***School Name to be added***

**Improving school health and well-being services for young people**

Thank you for agreeing to complete this questionnaire.

**It is TOTALLY CONFIDENTIAL, so you can be COMPLETELY HONEST.**

Please try and complete as many of the questions as possible. The information you provide will be really helpful in trying to make improvements in the life and well-being of young people in our school.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**1 About you**

|  |
| --- |
| I am |
| Male | **Female** |
|  |  |

|  |
| --- |
| My year group |
| Year | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  |  |  |  |

**2 About who you turn to**

|  |
| --- |
| Who if any, do you talk to and trust about personal things or worries? Tick as many as you wish |
| Friends |  | **School nurse** |  |
| Neighbours |  | **Youth worker** |  |
| Parents/carers |  | **Teachers** |  |
| Other family members |  | **No-one** |  |
| Doctor or nurse |  |  |  |
| Others (please state who) |

**3 About things that may be of concern to you**

|  |
| --- |
| Which issues do you think young people would find it useful to have someone to talk in a *confidential* way about? Tick as many as you wish |
| Family rows |  | **Coping with their life** |  |
| Friends |  | **Fear of violence/Gangs** |  |
| Being bullied |  | **Boyfriend/Girlfriend issues** |  |
| School & exams  |  | **Loneliness** |  |
| Money problems |  | **Sexual health, contraception & getting pregnant**  |  |
| Drink or drugs  |  | **Smoking** |  |
| The way they look |  | **Housing/leaving home**  |  |
| Getting a job  |  | **Their health** |  |
| Homework/Study skills |  | **Their weight** |  |
| Other (please add) |

**4 About how easy is it to get help with your issues**

|  |
| --- |
| Do you know where to go for help? |
|  | **☺** | **☹** | **😐** |  | **☺** | **☹** | **😐** |
| Family rows |  |  |  | **Coping with your life** |  |  |  |
| Friends |  |  |  | **Fear of violence/gangs** |  |  |  |
| Being bullied |  |  |  | **Boyfriend/girlfriend issues** |  |  |  |
| School & exams  |  |  |  | **Loneliness** |  |  |  |
| Money problems |  |  |  | **Sexual health, contraception & getting pregnant**  |  |  |  |
| Drink or drugs  |  |  |  | **Smoking** |  |  |  |
| The way you look |  |  |  | **Housing/leaving home**  |  |  |  |
| Getting a job  |  |  |  | **Your health** |  |  |  |
| Homework/study skills |  |  |  | **Your weight** |  |  |  |
| Other (please add) |

**5 About a place to find out about things**

|  |
| --- |
| If we were to have a place where you could drop in and talk to someone about these issues in a confidential way, where would you like it to be? |
| In school | **Somewhere else** (please tell us where) |
|  |  |

**6 About when you would like to go there**

|  |
| --- |
| Which day and time would you like it to be open? |
|  | Before school | Lunchtime | After school |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |

**7 The best way to find out about it**

|  |
| --- |
| When we wanted to promote the drop-in/support services, what do you think would be the best ways to promote it? |
| School website |  | **Posters in school** |  |
| School magazine |  | **Posters out of school** |  |
| In assembly |  | **By text** |  |
| In PSHE lessons |  | **By mobile phone** |  |
| In tutor time |  | **Leaflets**  |  |
| Word of mouth |  | **Sparksite** |  |
| Others (please tell us how) |  |

**Any other comments?**

Do you have anything else to tell us about how you would like to be supported with your issues and concerns?

|  |
| --- |
|  |

**Thank you for taking part in this survey**