

ABOUT THE QUESTIONNAIRE

Your school is a member of the Schools Health & Wellbeing Research Network. The purpose of the Network is to develop research that helps improve the health of children and young people.

Researchers are working with your school to better understand the health and wellbeing of young people and we are asking students to complete this questionnaire as honestly as possible. With this information your school and university researchers will be able to identify ways to help you be healthier and happier.

Your teacher should make sure you have the peace and privacy you need to fill in the questionnaire – we have asked teachers to stay at the front of the class so they can't see your answers.

Please attempt to complete each question then move on to the next, unless instructed differently. If you are unhappy about answering a question, you can move onto the next one. If you run out of time and do not finish the questionnaire, don't worry, the answers you have entered are automatically saved as you go through the survey.

KEY FACTS ABOUT THIS QUESTIONNAIRE

- ❖ It is **completely confidential**. Your name is not given. You will enter the ID code that you received today. Only you and the research team know your code. Your school and your parents will never see your answers – so please be honest!
- ❖ You can stop taking part at any point or skip individual questions.
- ❖ There are no right or wrong answers.
- ❖ If you need help understanding any questions you can click on this icon **ADD** and listen to questions through headphones.

Please insert the ID code here
Please insert the ID code once more here

ARE YOU HAPPY TO TAKE PART?

If you ARE happy to fill in the questionnaire, please tick this box and move on to the next page.

If you are NOT happy to fill in the questionnaire, then tick this box .

Then please let the teacher know that you are not doing the questionnaire so that they can tell you what to do instead.

About you

1. What year are you in? Year 7 Year 8 Year 9

2. Are you: Male Female

3. Which ethnicity best describes you? Please ✓ one box

- White British
- White other
- Asian or Asian British
- Black or Black British
- Chinese or Chinese British
- Mixed ethnicity
- Other ethnic group

4. Which adult or adults (not including older siblings) do you mainly live with?

Please ✓ as many as apply

- My birth mother and father
- Either my birth mother or my birth father
- My foster-carer(s)
- Someone else

Your health

5. In general would you say your health is:

Please ✓ one box only

- very good good fair bad very bad

6. Do you have any of these health problems?

Please ✓ ALL that you have

- | | | | |
|-------------------|--------------------------|-------------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Hearing problems | <input type="checkbox"/> |
| Eczema | <input type="checkbox"/> | Eyesight problems | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Hay fever | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Chronic fatigue syndrome / ME | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | | |

7. Do you take medicine for any of the health problems in Q6?

Yes No

8. How many days have you been absent from school this term due to one of the health problems in Q6?

Please ✓ one box only

- None
- One day

2-5 days
 More than 5 days

9. Do you ever experience wheezing, shortness of breath, or chest tightness?

Please ✓ one box only

Less than once a week, if at all
 At least once a week
 At least once a day

10. In the *last month*, how often have you had any of the following?

Please ✓ one box on EACH LINE

	Once last month or less	About weekly	More than once a week	About daily
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What time do you usually go to bed if you have to go to school the next morning?

Please ✓ one box only

No later than 9pm	<input type="checkbox"/>	9pm to 10pm	<input type="checkbox"/>
10pm to 11pm	<input type="checkbox"/>	11pm to midnight	<input type="checkbox"/>
Later than midnight	<input type="checkbox"/>		

12. In the past 12 months how many times have you seen your GP (family doctor)?

Please ✓ one box only

None	<input type="checkbox"/>	One time	<input type="checkbox"/>
Two times	<input type="checkbox"/>	Three times	<input type="checkbox"/>
More than three times	<input type="checkbox"/>		

Activity and diet

13. Outside school hours (including weekends): How often do you usually exercise so much that you get out of breath or sweat?

Please ✓ one box only

- Less than once a week
- 1 - 2 times a week
- 2 - 3 times a week
- 4 - 6 times a week
- Every day

14. Outside school hours (including weekends): How many hours a week do you usually exercise so much that you get out of breath or sweat?

Please ✓ one box only

- About 1 hour a week or less
- About 1 - 2 hours a week
- About 2 - 3 hours a week
- About 4 - 6 hours a week
- 7 hours or more a week

15. During school hours (including breaks and PE): How many hours a week do you usually exercise so much that you get out of breath or sweat?

