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Cornwall Children and Young People Survey 2017

The Primary Health-Related Behaviour Questionnaire from SHEU, Exeter

The purpose of this questionnaire is to gain information that will help us as a school to provide health education lessons that are right for you. The information will also help people in public health in planning care for young people.

These questionnaires are **confidential**. This means they are kept private and will not be read by anyone connected with your school. All the completed questionnaires will be sent to Exeter for analysis and then the questionnaires will be destroyed.

The questionnaire is not a test and you can **ask for help** whenever you need it.


Also, if there are any questions you do not want to answer **you may leave out any question**.

- 1) Please answer all questions honestly.
- 2) Do NOT write your name on any page

SHADED QUESTIONS ARE FOR YEAR 6 ONLY – Year 4/5 WILL MISS THESE OUT



Please answer Questions A to D first -- your teacher will help you

A Are you a boy or a girl?	Boy	Girl	<input style="width: 40px; height: 30px;" type="checkbox"/>
Please circle one answer			
B How old are you?	<input style="width: 60px; height: 30px;" type="text"/>	years	<input style="width: 40px; height: 30px;" type="checkbox"/> <input style="width: 40px; height: 30px;" type="checkbox"/>
C Which Year group are you in?	Year	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="checkbox"/>
D What is your home postcode?	Please write in the box <input style="width: 250px; height: 25px;" type="text"/>		
		<input style="width: 40px; height: 25px;" type="checkbox"/>	<input style="width: 40px; height: 25px;" type="checkbox"/> <input style="width: 40px; height: 25px;" type="checkbox"/> <input style="width: 40px; height: 25px;" type="checkbox"/> <input style="width: 40px; height: 25px;" type="checkbox"/> <input style="width: 40px; height: 25px;" type="checkbox"/> <input style="width: 40px; height: 25px;" type="checkbox"/>



These questions are about You at Home

1 Which of the following best describes your ethnic background?

Please tick the one that most describes you ✓



White

- White British 01
- White Cornish..... 02
- White Irish..... 03
- Any other White background..... 04
- Gypsy/Roma 05
- Traveller of Irish Heritage 06

Asian

- Bangladeshi Asian..... 07
- British Asian 08
- Cornish Asian 09
- Indian Asian 10
- Pakistani Asian 11
- Any other Asian background 12

Black

- Black African..... 13
- Black British 14
- Black Caribbean..... 15
- Black Cornish 16
- Any other Black background 17

Chinese

- British Chinese 18
- Chinese..... 19
- Cornish Chinese 20
- Any other Chinese background 21

Mixed

- Mixed White & Asian 22
- Mixed White & Black African..... 23
- Mixed White & Black Caribbean..... 24
- Any other Mixed background..... 25
- Any other background..... 26
- Don't want to say..... 27

* Please describe in the box:

2 Which adults do you live with?

Please tick one box

- Mum & Dad together 01
- Mainly or only Mum..... 02
- Mainly or only Dad 03
- Mum & Dad shared..... 04
- Mum & stepdad/partner..... 05
- Dad & stepmum/partner 06



- Mum & Mum or Dad & Dad 07
- Other relatives e.g. aunt, grandad..... 08
- Foster parents 09
- Other (please tick 10
- and describe in the box) 11



3 a) Do you have a parent/carer who is in the British Army, Royal Navy, Royal Air Force, or the Reserves? This is just about your mum/dad/carer, do not include uncles/grandparents etc. unless they are your main carer.

Please tick one answer ✓

- No 0
- Not sure 1
- Yes 2
- Don't want to say..... 3

If YES, tick 'yes' and carry on to the next question; everyone else go to Question 4 below ➔

b) Who is it?

Please tick one answer ✓

- Mum or Dad 01
- Mum or Dad's partner 02
- Foster carer 03
- Other carer (please tick then write) 04



These questions are about 'Young Carers'



4 a) Are you a 'young carer'?

