

# Tell us what you think

## YOUNG PEOPLE HEALTH AND WELLBEING SURVEY 2024

We are asking young people of secondary school age in Hull to tell us what you think about your health and wellbeing.

We want to understand how you're feeling, what you're doing, what you think of the support you get and the place you live.

Your comments will help schools, Hull City Council and other organisations we work with to plan and shape services that meet your needs.

We won't ask for personal information like your name or date of birth or full address.

Your answers will go straight to the Public Health team at Hull City Council with no way of us knowing who has answered the questions. Your school and your parents / carers won't know what you have answered.

We will combine all the results together and complete a report on the combined responses. It will not be possible to identify individual responses given to questions. This will help organisations that provide services to young people in Hull to better understand the kind of things that are important to you.

**We hope you'll be able to answer all the questions, but you can choose not to answer anything you don't want to; just move on to the next question if this is the case.**

Please answer all questions as honestly as you can and choose the answer that best answers how you feel or think at that moment. **Remember, your name is not on the survey, and no-one will find out what you put.**

## ABOUT YOU AND SCHOOL

**Which School Do You Go To?** Select from list

--Click Here-- ▼

- 14-16 Hull College
- Archbishop Sentamu Academy
- Hull Trinity House Academy
- Kelvin Hall School
- Kingswood Academy
- Malet Lambert School
- Newland School for Girls
- Ron Dearing UTC
- Sirius Academy North
- Sirius Academy West
- St Mary's College
- The Boulevard Academy
- The Marvell College
- Winifred Holtby Academy
- Rise Academy
- Aspire Academy
- Compass Academy
- Boulevard Centre
- Sullivan Centre

**What school year are you in?** Select from list

--Click Here-- ▼

- Year 7
- Year 8
- Year 9
- Year 10
- Year 11

**What do you like about school?** (200 character limit)

Please do not enter anything personal about you or anyone else, like names or addresses. Please tell us about the things that you enjoy about school.

Characters remaining: left

**What do you find challenging about school? (200 character limit)**

Please do not enter anything personal about you or anyone else, like names or addresses.  
Please tell us about the things make being at school challenging.

Characters remaining: left

**Which of the following best describes your ethnic background?**

- White British
- Polish
- Romanian
- Lithuanian
- Other white European
- Other white not European
- Mixed or multiple ethnicities
- Asian / Asian British
- Black / Black British
- Arab
- Something else
- I'd rather not say
- I don't know

**Is there anything else you would like to tell us about your ethnicity or nationality?**

Characters remaining: left

**Is English your main language?**

- Yes
- No
- Not sure
- I'd rather not say

**How would you describe your gender? (tick one)**

- Female
- Male
- Non-binary
- Gender-fluid
- I would describe myself in some other way
- I don't know
- I'd rather not say

**Are you transgender?** (tick one)

- Yes
- No
- I don't know
- I'd rather not say

**How would you describe your sexuality?** (tick all that apply)

- Heterosexual/straight
- Lesbian
- Gay
- Bisexual
- Queer
- Asexual
- Pansexual
- I'd describe it another way
- I don't know
- I'd rather not say

**Do you have a disability or long-term health condition that impacts on your day-to-day activity?**

- Yes
- No
- I don't know
- I'd rather not say

**How is your physical health most of the time?** *If you don't want to answer this question then move onto the next one.*



**How would you describe your mental or emotional health in general?** For example, do you generally feel positive and happy most of the time? It's OK to feel some levels of sadness or worry sometimes, as long as it isn't in a way that you are unable to control.

*If you don't want to answer this question then move onto the next one.*



**MY TEETH**

## Do you have your own toothbrush?

- Yes
- No
- I don't know
- I'd rather not say

## If yes, how often do you brush your teeth with toothpaste...

- Never
- Sometimes
- Once a day
- Twice a day
- More than twice a day

## WORRIES

### How much have you worried about the following in the last month?

	A lot	Quite a lot	Sometimes	Not much	Never
Homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School tests and exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staying safe online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure to do things I don't want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How safe do you feel in the following places?**

	Very safe	Fairly safe	A bit unsafe	Very unsafe	I don't know
At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The local area where I live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the local park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Hull City Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Do you have an adult that you can talk to if there are things that are bothering you?**

- Yes
- No
- I don't know
- I'd rather not say

**LOOKING AFTER OTHER PEOPLE**

## Do you care for somebody?

*For example, you might help to look after someone in your family, or a friend, who is ill, disabled or has problems with drugs or alcohol. Caring for someone can include things like helping to cook meals, helping someone with personal hygiene such as taking them to the toilet or brushing their teeth, doing shopping, cleaning the house and looking after siblings.*

- Yes
- No
- I don't know
- I'd rather not say

## HEALTHY EATING

### Do you think you have a healthy diet?

- Yes
- No
- Sometimes
- I don't know what a healthy diet is
- I don't know if I have a healthy diet
- I'd rather not say

### Are you usually able to get enough food at home?

- Yes, there is always enough food to eat
- Usually there is enough food to eat
- Sometimes there is enough food to eat
- There is often not enough to eat
- No there is never enough to eat
- I'd rather not say

