

***In this questionnaire, you are being asked questions about yourself. There are no 'right' or 'wrong' answers. Your answers should be the ones that are 'right' for you.***

*You may ask for help if there is something you do not understand or you are not sure how to answer a question.*

***Your answers will be combined with others to make totals and averages in which no individual can be identified. All your answers will be kept confidential.***

**How is your health?**

*(Please select one response.)*

|           |                                       |
|-----------|---------------------------------------|
| Excellent | WB150Q01HA01<br><input type="radio"/> |
| Good      | WB150Q01HA02<br><input type="radio"/> |
| Fair      | WB150Q01HA03<br><input type="radio"/> |
| Poor      | WB150Q01HA04<br><input type="radio"/> |

**How much do you weigh?**

*(Please enter the appropriate number.)*

|           |                                     |
|-----------|-------------------------------------|
| Kilograms | <div>WB151Q01HA01</div> <div></div> |
|-----------|-------------------------------------|

How tall are you?

(Please enter the appropriate number.)

|             |                                     |
|-------------|-------------------------------------|
| Centimetres | <div>WB152Q01HA01</div> <div></div> |
|-------------|-------------------------------------|

**Thinking about yourself, how much do you agree with each of the following statements?**

*(Please select one response in each row.)*

|                                     | Strongly disagree                     | Disagree                              | Agree                                 | Strongly agree                        | I don't have an opinion               |
|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| I like my look just the way it is.  | WB153Q01HA01<br><input type="radio"/> | WB153Q01HA02<br><input type="radio"/> | WB153Q01HA03<br><input type="radio"/> | WB153Q01HA04<br><input type="radio"/> | WB153Q01HA05<br><input type="radio"/> |
| I consider myself to be attractive. | WB153Q02HA01<br><input type="radio"/> | WB153Q02HA02<br><input type="radio"/> | WB153Q02HA03<br><input type="radio"/> | WB153Q02HA04<br><input type="radio"/> | WB153Q02HA05<br><input type="radio"/> |
| I am not concerned about my weight. | WB153Q03HA01<br><input type="radio"/> | WB153Q03HA02<br><input type="radio"/> | WB153Q03HA03<br><input type="radio"/> | WB153Q03HA04<br><input type="radio"/> | WB153Q03HA05<br><input type="radio"/> |
| I like my body.                     | WB153Q04HA01<br><input type="radio"/> | WB153Q04HA02<br><input type="radio"/> | WB153Q04HA03<br><input type="radio"/> | WB153Q04HA04<br><input type="radio"/> | WB153Q04HA05<br><input type="radio"/> |
| I like the way my clothes fit me.   | WB153Q05HA01<br><input type="radio"/> | WB153Q05HA02<br><input type="radio"/> | WB153Q05HA03<br><input type="radio"/> | WB153Q05HA04<br><input type="radio"/> | WB153Q05HA05<br><input type="radio"/> |

