

## **KS 3 & 4 Pupil Health and Wellbeing Survey**

This survey is for pupils in Key Stage 3 and 4. This is an anonymous survey, please answer the questions as well as you can.

How long will it take

Approx. 5 minutes

**Today's date**

DD/MM/YYYY

Date

**School year group**

**1. How do you normally travel to school? (please tick one)**

- ☐ Walk
- ☐ Cycle
- ☐ Scooter, skateboard or skates
- ☐ Bus
- ☐ Train
- ☐ Taxi
- ☐ Car
- ☐ Car share
- ☐ Other (please write the method of travel in the comments box below)

Comments:

**2. On how many days in the last week were you active for at least half an hour and enough to breathe harder and faster or feel hot and sweaty? Examples of these activities would include cycling, dancing, trampolining, swimming, playing active sports etc.**

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

**3. Which of the following sports or other activities do you do in your own time or in school clubs (but NOT in school lessons)?**

	Hardly ever or never	Sometimes	Once a week	More than once a week
Going for walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding your bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running for exercise (e.g. jogging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing/keep-fit/gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball games (football, hockey, netball, rugby, tag rugby, cricket, rounders, tennis, basketball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts e.g. judo, karate, boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roller skating and scootering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing outside (including tag games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised games/activities outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical activities (please write the activity in the comments box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**4. 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)**

- ☐ I didn't have a meal after school
- ☐ Home-made (cooked using mostly fresh/raw/whole ingredients)
- ☐ Ready-meal (e.g. supermarket meal)
- ☐ A take away
- ☐ Went to eat in at a cafe/restaurant

☐ Other (please write the answer in the comments box below)

Comments:

**5. What did you eat or drink before lessons this morning? (you can give MORE than one answer)**

- ☐ Nothing to eat or drink
- ☐ Cooked breakfast (eg egg, sausage, beans on toast)
- ☐ Toast or bread
- ☐ Cereal - unsweetened plain cereal/porridge
- ☐ Crisp-type packet snack
- ☐ Cereal - sugary/chocolate cereal/porridge with sugar
- ☐ Breakfast bar
- ☐ Energy drink (e.g., Red Bull, Monster)
- ☐ Yoghurt
- ☐ Sugary drink or drink with sugar/honey added
- ☐ Fruit
- ☐ Water
- ☐ Biscuits/cakes/muffins
- ☐ Milk
- ☐ Chocolate bar, sweets
- ☐ Something else to drink
- ☐ Something else to eat (please write the answer in the comments box below)

Comments:

**6. How many portions of fruit and vegetables did you eat yesterday?**

A portion is about a handful. To help you decide, all of these count as ONE portion:

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. This should be limited and consumed at mealtimes to reduce the risk of tooth decay); a dessert bowl of salad.

- ☐ 0 portions
- ☐ 1 portion
- ☐ 2 portions

- ☐ 3 portions
- ☐ 4 portions
- ☐ 5 portions
- ☐ 6 portions
- ☐ 7 portions
- ☐ 8+ portions

**7. Have you cooked at home in the last month?**

- ☐ Yes, I helped cook
- ☐ Yes, I cooked on my own at least once
- ☐ Yes, I cooked on my own at least once every week
- ☐ No

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**8. Please tick the box on each line that best describes your experience of each over the last 2 weeks.  
Please tick one box only for each row**

	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 feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<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 good about myself	<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 feeling confident	<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"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None of the time	Rarely	Some of the time	Often	All of the time
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Please answer Yes, Not sure or No to the following questions**

	Yes	Not sure	No
Have you been doing exercise most days this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, would you say that you eat healthily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your school recognise that your wellbeing is important?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. What things does your school do to help you to be healthy?**

**Thank you.**