A young carer is a child who regularly helps look after someone in their family because they are disabled or have difficulty looking after themselves.

- No 0
- Not sure 1
- Yes 2



If No, tick 'No' and go to Question 5 on the next page ➔

b) If you are a 'young carer', who do you look after?

- Mum or Dad..... 0
- Grandparent 1
- Brother/sister 2
- Other relative 3
- Other (please write below) 4

c) Does your school know you are a 'young carer'?


- No 0
- Not sure 1
- Yes 2



d) If yes, do you get any help from school for being a ‘young carer’?

No 0

Yes (please say below the help school gives you) 1



These questions are about Being Healthy



5 How many portions* of fruit and vegetables did you eat yesterday?

None

1 2 3 4

5 6 7 8

Please tick ONE answer. ✓ If more than 8, tick 8.

*** A portion is about a handful. To help you decide, all of these count as ONE portion:**

ONE portion = 80g = any of these...

1 apple, banana, pear, orange or other similar sized fruit

3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned)

1 cupful of grapes, cherries or berries

a glass (150ml) of fruit juice (however much you drink, it counts as one portion)

a dessert bowl of salad

N.B. Potatoes don't count when thinking about 5-a-day

6 What did you do for lunch yesterday?

Please tick ONE answer ✓

School food 0

Ate a packed lunch from home 1

Bought lunch from a takeaway or shop 2

Went home for lunch..... 3

Did not have any lunch..... 4

7 Have you ever had free school meals, or vouchers for free meals?

Please tick one answer ✓

No 0

Yes, I have them now 1

Not now, but I have had them 2

No, but I could have had them..... 3

Don't know 4

Don't want to say 5

8 Do you ever cook or help with cooking . . . ?

Please tick all that apply ✓✓

At home

In school lessons

At an after-school club

None of these

9 Did you eat or drink anything before lessons this morning?

You may tick MORE than one answer ✓✓



- No, nothing at all.....
- Yes, something at home
- Yes, something on the way to school
- Yes, something at school

10 What did you have before lessons this morning?

You can tick more than one answer ✓✓

✓✓

- | | |
|--|---|
| Nothing to eat or drink <input type="checkbox"/> | Yoghurt <input type="checkbox"/> |
| Energy drink (e.g. Red Bull, Relentless, Lucozade Energy etc.)..... <input type="checkbox"/> | Breakfast bars..... <input type="checkbox"/> |
| Other drink <input type="checkbox"/> | Crisp-type snack..... <input type="checkbox"/> |
| Toast, bread, bagels etc. <input type="checkbox"/> | Chocolate bar, sweets..... <input type="checkbox"/> |
| Sugar-coated cereals e.g. Frosties <input type="checkbox"/> | Biscuits/cakes <input type="checkbox"/> |
| Porridge/Ready brek..... <input type="checkbox"/> | Fruit <input type="checkbox"/> |
| Other cereals e.g. Cornflakes <input type="checkbox"/> | Cooked breakfast e.g. egg on toast, pancakes etc. <input type="checkbox"/> |
| | Something else (please tick..... <input type="checkbox"/> |

and describe in the box).....

★1

11 How often do you eat or drink any of the following?

Please tick one answer on each line ✓

	Rarely or never	Once a week or less	2-3 days a week	On most days
Any fish/fish fingers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Fresh fruit	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Salads	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Vegetables	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
"Energy" drinks (e.g. Red Bull, Relentless) ..	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
"Diet" fizzy drinks (low calorie)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other fizzy drinks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Water.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Crisps.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sweets, chocolate, choc bars.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

12 Which statement describes you best?

Please tick one answer ✓

- I would like to put on weight..... 0
- I would like to lose weight 1
- I am happy with my weight as it is 2

13 How much water did you drink yesterday?

Only count plain water, do not count tea, coffee, squash-type drinks or fizzy drinks.
 A class water bottle is usually about 330ml ($\frac{1}{3}$ litre), which is about 2 cupfuls.