**In the past six months, how often have you had the following?**

*(Please select one response in each row.)*

|                                  | Rarely or never                       | About every month                     | About every week                      | More than once a week                 | About every day                       |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Headache                         | WB154Q01HA01<br><input type="radio"/> | WB154Q01HA02<br><input type="radio"/> | WB154Q01HA03<br><input type="radio"/> | WB154Q01HA04<br><input type="radio"/> | WB154Q01HA05<br><input type="radio"/> |
| Stomach pain                     | WB154Q02HA01<br><input type="radio"/> | WB154Q02HA02<br><input type="radio"/> | WB154Q02HA03<br><input type="radio"/> | WB154Q02HA04<br><input type="radio"/> | WB154Q02HA05<br><input type="radio"/> |
| Back pain                        | WB154Q03HA01<br><input type="radio"/> | WB154Q03HA02<br><input type="radio"/> | WB154Q03HA03<br><input type="radio"/> | WB154Q03HA04<br><input type="radio"/> | WB154Q03HA05<br><input type="radio"/> |
| Feeling depressed                | WB154Q04HA01<br><input type="radio"/> | WB154Q04HA02<br><input type="radio"/> | WB154Q04HA03<br><input type="radio"/> | WB154Q04HA04<br><input type="radio"/> | WB154Q04HA05<br><input type="radio"/> |
| Irritability or bad temper       | WB154Q05HA01<br><input type="radio"/> | WB154Q05HA02<br><input type="radio"/> | WB154Q05HA03<br><input type="radio"/> | WB154Q05HA04<br><input type="radio"/> | WB154Q05HA05<br><input type="radio"/> |
| Feeling nervous                  | WB154Q06HA01<br><input type="radio"/> | WB154Q06HA02<br><input type="radio"/> | WB154Q06HA03<br><input type="radio"/> | WB154Q06HA04<br><input type="radio"/> | WB154Q06HA05<br><input type="radio"/> |
| Difficulties in getting to sleep | WB154Q07HA01<br><input type="radio"/> | WB154Q07HA02<br><input type="radio"/> | WB154Q07HA03<br><input type="radio"/> | WB154Q07HA04<br><input type="radio"/> | WB154Q07HA05<br><input type="radio"/> |
| Feeling dizzy                    | WB154Q08HA01<br><input type="radio"/> | WB154Q08HA02<br><input type="radio"/> | WB154Q08HA03<br><input type="radio"/> | WB154Q08HA04<br><input type="radio"/> | WB154Q08HA05<br><input type="radio"/> |
| Feeling anxious                  | WB154Q09HA01<br><input type="radio"/> | WB154Q09HA02<br><input type="radio"/> | WB154Q09HA03<br><input type="radio"/> | WB154Q09HA04<br><input type="radio"/> | WB154Q09HA05<br><input type="radio"/> |

## How satisfied are you with each of the following?

(Please select one response in each row.)

|   | Not at all satisfied                  | Not satisfied                         | Satisfied                             | Totally satisfied                     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Your health                                   | WB155Q01HA01<br><input type="radio"/> | WB155Q01HA02<br><input type="radio"/> | WB155Q01HA03<br><input type="radio"/> | WB155Q01HA04<br><input type="radio"/> |
| The way that you look                         | WB155Q02HA01<br><input type="radio"/> | WB155Q02HA02<br><input type="radio"/> | WB155Q02HA03<br><input type="radio"/> | WB155Q02HA04<br><input type="radio"/> |
| What you learn at school                      | WB155Q03HA01<br><input type="radio"/> | WB155Q03HA02<br><input type="radio"/> | WB155Q03HA03<br><input type="radio"/> | WB155Q03HA04<br><input type="radio"/> |
| The friends you have                          | WB155Q04HA01<br><input type="radio"/> | WB155Q04HA02<br><input type="radio"/> | WB155Q04HA03<br><input type="radio"/> | WB155Q04HA04<br><input type="radio"/> |
| The neighbourhood you live in                 | WB155Q05HA01<br><input type="radio"/> | WB155Q05HA02<br><input type="radio"/> | WB155Q05HA03<br><input type="radio"/> | WB155Q05HA04<br><input type="radio"/> |
| All the things you have                       | WB155Q06HA01<br><input type="radio"/> | WB155Q06HA02<br><input type="radio"/> | WB155Q06HA03<br><input type="radio"/> | WB155Q06HA04<br><input type="radio"/> |
| How you use your time                         | WB155Q07HA01<br><input type="radio"/> | WB155Q07HA02<br><input type="radio"/> | WB155Q07HA03<br><input type="radio"/> | WB155Q07HA04<br><input type="radio"/> |
| Your relationship with your parents/guardians | WB155Q08HA01<br><input type="radio"/> | WB155Q08HA02<br><input type="radio"/> | WB155Q08HA03<br><input type="radio"/> | WB155Q08HA04<br><input type="radio"/> |
| Your relationship with your teachers          | WB155Q09HA01<br><input type="radio"/> | WB155Q09HA02<br><input type="radio"/> | WB155Q09HA03<br><input type="radio"/> | WB155Q09HA04<br><input type="radio"/> |
| Your life at school                           | WB155Q10HA01<br><input type="radio"/> | WB155Q10HA02<br><input type="radio"/> | WB155Q10HA03<br><input type="radio"/> | WB155Q10HA04<br><input type="radio"/> |

*The following questions concern your relationship with your close friends. Close friends are those with whom you can talk to about anything and on whom you can rely when you need help or support.*

**At present, how many close friends do you have?**

*(Please enter the number below.)*

WB156Q01HA01



**How many days a week do you usually spend time with your friends right after school?**

*(Please select from the drop-down menu to answer the question.)*

WB158Q01HA01

Select...

