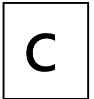
For office use only NHS number added? ☐ Questionnaire reviewed? ☐ For follow up? ☐ Data entered? ☐

Lancashire Care 
NHS Foundation Trust

School ……………………………….

Date …………………………………….

C

YEAR 6

About Your Health

First Name: ……………………………………………………………………

Surname: ………………………………………………………………………

Date of Birth: …………………………………………………………………..

NHS Number: (*if known*)……………………………………………………

Address: ……………………………………………………………………….

Are you: Boy ☐ Girl ☐ Other ☐

Do you feel the same inside as the gender you were born with? (feeling male or female) Yes No

Ethnicity (please tick one)

White:
☐ British
☐ Irish
☐ Eastern European
☐ Any other White background

Mixed:
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other mixed background

Asian or Asian British:
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Black or Black British:
☐ Caribbean
☐ African
☐ Any other Black background
☐ Any other ethnic group
☐ Don't know

PLEASE CIRCLE YOUR ANSWER

Do you have any illnesses or health problems that mean that you have to go for check-ups or to the hospital or take medicine? Yes No

Tell us about this...

1. Do you know how to get information about your health if you want? Yes No

2. Where do you get **most** of your information about keeping healthy? **Circle one only**

   Family/carer School Friends Internet Nurses & Doctors

   Other (please say what) ………………………………………………………………

Please turn over

©Lancashire Care NHS Foundation Trust 2015. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

3.	a) Do you have problems with your eyesight?	Yes	No
	b) Do you wear glasses / contact lenses?	Yes	No
4.	a) Do you have any problems hearing?	Yes	No
	b) Do you wear a hearing aid?	Yes	No
5.	Do you go to the Dentist?	Yes	No
6.	a) Did you brush your teeth two times yesterday?	Yes	No

About your feelings, do you: **Circle one answer per question**

7.	Feel Angry?	Always	Often	Never	Sometimes
8.	Feel Lonely?	Sometimes	Never	Always	Often
9.	Feel Happy?	Often	Always	Sometimes	Never

10.	a) Have you been bullied more than once in the last two months?	Yes	No
	b) Have you been cyber-bullied (someone sending mean instant messages, wall-postings, emails and text messages)?	Yes	No

If 'No' to either of the questions above move to Q11

If 'Yes' to either of the above please answer these:

	c) Did you tell anyone?	Yes	No
	d) Did it happen at school?	Yes	No
11.	Do you know where to get help about bullying?	Yes	No
12.	Have you taken part in bullying someone else during the last two months?	Yes	No
13.	Do you often worry about problems in your family?	Yes	No

If Yes, can you tell us why? …………………………………………………………………..

14.	Are you worried about anyone close to you who uses drugs or alcohol?	Yes	No

If yes, who? ………………………………………………………………..

15.	Do you have an adult you can talk to about any problems?	Yes	No

Please turn over

©Lancashire Care NHS Foundation Trust 2015. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

16. a) Are you helping to look after someone at home or in your family? **Circle one answer**

    No   Yes occasionally   Yes often   Yes every day

    Who do you look after (for example: mum, dad, brother, grandparent) ……………………..

    What do you do for them? ……………………………………………………………………..

    b) Does this make anything difficult for you, for example with school or seeing friends? Yes No

    c) Do you ever want any help with this? Yes No

17. Do you have any worries about growing up and how your body will change (sometimes called puberty)? Yes No

18. a) Do you normally have breakfast? Yes No

    b) Did you have breakfast today? Yes No

    What did you have? ……………………………………………………

19. Did you eat any fruit or vegetables yesterday? Yes No

20. How often do you drink sugary soft drinks? **Circle one answer**

    Never / not often   Once a week   Every day   More than once a day

21. About your weight, do you think you are**:** **Circle one answer**

    Just right   Under weight   Over weight

22. On a week day, how many hours do you usually spend sitting or lying down watching TV, DVDs, computer games? **Circle one answer**

    Less than 1 hour   1 – 2 hours   2 – 3 hours   More than 3 hours

Please think about friends the same age as you:

23. Do your friends smoke cigarettes? Yes No

24. Have your friends ever been drunk when you have been with them? Yes No

25. Has anyone ever asked you to try drugs? Yes No

26. Would you like an appointment to speak to the nurse about your health or how you feel? If yes, can you tell us why? Yes No

    ………………………………………………………………………………
    ………………………………………………………………………………

You can also speak to a Nurse by asking a teacher, who will arrange this.

This information will be kept with your health records and will not be shared with school without your permission. However, someone from the school nursing team may contact you or your family to offer support if needed. We may use this information (numbers without names) to help us to improve services for children.

©Lancashire Care NHS Foundation Trust 2015. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.