

Year 9 Public Health Survey

HEALTH & DEVELOPMENT

1. Do you think you are healthy?

No Yes

2. Do you enjoy school?

No Yes

3. Do you worry about growing up and puberty?

No Yes

4. How many hours sleep do you have on most nights?

Less than 7 7-8 8-10 11 12+

5. Have you had a dental check up in the last year?

No Yes

6. Do you brush your teeth twice a day?

No Yes

7. Have you had your eyes tested in the last 2 years?

No Yes

HEALTHY WEIGHT & NUTRITION

8. How many portions of fruit or vegetables do you have each day?

None 1-2 3-4 5+

9. Do you have breakfast every day?

No Yes

10. How many (cups (250ml) of water do you drink each day?

1-2 3-4 5-6 7-8

11. How many carbonated (fizzy) drinks do you have each day?

None 1-2 3-4 5+

12. During the last week how often have you eaten food from a fast food outlet or take away?

Never 1-2 times 3-5 times Every day

13. What best describes how you feel about your weight?

Happy with my weight Like to lose weight Like to put on weight

14. How many hours a day do you sit watching TV, playing electronic games or on the internet on a **school day**?

0 1-2 3-4 5-7 8+

HEALTHY WEIGHT & NUTRITION

15. How many hours a day do you sit watching TV, playing electronic games or on the internet on a **weekend day**?

0 1-2 3-4 5-7 8+

16. Do you take part in 60 minutes active play or exercise each day? (This can include if you walk, cycle or scoot to and from school)

Never 1-2/week 3-4/week 5-6/week Every day

17. Do you walk, cycle or scoot to and from school most days?

No Yes

EMOTIONAL HEALTH

18. Do you feel happy most days?

No Yes

19. Would you describe yourself as confident?

No Yes

20. Do you worry about your image?

No Yes

21. In the last 30 days have you felt sad, worried or angry?

No Yes

22. In the last 30 days have you felt bullied?

No Yes

ENVIRONMENT

23. Do you help someone in your family every day because they have a physical health problem?

No Yes

24. Do you help someone in your family every day because they have a mental health problem?

No Yes

25. Does anyone regularly smoke in your presence at home?

No Yes

26. Are your parents always aware of what you are doing in your free time?

No Yes

27. Are you able to talk to your parents/carers or a trusted adult about any worries?

No Yes

28. Do your parents/carers understand your problems or worries?

No Yes

RISK TAKING

29. Have you ever smoked a cigarette?

No Yes

30. If yes... How many cigarettes do you now smoke per day?

None Less than 5 5-10 10-20 N/A

31. Would you like to give up smoking?

No Yes N/A

32. Have you ever used an e-cigarette?

No Yes

33. Have you ever drunk alcohol?

No Yes

34. If yes... When did you last drink alcohol?

Never drank alcohol In the last week In the last month In the last year

35. Have you ever been drunk?

No Yes N/A

36. Why would you drink alcohol?

To get drunk To be sociable To feel good To forget Peer pressure N/A

37. How would you usually get alcohol?

Buy it Get someone to buy Get parent to buy Steal it Other N/A

38. Have you ever used an illegal drug?

No Yes

39. If yes... When did you last use an illegal drug?

Never used drugs In the last week In the last month In the last year

40. Why would you use drugs?

To experiment To be sociable To feel good To forget Peer pressure N/A

41. Do you know about the dangers of drugs and alcohol?

No Yes

42. Can you talk to your parents/carers about drugs & alcohol?

No Yes

43. Do you feel you have enough information about drugs & alcohol?

No Yes

44. Have you had a sexual relationship or experience?

No Yes

45. Have you ever had sexual intercourse?

No Yes

RISK TAKING

46. If yes..... Did you use a condom?

No Yes N/A

47. Did you use any other form of contraception?

No Yes N/A

48. Did you feel ready for having sexual contact or a sexual relationship?

No Yes

49. Can you talk to your parents/carers about sex?

No Yes

50. Do you feel you have enough information about sex?

No Yes

51. Do you know where to go for local sexual health advice?

No Yes

DIGITAL WELLBEING

52. How many TOTAL hours do you spend on the internet each day?

0 1-2 3-4 5-7 8+

53. Do your parents/carers monitor your online activity?

No Yes

54. Do you worry about being safe online?

No Yes

55. Do you worry about being exposed to upsetting images on the internet?

No Yes

56. Have you ever sexted? (Sent a nude, or semi-nude photo)

No Yes

57. Have you ever received a sext?

No Yes

58. Have you ever accessed pornography accidentally or deliberately?

No Yes

59. In the last 30 days have you felt bullied on social media or texting?

No Yes

60. Has playing online games ever upset or distressed you?

No Yes

61. If you answered yes to any of the above, who would you go to for help or more information?

Parent/family Teacher Friend Internet Other N/A