0 days

1 day

2 days

3 days

4 days

5 days

6 days

**How often do you talk to your friends on the phone, send them text messages or have contact through social media?**

*(Please select one response.)*

|                     |                                       |
|---------------------|---------------------------------------|
| Rarely or never     | WB160Q01HA01<br><input type="radio"/> |
| Every day           | WB160Q01HA02<br><input type="radio"/> |
| Several times a day | WB160Q01HA03<br><input type="radio"/> |

**Are your friends well accepted by your parents or guardians?**

*(Please select one response.)*

|                                  |                                       |
|----------------------------------|---------------------------------------|
| No                               | WB161Q01HA01<br><input type="radio"/> |
| Yes, but only some of them       | WB161Q01HA02<br><input type="radio"/> |
| Yes, all of them                 | WB161Q01HA03<br><input type="radio"/> |
| My parents don't know my friends | WB161Q01HA04<br><input type="radio"/> |

## How easy is it for you to talk to the following people about things that really bother you?

(Please select one response in each row.)

|                       | Very difficult                        | Difficult                             | Easy                                  | Very easy                             | I don't have or see this person       |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Your father           | WB162Q01HA01<br><input type="radio"/> | WB162Q01HA02<br><input type="radio"/> | WB162Q01HA03<br><input type="radio"/> | WB162Q01HA04<br><input type="radio"/> | WB162Q01HA05<br><input type="radio"/> |
| Your mother's partner | WB162Q02HA01<br><input type="radio"/> | WB162Q02HA02<br><input type="radio"/> | WB162Q02HA03<br><input type="radio"/> | WB162Q02HA04<br><input type="radio"/> | WB162Q02HA05<br><input type="radio"/> |
| Your mother           | WB162Q03HA01<br><input type="radio"/> | WB162Q03HA02<br><input type="radio"/> | WB162Q03HA03<br><input type="radio"/> | WB162Q03HA04<br><input type="radio"/> | WB162Q03HA05<br><input type="radio"/> |
| Your father's partner | WB162Q04HA01<br><input type="radio"/> | WB162Q04HA02<br><input type="radio"/> | WB162Q04HA03<br><input type="radio"/> | WB162Q04HA04<br><input type="radio"/> | WB162Q04HA05<br><input type="radio"/> |
| Your brother(s)       | WB162Q05HA01<br><input type="radio"/> | WB162Q05HA02<br><input type="radio"/> | WB162Q05HA03<br><input type="radio"/> | WB162Q05HA04<br><input type="radio"/> | WB162Q05HA05<br><input type="radio"/> |
| Your sister(s)        | WB162Q06HA01<br><input type="radio"/> | WB162Q06HA02<br><input type="radio"/> | WB162Q06HA03<br><input type="radio"/> | WB162Q06HA04<br><input type="radio"/> | WB162Q06HA05<br><input type="radio"/> |
| Your close friend(s)  | WB162Q07HA01<br><input type="radio"/> | WB162Q07HA02<br><input type="radio"/> | WB162Q07HA03<br><input type="radio"/> | WB162Q07HA04<br><input type="radio"/> | WB162Q07HA05<br><input type="radio"/> |
| Your teachers         | WB162Q08HA01<br><input type="radio"/> | WB162Q08HA02<br><input type="radio"/> | WB162Q08HA03<br><input type="radio"/> | WB162Q08HA04<br><input type="radio"/> | WB162Q08HA05<br><input type="radio"/> |
| Other family members  | WB162Q09HA01<br><input type="radio"/> | WB162Q09HA02<br><input type="radio"/> | WB162Q09HA03<br><input type="radio"/> | WB162Q09HA04<br><input type="radio"/> | WB162Q09HA05<br><input type="radio"/> |

**Thinking about your parents or guardians, how often do they do each of the following?**

(Please select one response in each row.)

