## Children's Health & Wellbeing Survey 2022/23

Thank you for considering helping Cardiff University with this important survey.

Please read the following points before deciding if you would like to do the survey:

* This survey is about Health & Wellbeing. Your answers will help us understand children’s health & wellbeing experiences in Wales.
* It is your choice if you want to do this survey. You do not have to take part if you don’t want to.
* We do not collect your name, so we will not be able to tell who has completed which survey. All answers will be kept private and will only be seen by the university researchers who are doing research to improve child health.
* You can stop completing at any time, and if there is a question you do not want to answer then leave it blank or tick the ‘I do not want to answer’ option.

**Thank you for considering taking part in this research project. If you would like to participate, please press the “Next” button below to complete a consent form on the next page.**

**Diagram

Description automatically generated**

**This section is about you....**

**Remember that if there are any questions you don't want to answer, you can select 'I do not want to answer'.**

**Q1 What school year are you in?**

Year 3

Year 4

Year 5

Year 6

**Q2 Are you a….?**

Boy

Girl

I do not want to answer

Neither word describes me

**Q3 Which row includes the month you were born?**

December, January, February

March, April, May

June, July, August

September, October, November

I do not want to answer

**Q4 What year were you born?**

2009

2010

2011

2012

2013

2014

2015

2016

I do not want to answer

**This section is about your home...**

**Remember that if there are any questions you don't want to answer, you can select 'I do not want to answer'.**

**All families are different (some people live with two parents; some live with one parent, some have two homes, or live with two families, or with grandparents). We would like to know about yours.**

**Q5 Think of the home(s) where you live all or most of the time, which adults do you live with? *(Please tick ALL options that apply)***

My Mum

My Dad

My Mum’s partner

My Dad’s partner

My two Mums

My two Dads

My Grandparents

My Foster parents

Other adults

I do not want to answer

**Q6 What language does your family normally speak at home?**

English

Welsh

Both English & Welsh

I do not want to answer

Other language

If other language, please write this down \_\_\_\_\_\_\_\_\_ (20 characters)

**Q7 Do you have your own bedroom?**

Yes

No

I do not want to answer

**Q8 Does your family own a car, van or truck?**

No

Yes, one

Yes, more than one

I do not want to answer

**Q9 How many bathrooms (with a bath or shower in them) are**

**in your home?**

0

1

2

More than 2

I do not want to answer

**Q10 Does your family own a dishwasher?**

Yes

No

I do not want to answer

**Q11 How many computers** (e.g. PCs, laptops, tablets – but NOT games consoles / smartphones) **does your family own?**

0

1

2

More than 2

I do not want to answer

**These questions are about what you usually do each day.**

**Q12 When do you usually go to bed if you have to go to school**

**the next morning?**

Before 7pm

7pm

7.30pm

8pm

8.30pm

9pm

9.30pm

10pm

10.30pm

11pm

11.30pm

Midnight or later

I do not want to answer

**Q13 How many times a week do you have…?**

**Place a tick in each row.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | Less than once a week | Once a week | 2-4 days a week | 5-6 days a week | Once a day, every day | Every- day, more than once | I do not want to answer |
| Fruits |  |  |  |  |  |  |  |  |
| Vegetables |  |  |  |  |  |  |  |  |
| Coke / soft drinks (which contain sugar) |  |  |  |  |  |  |  |  |
| Energy drinks (eg Red Bull / Monster) |  |  |  |  |  |  |  |  |
| Tap or bottled water (**NOT** flavoured or squash) |  |  |  |  |  |  |  |  |

**Q14 How often do you have school dinners at lunch time?**

Everyday

4 days a week

3 days a week

2 days a week

1 day a week

Never

I do not want to answer

**Q15 How often do you have packed lunch at school lunch time?**

Everyday

4 days a week

3 days a week

2 days a week

1 day a week

Never

I do not want to answer

**Q16 Outside of school, how often do you usually exercise so much that you get out of breath and sweaty?**

Everyday

4-6 times a week

2-3 times a week

Once a week

Once a month

Less than once a month

Never

I do not want to answer

**These questions ask you about your feelings.**

**Remember, if there are any questions you don’t want to answer, you can pick ‘I do not want to answer’.**

**Q17 Below are some questions about how you feel. There are no**

**right or wrong answers. You should just pick the answer**

**which is best for you.**

**Place a tick in each row.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Sometimes | Always | I do not want to answer |
| I feel lonely |  |  |  |  |
| I cry a lot |  |  |  |  |
| I am unhappy |  |  |  |  |
| Nobody likes me |  |  |  |  |
| I worry a lot |  |  |  |  |
| I have problems sleeping |  |  |  |  |
| I wake up in the night |  |  |  |  |
| I am shy |  |  |  |  |
| I feel scared |  |  |  |  |
| I worry when I am at school |  |  |  |  |
| I get very angry |  |  |  |  |
| I lose my temper |  |  |  |  |
| I hit out when I am angry |  |  |  |  |
| I do things to hurt people |  |  |  |  |
| I am calm |  |  |  |  |
| I break things on purpose |  |  |  |  |

