

Phase 9 CensusAtSchool Questionnaire

1. Please state the county your school is in

2. Please state your gender and age in completed years

 Years Male Female

3. What is your date of Birth?

 e.g. 12 / 04/ 1990

4. Complete the following measurements, answer to the nearest cm or 1 dp.

Height	<input style="width: 20px; height: 20px;" type="text"/>	cm
Foot Length	<input style="width: 20px; height: 20px;" type="text"/>	cm
Length of index finger	<input style="width: 20px; height: 20px;" type="text"/>	cm
Length of ring finger	<input style="width: 20px; height: 20px;" type="text"/>	cm

5. What is your natural hair colour?

Please select only one answer:

<input type="checkbox"/> Dark Brown	<input type="checkbox"/> Blonde
<input type="checkbox"/> Light Brown	<input type="checkbox"/> Red
<input type="checkbox"/> Black	<input type="checkbox"/> Other

6. If you could only have two of the items below, which would be your choice?

Please indicate your first choice by entering 1, and your second choice by entering 2:

<input style="width: 30px;" type="text"/>	Television
<input style="width: 30px;" type="text"/>	Computer, with internet
<input style="width: 30px;" type="text"/>	Mobile phone
<input style="width: 30px;" type="text"/>	Computer, without internet
<input style="width: 30px;" type="text"/>	i-Pod/other portable music player
<input style="width: 30px;" type="text"/>	Digital (DAB) radio
<input style="width: 30px;" type="text"/>	Games console

7. a) Do you believe that you have too many exams at school?

 Yes
 No
 Uncertain

7. b) If you answered yes to part a), which of the following exams would you remove?

Please select all that you want:

<input type="checkbox"/> Junior Cert.	<input type="checkbox"/> Leaving Cert.
<input type="checkbox"/> Yearly tests	<input type="checkbox"/> Class tests
<input type="checkbox"/> LC Applied	<input type="checkbox"/> All tests
<input type="checkbox"/> Not Sure	

8. If you were allowed to completely remove one subject from the school curriculum, which one would it be?

Please select only one answer:

<input type="checkbox"/> Mathematics	<input type="checkbox"/> Art
<input type="checkbox"/> Geography	<input type="checkbox"/> Gaelige
<input type="checkbox"/> Science	<input type="checkbox"/> SPHE
<input type="checkbox"/> PE	<input type="checkbox"/> RE
<input type="checkbox"/> CSPE	<input type="checkbox"/> English
<input type="checkbox"/> Languages	<input type="checkbox"/> Music
<input type="checkbox"/> History	<input type="checkbox"/> Don't remove any
<input type="checkbox"/> Other (please specify).....	

9. The Olympics are coming to the UK in 2012. Give your views below:

Do you think they will be good for the UK?

Very much Very little

●-----●

Do you think they will benefit Ireland?

A great deal Very little

●-----●

Will you watch them?

As much as possible Very little

●-----●

Would you like to take part?

Very much Very little

●-----●

Name a famous Olympian

10. Which of the following superpowers would you most like to have?

Please select only one answer:

<input type="checkbox"/> Invisibility	<input type="checkbox"/> Super strength
<input type="checkbox"/> Fly	<input type="checkbox"/> Freeze time
<input type="checkbox"/> Telepathy (read minds)	

11. Which would you prefer to be?

Please select only one answer:

<input type="checkbox"/> Rich	<input type="checkbox"/> Happy
<input type="checkbox"/> Famous	<input type="checkbox"/> Healthy

12. Which soap location would you prefer to live at?

Please select only one answer:

<input type="checkbox"/> Albert Square	<input type="checkbox"/> Coronation St
<input type="checkbox"/> Emmerdale	<input type="checkbox"/> Ramsey St
<input type="checkbox"/> Summer Bay	<input type="checkbox"/> Ros na Rún
<input type="checkbox"/> Carrickstown	<input type="checkbox"/> None of them
<input type="checkbox"/> Other (please specify).....	

13. Approximately how many hours per week do you spend on social networking websites?

 hours

14. What is your best & worst time on the interactive question?

<input style="width: 40px;" type="text"/> secs	Worst time
<input style="width: 40px;" type="text"/> secs	Best time

15. a) Which mobile phone network are you on?

Please select only one answer:

<input type="checkbox"/> Meteor	<input type="checkbox"/> O2
<input type="checkbox"/> Vodafone	<input type="checkbox"/> 3
<input type="checkbox"/> Tesco Mobile	

15. b) How much credit do you use each week (in euro)?

 euro

16. In what sport are you most interested?

Please select only one answer:

<input type="checkbox"/> Hurling	<input type="checkbox"/> Rugby
<input type="checkbox"/> Gaelic Football	<input type="checkbox"/> Soccer
<input type="checkbox"/> Golf	<input type="checkbox"/> Hockey
<input type="checkbox"/> Camogie	<input type="checkbox"/> Not interested
<input type="checkbox"/> Other (please specify).....	