Please tick one answer ✓



- Nothing 0
- 1 or 2 cups 1
- 3-5 cups 2
- About a litre (6 cups)..... 3
- About 2 litres (12 cups)..... 4
- More than 2 litres..... 5

14 a) Are you able to get water at school throughout the whole day?

Please tick one answer ✓

- No 0
- Not easily..... 1
- Yes 2

If NO, tick the box then go to Question 15
 →

b) If you can, where can you get it from?

▼15

You may tick MORE than one answer ✓✓

- | | |
|---|--|
| Water fountain..... <input type="checkbox"/> | My own drinking bottle..... <input type="checkbox"/> |
| Class water bottles..... <input type="checkbox"/> | Sink in toilet <input type="checkbox"/> |
| Tap in classroom..... <input type="checkbox"/> | Canteen/Dinner Room..... <input type="checkbox"/> |
| Water cooler <input type="checkbox"/> | Other (please tick <input type="checkbox"/> |
| | then describe in the box below) |

These questions are about Physical Activity

→15 How fit do you think you are?

Please tick one answer ✓

- Very unfit 0
- Unfit..... 1
- Not sure..... 2
- Fit 3
- Very fit 4

16 On average, how long are you active each day, enough that it makes you breathe harder and faster?




- Never 0
- Less that 30 minutes (or less than half an hour each day)..... 1
- About 30 minutes (or half an hour each day) 2
- About 60 minutes (or an hour each day) 3
- More than 60 minutes (or more than an hour each day) 4



17 How often do you play or do any of these things in your own time or in school clubs (but NOT in school lessons)

Please tick one answer on each line ✓

	Hardly ever or never	Sometimes	Once a week	More than once a week
Going for walks	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Riding your bike.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Running (races or tag games).....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Dancing/gymnastics/trampolining	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Football.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Hockey	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Horse-riding	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Martial arts, judo, karate (club) etc ..	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Netball/First step netball.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Roller skating.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Rugby/mini rugby	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Scootering.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Swimming	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tennis/short tennis.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Keep-fit.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cricket/kwick cricket.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Rounders.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Basketball	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other <u>physical</u> activities	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(please tick number and describe in the box)				

▼33

18 How much do you enjoy physical activities?

Please tick one answer ✓

- Not at all..... 0
- A little..... 1
- Quite a lot..... 2
- A lot..... 3

19 How far can you swim?

Please tick one answer ✓

- I can't swim yet..... 0
- I can swim a length with floats or arm bands 1
- I can swim a length without any floats or arm bands 2
- I can swim more than a length easily..... 3



20 How many days LAST WEEK were you active for at least 60 minutes each day?

Examples of being active are walking, cycling, swimming, running and playing sports. This also includes travelling to and from school, and at school and home.

Please tick ONE answer.

None One Two Three Four Five Six Seven

21 How many days LAST WEEK did you exercise and have to breathe harder and faster?

Please tick ONE answer.

None One Two Three Four Five Six Seven

22 How long did you spend doing the following things after school yesterday?

Please tick one answer on each line	No time	Up to 1 hour	Up to 2 hours	Up to 3 hours	More than 3 hours
Watching TV programmes or films/DVDs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing computer games (e.g. PC/tablet games, PlayStation, Xbox, Gameboy).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going on the Internet/social media.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer for school work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading a book.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 How did you travel to school today? Was it by . . .