|   | Almost never                          | Sometimes                             | Almost always                         |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| Help me as much as I need                 | WB163Q01HA01<br><input type="radio"/> | WB163Q01HA02<br><input type="radio"/> | WB163Q01HA03<br><input type="radio"/> |
| Let me do the things I like doing         | WB163Q02HA01<br><input type="radio"/> | WB163Q02HA02<br><input type="radio"/> | WB163Q02HA03<br><input type="radio"/> |
| Show that they care                       | WB163Q03HA01<br><input type="radio"/> | WB163Q03HA02<br><input type="radio"/> | WB163Q03HA03<br><input type="radio"/> |
| Try to understand my problems and worries | WB163Q04HA01<br><input type="radio"/> | WB163Q04HA02<br><input type="radio"/> | WB163Q04HA03<br><input type="radio"/> |
| Encourage me to make my own decisions     | WB163Q05HA01<br><input type="radio"/> | WB163Q05HA02<br><input type="radio"/> | WB163Q05HA03<br><input type="radio"/> |
| Try to control everything I do            | WB163Q06HA01<br><input type="radio"/> | WB163Q06HA02<br><input type="radio"/> | WB163Q06HA03<br><input type="radio"/> |
| Treat me like a baby                      | WB163Q07HA01<br><input type="radio"/> | WB163Q07HA02<br><input type="radio"/> | WB163Q07HA03<br><input type="radio"/> |
| Make me feel better when I am upset       | WB163Q08HA01<br><input type="radio"/> | WB163Q08HA02<br><input type="radio"/> | WB163Q08HA03<br><input type="radio"/> |

WB163

**How often do you worry about how much money your family has?**

*(Please select one response.)*

|           |                                       |
|-----------|---------------------------------------|
| Never     | WB164Q01HA01<br><input type="radio"/> |
| Sometimes | WB164Q01HA02<br><input type="radio"/> |
| Often     | WB164Q01HA03<br><input type="radio"/> |
| Always    | WB164Q01HA04<br><input type="radio"/> |

**When was the last time you attended a mathematics class at school?**

*(Please select one response.)*

|                               |                                       |
|-------------------------------|---------------------------------------|
| Today or yesterday            | WB165Q01HA01<br><input type="radio"/> |
| More than two days ago        | WB165Q01HA02<br><input type="radio"/> |
| More than seven days ago      | WB165Q01HA03<br><input type="radio"/> |
| I never attended such a class | WB165Q01HA04<br><input type="radio"/> |

Rule: IF (^WB165Q01HA=04) THEN GOTO ^WB167 ELSE GOTO ^WB166  
Message:

WB165R01



**How did you feel the last time you attended a mathematics class at school?**

*(Please select one response in each row.)*

|                       | Not at all                            | A little                              | Quite a bit                           | Extremely                             |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Bored                 | WB166Q01HA01<br><input type="radio"/> | WB166Q01HA02<br><input type="radio"/> | WB166Q01HA03<br><input type="radio"/> | WB166Q01HA04<br><input type="radio"/> |
| Challenged            | WB166Q02HA01<br><input type="radio"/> | WB166Q02HA02<br><input type="radio"/> | WB166Q02HA03<br><input type="radio"/> | WB166Q02HA04<br><input type="radio"/> |
| Nervous or tense      | WB166Q03HA01<br><input type="radio"/> | WB166Q03HA02<br><input type="radio"/> | WB166Q03HA03<br><input type="radio"/> | WB166Q03HA04<br><input type="radio"/> |
| Motivated or inspired | WB166Q04HA01<br><input type="radio"/> | WB166Q04HA02<br><input type="radio"/> | WB166Q04HA03<br><input type="radio"/> | WB166Q04HA04<br><input type="radio"/> |

**When was the last time you attended a Portuguese lesson at school?**

*(Please select one response.)*

|                               |                                       |
|-------------------------------|---------------------------------------|
| Today or yesterday            | WB167Q01HA01<br><input type="radio"/> |
| More than two days ago        | WB167Q01HA02<br><input type="radio"/> |
| More than seven days ago      | WB167Q01HA03<br><input type="radio"/> |
| I never attended such a class | WB167Q01HA04<br><input type="radio"/> |

