

The HAPPEN Survey 2024/2025

This survey is going to ask you about your health & wellbeing.

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 Postcode

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

- 2012
- 2013
- 2014
- 2015
- 2016
- 2017

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
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29

30

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

Do you like the food choices at your school?

- Yes
- No
- Sometimes
- I don't know

20

Do you feel full after eating your school meal?

- Yes
- No
- Sometimes
- I don't know

21

Would you like to change anything about the food at your school?

22

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

23

How many friends did you play with?

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

24

Did you have an afternoon break at school?

- Yes
- No

25

How did you get home YESTERDAY?

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

After School



26

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

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

27

Which of these fruit/veg do you like?

- Bananas
- Apples
- Pears
- Carrots
- Tomatoes
- Easy Peel Citrus (Oranges or Satsumas)
- I don't like any
- Other

28

Do you eat different types of fruit and vegetables at school?

- Yes
- No
- Sometimes

29

How many times did you brush your teeth YESTERDAY?

- 0
- 1
- 2
- 3

30

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

31

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...



32

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

33

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

34

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

35

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

36

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

37

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

38

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

40

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

	Strongly agree	Agree	Disagree
I am driven by enjoyment	<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"/>
I am driven by learning and improving my skills	<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"/>
I am driven by playing and competing in a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41

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

- Yes
- No

42

If yes, who is this?

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

43

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

44

Can you ride a bike WITHOUT STABILISERS?

- Yes
- No

45

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.



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Tell us if you agree or disagree with the following:

	Strongly agree	Agree	Don't agree or disagree	
I am doing well at school	<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"/>	
I have lots of choice over things that are important to me	<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"/>	
I have someone to talk to at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

47

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

Your Health



48

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

Your School



49

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

Your Family



50

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

Your Friends



51

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)



52

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

Your Life



53

These questions are going to ask you how you feel about your health

	Not true at all	Not quite true	Somewhat true
I have good knowledge about my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can compare health-related information from different sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can judge how my own actions affect my surroundings (e.g. the natural environment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When necessary I can find information about my health that is easy for me to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can give reasons for the choices I make regarding my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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
I feel lonely	<input type="radio"/>	<input type="radio"/>
I cry a lot	<input type="radio"/>	<input type="radio"/>
I am unhappy	<input type="radio"/>	<input type="radio"/>
I feel nobody likes me	<input type="radio"/>	<input type="radio"/>
I worry a lot	<input type="radio"/>	<input type="radio"/>
I have problems sleeping	<input type="radio"/>	<input type="radio"/>
I wake up in the night	<input type="radio"/>	<input type="radio"/>
I am shy	<input type="radio"/>	<input type="radio"/>
I feel scared	<input type="radio"/>	<input type="radio"/>
I worry when I am at school	<input type="radio"/>	<input type="radio"/>
I get very angry	<input type="radio"/>	<input type="radio"/>
I lose my temper	<input type="radio"/>	<input type="radio"/>
I hit out when I am angry	<input type="radio"/>	<input type="radio"/>
I do things to hurt people	<input type="radio"/>	<input type="radio"/>
I am calm	<input type="radio"/>	<input type="radio"/>
I break things on purpose	<input type="radio"/>	<input type="radio"/>

You and Your Rights



These questions are going to ask you about your rights...

55

Tick the box to show how much you agree

	Yes	Sometimes	No
I learn about my rights at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy being at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the way adults in the school treat me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other pupils in my class are kind and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I felt unsafe, I could tell an adult at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers listen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school listens to my ideas for how to do things better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what I need to do to make progress in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I like the way I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do things to help others in my local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do things to help others around the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56

Which children's right is the most important to you?

Your Local Area



57

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?



58

From your house, can you walk to school?

Yes

No

59

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

Yes

No

60

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

Yes

No

61

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

62

Are you happy with the area that you live in?

- Yes
- No

63

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

64

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!

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