Please tick all that apply ✓✓

Car or van.....	<input type="checkbox"/>	Taxi or minibus.....	<input type="checkbox"/>
School bus.....	<input type="checkbox"/>	Bicycle or scooter.....	<input type="checkbox"/>
Other bus.....	<input type="checkbox"/>	Walking.....	<input type="checkbox"/>
Train.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

24 Have you got a bicycle?

Please tick one answer ✓

No..... 0

Yes..... 1

25 How often do you cycle?

Please tick one answer on each line ✓

	Never	Sometimes	Often
To school.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
As a family together.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
With your friends.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

These questions are about alcohol, cigarettes and other drugs

- 26 a) Do your parents/carers smoke cigarettes? No 0 Yes 1
- b) Does anyone smoke indoors at home in rooms that you use? .. No 0 Yes 1
- c) Does anyone smoke in a car when you are in it too? No 0 Yes 1

27 Do your parents/carers use e-cigarettes (vape)? No 0 Don't know 1 Yes 2

28 Smoking: which sentence describes you best?



Please tick one answer ✓

- I have never smoked a cigarette (from a packet or a roll-up)..... 0
- I have only ever tried smoking once or twice 1
- I have smoking more than once or twice..... 2

29 a) Have you smoked in the last 7 days? (cigarettes or roll-ups)

Please tick one answer ✓

- No 0
- Yes 1

b) If YES, how many cigarettes?



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30 E-cigarettes and vaping: which sentence describes you best?



Please tick one answer ✓

- I have never heard of e-cigarettes 0
- I have never used an e-cigarette (vaped) 1
- I have only ever used an e-cigarette once or twice 2
- I have used an e-cigarette more than once or twice 3

31 Have you had an alcoholic drink (more than just a sip) in the last 7 days? (DO NOT include canned shandy.)

Please tick one answer ✓

- No 0
- Not sure 1
- Yes 2

If No, tick 'No' and go to Question 33

32 If any, what were the alcoholic drinks you had in the last 7 days?

(DO NOT include canned shandy)

(Please write in the box)





33 Do your parents know if you drink alcohol?

Please tick one answer ✓

I do not drink alcohol0

My parents always know1

My parents usually know2

My parents sometimes know3

My parents never know4

34 Have any of the following talked with you about illegal drugs? (e.g. cannabis)

Please tick all that apply ✓✓

Parents/carers

Teachers, in school lessons

School Nurse.....

Visitors or speakers in school lessons

Brothers or sisters

Friends

Other close relatives

Out-of-school activity leaders e.g. Brownies, Cubs, youth club

Someone else

None of these

★2

35 Do you yourself know anybody who uses drugs?

(not alcohol, tobacco or as medicines)

Please tick ONE answer ✓

No 0

Not sure..... 1

Fairly sure..... 2

Certain..... 3

36 a) Have you ever been offered drugs?

Please tick one answer ✓

No 0

Not sure..... 1

Yes 2

b) If YES, what were they? Please write in the box



37 a) Have any of the following talked with you about how your body changes as you grow up?

Please tick all that apply ✓✓

- Parents/carers
- Teachers, in school lessons
- School Nurse.....
- Visitors or speakers in school lessons.....
- Brothers or sisters
- Friends
- Other close relatives
- Out-of-school activity leaders e.g. Brownies, Cubs, youth club
- Someone else
- None of these

b) Do you feel that you know enough about how your body changes as you get older?

Please tick one answer ✓

▼16

- No 0
- Not sure 1
- Yes 2

These questions are about Worries

38 How much do you worry about the issues listed below?

Please tick one answer on each line ✓

Never Hardly ever A little Quite a lot A lot

- | | | | | | |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| School-work/homework | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| SATs/tests..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Money problems..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Health problems | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Problems with friends..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Family problems | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| The way you look..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Body changes as you grow up . | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| The environment..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Crime | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

39 If you had a problem, whom would you share it with first?

Please tick one answer on each line ✓

Choose the most likely person.