Rule: IF (^WB167Q01HA=04) THEN GOTO ^WB171 ELSE GOTO ^WB168  
Message:

WB167R01

**How did you feel the last time you attended a Portuguese lesson at school?**

*(Please select one response in each row.)*

|                       | Not at all                            | A little                              | Quite a bit                           | Extremely                             |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Bored                 | WB168Q01HA01<br><input type="radio"/> | WB168Q01HA02<br><input type="radio"/> | WB168Q01HA03<br><input type="radio"/> | WB168Q01HA04<br><input type="radio"/> |
| Challenged            | WB168Q02HA01<br><input type="radio"/> | WB168Q02HA02<br><input type="radio"/> | WB168Q02HA03<br><input type="radio"/> | WB168Q02HA04<br><input type="radio"/> |
| Nervous or tense      | WB168Q03HA01<br><input type="radio"/> | WB168Q03HA02<br><input type="radio"/> | WB168Q03HA03<br><input type="radio"/> | WB168Q03HA04<br><input type="radio"/> |
| Motivated or inspired | WB168Q04HA01<br><input type="radio"/> | WB168Q04HA02<br><input type="radio"/> | WB168Q04HA03<br><input type="radio"/> | WB168Q04HA04<br><input type="radio"/> |

**Now think of the last time you had a break between classes at school. How did you feel?**

*(Please select one response in each row.)*

|                  | Not at all                            | A little                              | Quite a bit                           | Extremely                             |
|------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Happy            | WB171Q01HA01<br><input type="radio"/> | WB171Q01HA02<br><input type="radio"/> | WB171Q01HA03<br><input type="radio"/> | WB171Q01HA04<br><input type="radio"/> |
| Lonely           | WB171Q02HA01<br><input type="radio"/> | WB171Q02HA02<br><input type="radio"/> | WB171Q02HA03<br><input type="radio"/> | WB171Q02HA04<br><input type="radio"/> |
| Nervous or tense | WB171Q03HA01<br><input type="radio"/> | WB171Q03HA02<br><input type="radio"/> | WB171Q03HA03<br><input type="radio"/> | WB171Q03HA04<br><input type="radio"/> |
| Full of energy   | WB171Q04HA01<br><input type="radio"/> | WB171Q04HA02<br><input type="radio"/> | WB171Q04HA03<br><input type="radio"/> | WB171Q04HA04<br><input type="radio"/> |

**When was the last time you spent time outside your home with your friends?**

*(Please select one response.)*

|   |                                       |
|---|---------------------------------------|
| Today   | WB172Q01HA01<br><input type="radio"/> |
| Yesterday   | WB172Q01HA02<br><input type="radio"/> |
| More than two days ago                              | WB172Q01HA03<br><input type="radio"/> |
| More than seven days ago                            | WB172Q01HA04<br><input type="radio"/> |
| I never spend time outside my home with my friends. | WB172Q01HA05<br><input type="radio"/> |

Rule: IF (^WB172Q01HA=05) THEN GOTO ^WB176 ELSE GOTO ^WB173  
Message:

WB172R01

**How did you feel the last time you spent time outside your home with your friends?**

*(Please select one response in each row.)*

|                  | Not at all                            | A little                              | Quite a bit                           | Extremely                             |
|------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Bored            | WB173Q01HA01<br><input type="radio"/> | WB173Q01HA02<br><input type="radio"/> | WB173Q01HA03<br><input type="radio"/> | WB173Q01HA04<br><input type="radio"/> |
| Happy            | WB173Q02HA01<br><input type="radio"/> | WB173Q02HA02<br><input type="radio"/> | WB173Q02HA03<br><input type="radio"/> | WB173Q02HA04<br><input type="radio"/> |
| Nervous or tense | WB173Q03HA01<br><input type="radio"/> | WB173Q03HA02<br><input type="radio"/> | WB173Q03HA03<br><input type="radio"/> | WB173Q03HA04<br><input type="radio"/> |
| Full of energy   | WB173Q04HA01<br><input type="radio"/> | WB173Q04HA02<br><input type="radio"/> | WB173Q04HA03<br><input type="radio"/> | WB173Q04HA04<br><input type="radio"/> |



