



# **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