

C1

Your health: Key Stage 2

We would like to know how you feel about health.

Please fill in the answers to the questions below by ticking in the boxes or writing in the spaces provided.

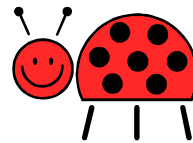
There are no right or wrong answers. We want to know what you think and what you do.

*Please tick **one** of the two boxes below:*

I am a boy ☐

I am a girl ☐

What class are you in?.....





About you

1. We want to know what you think about yourself.

Here is a list of sentences.

Please put a tick in the boxes which you think are like you.

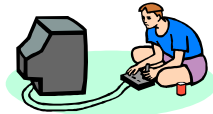
I am shy	<input type="checkbox"/>
I am usually happy	<input type="checkbox"/>
I like joining in everything at school	<input type="checkbox"/>
I get nervous if a teacher asks me something	<input type="checkbox"/>
Most people like me	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>
I like school	<input type="checkbox"/>
I make friends easily	<input type="checkbox"/>
I like to get my own way	<input type="checkbox"/>
I always try hard at school	<input type="checkbox"/>
My work often goes wrong	<input type="checkbox"/>
I often get into trouble	<input type="checkbox"/>
I like being me	<input type="checkbox"/>
People pick on me	<input type="checkbox"/>

2. What do you do in the evenings and at weekends?

You may tick more than one box.

☐

Watch TV

☐

Play computer games

☐

Play other games

☐

Read books/
comics

☐

Do dance or
keep-fit classes

☐

Play football

☐

Look after my
pet

☐

Go swimming

☐

Do other sports

☐

Play with my
friends

☐

Go out on my bike,
skateboard or roller
skates

☐

Listen to music

☐

Play by myself

☐

Go out with my family

☐

Do things connected with religion

☐

Help Mum or Dad

☐

Go to after-school clubs

☐

Go shopping



PE and sport

1a. Do you like PE and games lessons? Please tick **one box.**

Yes ☐

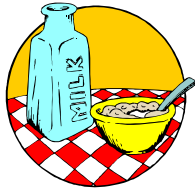
No ☐

1b. If you ticked *yes*, please say what you like about PE and games in the box below.

1c. If you ticked *no*, please say what you don't like about PE and games in the box below.

2. Here are some different things to eat. Put a tick (✓) in the boxes by the names of the meals which are **good for us** and a cross (x) in the boxes of those meals which are **not so good for us**.

Breakfast



☐ Cereal, toast and fruit juice



☐ Bacon, egg and sausage



☐ Bar of chocolate



☐ Burger and chips



☐ Baked potato, chicken and peas



☐ Vegetable curry and rice



☐ Fresh fruit



☐ Cheese sandwich and milk



☐ Fizzy drinks and crisps

3. Look at the menu from the Sunshine Café and then answer the questions below.

Sunshine Café

Menu

Meals

Baked potato, chicken and peas
Fish fingers, baked beans and oven chips
Vegetable curry
Burger and chips

Puddings

Fresh fruit salad
Ice cream
Chocolate cake

Drinks

Milk
Can of fizzy drink
Fruit juice
Mineral water

3a. Put a tick beside the *meal* which contains a lot of fat.

3b. Put a tick by the *pudding* which has the smallest amount of sugar.

3c. Put a tick by the drink which gives you calcium for your teeth and bones.

Bullying

1. What does the word bullying mean? Write down the things that you think are bullying in the box below.

2. Have you been bullied this term? Please tick **one** box.

Yes

☐

No

☐

If *no*, go to question 4

3a. If yes, how old was the person bullying you?
Please tick **one** box.

Older than you

☐

Younger than you

☐

In the same year as you

☐

In the same class as you

☐

3b. Did you tell anyone about the bullying? Please tick **one** box.

Yes

☐

No

☐

3c. Who did you tell? Write the name of the person in the space below.

.....

3d. Has the bullying stopped? Please tick **one** box.