Please ✓ one box only

- None
- About 1 hour a week or less
- About 1 - 2 hours a week
- About 2 - 3 hours a week
- About 4 - 6 hours a week
- 7 hours or more a week

16. On school days, how often do you have breakfast? (This can include at home or a school)

Please ✓ one box only

- Never or hardly ever
- 1 – 2 days a week
- 3 – 4 days a week
- Every day

We would like to remind you that ALL your answers are CONFIDENTIAL

17. Given your age and height, would you say that you are:

Please ✓ one box only

- About the right weight
- Too heavy
- Too light
- Not sure

18. During the week, out of school hours and not including homework, on average how many hours a day do you spend on a screen for example, computer, TV, tablet, games or smartphone?

Please ✓ one box only

- Less than an hour day
- 1 - 2 hours a day
- 2 - 3 hours a day
- 4 or more hours a day

19. At the weekend, not including homework, on average how many hours a day do you spend on a screen for example, computer, TV, tablet, games or smartphone?

Please ✓ one box only

- Less than an hour day
- 1 - 2 hours a day
- 2 - 3 hours a day
- 4 or more hours a day

Health risks

20. How often, if at all, have you smoked a standard tobacco cigarette in the last month (even if only a puff or two)?

Please ✓ one box only

- I have never smoked
- I have not smoked in the last month
- I have only smoked once or twice in the last month
- I have smoked about once a week in the last month
- I have smoked daily or almost daily in the last month

21. How often, if at all, have you smoked an e-cigarette (or vaping) in the last month (even if only a puff or two)?

Please ✓ one box only

- I have never smoked an e-cigarette
- I have not smoked an e-cigarette in the last month
- I have only smoked an e-cigarette once or twice in the last month
- I have smoked an e-cigarette about once a week in the last month
- I have smoked an e-cigarette daily or almost daily in the last month

22. How often, if at all, have you drunk alcohol (more than just a sip) in the last month?

Please ✓ one box only

- I have not drunk alcohol in the last month
- I have drunk alcohol once or twice in the last month
- I have drunk alcohol about once a week or more in the last month

Your experience of school

23. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree
The teachers at this school are fair in dealing with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's at least one teacher or other adult in this school I can talk to if I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can go to my teachers with the things that are on my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers believe all students can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, students' ideas are listened to and valued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers and students really trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this school, teachers treat students with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This school really cares about students as individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers really listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really like most of my teachers at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree
There are lots of chances for students at this school to get involved in sports, clubs and other activities outside class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers at this school notice when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

students are doing a good job and let them know about it

At this school, students have a lot of chances to help decide and plan school activities, events and policies

Student activities at this school offer something for everyone

Students have a say in decisions affecting them at this school

Students at this school are encouraged to take part in activities, programs and special events

25. How much do you agree with the following statements?

Please ✓ one box on EVERY line

	YES! Totally agree	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree
I try hard in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing well in school is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing or completing my education is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am successful in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remember that all your answers are confidential and no-one will find out what you tell us.

Bullying and aggression at this school.

Bullying is defined in this survey as: "behaviour by an individual or group, repeated over time that intentionally hurts another individual or group either physically or emotionally"

We want to know if any of the following things have happened this term at this school.

26. Since the beginning of this term, has anyone upset you by teasing you or calling you hurtful names, at this school?

Please ✓ one box only

- Never
- Less than once a week
- About once a week
- Most days

27. Since the beginning of this term, has anyone upset you by spreading rumours about you at this school?

Please ✓ one box only

- Never
- Less than once a week
- About once a week
- Most days

28. Since the beginning of this term, has anyone upset you by deliberately leaving you out of things at this school?

Please ✓ one box only

- Never
- Less than once a week
- About once a week
- Most days

29. Since the beginning of this term, has anyone upset you by threatening you physically or actually hurting you at this school?

Please ✓ one box only

- Never
- Less than once a week
- About once a week
- Most days

The next questions are about your experiences of cyberbullying.
This is bullying through mobile phones or when using the internet – for example Facebook, Snapchat or ask:fm.

We want to know if the following has happened either in school or outside school this term.

30. Since the beginning of this term, has anyone upset you by bullying you through mobile phone use or on the internet?

Please ✓ one box only

- Never
- Less than once a week
- About once a week
- Most days

Your mood and feelings

31. Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each over the last two weeks.

Please ✓ one box on EVERY line

	Always	Often	Sometimes	Rarely or never
I've been feeling optimistic about the future	<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"/>
I've been feeling relaxed	<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"/>
I've been thinking clearly	<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"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Below are some statements about your feelings and actions. Please tick the box that best describes your experience of each over the last two weeks.

Please ✓ one box on EVERY line

	Always	Often	Sometimes	Rarely or never
I get very angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hit out when I am angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things to hurt people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I break things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

That is the end

Your data has now been automatically saved and will not be seen by anyone that knows you.

THANK YOU.