

Y7 Health Questionnaire

Please complete BOTH sides of questionnaire in BLOCK CAPITALS using black ink

Name of your school	
Your surname	
Your first names	
Your date of birth	/ /
Address	
Postcode	
Contact telephone number for home/parent	

- Ethnicity
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> White British             | <input type="checkbox"/> White and Black African    | <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Any Other Black Background |
| <input type="checkbox"/> White Irish               | <input type="checkbox"/> White and Asian            | <input type="checkbox"/> Bangladesh                 | <input type="checkbox"/> Caribbean                  |
| <input type="checkbox"/> Any Other White           | <input type="checkbox"/> Any Other Mixed Background | <input type="checkbox"/> Any Other Asian Background | <input type="checkbox"/> Not Known                  |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian                     | <input type="checkbox"/> African                    | <input type="checkbox"/> Other                      |

Your first language  English  Other (please state which language you speak)

Your parent/carer's first language  English  Other (please state which language your parent/carer speaks)

**Q1.** Do you have any problems with your health that you go to see a doctor about?  Yes  No

If YES, please give details

**Q2.** Do you take any tablets/medicines/inhalers or have an epipen?  Yes  No

If YES, please give details

**Q3.** Do you have any worries about your growth (height/weight)?  Yes  No  
 If Yes, would you like to talk to a school nurse about it?

**Q4.** Do you understand how your body will change as you grow up (puberty)?  Yes  No

**Q5.** Do you have any worries about your feelings or behaviour?

- Yes  No  
 *If Yes, would you like to talk to a school nurse about it?*

**Q6.** Have you been to see a dentist in the last year?

- Yes  No

**Q7.** Have you had your eyes tested at an optician in the last year?

- Yes  No

**Q8.** Do you wet the bed?

- Yes  No  
 *If Yes, would you like to talk to a school nurse about it?*

**Q9.** Do you have any problems with your bowels (poo)?

- Yes  No  
 *If Yes, would you like to talk to a school nurse about it?*

**Q10.** Do you look after anyone in your family who is unwell or disabled? (This may be a child or an adult in your family). Please note if you tick yes this would identify you as a young carer on your health record.

- Yes  No  
 *If Yes, would you like to talk to a school nurse about it?*

**Q11.** Do you know who you can talk to in school if you have any problems with bullying? (This means someone trying to hurt or frighten you on more than one occasion and may be by text, via the internet or to your face).

- Yes  No  
 *If No, would you like to talk to a school nurse about it?*

**Q12.** Do you have any worries about your health or how you are growing up that you would like to discuss with a school nurse?

- Yes  No

If YES, please give details

Name .....

Date ..... / ..... / .....

Thank you for answering our questions.

*Putting you first is at the heart of everything we do*