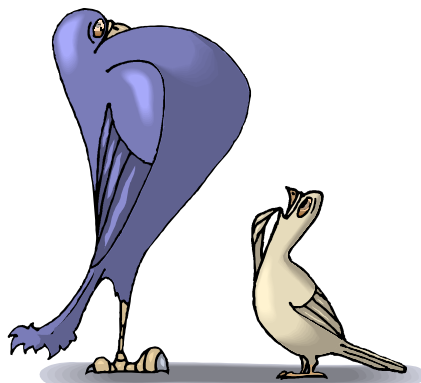
Yes ☐

No ☐

4. Have you bullied anyone this term? Please tick **one** box.

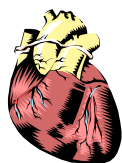
Yes ☐

No ☐



Parts of the body

1. This question is about parts of the body and what they do. Can you write the missing words in the spaces? You will find all the answers by looking at the words under the boxes below. Please use the words twice if you need to.



heart



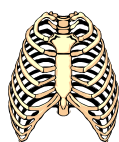
brain



stomach



lungs



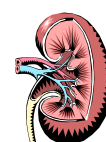
ribs



intestine



womb



kidneys

Example:

Smoking is a major cause of disease in your**heart**.... and**lungs**...

- a. The organs we use for breathing are called the
- b. The bones which protect the heart and lungs are called the
- c. Your eyes, nose and ears give us information from the outside world to your
- d. Theis a pump made of muscle which sends blood around the body.
- e. The is where babies grow until they are big enough to be born.

f. Our clean our blood and help get rid of waste from our bodies.

g. You digest your food in your and

Keeping safe

1. Jason has just had an electric shock

What is the first thing that his Mum should do to help him?
Please tick **one** box.



Move Jason on to his side to help him breath ☐

Check if he is breathing ☐

Make sure the electricity is switched off ☐

2. Sharon has burnt her hand on a hot kettle

What is the **First** thing that her Dad should do to help her?
Please tick **one** box.



Put a bandage on it ☐

Put her hand into running cold water ☐

Put cream on the burn ☐

3. Ahmed and Ravinder want to cross the road

What is the **First** thing that they should do? Please tick **one** box.



Hold hands ☐

Find a safe place to cross ☐

Look both ways ☐

4. What is the MAIN reason for covering our mouths and noses when we sneeze? Please tick **one box.**



To be polite

☐

So that we sneeze quietly

☐

So that other people do not catch our germs

☐

5. If a lady asked you to help her find her dog, what is the FIRST thing that you would do? Please tick **one box.**



Start looking for the dog

☐

Get all your friends to help you look for the dog

☐

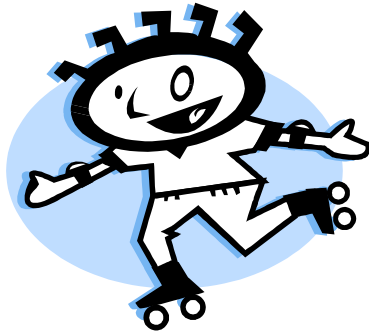
Ask one of your parents if it is all right first

