



The Primary



Health-Related Behaviour Questionnaire ▼4

The purpose of this questionnaire is to gain information that will help us as a school and services in Wakefield to provide education and support that is right for you.

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**

NB There is a practice page on the back of this questionnaire

Please do not write in any shaded boxes

Please answer Questions A to E first – your teacher will help you

A Are you a boy or a girl?

Please tick one answer ✓

Boy Girl

B How old are you? Please write



..... years

C Which Year group are you in?

Year

D What is your home postcode?

Please write on the dotted line



E Which of the following most nearly describes you?

Please tick one box only

White

- White British
- White Irish.....
- White Traveller of Irish heritage
- White Romany or Gypsy.....
- Any other white background

Mixed

- White and Black Caribbean.....
- White and Black African.....
- White and Asian.....
- Any other mixed race background

Asian or Asian British

- Indian or British Indian.....
- Pakistani or British Pakistani
- Bangladeshi or British Bangladeshi.....
- Any other Asian background

Black or Black British

- Caribbean or British Caribbean.....
- African or British African
- Any other Black background
- Chinese.....
- Any other ethnic background
- Don't know.....
- Don't want to say

1 Which adults do you live with?



Please choose the nearest answer or where you stay most in the week

Please tick ONE box

- Mum & dad together
- Mainly or only mum
- Mainly or only dad
- Mum & dad shared
- Mum & stepdad/partner
- Dad & stepmum/partner
- Foster parents.....
- Residential Social Worker
- Other carer (please write).....

2 a) Do you care for anyone within your home who has a serious illness or disability (including mental health or an alcohol / drug problem)?

- Please tick one answer ✓
- Yes
 - No
 - Don't know

If No, please tick 'No' and go to Q3 below

b) If yes, how much of your time does it take up each day?

- Please tick one answer ✓
- Less than 1 hour
 - 1-2 hours
 - More than 2 hours
 - Some time, but I don't do this every day ...

3 a) Do you have a special need, long term illness or disability?

- Please tick one answer ✓
- Yes
 - No
 - Don't know

b) If yes, please describe in the box below

These questions are about healthy eating

4 What did you eat or drink before lessons this morning?


You may tick MORE than one answer ✓✓

Nothing to eat or drink

A drink.....

One of these: fruit; yoghurt; porridge/Readybrek; toast or bread; egg on toast; beans on toast

One of these: sugar-coated cereals; breakfast bars; biscuits/cakes; pastries e.g. croissant; crisp-type snack; fried breakfast

Other (please tick and write) 

N.B. If you aren't sure if your cereal was sugar-coated, please write the name in the box.

5 What did you do for lunch yesterday?

Please tick ONE answer only ✓

School food.....

Ate a packed lunch

Bought lunch from a shop or takeaway

Went home for lunch

Didn't have any lunch

6 Do you have free school meals or vouchers for free meals?

Please tick one answer ✓ Yes

No

Don't know.....

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

Please tick ONE box on each line ✓

	Rarely or never	Once a week or less	2-3 days a week	On most days
Chips or roast potatoes.....	.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..
Fruit and veg.....	.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..
Fizzy drinks/energy drinks/sports drinks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..
Crisps.....	.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..
Sweets/chocolate.....	.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..
Takeaway meal.....	.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..

8 Is your diet (the food that you eat) . . . ?

Please tick ONE box only ✓

Very healthy Quite healthy Not very healthy Very unhealthy Don't know **9 Would you like to eat more healthily?**Please tick one answer ✓ Yes No Don't know **10 Which statement describes you best?**

Please tick ONE answer ✓

I would like to put on weight I would like to lose weight I am happy with my weight as it is **11 How many times a day do you normally brush your teeth?**

Please tick ONE answer ✓

None at all Once Twice Three times Four times or more **12 How long ago did you last visit the dentist?**

Please tick ONE answer ✓

In the last 6 months 6 months to a year ago More than a year ago I have never been to the dentist **13 Have you ever had to have a tooth taken out by a dentist or at hospital?**Please tick one answer ✓ Yes No Don't know

These questions are about physical activity

14 How many hours of physical activity do you do a day which makes you breathe faster and feel warmer (e.g. walking quickly or running around)?

Please tick ONE answer



- None at all
- Less than 1 hour
- 1 – 2 hours.....
- 3 – 4 hours.....
- 5 or more hours

15 Do you think the amount of physical activity you do is enough to keep you healthy?

- Please tick one answer ✓
- Yes
 - No
 - Don't know

★ 1

16 Do you do any of these activities (not in school time)?

Please tick all that apply ✓✓

- | | |
|--|---|
| Badminton <input type="checkbox"/> | Martial Arts..... <input type="checkbox"/> |
| Basketball <input type="checkbox"/> | Netball..... <input type="checkbox"/> |
| Benchball <input type="checkbox"/> | Rounders <input type="checkbox"/> |
| Boxing..... <input type="checkbox"/> | Rugby <input type="checkbox"/> |
| Cricket..... <input type="checkbox"/> | Running on own..... <input type="checkbox"/> |
| Cycling <input type="checkbox"/> | Running with friends/athletics..... <input type="checkbox"/> |
| Dancing..... <input type="checkbox"/> | Swimming..... <input type="checkbox"/> |
| Fitness classes <input type="checkbox"/> | Tennis <input type="checkbox"/> |
| Fitness Gym <input type="checkbox"/> | Other <u>physical</u> activities <input type="checkbox"/> |
| Football..... <input type="checkbox"/> | (please tick and describe in the box) |
| Gymnastics..... <input type="checkbox"/> | |
| Hockey <input type="checkbox"/> | |