**When was the last time you did your homework/studied for school?**

*(Please select one response.)*

|   |                                       |
|---|---------------------------------------|
| Today                                   | WB176Q01HA01<br><input type="radio"/> |
| Yesterday                               | WB176Q01HA02<br><input type="radio"/> |
| More than two days ago                  | WB176Q01HA03<br><input type="radio"/> |
| More than seven days ago                | WB176Q01HA04<br><input type="radio"/> |
| I never do homework or study for school | WB176Q01HA05<br><input type="radio"/> |

Rule: IF (^WB176Q01HA=05) THEN GOTO ^WB032 ELSE GOTO ^WB177  
Message:

WB176R01

**How did you feel the last time you did your homework/studied for school?**

*(Please select one response in each row.)*

|                       | Not at all                            | A little                              | Quite a bit                           | Extremely                             |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Bored                 | WB177Q01HA01<br><input type="radio"/> | WB177Q01HA02<br><input type="radio"/> | WB177Q01HA03<br><input type="radio"/> | WB177Q01HA04<br><input type="radio"/> |
| Challenged            | WB177Q02HA01<br><input type="radio"/> | WB177Q02HA02<br><input type="radio"/> | WB177Q02HA03<br><input type="radio"/> | WB177Q02HA04<br><input type="radio"/> |
| Nervous or tense      | WB177Q03HA01<br><input type="radio"/> | WB177Q03HA02<br><input type="radio"/> | WB177Q03HA03<br><input type="radio"/> | WB177Q03HA04<br><input type="radio"/> |
| Motivated or inspired | WB177Q04HA01<br><input type="radio"/> | WB177Q04HA02<br><input type="radio"/> | WB177Q04HA03<br><input type="radio"/> | WB177Q04HA04<br><input type="radio"/> |

Outside of school, during the past 7 days, on how many days did you engage in the following physical activities?

(Please select one response from the drop-down menus to answer the question.)

|  |   |
|--|---|
| Moderate physical activities for a total of at least 60 minutes per day (e.g. walking, climbing stairs, riding a bike to school, playing volleyball or dancing ballet) | <div>WB032Q01NA01</div> <div>Select...</div> <div>0 days</div> <div>1 day</div> <div>2 days</div> <div>3 days</div> <div>4 days</div> <div>5 days</div> <div>6 days</div> <div>7 days</div> |
| Vigorous physical activities for at least 20 minutes per day that made you sweat and breathe hard (e.g. running, cycling, aerobics, soccer, skating or swimming)       | <div>WB032Q02NA01</div> <div>Select...</div> <div>0 days</div> <div>1 day</div> <div>2 days</div> <div>3 days</div> <div>4 days</div> <div>5 days</div> <div>6 days</div> <div>7 days</div> |

**This school year, on average, on how many days do you attend physical education classes each week?**

*(Please select from the drop-down menu to answer the question.)*

WB031Q01NA01

Select...

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

**The following questions refer to your day yesterday.**

*(Please select one response in each row.)*

|  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| Overall, did you feel that you accomplished something yesterday?   | WB178Q01HA01<br><input type="radio"/> | WB178Q01HA02<br><input type="radio"/> |
| Were you treated with respect all day yesterday?                   | WB178Q02HA01<br><input type="radio"/> | WB178Q02HA02<br><input type="radio"/> |
| Did you smile or laugh a lot yesterday?                            | WB178Q03HA01<br><input type="radio"/> | WB178Q03HA02<br><input type="radio"/> |
| Did you learn or do something interesting yesterday?               | WB178Q04HA01<br><input type="radio"/> | WB178Q04HA02<br><input type="radio"/> |
| Did you have enough energy to get things done yesterday?           | WB178Q05HA01<br><input type="radio"/> | WB178Q05HA02<br><input type="radio"/> |
| Overall, are you satisfied with how you spent your time yesterday? | WB178Q06HA01<br><input type="radio"/> | WB178Q06HA02<br><input type="radio"/> |
| Was yesterday a typical day?                                       | WB178Q07HA01<br><input type="radio"/> | WB178Q07HA02<br><input type="radio"/> |

WB178

***Thank you very much for your co-operation in completing this questionnaire!***

