

# The HAPPEN Survey 2023/2024

This survey is going to ask you all about your health.

Click start to begin.

\* Required

## Consent Form

Before you start please click this link to read the information sheet ->  
<https://happen-wales.co.uk/childrens-information-sheet/>



1

I have read the child information sheet -> <https://happen-wales.co.uk/childrens-information-sheet/> (click the link if you haven't read it) and understand that if I take part I can change my mind at any time, and this will not be a problem at all. \*

Yes

No

2

I am happy for you to use my questionnaire for research. Only the researchers in the team will know my name and will not tell anyone else my answers. \*

Yes

No do not use my questionnaire

3

I am happy for you to look at my school and health records to see how my school is doing (as a group). This is anonymous which means I cannot be identified. \*

Yes

No

## About You



4

First Name

5

Last Name

6

Home Post Code

7

What school do you go to?

8

Do you have any other children living in your house with you?

9

What year are you in?

Year 3

Year 4

Year 5

Year 6

10

Do you have a garden?

Yes

No

11

Gender

Boy

Girl

Prefer not to say

12

Are you...

Asian

Black

White

Mixed

Prefer not to say

13

Date of Birth: Year

2010

2011

2012

2013

2014

2015

14

Date of Birth: Month

January

February

March

April

May

June

July

August

September

October

November

December





15

Date of Birth: Day

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19

19

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31

## Yesterday

Firstly, think carefully about what you did YESTERDAY  
and then answer the following questions....

16

Did you have breakfast yesterday?

- Yes - At Home
- Yes - At School
- No

17

How did you get to school YESTERDAY?

- On the bus
- On bike
- In the car/taxi
- Walked
- Ran/jogged
- Scooter
- Skateboarded/Rollerbladed

18

What did you have to eat for lunch YESTERDAY?

- School dinner
- Packed lunch from home
- Nothing

19

What did you do for MOST of your break-times YESTERDAY? (This includes lunchtime)

- Sat around inside or outside
- Ran around
- Stood around
- Walked around

20

How many friends did you play with?

- I like to play on my own
- 1-2
- 3-4
- 5 or more

21

Did you have an afternoon break at school?

- Yes
- No

22

How did you get home YESTERDAY?

- On the bus
- On bike
- In the car/taxi
- Walked
- Ran/jogged
- Scooter
- Skateboarded/Rollerbladed

After School



23

How many portions of fruit and vegetables did you eat YESTERDAY?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

24

How many times did you brush your teeth YESTERDAY?

0

1

2

3





25

What time did you fall asleep YESTERDAY (to the nearest half hour)?

7:00pm

7:30pm

8:00pm

8:30pm

9:00pm

9:30pm

10:00pm

10:30pm

11:00pm

11:30pm

12:00am

12:30am

1:00am

1:30am

2:00am

2:30am

3:00am

3:30am

4:00am

26

What time did you wake up TODAY (to the nearest half hour)?

5:00am

5:30am

6:00am

6:30am

7:00am

7:30am

8:00am

8:30am

9:00am

## THE LAST WEEK

NOW think about what you did in the last 7 days...



27

In the last 7 days, how many days did you do sports or exercise for at least 1 hour in total (This includes doing any activities or playing sports where your heart beat faster, you breathed faster and you felt warmer?)

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

28

In the last 7 days, how many days did you watch TV/play online games/use the internet etc. for 2 or more hours a day (in total)?

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

29

In the last 7 days, how many days did you feel tired?

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

30

In the last 7 days, how many days did you feel like you could concentrate/pay attention well in class?

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

31

In the last 7 days, how many days did you drink at least one fizzy drink (e.g. coke, fanta, sprite)

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

32

In the last 7 days, how many days did you eat at least one sugary snack (e.g. chocolate bar, sweets)

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

33

In the last 7 days, how many days did you eat take away foods (e.g. McDonalds, KFC, chinese)

- 0 days
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

Sport and Activity





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These questions are going to ask you how you feel about physical activity (This includes any activity where your heart beats faster, you breathe faster and you feel warmer)

	Strongly agree	Agree	Disagree	Strongly disagree
I want to take part in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident to take part in lots of different physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am good at lots of different physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why taking part in physical activity is good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35

What motivates you the most to take part in physical activity and sport?