	Mum and/or Dad	Brother or sister	Friend	Teacher	Other adult	Keep it to myself
Problem with school.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>	... 3 <input type="checkbox"/>	... 4 <input type="checkbox"/>	... 5 <input type="checkbox"/>
Family problem .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>	... 3 <input type="checkbox"/>	... 4 <input type="checkbox"/>	... 5 <input type="checkbox"/>
Health problem.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>	... 3 <input type="checkbox"/>	... 4 <input type="checkbox"/>	... 5 <input type="checkbox"/>
Problem with friends ....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>	... 3 <input type="checkbox"/>	... 4 <input type="checkbox"/>	... 5 <input type="checkbox"/>
Bullying problem.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>	... 3 <input type="checkbox"/>	... 4 <input type="checkbox"/>	... 5 <input type="checkbox"/>

▼33

40 When you have a problem that worries you, what do you do?

Please tick one answer on each line ✓

	Never	Sometimes	Often
Talk to an adult about the problem .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Talk to a friend or brother/sister about the problem.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Rest or sleep more.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Think carefully about the problem by yourself.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Keep busy .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Exercise .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Go out with friends/socialise .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Stop going out.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Watch TV .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Seek help from books/magazines/Internet .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Listen to music.....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Eat more .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Eat less .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Do nothing .....	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>
Something else (please tick how often and write below)	... 0 <input type="checkbox"/>	... 1 <input type="checkbox"/>	... 2 <input type="checkbox"/>



These questions are about Staying Healthy and Safe

41 Did you wash your hands before lunch yesterday?

Please tick one answer ✓

No 0

Not sure 1

Yes 2



42 Do you wash your hands after visiting the toilet? Please tick one answer ✓

- Never or hardly ever..... 0
- Sometimes 1
- Whenever possible..... 2

43 How many times did you clean your teeth yesterday?  times

44 When did you last visit the dentist?

Please tick ONE answer

- In the last week** 0 **In the last month** 1 **In the past 6 months** 2
- In the last year** 3 **More than a year ago** 4 **I have never been to the dentist** 5

45 What treatment did the dentist give you on your last visit?

You can tick more than one box ✓✓

- Check-up
- Fillings
- Brace fitted, checked or removed
- Tooth taken out/removed
- Other (please tick  and write below)

46 When a friend wants me to do something I don't want to do ...

Please tick the answer that most closely describes you. ✓

- I can usually or always say no 0
- I can sometimes say no..... 1
- I can rarely say no..... 2
- I can never say no..... 3

47 When I want a friend to do something ...

Please tick the answer that most closely describes you. ✓

- I usually or always know what to say..... 0
- I sometimes know what to say 1
- I hardly ever know what to say..... 2
- I never know what to say 3

48 Do you ever feel afraid of going to school because of bullying?

Please tick one answer ✓

- Never 0
- Sometimes..... 1
- Often..... 2
- Very often..... 3

49 Have you been bullied at or near school in the last 12 months?


Please tick one answer ✓

- No 0
- Not sure 1
- Yes 2

50 Have any of the following happened to you in the last month?

Please tick one answer on each line ✓

	Never	Few times	Often	Every day
Been teased/made fun of	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Called nasty names	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bullied on my mobile phone	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bullied through e-mail/Internet	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Pushed/hit for no reason	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Had belongings taken/broken.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been threatened for no reason.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been threatened for money.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been ganged up on	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Been called 'gay'.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other (please tick number and describe in the box)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



▼13



If you have ticked ALL 'Never's in Question 50, go to Question 52 →

51 Where did it/they happen?

You can tick more than one answer ✓✓

- At or near home.....
 - On the way to or from school
 - Going out at other times during the day.....
 - Going out at other times in the dark.....
 - During lesson time.....
 - In a classroom (playtime/lunchtime)
 - In the toilets.....
 - In the corridors.....
 - Outside at school (playtime/lunchtime).....
 - Online.....
 - On my mobile phone.....
 - Other (please tick
- then write)



→ 52 Do you think you have been 'picked on' or bullied about any of the following?

