



KS 1 & 2 Pupil Health and Wellbeing Survey

This survey, for Key Stage 1 and 2, has been designed to be completed as a whole class. It takes the format of a hands up survey, which the teacher counts and inputs on behalf of the pupils.

How long will it take?

Approx. 20 minutes

How do we do the survey?

Please read the questions out loud and ask pupils to raise their hands for the answer that they agree with. Please then count the raised hands and enter the totals next to each answer. Let the children know that their answers are anonymous, and consider how you'd like to talk about why they're taking part, and how their input might be used.

Today's date

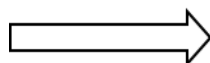
DD/MM/YYYY

Date

School year group

Questions

Please ask the children in the class the following questions. Count the number of children with each answer and write the number in each box.



Play time

- 1. Think about play time at school – including lunchtimes – what do you usually spend time doing?
(Teacher counts hands up for each one and inputs into box)**

	Number of hands up
Chatting/talking	<input type="text"/>
Playing running/skipping games/tag	<input type="text"/>
Playing ball games like football or netball	<input type="text"/>
Reading quietly or being in the library	<input type="text"/>
Other (please write in the text box below)	<input type="text"/>

Comments:

Travelling to school

- 2. How do you normally travel to school? (please report ONE answer per child)**

	Number of hands up
Walk	<input type="text"/>
Cycle	<input type="text"/>
Scooter, skateboard, or skates	<input type="text"/>
Bus	<input type="text"/>
Train	<input type="text"/>
Taxi	<input type="text"/>
Car	<input type="text"/>
Car share	<input type="text"/>
Other (please write the method of travel in the comments box below, and give the number of children with this answer)	<input type="text"/>

Comments:

Exercise

- 3. This is a question about exercise. Different types of exercise include walking and cycling to school, running the daily mile, playing sports and games outside, wake and shake, PE, and running around at break / playtime. Do you do some exercise most days? (Please give ONE answer per child)**

Number of hands up

- 4. How many days last week did you take part in a sports activity activity (for at least half an hour)? Think about activities that made you breathe harder and faster– things like swimming, cycling, dancing, trampolining, or going on a run. Guidance for teacher: Please report ONE answer per child – you may need to get them to count in their heads before answering.**

Number of hands up

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

5. Which of the following sports or other activities do you do in your own time or in school clubs (but NOT in school lessons)? (Please count the number of children with each answer, and write the number in each box)

	Number of hands up
Going for walks	<input type="text"/>
Riding your bike	<input type="text"/>
Running for exercise (e.g., jogging)	<input type="text"/>
Dancing/keep-fit/gymnastics	<input type="text"/>
Ball games (football, hockey, netball, rugby, tag rugby, cricket, rounders, tennis, basketball)	<input type="text"/>
Martial arts e.g., judo, karate, boxing	<input type="text"/>
Roller skating and scootering	<input type="text"/>
Swimming	<input type="text"/>
Playing outside (including tag games)	<input type="text"/>
Gardening	<input type="text"/>
Other physical activities (please write the activity in the box, and give the number of children with this answer)	<input type="text"/>

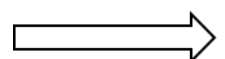
Comments:

Food and drink

6. Was your meal yesterday evening...? If yesterday was a Sunday, please think instead about your evening meal on Friday. (You may give MORE than one answer per child)

	Number of hands up
I didn't have a meal after school	<input type="checkbox"/>
Home-made (cooked using mostly fresh/raw/whole ingredients)	<input type="checkbox"/>
Ready-meal (e.g., supermarket meal)	<input type="checkbox"/>
A takeaway	<input type="checkbox"/>
Went to eat in at a cafe/restaurant	<input type="checkbox"/>
Other (please write the answer in the comments box below, and give the number of children with this answer)	<input type="checkbox"/>

Comments:



What did you eat before lessons this morning? (You may give MORE than one answer per child)

Number of
hands up

Nothing to eat

Cooked breakfast (eg egg, sausage, beans on toast)

Toast or bread

Cereal - unsweetened plain cereal/porridge

Cereal - sugary/chocolate cereal/porridge with sugar

Crisp-type packet snack

Yoghurt

Fruit

Biscuits/cakes/muffins/breakfast bar

Chocolate bar, sweets

Something else to eat (please write the answer in the comments box below, and give the number of children with this answer)

Comments:

7. What did you drink before lessons this morning? (You may give MORE than one answer per child)

	Number of hands up
Nothing to drink	<input type="text"/>
Energy drink (eg Red Bull, Monster)	<input type="text"/>
Sugary drink or drink with sugar/honey added	<input type="text"/>
Water	<input type="text"/>
Milk	<input type="text"/>
Something else to drink (please write the answer in the comments box below, and give the number of children with this answer)	<input type="text"/>

