# Student health questionnaire

Do not write your name. Answer about your own last week, and skip any question you would rather not answer.

Grade or class _____ Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 How would you describe your health right now?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2 How many hours do you usually sleep on a school night?

☐ 5 hours or less ☐ 6 hours ☐ 7 hours ☐ 8 hours ☐ 9 hours or more

3 In the past 7 days, on how many days were you active for at least 60 minutes in total?

☐ 0 days ☐ 1 or 2 days ☐ 3 or 4 days ☐ 5 or 6 days ☐ All 7 days

4 In the past 7 days, on how many days did you eat breakfast?

☐ 0 days ☐ 1 to 3 days ☐ 4 to 6 days ☐ All 7 days

5 In the past 7 days, on how many days did you eat fruit?

☐ 0 days ☐ 1 to 3 days ☐ 4 to 6 days ☐ All 7 days

| STATEMENT | STRONGLY DISAGREE | | | | STRONGLY AGREE |
|---|---|---|---|---|---|
| 6 I have enough energy to get through the school day. | 1 | 2 | 3 | 4 | 5 |
| 7 I can usually cope with the pressure of schoolwork. | 1 | 2 | 3 | 4 | 5 |
| 8 There is an adult at school I could talk to if something was wrong. | 1 | 2 | 3 | 4 | 5 |
| 9 I know where to get health help at school, like the nurse or a counselor. | 1 | 2 | 3 | 4 | 5 |
| 10 I have friends at school I can count on. | 1 | 2 | 3 | 4 | 5 |

11 Which of these would you like more help with? (tick all that apply)

☐ Sleep ☐ Stress ☐ Healthy eating ☐ Exercise ☐ Friendships ☐ Screen time

☐ Nothing right now

12 What is one thing our school could do to help students be healthier?

_____

_____

_____

# Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

## Food and drink

13 In the past 7 days, on how many days did you eat vegetables?

☐ 0 days ☐ 1 to 3 days ☐ 4 to 6 days ☐ All 7 days

14 On a normal day, how many times do you drink a glass or bottle of plain water?

☐ None ☐ 1 or 2 times ☐ 3 or 4 times ☐ 5 or more times

15 In the past 7 days, on how many days did you have soda or another sugary drink?

☐ 0 days ☐ 1 to 3 days ☐ 4 to 6 days ☐ All 7 days

| STATEMENT | STRONGLY DISAGREE | | | | STRONGLY AGREE |
|---|---|---|---|---|---|
| 16 I can get a healthy snack or meal at school when I am hungry. | 1 | 2 | 3 | 4 | 5 |

## Sleep and mornings

17 What time do you usually fall asleep on a school night?

☐ Before 10 pm ☐ 10 to 11 pm ☐ 11 pm to midnight ☐ After midnight

18 How often do you use a phone or screen in bed before you fall asleep?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

19 How often do you feel sleepy in morning classes?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

20 On weekends, how much later do you get up than on school days?

☐ About the same time ☐ Up to 1 hour later ☐ 1 to 2 hours later ☐ Over 2 hours later

## Mood and stress (check consent first)

21 In the past 2 weeks, how often have you felt worried or nervous?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

22 In the past 2 weeks, how often have you felt down or sad?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

# Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

## Mood and stress (check consent first) (continued)

23 What causes you the most stress right now? (tick all that apply)

☐ Schoolwork ☐ Tests ☐ Friends ☐ Home ☐ Social media ☐ Sports or clubs ☐ Something else

24 Who do you talk to when something is bothering you? (tick all that apply)

☐ A friend ☐ A parent or carer ☐ A teacher ☐ Counselor or nurse ☐ Someone online ☐ Nobody

| STATEMENT | STRONGLY DISAGREE | | | | STRONGLY AGREE |
|---|---|---|---|---|---|
| 25 I know ways to calm myself down when I feel stressed. | 1 | 2 | 3 | 4 | 5 |

## Vaping and alcohol (check consent first)

26 In the past 30 days, on how many days did you vape?

☐ 0 days ☐ 1 or 2 days ☐ 3 to 9 days ☐ 10 to 29 days ☐ All 30 days

27 In the past 30 days, on how many days did you drink alcohol?

☐ 0 days ☐ 1 or 2 days ☐ 3 to 9 days ☐ 10 to 29 days ☐ All 30 days

28 If you wanted to stop vaping, would you know where to get help?

☐ Yes ☐ No ☐ Not sure ☐ I do not vape

## Health care at school

29 In the past 30 days, how many school days did you miss because you were sick?

☐ 0 days ☐ 1 day ☐ 2 or 3 days ☐ 4 or more days

30 When did you last see a dentist for a check-up or cleaning?

☐ In the past 12 months ☐ 1 to 2 years ago ☐ Over 2 years ago ☐ Never ☐ Not sure

31 Do you have a health condition, like asthma or an allergy, that staff at school should know about?

☐ Yes, and staff know ☐ Yes, but staff may not know ☐ No ☐ Not sure

# Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

## Health care at school (continued)

| STATEMENT | STRONGLY DISAGREE | | | | STRONGLY AGREE |
|---|---|---|---|---|---|
| 32 I would feel comfortable going to the school nurse. | 1 | 2 | 3 | 4 | 5 |

## About you (optional)

33 What grade are you in?

- [ ] Grade 6 to 8
- [ ] Grade 9 to 10
- [ ] Grade 11 to 12
- [ ] Prefer not to say

34 How do you usually get to school?

- [ ] Walk
- [ ] Bike or scooter
- [ ] School bus
- [ ] Car
- [ ] Public transport

Thank you. Your answers are anonymous.