☐

Say no and walk away

☐

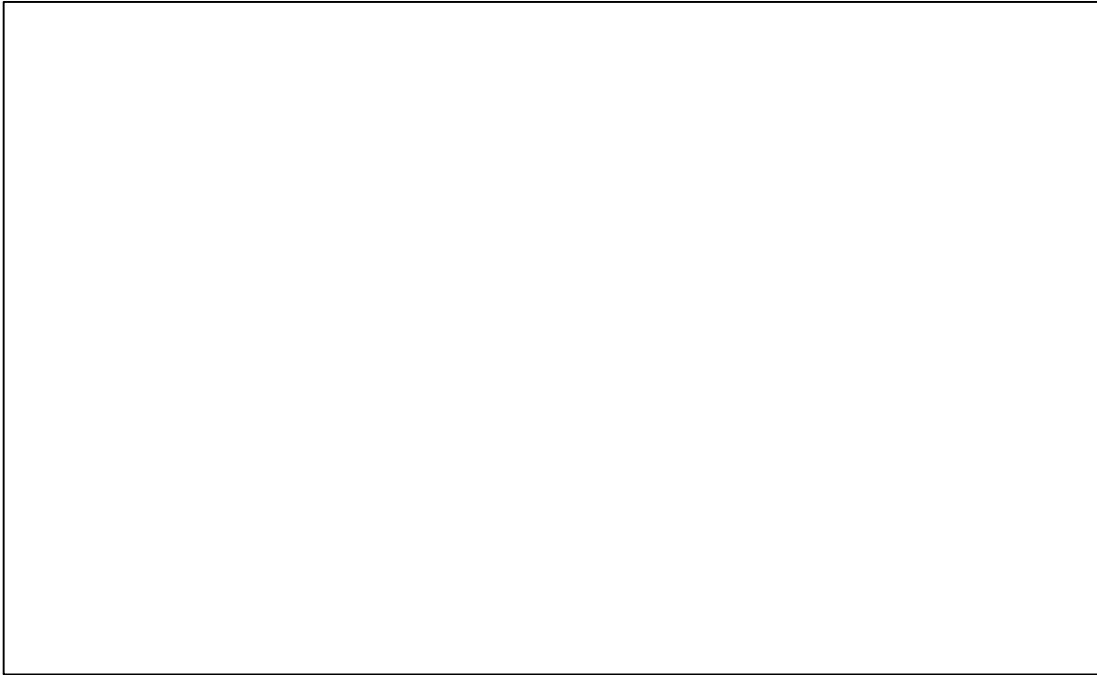
Playing safely



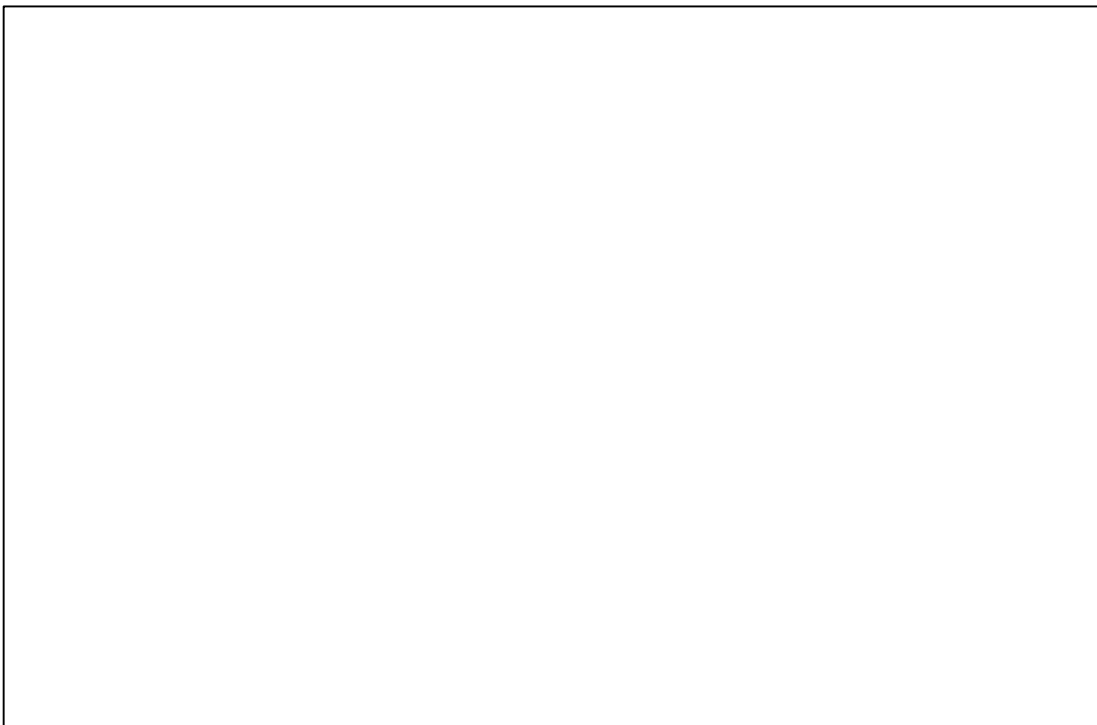
1. Leon, John and Kirsty like roller blading.