Comments:

8. Are you able to get water at school throughout the whole day? (Please give ONE answer per child)

Number of hands up

9. How many portions of fruit and vegetables did you eat yesterday? A portion is about a handful

Guidance for the teacher: to help them decide, all of these count as ONE portion: ONE portion = any of these... 3 heaped tablespoons of vegetables (raw, cooked, frozen or tinned); 1 apple, banana, pear, orange or other similar sized fruit; 1 cupful of grapes, cherries or berries; a heaped tablespoon of dried fruit; a glass (150ml) of fruit juice or a smoothie (however much you drink, it counts as one portion); a dessert bowl of salad. Please give ONE answer per child. If a child eats more than 8, tick 8+.

Number of hands up

0 portions

	Number of hands up
1 portion	<input type="text"/>
2 portions	<input type="text"/>
3 portions	<input type="text"/>
4 portions	<input type="text"/>
5 portions	<input type="text"/>
6 portions	<input type="text"/>
7 portions	<input type="text"/>
8+ portions	<input type="text"/>

10. Do you usually eat healthy food? (Please give ONE answer per child)

Number of hands up

Being happy and healthy at school

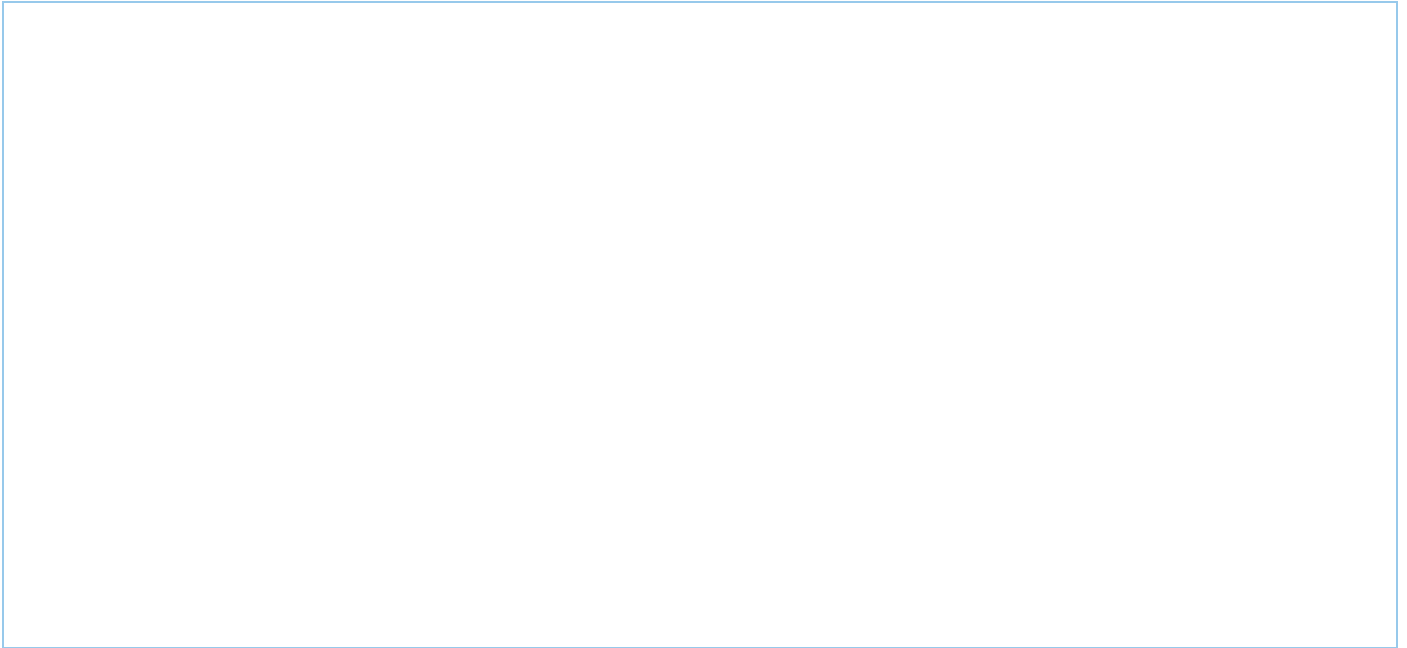
11. Do you feel happy at school? (Please give ONE answer per child)

Number of hands up

12. Can you tell me what our school does to help you to be healthy? (Please include a few free text answers here if you can)

For teachers

13. Teachers: would you like to provide any feedback about this evaluation?

A large, empty rectangular box with a thin blue border, intended for teachers to provide feedback on the evaluation. The box is currently blank.