

Years 5 & 6 Emotional Wellbeing Questionnaire

Healthwatch Sutton is a local charity set up to listen to people's views about health and social care. We will use the answers that you give in this survey to produce a report. This report will be used to improve services for local people. There is a local Healthwatch organisation for every local authority area in England. You can find out more about us on our website www.healthwatchsutton.org.uk.

We are asking all young people in school years 5 and 6 in Sutton to fill out this survey.

* 1. What is the name of your school

* 2. I am a

Boy

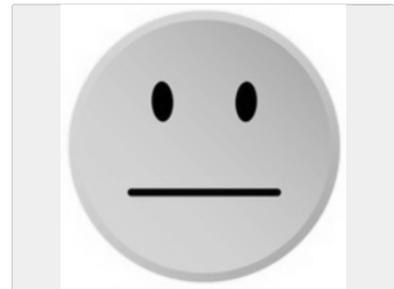
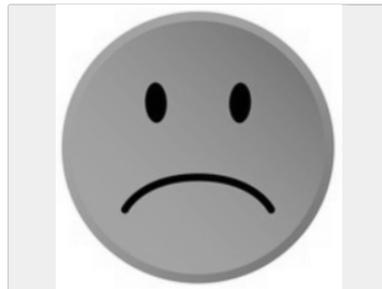
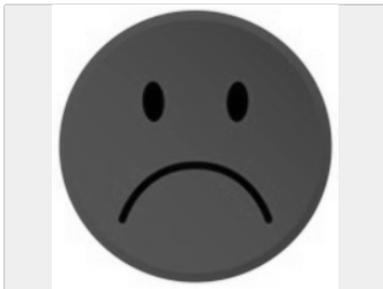
Girl

* 3. What year are you in?

Year 5

Year 6

* 4. How have you felt in the last 4 weeks?



5. What makes you happy?

6. What do you worry about?

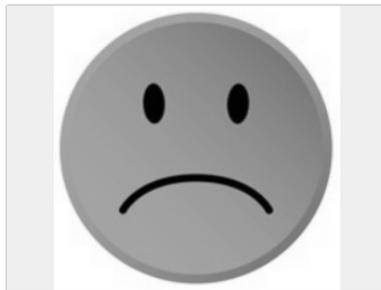
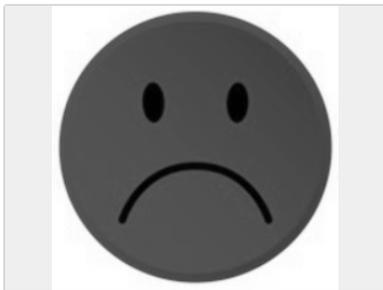
7. Please read the statements below. Tick one box for each one.

	Not really	Sometimes	Often
A) I get headaches or stomach aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) I can manage my feelings well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) I get angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D) I worry about if I'm doing well at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E) I worry about things at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F) Other children generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G) I am nervous in new situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H) I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I) I worry about the way I look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J) I eat healthy food most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K) I worry about what others say about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. How do you feel about school tests like SATs and admission tests?



* 9. How do you feel about going to secondary school?



* 10. Do you take part in any sports or clubs?

- Yes, in school
- Yes, outside school
- Yes, in and outside school
- No

Years 5 & 6 Emotional Wellbeing Questionnaire

11. Which clubs do you go to?

* 12. On average, how much exercise (running around) do you do every day?

- None About 60 minutes
- About 15 minutes More than 60 minutes
- About 30 minutes

Years 5 & 6 Emotional Wellbeing Questionnaire

13. What stops you from doing exercise?

14. What do you do if you feel worried, sad or unhappy? (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Games console/tablet (e.g. Xbox) | <input type="checkbox"/> Do nothing |
| <input type="checkbox"/> Do an activity | <input type="checkbox"/> Go to my room |
| <input type="checkbox"/> Speak to a family member | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Speak to your friend | <input type="checkbox"/> Speak to an adult at the school |
| <input type="checkbox"/> Other, please tell us... | |

* 15. Do you use a device (phone, tablet, computer etc.) with internet access?

- Yes
- No

Years 5 & 6 Emotional Wellbeing Questionnaire

16. When I am online...

- The device I use has parental controls
- An adult checks what I am doing
- I am free to look at anything online
- I only use the internet when there is an adult present

17. Do you have any social media accounts? Please tick all the ones you use:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> TikTok |
| <input type="checkbox"/> SnapChat | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> None |
| <input type="checkbox"/> WhatsApp | |
| <input type="checkbox"/> Other | |

* 18. Have your parents or another adult outside school talked to you about online safety?

- Yes
- No

* 19. Do you know how to keep yourself safe online?

- Yes
- No

* 20. Have you experienced any of the following? Tick the ones you have experienced.

Bullying (face to face)

Not being listened to

Online bullying

Feeling lonely

Trouble sleeping

Falling out with friends

School pressures (e.g. homework/tests)

None of the above

Social media pressure to look a certain way

Years 5 & 6 Emotional Wellbeing Questionnaire

21. Did you talk to anyone about it?

- Yes
 No

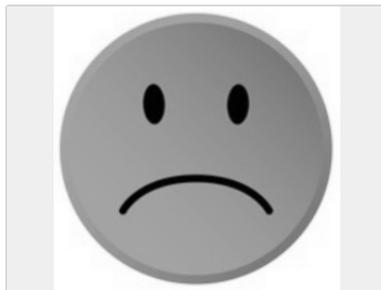
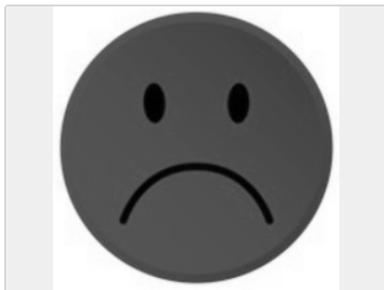
22. Was it helpful?

- Yes
 No

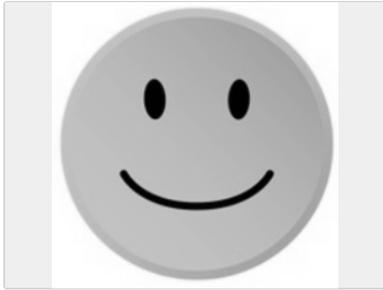
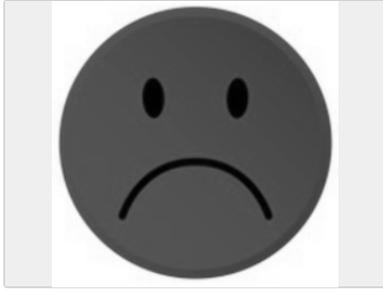
* 23. If you had a problem, who would you go to for help (choose one answer)?

- Your parent(s) Someone else at school
 A friend A relative (grandparent, sister/brother, uncle/aunt etc.)
 A teacher
 Someone else (please tell us who)

* 24. When you talk to adults **at school** do you feel listened to?



* 25. When you talk to adults **at home** do you feel listened to?



If you have any worries, talk to your teacher or a trusted adult.

Thank you for completing this survey!