



Health Needs Assessment Questionnaire. Year 6 (Primary School)

Information for head teachers.
Version for September 2018

The school nursing services have worked with colleagues in the Lancashire County Council (LCC) Public Health and School Improvement Services to develop a Health Needs Assessment Questionnaire for year 6 pupils via a secure LCC web platform. The pupil responses from the collated questionnaires will generate:

- A summary report for the school that will provide the school with information about the health needs of its pupils, which can inform the PSHE curriculum and pastoral support. School nurses will have access to the school report and may be able to provide some associated advice to schools
- An individual report for each pupil, accessed only by school nurses, to identify and address individual health needs, so the school nurse can offer targeted follow-up. This may also inform the CAF process
- Information for Lancashire County Council to include in population health needs assessments and inform future provision for children and young people in Lancashire

The contents of the questionnaire are outlined below.

Welcome

This questionnaire asks you about your health and lifestyle.

Your honest answers are very important.

There is no time limit to complete the questionnaire.

Please pick the answer that is closest to how you feel.

If there are any questions you don't want to answer then you can leave them blank and move onto the next.

If you need any help please ask your school nurse or teacher. But remember to **give your own answer, not what you think you should say.**

Only the **school nurse will be able to see your answers** to the questions. If there are any **responses that suggest you may need their support, they may contact you or your parent/s or carer/s.** They will always act in your best interest.

If the school nurse feels that your answers show a **risk** to your safety or protection (or someone else's) they may have to share this with some other people to help you.

Your school will receive a report that summarises the responses of everyone at your school. They could use the report to decide what needs to be included in your PSHE classes.

Questionnaire

Primary Health Needs Questionnaire

Q1. Being active: About how many days a week do you spend doing 60 minutes or more of physical activity?

This can include swimming, dancing, running or walking fast, as well as playing sports like football, netball and cricket

Every day

3-6 days

1-2 days

Never

Q2. Travelling about: How do you usually get to school?

Car or van

Bicycle

Bus or train

Walk

Q3. Travelling about: If you cycle, how often do you wear a cycle helmet?

Always

Sometimes

Never

I do not cycle

Q4. Travelling about: How often do you wear a seat belt if travelling in a car or van?

Always

Sometimes

Never

I do not travel in a car/van

Q5. Eating and drinking: About how many portions of fruit and vegetables did you eat yesterday (not including potatoes)?

5 or more portions

3 or 4 portions

1 or 2 portions

I did not eat any fruit or vegetables

Q6. Eating and drinking: How often do you eat breakfast?

Always

Usually

Sometimes

Never

Q7. Eating and drinking: How many times a day do you drink sugary drinks (e.g. fizzy drinks, high energy drinks, fruit juice or milkshakes?)

Never

Once

Two or three

Four or more

Q8. Eating and drinking: When are you able to get water in school during the day?

All the time

Only at break and lunch times

Only at lunchtime

Never

Q9. Smoking: How often do you smoke cigarettes or tobacco?

I do not smoke cigarettes or tobacco

About once a month

About once a week

Every day

Q10. Smoking: How often do you use e-cigarettes?

I do not use e-cigarettes

About once a month

About once a week

Every day

Q11. Alcohol: Have you ever been drunk?

No

Yes

Q12. Drugs: Has anyone ever asked you to try drugs? (not medicine from the doctor)

Yes

No

Q13. About your body: How often do you clean your teeth?

Twice a day or more

Once each day

Less often

Never

Q14. About your body: Have you been to the dentist in the last year?

Yes

No

Q15. About your body: How do you feel about your body weight?

I feel I am underweight

I feel I am a healthy weight

I feel I am overweight

I feel I am very overweight

Q16. About your body: Do you have a difficulty with your eyesight?

No

Yes and I wear glasses

Yes and I don't wear glasses

Q17. About your body: Do you have difficulty hearing?

No

Yes and I wear a hearing aid

Yes and I don't wear a hearing aid

Q18. About your body: How much sleep do you usually get at night?

8 hours or more

Between 6 and 8 hours

6 hours or less

Q19. About your body: Do you worry about growing up and how your body will change (sometimes called puberty)?

Never

Sometimes

Often

All the time

Q20. Relationships: Do you find it easy to make friends?

Always

Often

Hardly ever

Never

Q21. Relationships: How many hours do you usually spend on a school day using social media (Facebook, Instagram, Twitter, WhatsApp, YouTube or Snapchat) or playing on-line video games?

Less than 3 hrs

Between 3-4 hrs

Between 4-5 hrs

More than 5 hours

Q22. Relationships: Have you ever been cyber-bullied?

Cyber-bullying is any form of bullying that takes place online or through smartphones and tablets. It can take place on social networking sites, messaging apps, gaming sites and chat rooms such as Facebook, Xbox Live, Instagram, YouTube, Snapchat and other chat rooms.

No

Yes but it has stopped

Yes in the last 2 months, but I am getting help

Yes in the last 2 months, but no-one is helping me

Q23. Relationships: Other than cyber-bullying, have you ever been bullied?

No

Yes but it has stopped

Yes in the last 2 months, but I am getting help

Yes in the last 2 months, but no-one is helping me

Q24. Relationships: Have you ever sent a naked or semi-naked picture of yourself to another person?

No

Yes, once

Yes, more than once

Q25. Relationships: Are you responsible for caring for someone at home who cannot care for themselves, for example a parent, grandparent or other relative?

No (go to Q27)

I care for someone at least once a month

I care for someone at least once a week

I care for someone every day

Q25a: If you do, who do you care for?

Text box

Q25b: What do you do for them?

Text box

Q26. Relationships: Does caring for someone make anything difficult for you, for example with school or seeing friends?

No

Yes, but I am getting help

Yes, and no one is helping me

Q27. Your feelings: How often do you feel happy?

Always

Often

Hardly ever

Never

Q28. Your feelings: How often do you feel angry?

Never

Hardly ever

Often

Always

Q29. Your feelings: How often do you feel lonely?

Never

Hardly ever

Often

Always

Q30. Your feelings: Do you feel hopeful about your future?

Always

Often

Hardly ever

Never

Q31. Your feelings: Can you cope with daily problems and difficulties with how you feel?

Yes, always

Yes, but sometimes they still get on top of me

No, I often feel overwhelmed by these and can't cope

Q32. Your feelings: If you are worried, do you have an adult you can talk to about this?

Yes

No

Q33. Do you have any illnesses or health problems that mean you have to go for check-ups or to the hospital or take regular medicine?

Yes

No

Q33a If so, please tell us about your illness or health problem?

Text box

Q34. Would you like an appointment to speak to the school nurse?

Yes

No