**Q18 On a scale of 0-10, how would you rate your life at the**

**moment?**

10 – I have the best possible life

9

8

7

6

5

4

3

2

1

0 – I have the worst possible life

I do not want to answer

**Q19 In the last 6 months, how often have you…?**

**Place a tick in each row.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | About every day | More than once a week | About every week | About once a month | Rarely | Never | I do not want to answer |
| Felt low |  |  |  |  |  |  |  |
| Felt irritable or bad tempered |  |  |  |  |  |  |  |
| Felt nervous |  |  |  |  |  |  |  |
| Had difficulty getting to sleep |  |  |  |  |  |  |  |

**Q20 Please tick one of the boxes to say how happy you feel with things in your life**

**Place in tick in each row.**

**How happy are you with…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Unhappy** | **Neither happy nor unhappy** | **Happy** | **I do not want to answer** |
| Your relationships with your family? |  |  |  |  |
| Your life overall? |  |  |  |  |
| The home that you live in? |  |  |  |  |
| How much choice you have in life? |  |  |  |  |
| Your relationships with your friends? |  |  |  |  |
| The things that you have (like money and the things you own)? |  |  |  |  |
| Your health? |  |  |  |  |
| Your appearance (the way that you look)? |  |  |  |  |
| What may happen to you later in your life (in the future)? |  |  |  |  |
| The school that you go to? |  |  |  |  |
| The way that you use your time? |  |  |  |  |

**These questions are about your feelings towards school.**

**Remember that if there are any questions you don't want to answer, you can select 'I do not want to answer'.**

**Q21 How do you feel about school?**

I like it a lot

I like it a bit

I don’t like it very much

I don’t like it at all

I do not want to answer

**Q2 Thinking about the children in your class, how much do you**

**agree or disagree with the following sentences…?**

**Place a tick in each row.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree / disagree | Disagree | Strongly disagree | I do not want to answer |
| Children enjoy being together |  |  |  |  |  |  |
| Most children are kind & helpful |  |  |  |  |  |  |
| Other children accept me as I am |  |  |  |  |  |  |

**Q23 Thinking about children in your school, how much do you**

**agree or disagree with the following sentences…?**

**Place a tick in each row.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree / disagree | Disagree | Strongly disagree | I do not want to answer |
| Children have a say in planning school activities |  |  |  |  |  |  |
| Children have a chance to help plan school projects |  |  |  |  |  |  |
| Children’s ideas are treated seriously |  |  |  |  |  |  |
| I feel like I belong at this school |  |  |  |  |  |  |

**Q24 Thinking about adults in your school, how much do you**

**agree or disagree with the following sentences…?**

**Place a tick in each row.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree / disagree | Disagree | Strongly disagree | I do not want to answer |
| My teachers accept me as I am |  |  |  |  |  |  |
| My teachers care about me as a person |  |  |  |  |  |  |
| I trust my teachers |  |  |  |  |  |  |
| There is at least one adult at this school I can talk to about things that worry me |  |  |  |  |  |  |

**The next questions are about bullying.**

We say a person is BEING BULLIED when:

* another person or a group of people repeatedly say or do nasty and unpleasant things to them or
* a person is teased in a way they do not like or
* they are left out of things on purpose.

**Remember, if there are any questions you don’t want to answer, you can pick ‘I do not want to answer’ and move on.**

**Q25 How often have you taken part in bullying another person(s) at school in the past couple of months?**

I have not bullied anyone

It has happened once or twice

It has happened more than twice

I do not want to answer

**Q26 How often have you been bullied at school in the past couple of months?**

I have not been bullied

It has happened once or twice

It has happened more than twice

I do not want to answer

**These questions are about electronic devices & social media.**

**Q27 Do you have your own…?** *Tick ALL that you have.*

Smartphone (such as an iphone)

Computer or laptop

Tablet (such as an ipad or kindle)

None of the above

I do not want to answer

**Q28 How often do you use portable electronic devices to**

**do the following…?** *(such as smartphones, tablets etc – any*

*screens you can easily move around the house of perhaps*

*use outside)*

**Place a tick in each row.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Every day | A few times a week | Once a week | Once every two weeks | Monthly | Never | I do not want to answer |
| Watch videos |  |  |  |  |  |  |  |
| Watch TV/films |  |  |  |  |  |  |  |
| Play computer games |  |  |  |  |  |  |  |
| Read books |  |  |  |  |  |  |  |
| Speak to your family online |  |  |  |  |  |  |  |
| Speak to your friends online |  |  |  |  |  |  |  |
| Use social media sites or apps *(such as Facebook, Tiktok, Instagram etc)* |  |  |  |  |  |  |  |

Thank you for completing the survey, please ensure your press the 'Finish the survey' button below to submit your response.

If you have any questions please speak to your teacher. You can also contact Childline on 0800 1111.