▼22

None of these/none at all

17 Which of these activities would you like to do more of outside school?

Please tick all that apply ✓✓

- Badminton
- Basketball
- Benchball
- Boxing
- Cricket
- Cycling
- Dancing
- Fitness classes
- Fitness Gym
- Football
- Gymnastics
- Hockey

- Martial Arts
 - Netball
 - Rounders
 - Rugby
 - Running on own
 - Running with friends/athletics
 - Swimming
 - Tennis
 - Other physical activities
- (please tick and describe in the box)

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None of these/none at all

★2

18 How fit do you think you are?

Please tick ONE box ✓

- Very unfit
- Unfit
- Not sure
- Fit
- Very fit

19 How much do you enjoy physical activities?

Please tick ONE box ✓

- Not at all
- A little
- Quite a lot
- A lot

20 Would you like to be more physically active?

Please tick ONE box ✓

- Yes
- No
- Don't know

21 What would make you want to do more activities?

Please tick all that apply

✓✓

- New activities available
- More space to play.....
- If more of my friends went.....
- If my parents could take part as well
- If the activities were closer to where I live
- If there were lower prices for activities
- If I had more time
- If I knew what activities there are near where I live
- If I had more motivation
- None of these
- I'm active enough
- Other (please tick and write below)



▼19



These questions are about alcohol and smoking

22 Which statement describes you best?

Please tick ONE answer

✓

- I have never drunk alcohol at all
- I have drunk alcohol once or twice
- I used to drink alcohol, but I don't now.....
- I drink alcohol occasionally (less than 1 drink a week)
- I drink alcohol regularly but would like to cut back
- I drink alcohol regularly and don't want to stop.....

23 Smoking: which describes you best?

Please tick ONE answer

✓

- I have never smoked a cigarette, not even a puff
- I have tried smoking once or twice.....
- I used to smoke but I don't now.....
- I smoke occasionally (less than 1 cigarette a week).....
- I smoke regularly but would like to give it up.....
- I smoke regularly and don't want to give it up.....

▼20

24 E-cigarettes: which describes you best?

Please tick ONE answer

- I have never heard of e-cigarettes
- I have never used an e-cigarette, not even a puff
- I have tried an e-cigarette once or twice
- I used to use e-cigarettes but I don't now
- I use e-cigarettes occasionally (less than once a week)
- I use e-cigarettes regularly but would like to give it up
- I use e-cigarettes regularly and don't want to give it up

✓

→ If you have ticked this answer please go on to question 27 below.

25 From what you know about e-cigarettes do they have nicotine in them?

Please tick ONE answer

- Yes, they all have nicotine in them
- Yes, some of them have nicotine in them but some don't
- No, none of them have nicotine in them
- I don't know if they have nicotine in them
- I don't know what nicotine is

✓

26 Compared to cigarettes, do you think e-cigarettes are more or less harmful to the person using them, or is there no difference?

Please tick ONE answer

- More harmful
- About the same
- Less harmful
- Don't know

✓

→ **27 In your opinion, do you think it is OK for young people your age to smoke cigarettes?**

Please tick ONE answer

- Yes
- No
- Don't know

✓

28a Does anyone smoke indoors at home in rooms that you use? ✓

Yes No

b Does anyone smoke in a car when you are in it? ✓

Yes No

These questions are about travel

29 How did you get to school today? Was it mainly by . . .

- Please tick ONE answer only ✓
- Walking
 - Bicycle
 - Bus
 - Train
 - Car/van

30 If you had a choice, how would you like to travel to school?

- Please tick ONE answer ✓
- Walking
 - Bicycle
 - Bus
 - Train
 - Car/van

31 If you walk to school do you normally use the lollipop lady/man to cross the road?

- Please tick ONE answer ✓
- Yes
 - No
 - Don't know
 - Don't have one on my route
 - Don't need to cross the road

These questions are about STAYING SAFE

32 When travelling in a car do you wear a seatbelt?

- Please tick ONE answer ✓
- Never
 - Sometimes
 - Usually
 - Yes, always

33 When travelling in a car does the person driving ever hold their mobile phone in their hand whilst driving?

- Please tick ONE answer ✓
- Never
 - Sometimes
 - Usually
 - Yes, always

34 Does the speed of traffic outside school ever make you feel unsafe?

- Please tick ONE answer ✓
- Never
 - Sometimes.....
 - Usually
 - Yes, always

35 Do you wear a safety helmet when cycling?

- Please tick ONE answer ✓
- Never
 - Sometimes.....
 - Usually
 - Yes, always

36 Do you ever use mobile phones or listen to music whilst walking near to a road?

- Please tick ONE answer ✓
- Never
 - Sometimes.....
 - Usually
 - Yes, always

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

- Please tick ONE answer ✓
- Never
 - Sometimes.....
 - Often.....
 - Very often.....