You can tick more than one answer ✓✓

- I've never been picked on or bullied
- Your size or weight.....
- The way you look.....
- The clothes you wear
- Your race, colour or religion
- Because you are a boy or a girl
- Because you do well in tests
- A disability
- Because you have free school meals.....
- Because you are a 'young carer'
- Other (please tick
then describe below)



53 Do you think your school takes bullying seriously?

Please tick one answer✓

- No 0
- Not sure 1
- Yes 2

54 Do you think others may fear going to school because of you?

Please tick one answer✓

- No 0
- Not sure 1
- Yes 2

55 Have you used the Internet in the last month?

You can tick more than one answer ✓✓

- At home
- At school.....
- On a mobile device (phone, iPad etc.).....
- Elsewhere
- I haven't been on the Internet in the last month.....



56 What do you use the Internet for?

Please tick all that apply ✓✓

- Watching videos or programmes online (e.g. YouTube)
- Looking at web pages about my hobbies and interests
- Chatting (e.g. Internet Chat, Skype, Google+ Hangouts)
- Looking at web pages for help and advice
- School work
- Storing documents online
- Posting messages on my social network page (Club Penguin, Twitter, MySpace, Facebook, Google+ etc)
- Updating my blog/webpage
- Playing games
- Doing something else? (please tick
then describe in the box)



57 a) Have you ever seen images or videos online that were for adults-only?

Please tick ONE answer✓
No 0 Yes 1

b) Have you ever seen images or videos online that upset you?

Please tick ONE answer✓
No 0 Yes 1

58 a) How often do you chat or Instant Message online or use social networking sites e.g. What's App, Snapchat, Instagram etc?

Please tick one answer ✓

- Never 0
- Sometimes..... 1
- Often..... 2
- Very often..... 3

b) Have you been told how to stay safe while chatting over the Internet e.g. using What's App, Snapchat, Instagram etc?...

No 0 Yes 1

c) If yes, where did you get this (e-safety) information from?

You can tick more than one answer ✓✓

- School.....
- Parents/carers/family.....
- Friends
- On-line advice.....

59 Have you ever received a chat message that scared you or made you upset?

No 0 Yes 1

60 Have you ever sent a chat message or posted a comment that you later wished you had not written?.....

No 0 Yes 1

These questions are about ENJOYING and ACHIEVING

61 Please think about each of the following statements.

Tick one answer on each line

	No ▼	Not sure ▼	Yes ▼
The school cares whether I am happy or not.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
My work is marked so I can see how to improve it.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
I know my targets and I am helped to meet them .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
My achievements in and out of school are recognised .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
The school teaches me how to deal with my feelings positively .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
The school helps me work as part of a team .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
In this school, people with different backgrounds are valued.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
The school encourages everyone to take part in decisions, e.g. class discussions or school council.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
The school encourages me to contribute to community events .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
The school prepares me for when I leave this school.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>

★4

62 Tick one answer on each line


	No ▼	Not sure ▼	Yes ▼
Do you feel happy talking to children at school? .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
When you have to say something in front of teachers, do you usually feel uneasy? .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Are there lots of things about yourself you would like to change?..	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do other pupils in school often fall out with you?.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you often feel lonely at school?.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you think that other pupils in school often say nasty things about you? .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
When you want to tell a teacher something do you usually feel shy?.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you often have to find new friends because your old friends are with someone else?.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you usually feel foolish when you talk to your parents? .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you have one or more close friends? .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you think your parents like to hear your ideas? .....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>
Do you think teachers listen to you at school?.....	..0 <input type="checkbox"/>	..1 <input type="checkbox"/>	..2 <input type="checkbox"/>

▼13

63 During school playtimes (including dinner times), do you spend time...

Please tick one answer on each line ✓

	Never	Sometimes	Often
Chatting/talking.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Playing running/skipping games/tag	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Playing ball games like football or netball.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Reading quietly or being in the library	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please tick..... then describe in the box)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>