1a. Where should they go to skate safely? Draw or write your answer here.

- 1b. Where would they not be able to skate safely?
Draw or write your answer here.**



- 1c. What other things could they do to keep
themselves safe when skating? Draw or write
your answer here.**



C2

Your health: Key Stages 3 and 4

We would like to know how you feel about health.

Please fill in the answers to the questions below by ticking in the boxes or writing in the spaces provided.

There are no right or wrong answers. We want to know what you think and what you do.

What year are you in? Please tick one of the boxes.

7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐

Are you male or female? Please tick in one box.

Male ☐

Female ☐

About yourself

1. How would you describe yourself?

Read each of the following statements carefully. For each one, please tick the box in the **Yes** column if you think it *does* describe you or tick the box in the **No** column if you think it *doesn't* describe you.

	Yes	No
I enjoy getting involved in school activities	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>
I have good ideas	<input type="checkbox"/>	<input type="checkbox"/>
I like being the way I am	<input type="checkbox"/>	<input type="checkbox"/>
I often get into trouble	<input type="checkbox"/>	<input type="checkbox"/>
My looks bother me	<input type="checkbox"/>	<input type="checkbox"/>
I am shy	<input type="checkbox"/>	<input type="checkbox"/>
My parents expect too much of me	<input type="checkbox"/>	<input type="checkbox"/>
I get nervous when teachers ask me something	<input type="checkbox"/>	<input type="checkbox"/>
I think I am attractive	<input type="checkbox"/>	<input type="checkbox"/>
I like school	<input type="checkbox"/>	<input type="checkbox"/>
I make friends easily	<input type="checkbox"/>	<input type="checkbox"/>
People pick on me	<input type="checkbox"/>	<input type="checkbox"/>
Whenever I try to do something, it seems to go wrong	<input type="checkbox"/>	<input type="checkbox"/>
I often feel that I am useless	<input type="checkbox"/>	<input type="checkbox"/>
I always like to get my own way	<input type="checkbox"/>	<input type="checkbox"/>



Physical activity

1a. Below is a list of six types of activity.

Have you taken part in any of these types of activities in the past year, in either your school time or your spare time (including weekends and holidays)? Are you likely to continue with any of them when you leave school? Are there any of the six types of activity which you have *not* yet tried? Please tick as many boxes as apply to you.

Type of activity	Done this year...		Likely to continue with after leaving school	Not tired of this type of activity
	in school time	in spare time		
Games (e.g. football, hockey, netball, tennis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic activities (e.g. running, long jump, javelin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics activities (e.g. aerobics and step, gymnastics, judo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance and ice skating/roller blading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming and diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor/ adventurous activities (e.g. sailing, climbing, canoeing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. Do you prefer team games or individual sporting activities?

Please tick **one** box only.

Team games	<input type="checkbox"/>
Individual sporting activities	<input type="checkbox"/>
No preference	<input type="checkbox"/>

2a. In the past year, has the school given you the opportunity to take part in any outdoor or adventurous activities, such as canoeing, caving, climbing, fell- and hill-walking, orienteering, riding, sailing, skiing or sub-aqua diving? Please tick **one box only.**

Yes ☐ No ☐

2b. Did you take part in any of these activities? Please tick **one box only.**

Yes ☐ No ☐

2c. If yes, which activities did you take part in? Please list them in the space provided.

.....
.....
.....
.....

2d. If you didn't take part in any of the activities offered, can you say why? Please give your reason(s) in the space provided.

.....
.....
.....
.....

3. Are there any outdoor or adventurous activities you would particularly like to try. Please list them in the space provided.

.....
.....
.....
.....

