?

q 13 How often do you feel under pressure?

Response 1  Always     w 100
Response 2  Sometimes  w 67
Response 3  Rarely     w 33
Response 4  Never      w 0   g 15

q 14 Who or what do you feel under pressure from?

q 15 Do you ever feel scared?

Response 1  Always     w 100
Response 2  Sometimes  w 67
Response 3  Rarely     w 33
Response 4  Never      w 0   g 18

q 16 Can you say a bit more about when you feel scared?

q 17 What are the things that need to change so that you don’t feel scared?

q 18 What are the things that are going well for you?

q 19 How happy are you? Please place the slider where you think it should be on the scale

Minimum Value  0
Minimum Text  Very happy
What needs to change so that you can be happier?

Okay, now a chance to play a game. Click the game button above my head to play, or click the forward arrow to carry on with the questionnaire.

Do you ever feel worried about anything?

Response 1 Always w 100
Response 2 Sometimes w 67
Response 3 Rarely w 33
Response 4 Never w 0 g 25

What makes you worried?

What needs to change to make you less worried?

Do you sleep well?

Response 1 Always w 0
Response 2 Sometimes w 33
Response 3 Rarely w 67
Response 4 Never w 100

How good is your health?

Response 1 Very good w 0
Response 2 Quite good w 33
Response 3 Not very good w 67
Response 4 Not at all good w 100

Is there enough food for you to eat at home?

Response 1 Yes, more than enough w 0
Response 2 Yes, but just about enough w 50
Response 3 Not at all enough w 100

How well do you think you are doing at school?

Response 1 Always w 0
Response 2 Sometimes w 33
Response 3 Rarely w 67
Response 4 Never w 100

Do you enjoy school?

Do you ever try to avoid going to school?
q 31 Are you ever bullied at school?

Response 1  Always  w 100
Response 2  Sometimes  w 67
Response 3  Rarely  w 33
Response 4  Never  w 0

q 32 Is there an adult that you feel able to speak to if you have any worries at school? 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 the 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 type in notepad
Response 13  Nobody

q 33 What hobbies or sports do you like doing?

q 34 Is there anything that stops you from doing these as often as you would like?

q 35 Are you able to see your friends when you want to?

Response 1  Always  w 0
Response 2  Sometimes  w 33
Response 3  Rarely  w 67
Response 4  Never  w 100

q 36 Do you feel safe when you’re out with your friends?

Response 1  Always  w 0  g 38
Response 2  Sometimes  w 33
Response 3  Rarely  w 67
Response 4  Never  w 100

q 37 Could you please say why you feel unsafe?
q 38 Do you ever do things that other people might see as risky or dangerous?

Response 1 Always w 100
Response 2 Sometimes w 67
Response 3 Rarely w 33
Response 4 Never w 0 g 40

q 39 What do you do that others might see as risky or dangerous?

s 40 You can play another game now if you want. Click the game button above my head to play, or click the forward arrow to move on.

q 41 If you could wake up tomorrow and things in your life had changed for the better, what things would have changed?

s 42 Thank you for completing this questionnaire. You can play one last game if you want. Click on the game button above my head to play, or click the forward arrow to finish.

Report Formats for questionnaire "Child Protection 11 plus"

Individual Report "11 Plus Ind"

section - Health
25 Do you sleep well?
26 How good is your health?
27 Is there enough food for you to eat at home?

section - Education
28 How well do you think you are doing at school?
29 Do you enjoy school?
30 Do you ever try to avoid going to school?
31 Are you ever bullied at school?
32 Is there an adult that you feel able to speak to if you have any worries at school? You can select more than one.

section - Emotional and Behavioural Development
11 Have you ever felt unsafe in the past?
12 Can you please say why you felt unsafe?
13 How often do you feel under pressure?
14 Who or what do you feel under pressure from?
15 Do you ever feel scared?
16 Can you say a bit more about when you feel scared?
17 What are the things that need to change so that you don’t feel scared?
18 What are the things that are going well for you?
19 How happy are you? Please place the slider where you think it should be on the scale
20 What needs to change so that you can be happier?
22 Do you ever feel worried about anything?
23 What makes you worried?
24 What needs to change to make you less worried?

section - Family and Social Relationships
2 How easy do you find it to talk about your family and things at home?
3 Who would you talk to if there were problems at home? You can select more than one.
4 How well do you get on with your parents or the people who look after you? Please place the slider where you think it should be on the scale.
5 Please say why you describe your relationship like this
6 How often do your parents or the people that look after you notice when you have done well at something?
7 Do you currently feel safe at home?
8 Could you please say why you feel unsafe?
9 Do you ever worry about a member of your family?
10 Could you please say who this is and what you worry about?
33 What hobbies or sports do you like doing?
34 Is there anything that stops you from doing these as often as you would like?
35 Are you able to see your friends when you want to?
36 Do you feel safe when you’re out with your friends?
37 Could you please say why you feel unsafe?
41 If you could wake up tomorrow and things in your life had changed for the better, what things would have changed?

section - Self Care Skills
38 Do you ever do things that other people might see as risky or dangerous?
39 What do you do that others might see as risky or dangerous?