38 How often, if at all, have you been bullied at school?

- Please tick one answer ✓
- Never
 - Once or more in the last year
 - Once or more in the last 4 weeks
 - About once a week.....
 - Most days.....
 - Don't know

★3


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

Please tick ONE box on each line ✓

	Never	1 or 2 times	Often	Every day
Been teased/made fun of/called nasty names....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullied through my mobile phone/e-mail or Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushed/hit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40 Do you think you have ever been 'picked on' or bullied for any of the following reasons?

Please tick any that apply ✓✓

I have never been picked on or bullied.....	<input type="checkbox"/>
Your size or weight	<input type="checkbox"/>
The way you look	<input type="checkbox"/>
The clothes you wear.....	<input type="checkbox"/>
Your race or colour	<input type="checkbox"/>
Your religion or faith	<input type="checkbox"/>
A disability or learning difficulty	<input type="checkbox"/>
Other (please write)  <input style="width: 300px; height: 25px;" type="text"/>	<input type="checkbox"/>

41 Do you think your school takes bullying seriously?

Please tick ONE answer ✓

Yes.....	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

42 How safe do you feel in the area where you live?

Please tick one answer ✓

Very unsafe	<input type="checkbox"/>
A little unsafe.....	<input type="checkbox"/>
Not sure.....	<input type="checkbox"/>
Quite safe.....	<input type="checkbox"/>
Very safe	<input type="checkbox"/>

43 Have any of the following things happened to you when you have been on the Internet?

Please tick ONE answer on each line ✓

Seen images/pictures that made you uncomfortable Yes No Don't know

Received messages from people you don't know Yes No Don't know

People lying about who they are..... Yes No Don't know

▼18

These questions are about wellbeing

44 How often do you go to any of these places around Wakefield District in your own time? (NOT in school lessons)

Please tick ONE box on each line	Hardly ever or never	Once or twice a year	Once a month	Once a week	More than once a week
Playgrounds.....	... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Parks.....	... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Countryside or canal side <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Woodlands <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Sports fields – to walk or play.....	... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Cinema/theatres <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Museums/art galleries <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...
Libraries.....	... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ...

45 In general, how happy do you feel with your life at the moment?

Please tick one answer

✓

Very unhappy

A little unhappy.....

Not sure.....

Quite happy.....

Very happy.....

46 The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)*

Below are some statements about feelings and thoughts.

Please tick the box on each line that best describes your experience of each over the last 2 weeks.

Please tick ONE answer on each line ✓	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)

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47 How much do you worry about the problems listed below?

Please tick ONE answer on each line ✓

	Never	Hardly ever	A little	Quite a lot	A lot
School-work/exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

★4

48 If you had a problem, would you talk to someone about this?

Please tick one answer on each line ✓

	I would keep it to myself	I would talk to someone I trust about this
Problem with school	<input type="checkbox"/>	<input type="checkbox"/>
Family problem	<input type="checkbox"/>	<input type="checkbox"/>
Health problem	<input type="checkbox"/>	<input type="checkbox"/>
Body changes and growing up	<input type="checkbox"/>	<input type="checkbox"/>
Problem with friends	<input type="checkbox"/>	<input type="checkbox"/>
Bullying problem	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about ENJOYING and ACHIEVING

49 a) Do you receive extra help at school with your learning or behaviour from someone other than your teacher? (e.g. a learning mentor or learning support assistant either in main lessons or in one-to-one lessons away from the rest of the class)

- Please tick one answer ✓
- No
- Don't know
- Yes

If No, please tick No and go to part c) below

b) If you receive extra help, how useful is the support you receive?

- Please tick one answer ✓
- Not at all useful
- Not very useful
- Quite useful
- Very useful

c) If you don't currently receive extra help with your learning or behaviour do you think you need some extra help?

- Please tick one answer ✓
- No
- Don't know
- Yes

50 Please think about each of the following statements.

Please tick one answer on each line ✓	Yes	No	Not sure
The school cares whether I am happy or not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work is marked so I can see how to improve it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my targets and I am helped to meet them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My achievements in school are recognised.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My achievements out of school are recognised.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My views and opinions are asked for in school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My views and opinions are listened to in school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school prepares me for when I leave this school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire

▼18

★5

If there is anything that you would like to talk about after completing this questionnaire please either: Talk to someone at school that you trust or contact ChildLine on 0800 1111 or www.childline.org.uk

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 tick one a box

Please tick ONE box

What is your favourite colour?

- Red
- Blue
- Green
- Yellow



TYPE 2

These ask you to tick one box on each line.

Do you like these drinks?

- | | Yes | No | Don't know |
|---------------------|--------------------------|--------------------------|--------------------------|
| Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fizzy pop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orange squash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TYPE 3

These ask you to tick one answer in each line

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

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Watching TV | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reading a book | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Writing a story | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Painting a picture | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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

Please do not write in any shaded boxes.