4a. During the past week, how much time have you spent in PE lessons or games *in school time* (do not count time spent getting changed)? Please tick **one box only.**

- | | |
|--|--------------------------|
| Less than 1 hour | <input type="checkbox"/> |
| At least 1 hour but less than 2 hours | <input type="checkbox"/> |
| At least 2 hours but less than 3 hours | <input type="checkbox"/> |
| At least 3 hours but less than 4 hours | <input type="checkbox"/> |
| 4 hours or more | <input type="checkbox"/> |
| I did not take part in PE/games in the past week | <input type="checkbox"/> |
| I never take part in PE/games | <input type="checkbox"/> |

4b. *Outside school hours*: in the *free time* that you have in a *normal week*, how often do you take exercise or play games that make you out of breath or cause you to sweat? Include any sport you do at school but out of lesson time, for example at lunchtime or after school. Please tick **one box only.**

- | | |
|-----------------------|--------------------------|
| Every day | <input type="checkbox"/> |
| 4-6 times a week | <input type="checkbox"/> |
| 2-3 times a week | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| Less than once a week | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

4c. Outside school hours: when you take exercise or play games that make you out of breath or cause you to sweat, for how long do you carry on with the activity usually? Please tick one box only.

Over 2 hours

☐

Between 1 and 2 hours

☐

Between 30 minutes and 1 hour

☐

Between 15 minutes and 30 minutes

☐

Less than 15 minutes

☐

5. Please answer this question if *you actually take part* in physical activity outside school hours. Read each of these statements about physical activity *outside school hours* carefully. Please tick any statements with which you agree. You may tick more than one box.

I take part in physical activity outside school hours because:

Agree

I enjoy it

☐

I am good at it

☐

To control my weight

☐

I want to look good

☐

It is good for my health

☐

It helps me to relax

☐

I want to improve my performance

☐

To be with my friends

☐

My family encourages me to

☐

Another reason

☐


Please tell us the reason in this space:

.....

Now please answer question 7

6. Please answer this question only if *you don't take part in physical activity outside school hours*. Read each of these statements about physical activity outside school hours carefully. Please tick any of the statements with which you agree. You may tick more than one box.

I do not take part in physical activity outside school hours because:

Agree

It's boring

☐

I'm no good at it

☐

I hate all sports

☐

I've got better things to do

☐

I don't have enough time

☐

The local facilities are poor

☐

There are no opportunities around here

☐

It's too expensive

☐

It isn't cool to take part

☐

Another reason

☐

Please tell us the reason in this space:

.....
.....
.....

7. How would you describe yourself at the moment?

Please tick **one** box only.

Agree

I am very fit

☐

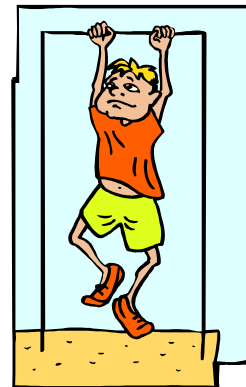
I am fairly fit

☐

I am fairly unfit

☐

I am very unfit

☐



Smoking, drugs and alcohol

1. Are the following statements true or false?

Read each of the following statements carefully. For each one, please tick the box in the **True** column if you think the statement is true or the box in the **False** column if you think it is false.

	True	False
Low tar cigarettes will not cause lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
Breathing in other people's cigarette smoke can cause lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
Smoking can lead to heart disease	<input type="checkbox"/>	<input type="checkbox"/>
It is illegal for a pub to serve an alcoholic drink to anyone under 18 years of age	<input type="checkbox"/>	<input type="checkbox"/>
Black coffee will sober you up after an alcoholic drink	<input type="checkbox"/>	<input type="checkbox"/>
If you dilute alcohol with lemonade, coca-cola or fruit juice, it will have less effect on you	<input type="checkbox"/>	<input type="checkbox"/>
Taking Ecstasy ('E') is not harmful	<input type="checkbox"/>	<input type="checkbox"/>

2. Which of these sentences best applies to you? Please tick **one** box only.

I have never tried drinking alcohol	<input type="checkbox"/>
I have only tried alcohol once or twice in my life	<input type="checkbox"/>
I occasionally have an alcoholic drink	<input type="checkbox"/>
I drink alcohol about once a week	<input type="checkbox"/>
I drink alcohol more than once a week	<input type="checkbox"/>

3. With which of these statements do you agree?

Read each of the following statements carefully. For *each one*, please tick the box in the **Agree** column if you agree with it or the box in the **Disagree** column if you disagree with it.