64 How would you describe playtimes and lunchtimes?

Please tick all that apply ✓✓

Happy	<input type="checkbox"/>	Friendly	<input type="checkbox"/>
Crowded	<input type="checkbox"/>	Boring	<input type="checkbox"/>
Safe	<input type="checkbox"/>	Relaxed	<input type="checkbox"/>
Busy.....	<input type="checkbox"/>	Rushed	<input type="checkbox"/>
		None of these	<input type="checkbox"/>

▼40

These questions are about MAKING a POSITIVE CONTRIBUTION

65 Do you feel that your views and opinions are asked for in your school?

Please tick one answer ✓

No	0 <input type="checkbox"/>
Not sure	1 <input type="checkbox"/>
Yes	2 <input type="checkbox"/>



66 a) Do you feel that your views and opinions are listened to in your school?

No	0 <input type="checkbox"/>
Not sure	1 <input type="checkbox"/>
Yes	2 <input type="checkbox"/>

b) If yes, in what ways do you think they are listened to?

You can tick more than one answer ✓✓

School / class council	<input type="checkbox"/>
Suggestion box	<input type="checkbox"/>
Tick time.....	<input type="checkbox"/>
Talking to teachers.....	<input type="checkbox"/>
Talking to other adults in school	<input type="checkbox"/>
Talking to trained pupils (e.g. playground pals/buddies; peer mediator; bullying counsellor).....	<input type="checkbox"/>
None of these	<input type="checkbox"/>

67 Do you feel that your views and opinions make a difference to how your school is run?

Please tick one answer ✓

- No 0
- Not sure 1
- Yes 2

68 If something goes wrong...

Please tick one answer on each line ✓

- | | Never | Sometimes | Usually | Always |
|---|----------------------------|--------------------------------|--------------------------------|--------------------------------|
| I get upset and feel bad for ages..... | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I might feel a bit bad but soon forget it..... | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I'm calm and can carry on | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I learn from it for next time | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I might feel something else (please tick
and write in the box below) | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |

69 If at first I don't succeed...

Please tick one answer on each line ✓

- | | Never | Sometimes | Usually | Always |
|---|----------------------------|--------------------------------|--------------------------------|--------------------------------|
| I blame someone else | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I keep on trying until I do..... | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I might have another go | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I give up | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I try a different way of doing it | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I ask for help | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I go and do something else..... | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |
| I just accept that I can't do it | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> | ... 3 <input type="checkbox"/> |

70 When you have a problem that worries you, which of these are you likely to do?

Please tick on each line

- | | Never | Sometimes | Usually/
always |
|--|----------------------------|--------------------------------|--------------------------------|
| Talk to adults you trust (e.g. parents, other relatives etc.)..... | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> |
| Think carefully about the problem yourself..... | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> |
| Talk to friends | 0 <input type="checkbox"/> | ... 1 <input type="checkbox"/> | ... 2 <input type="checkbox"/> |



Thank you for completing this questionnaire

▼69

★5


PRACTICE PAGE

In this questionnaire, there are different types of question. The questions on this page are to give you practice in answering the questions, and to show you the different types.

TYPE 1 These ask you to write the answer in the box.

What time does school start in the morning?

Please write the time



TYPE 2 These ask you to tick one answer only.

Do you clean your teeth before you go to bed at night?



- Never or almost never 0
- Sometimes 1
- Whenever possible 2

TYPE 3 These ask you to tick one answer on each line.

Do you like these drinks?

	No ▼	Not sure ▼	Yes ▼
Water	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Milk	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fizzy pop	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Orange squash	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

TYPE 4 Here you can choose more than one answer ✓✓

After school yesterday did you spend any time...?

- Watching TV.....
- Reading a book.....
- Writing a story
- Painting a picture

Some questions just ask you to follow directions if your answer is no

Have you been swimming in the last 7 days?

Please tick ONE answer ✓ No 0 Yes 1

If no, tick no and go to Question X (next page) →

Before going to Question 1, please make sure you have filled in Questions A, B, C and D on the front cover.

Please do not write in any shaded boxes.