

## Year 9 School Health Questionnaire

Hello, we would like to invite you to complete this questionnaire, the aim is to identify any support and advice you may need. A member of the school health team may contact you following completion of the questionnaire to offer health advice or support if needed.

Please complete the form below:

Your Last Name (Surname)

Your First Name (Forename)

Any other names you have:

Date of Birth

Gender: Female (Girl) / Male (Boy) / unsure / prefer not to say

Your Present School

Your address (where you live)

Your postcode

Telephone number to contact your Parent/ Carer'

Your mobile Telephone number

Ethnic Group Asian / Black / Chinese / Mixed Race / White / Other

## General Health

Do you have any medical condition, disability or other health needs? Yes/No

If yes, please tell us about them:

- |  |                 |
|--|-----------------|
| Are you registered with a doctor/ GP?          | Yes/No/Not sure |
| Have you ever been to the dentist?             | Yes/No          |
| Have you been to the dentist in the last year? | Yes /no         |
| Do you brush your teeth twice a day?           | Yes /No         |
| Have you had an eye test in the last 2 years?  | Yes /No         |
| Do you wear glasses?                           | Yes/No          |
| Do you look after anyone at home?              | Yes/No          |

## Healthy Eating

How many pieces/portions of fruit or veg do you eat on most days? 0 1-2 3-4 5+

Do you have something to eat before school? Yes / No Sometimes

How many cups of plain water or diluted juice do you drink a day? 0 1-2 3-4 5-6 7+

How often do you drink sugary drinks e.g. Coke Lucozade, Energy drinks, flavoured water, Ribena?

Never      Once a week      Everyday      More Often

During the last week – how often have you eaten fast food/ take away?

0 1-2 3-5 More often

What describes you best:

I am happy with my weight    I would like to lose weight    I would like to put on weight

Would you like help with your diet or weight? Yes / No

Do you do any exercise or sports outside of school? E.g. Running, Dancing, Riding a bike, Going to the Gym, Play Football, team sports    Yes/No

How many times a week do you exercise? \_\_\_\_\_

## **Emotional Health**

Do you usually feel happy? Yes /No/Sometimes

Do you worry about your body image? Yes /No/Sometimes

Do you often feel lonely? Yes /No/Sometimes

Have you ever self-harmed? Yes /No/Sometimes

Have you ever been bullied? Yes /No/Sometimes

Do you ever felt stressed or anxious? Yes /No/Sometimes

Do you ever feel struggle anger? Yes /No/Sometimes

Would you like any support with any of the above? Yes/No If so – which one?

## **Alcohol**

Have you ever tried alcohol? Yes /No

If yes, how often do you drink? Occasionally / every day / weekends

Do you have any concerns? Yes/No

## **Smoking**

Do you smoke? Yes /No

If yes how often do you smoke? Never / Occasionally / every day / weekends

Have you ever vaped? Yes /No

If yes do you vape often? Never / Occasionally / every day / weekends

Would you like to give smoking or vaping up? Yes /No

Would you like to give up? Yes /No

## **Drugs**

Do you use drugs? Never / Occasionally / every day / weekends

Have you ever used drugs? Yes /No

Has anyone ever asked you to try drugs? Yes /No

Are you worried about anyone using drugs ? Yes /No

Would you like more information on this subject? Yes /No

## Sexual Health

- Do you know where to access Sexual Health Clinics? Yes /No
- Do you feel confident in saying No to someone who wanted to have physical intimate contact with you and you didn't want to? Yes /No
- Have you ever had sex? Yes /No
- If yes, did you use condoms/or other contraceptive protection? Yes /No
- Would you like more information on Sexual Health? Yes /No

## Digital Well-being

- How many hours a **day** do you spend on your phone / watching TV/Playing electronic game?  
Less than 2 hours    2-5 hours    5+ hours
- Have you ever sent sexual or inappropriate photos? Yes / No/ Not sure
- Have you ever received a sexual or inappropriate photo? Yes /No / Not sure
- Are you being bullied on social media? Yes /No
- Would you like to have more information about keeping safe on line? Yes /No
- If you are worried about any of these issues do you have a trusted person to talk too? Yes/No

Thank you for completing this questionnaire.