



Health Needs Assessment Questionnaire. Year 9 (Secondary School)

Information for head teachers.
Version for September 2021

The school nursing services (school health team) 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 9 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. The School Health Team 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 the school health team, to identify and address individual health needs, so the school health team 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 health team 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 individually.** They will always act in your best interest.

If the school health team 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

Secondary 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 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 (eg 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 smoke shisha?

I do not smoke shisha

About once a month

About once a week

Every day

Q11. Vaping: How often do you use e-cigarettes?

I do not use e-cigarettes

About once a month

About once a week

Every day

Q12. Alcohol. Have you ever been drunk?

No

Yes, I have been drunk once

Yes, I have been drunk more than once

Q13. Drugs: Have you ever been offered drugs? (For example, cannabis, ecstasy, speed, cocaine, or psychoactive substances.)

Yes

No

Q14. Drugs: Do you know where to get support or advice about drug or alcohol use (your own or someone else's)?

Yes

No

Q15. About you: Please tell us your sexual orientation

I am straight

I am lesbian

I am gay

I am bisexual

Other

Prefer not to say

Q16. About you: Do you feel the same inside as the gender you were born with?

Yes

No

Q17. About your body: How often do you clean your teeth?

Twice a day or more

Once each day

Less often

Never

Q18. About your body: Have you been to the dentist in the last 12 months?

Yes

No

Q19. 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

Q20. About your body: Do you have difficulty with your eyesight?

No

Yes, and I wear glasses

Yes, and I don't wear glasses

Q21. 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

Q22. 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

Q23. About your body: Do you ever have problems with head lice?

One off occurrence that was successfully treated

Occasionally

Often

Never

Q24. Your feelings: How often do you feel happy?

Always

Often

Hardly ever

Never

Q25. Your feelings: How often do you feel angry?

Never

Hardly ever

Often

Always

Q26. Your feelings: How often do you feel lonely?

Never

Hardly ever

Often

Always

Q27: Your feelings: Do you feel positive about your future?

Always

Often

Hardly ever

Never

Q28: Your feelings: Can you cope with daily problems and difficulties with how you feel?

Yes, always

Yes, I am usually able to deal with these but sometimes they still get on top of me

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

Q29. Your feelings: If you are worried, do you have an adult you can talk to about this?

Yes

No

Q30. About your body: Have you ever deliberately hurt or harmed yourself?

No

Yes, in the last month

Yes, in the last 2 months

Yes, more than 2 months ago

Q31. If you have ever harmed or hurt yourself deliberately, have you told anyone?

Yes

No

Q32. If yes, who did you tell?

Q33. Relationships: How many hours do you usually spend on a school day using social media (Facebook, Instagram, Twitter, WhatsApp, YouTube or Snapchat)?

Less than 3 hrs

Between 3-4 hrs

Between 4-5 hrs

More than 5 hours

Q34. 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, X-Box 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

Q35. 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

Q36. Relationships: Have you ever sent a naked or semi-naked picture of yourself or others to another person?

No

Yes, once

Yes, more than once

Q37. Relationships: Do you search for pornographic images online?

Yes

No

Q38. Relationships: How confident would you feel to say 'no' if someone wanted to have physical or intimate contact with you, touch you, or have sex with you, and you didn't want that?

Very confident

Fairly confident

Not very confident

Not at all confident

Q39. Relationships: Do you know where to get sexual health and relationship advice?

Yes, in and out of school

Yes, in school

Yes, out of school

I do not know where to get advice

Q40. Relationships: Have you ever witnessed or experienced domestic abuse/violence (including physical or emotional abuse) in your family or in your own relationships?

Yes

No

Q41. Relationships: Are you responsible for looking after someone at home who can't care for themselves, for example a parent, grandparent or other relative?

No (go to Q39)

I look after someone at least once a month

I look after someone at least once a week

I look after someone every day

Q42: If you do, who do you look after?

Q43: What do you do for them?

Q44. Relationships: Does looking after 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

Q45. Do you have any illnesses or health problems that mean that you have to go for check-ups or to the hospital or take regular medicine?

Yes

No

Q46. If so, please tell us about your illness or health problem?

Q47. Would you like an appointment to speak to the school nurse?

Yes

No