

Year 7 Public Health Survey

HEALTH & DEVELOPMENT

1. Do you think you are healthy?

No Yes

2. Do you enjoy school?

No Yes

3. Do you worry about growing up and puberty?

No Yes

4. How many hours sleep do you have on most nights?

Less than 7 7-8 9-10 11-12 12+

5. Have you had a dental check up in the last year?

No Yes

6. Do you brush your teeth twice per day?

No Yes

7. Have you had your eyes tested in the last 2 years?

No Yes

HEALTHY WEIGHT & NUTRITION

8. How many portions of fruit or vegetables does you have each day?

None 1-2 3-4 5+

9. Do you have breakfast every day?

No Yes

10. How many cups (250ml) of water do you drink each day?

1-2 3-4 5-6 7-8

11. How many carbonated (fizzy) drinks do you have each day?

None 1-2 3-4 5+

12. During the last week how often have you eaten food from a fast food outlet or take away?

Never 1-2 times 3-5 times Every day

13. What best describes how you feel about your weight?

Happy with my weight Like to lose weight Like to put on weight

14. How many hours a day do you sit watching TV, playing electronic games or on the internet on a **school day**?

0 1-2 3-4 5-7 8+

HEALTHY WEIGHT & NUTRITION

15. How many hours a day do you sit watching TV, playing electronic games or on the internet on a **weekend day**?

0 1-2 3-4 5-7 8+

16. Do you take part in 60 minutes active play or exercise each day? (This can include if you walk, cycle or scoot to and from school)

Never 1-2/week 3-4/week 5-6/week Every day

17. Do you walk, cycle or scoot to and from school most days?

No Yes

EMOTIONAL HEALTH

18. Do you feel happy most days?

No Yes

19. Would you describe yourself as confident?

No Yes

20. Do you worry about your image?

No Yes

21. In the last 30 days have you felt sad, worried or angry?

No Yes

22. In the last 30 days have you felt bullied?

No Yes

ENVIRONMENT

23. Do you help someone in your family every day because they have a physical health problem?

No Yes

24. Do you help someone in your family every day because they have a mental health problem?

No Yes

25. Does anyone regularly smoke in your presence at home?

No Yes

26. Are your parents/carers always aware of what you are doing in your free time?

No Yes

27. Are you able to talk to your parents/carers or a trusted adult about any worries?

No Yes

28. Do your parents/carers understand your problems or worries?

No Yes

RISK TAKING

29. Have you ever smoked a cigarette?

No Yes

30. Have you ever smoked an E-Cigarette?

No Yes

31. Have you ever drunk alcohol?

No Yes

32. Have you ever used an illegal drug?

No Yes

33. If you answered yes to any of the above, did your parents know?

No Yes N/A

34. Do you know about the dangers of drugs and alcohol?

No Yes

35. Do you feel you have enough information about drugs and alcohol?

No Yes

36. Do you feel you have enough information about sex and relationships?

No Yes

37. If you answered no to the previous two questions, who would you go to for more information?

Parent/family Teacher Friend Internet Other

DIGITAL WELLBEING

38. How many TOTAL hours do you spend on the internet each day?

0 1-2 3-4 5-7 8+

39. Do your parents/carers monitor your online activity?

No Yes

40. Do you worry about being safe online?

No Yes

41. Do you worry about being exposed to upsetting images on the internet?

No Yes

42. In the last 30 days have you felt bullied on social media or texting?

No Yes

43. Has playing online games ever upset or distressed you?

No Yes

44. If you answered yes to any of the above, who would you go to for help or more information?

Parent/family Teacher Friend Internet Other