	Strongly agree	Agree	Disagree	Strongly disagree
I am driven by enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am driven by having fun with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am driven by learning and improving my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am driven by competing against myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am driven by playing and competing in a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Is anyone else at home physically active/do they play a sport?

Yes

No

37

If yes, who is this?

- Mum
- Dad
- Brother
- Sister
- Grandparents
- Aunty
- Uncle

38

How many times do you take part in a sports club OUTSIDE OF SCHOOL each week?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

39

Can you ride a bike WITHOUT STABILISERS?

- Yes
- No

40

Can you swim 25 metres WITHOUT A FLOAT OR ARMBANDS? (This is 1 length of a standard swimming pool)

Yes

No

## You and Your Feelings

This part of the survey is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.



41

Tell us if you agree or disagree with the following:

	Strongly agree	Agree	Don't agree or disagree	Disagree	Strongly disagree
I am doing well at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of my school community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lots of choice over things that are important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of things I'm good at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to talk to at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone to talk to in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42

On a scale of 1 to 10 (1 being very unhappy and 10 being very happy, how do you feel about:

Your Health



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On a scale of 1 to 10 (1 being very unhappy and 10 being very happy, how do you feel about:

Your School



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On a scale of 1 to 10 (1 being very unhappy and 10 being very happy, how do you feel about:

Your Family



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On a scale of 1 to 10 (1 being very unhappy and 10 being very happy, how do you feel about:

Your Friends





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On a scale of 1 to 10 (1 being very unhappy and 10 being very happy, how do you feel about:

Your Appearance (how you look)



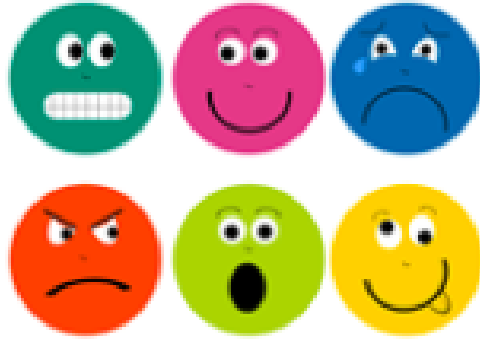
47

On a scale of 1 to 10 (1 being very unhappy and 10 being very happy, how do you feel about:

Your Life



## You and Your Feelings



Based on the Me and My Feelings Questionnaire ( Deighton, Tymms, Vostanis, Belsky, Fonagy, Brown, Martin, Patalay, & Wolpert, 2012)



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Remember, there are no right or wrong answers, just pick which is right for you.

	Never	Sometimes	Always
I feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel nobody likes me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wake up in the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry when I am at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get very angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hit out when I am angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things to hurt people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I break things  
on purpose



## Your Local Area



49

On a scale of 1 to 10 (1 being not very safe and 10 being very safe), how safe do you feel playing in your area?



50

From your house, can you walk to school?

Yes

No

51

From your house, can you easily walk to a park?

- Yes
- No

52

From your house, can you easily walk to a leisure centre/sports centre?

- Yes
- No

53

Can you play in all the places you would like to?

- I can play in all the places I would like to
- I can play in some of the places I would like to
- I can only play in a few places I would like to
- I can hardly play in any of the places I would like to

54

Are you happy with the area that you live in?

Yes

No

55

If you could change something to make you and your friends healthier and happier, what would you change... IN SCHOOL?

56

If you could change something to make you and your friends healthier and happier, what would you change... OUT OF SCHOOL?



Don't forget to press submit below!

We have some resources on our website if you would like to learn more or would like to speak to someone... <https://happen-wales.co.uk/some-resources-for-you/>

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