	Agree	Disagree
People should have the right to smoke if they want to	<input type="checkbox"/>	<input type="checkbox"/>
Trying a cigarette is part of growing up	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol is just a waste of money	<input type="checkbox"/>	<input type="checkbox"/>
People who drink a lot of alcohol or smoke cigarettes have no right to tell others not to take drugs	<input type="checkbox"/>	<input type="checkbox"/>
More should be done to warn young people about the risks of taking drugs or sniffing glue	<input type="checkbox"/>	<input type="checkbox"/>
Only weak people get addicted to drugs	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of these sentences best applies to you?

Please tick **one** box only.

I have never smoked	<input type="checkbox"/>
I have only smoked once or twice in my life	<input type="checkbox"/>
I used to smoke, but I have given up now	<input type="checkbox"/>
I sometimes smoke, but I don't every week	<input type="checkbox"/>
I smoke up to 10 cigarettes a week	<input type="checkbox"/>
I smoke over 10 cigarettes a week	<input type="checkbox"/>

Healthy eating

1. Before going to school, how often do you have something to eat for breakfast at home? Please tick **one** box only.

- | | |
|----------------------|--------------------------|
| Never | <input type="checkbox"/> |
| Once or twice a week | <input type="checkbox"/> |
| Most days | <input type="checkbox"/> |
| Every day | <input type="checkbox"/> |

2. What do you usually do for lunch while you are at school?
Please tick **one** box only.

- | | |
|----------------------------------|--------------------------|
| I buy food in the school canteen | <input type="checkbox"/> |
| I eat a packed lunch | <input type="checkbox"/> |
| I go home to eat | <input type="checkbox"/> |
| I go to a local shop or takeaway | <input type="checkbox"/> |
| I do not eat anything | <input type="checkbox"/> |



3. With which of these statements do you agree?

Read each of the following statements carefully. For *each one*, please tick the box in the **Agree** column if you agree with it or the box in the **Disagree** column if you disagree with it.

	Agree	Disagree
It does not matter what you eat if you are young and healthy	<input type="checkbox"/>	<input type="checkbox"/>
People make too much fuss about healthy eating	<input type="checkbox"/>	<input type="checkbox"/>
You have to be thin to be attractive	<input type="checkbox"/>	<input type="checkbox"/>
Not-so-healthy food always tastes better than healthy food	<input type="checkbox"/>	<input type="checkbox"/>
Grilled food is healthier than fried food	<input type="checkbox"/>	<input type="checkbox"/>

Leisure

1. In the last year, how often have you taken part in these leisure activities? Please tick a box for each line.

	Every day	Every week	Occasionally	Never
I played computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I read for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listened to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to clubs, discos or raves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to amusement arcades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took exercise or played outdoor games/sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to a youth club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to Scouts, Guides, Boys' or Girls' Brigade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I played a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did dance or drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went to McDonald's, Burger King, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did things connected with my religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I helped at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I helped in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a part-time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. On a *typical weekday*, how much television would you usually watch (including watching breakfast TV and videos)? Please tick **one** box only.

Less than 1 hour	<input type="checkbox"/>
Between 1 and 2 hours	<input type="checkbox"/>
Between 2 and 3 hours	<input type="checkbox"/>
Between 3 and 4 hours	<input type="checkbox"/>
Between 4 and 5 hours	<input type="checkbox"/>
Between 5 and 6 hours	<input type="checkbox"/>
More than 6 hours	<input type="checkbox"/>

Dealing with problems

If you had a problem at school or in your personal life, who would you talk to about it?

Under each problem, please put a tick beside the person or persons you would talk to about it. You may tick more than one box in each line or column.

If I had this problem:	Health problems	Being bullied	School work difficulties	Other personal problems
------------------------	--------------------	------------------	--------------------------------	-------------------------------

I would talk to:

my Mum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my Dad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
another relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
someone else I know personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a doctor or school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>