### How many portions of fruit or vegetables would you usually eat in a day? (don't count potatoes).

*Examples of a portion are: 1 medium apple, 2 satsumas, or a handful of vegetables*

- None
- 1 to 2
- 3 to 4
- 5 or more

## PHYSICAL ACTIVITY





Alcohol

### Do you find it easy to get

I have never tried...    Yes - all the time    Yes - sometimes    No    I'd rather not say    I don't know

Cigarettes / Tobacco

Vapes

Snus

Nicotine pouches

Alcohol

### Where would you go or who would you ask for help or advice about illegal drugs, alcohol or smoking? (tick as many as you need to)

- My family / carer
- Friends
- School teacher
- Doctor
- School Nurse
- ReFresh (confidential help for under 19's in Hull around drugs and alcohol and help to stop smoking)
- FRANK / Talk To FRANK Campaign –an online place to find help and advice about drugs
- Youth worker
- The Warren Youth Project – free support and counselling service for 14–25-year-olds
- Podcasts
- TV
- Online
- Social Media
- Leaflets
- NHS 111
- Childline
- Books
- I don't know
- Somewhere else

## GAMBLING & GAMING

**Have you ever done one of the following.** (Tick one box per row)

	Yes	No	Don't know	I'd rather not say
Play arcade games to win money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play gambling games online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy lottery tickets or scratch cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place bets online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place bets with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask parents or others to place bets for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy or make app or in-game purchases on loot boxes or prize crates when gaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other gambling activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **SEXUAL HEALTH**

**Which of the following would you use to get information about contraception or sexual health? (tick as many as you need)**

- Family or carer
- Friends
- Teacher or youth worker
- Doctor
- School nurse
- Pharmacy / Chemist
- Young person sexual health worker (Cornerhouse)
- Someone older you trust
- RSE / PSHE (Relationship and Sex Education) and (Personal Social Health Education) classes at school
- MESMAC – a sexual health service for young people in Hull
- Conifer – a sexual health service for young people in Hull
- Websites / Google / internet
- Leaflets
- Somewhere else
- I don't know
- I'd rather not say

## Where would you go if you needed contraception? (tick as many as you need)

- Family or carer
- Friends
- Already have some at home
- Doctor
- School Nurse
- Pharmacy / Chemist
- Supermarket / shops
- MESMAC – a sexual health service for young people in Hull
- Conifer – a sexual health service for young people in Hull
- Vending machine in a public toilet
- Somewhere else
- I don't know
- I'd rather not say

## BULLYING

### Have you been bullied or treated unfairly in the last 12 months

	I was bullied in the last 12 months	I was treated unfairly in the last 12 months
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
I don't know	<input type="checkbox"/>	<input type="checkbox"/>
I'd rather not say	<input type="checkbox"/>	<input type="checkbox"/>

### Where were you bullied or treated unfairly?

	I was bullied	I was treated unfairly
At home	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>
Not at school but by a pupil from my school	<input type="checkbox"/>	<input type="checkbox"/>
On my way to or from school	<input type="checkbox"/>	<input type="checkbox"/>
Not at school by someone else	<input type="checkbox"/>	<input type="checkbox"/>
On social media	<input type="checkbox"/>	<input type="checkbox"/>

Somewhere else

**If you have been bullied or treated unfairly, how was this done? (select as many as you need to)**

I was bullied

I was treated unfairly

Name-calling / teasing

Pushed / hit / kicked / slapped

Ignored

Personal items damaged, taken or stolen

Lies or rumours spread about you

Online

Online when the bullying was filmed and shared

Made to do things you didn't want to do

Racism

Sexism

About my appearance

About my identity

Other

I don't know

I'd rather not say

**If you were bullied or saw someone being bullied, who would you tell? (select as many as you need to)**

If I was bullied

If I saw someone being bullied

Parent / carer

Someone else in my family

- |                    |                          |                          |
|--------------------|--------------------------|--------------------------|
| Someone at school  | <input type="checkbox"/> | <input type="checkbox"/> |
| Friend             | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth worker       | <input type="checkbox"/> | <input type="checkbox"/> |
| Someone else       | <input type="checkbox"/> | <input type="checkbox"/> |
| No-one             | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know       | <input type="checkbox"/> | <input type="checkbox"/> |
| I'd rather not say | <input type="checkbox"/> | <input type="checkbox"/> |

**What is your postcode (where you sleep most nights)?**

*This is found at the end of your address and will look something like HU9 9XX or HU16 9ZZ*

**FINALLY..**

**What else is important to you?** *Is there anything you'd like to tell us about that we haven't asked already? You don't have to answer this question, but if you do, please do not enter anything personal about you or anyone else, like names or addresses. Please tell us about subjects that are important to you that we haven't asked about in this survey. [200 character limit]*

Characters remaining: left

The survey is now complete. Thank you for completing the survey.

If you have been affected by any of the questions in this survey, please speak to your teacher.

**ChatHealth**

If you wanted to discuss any of the issues further the school nursing team are available to text using the ChatHealth mobile number 07312 263199 or using the QR code below.



Please click 'Submit' to send us your replies