

Online Safety Questionnaire 2017



Name:

2. What year group are you in?

- Year 2 Year 3 Year 4 Year 5 Year 6

3. Do you have your own phone:

- Yes No

4. What do you use to go online? (please tick all you use)

- | | |
|---|--|
| <input type="checkbox"/> Mobile/smart phone/other mobile device e.g. Ipad touch | <input type="checkbox"/> Laptop/netbook |
| <input type="checkbox"/> Tablet (e.g. Ipad) | <input type="checkbox"/> Xbox360, Wii, Playstation etc |
| <input type="checkbox"/> Mobile gaming devices, PSP, Nintendo DS, etc | <input type="checkbox"/> Desktop pc |
| <input type="checkbox"/> Television | |

Other (please specify)

5. How much time do you spend online in an average day?

- | | |
|---|--|
| <input type="radio"/> Less than an hour | <input type="radio"/> One to three hours |
| <input type="radio"/> Between 3 and 6 hours | <input type="radio"/> More than 6hrs |

6. How much TV (not online) do you watch on an average day?

- | | |
|---|--|
| <input type="radio"/> Less than an hour | <input type="radio"/> One to three hours |
| <input type="radio"/> Between 3 and 6 hours | <input type="radio"/> More than 6hrs |

7.a What do you use the Internet for?

- | | | | |
|---|--|-------------------------------|---|
| <input type="checkbox"/> Social networks (Facebook, Twitter, other) | | | |
| <input type="checkbox"/> Instant messaging, e.g. Whatsapp, Windows live, Skype. | | | |
| <input type="checkbox"/> Gaming | <input type="checkbox"/> Shopping | <input type="checkbox"/> News | <input type="checkbox"/> Browsing/general entertainment |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Uploading/content creation eg Youtube | | |

Other (please specify)

7b. Do you have your own Facebook account?

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things that
happened online

things that
happened online

things that
happened online

things that
happened online

things that
happened online

things that
happened online

I am lonely

I am lonely

I am lonely

I am lonely

I am lonely

I am lonely

10. If you have been upset by something you've seen online, would you like to explain what this was?

11. Have you ever said anything nasty to someone on line?

Yes No

12. Have you ever received nasty comments/content online?

Yes No

13. Are there any rules at home for using the Internet?

Yes No

14. If yes, what sort of rules are there (please tick all that apply)?

- Parents control access to sites I can visit
- Parents can see what I look at online
- Not allowed online after a certain time in the evening
- Only allowed to go online in family rooms e.g. living room/kitchen
- Ages restrictions on Internet access
- Only allowed online for a certain amount of time

Other (please specify)

15. If you answered yes to rules at home, do you know how to get around these restrictions?

Yes No Some of them

16. Who would you turn to if you were upset by something that happened online (please tick all that apply)?

- Friends
- Parents
- Other family member
- School/teacher
- Police

Other (please specify)

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