

4.8 Survey for Year 3 to 7 students

We would like to know what you think about your school's Health Education program. **You do *not* need to write your name on the survey.** No-one at school or home will know that the answers you give have been written by you, so please be honest. This is ***not*** a test – there are no right or wrong answers.

The term drug in this survey includes; alcohol, cigarettes over the counter and illegal drugs.

ARE YOU: MALE *or* FEMALE

Please circle the correct details

What is your **YEAR LEVEL** at school? Year 3 Year 4 Year 5 Year 6 Year 7

1. Tick the topics you can remember learning about in health this year?

- | | |
|---|--------------------------|
| Wellbeing (eg friendships, problem solving, feelings and thoughts) | <input type="checkbox"/> |
| Drug Education (eg medicines, alcohol, smoking) | <input type="checkbox"/> |
| Road Safety (eg wearing a seat belt, bike safety, walking safely to school) | <input type="checkbox"/> |
| Physical Education (eg sport or other physical activities) | <input type="checkbox"/> |
| Sun Safety (eg hats, sun cream, clothing and shelter) | <input type="checkbox"/> |
| Healthy Eating (eg foods we eat) | <input type="checkbox"/> |
| Growing Up (eg changes in your body) | <input type="checkbox"/> |

2. Do the things you learn in health help you to make healthy and safe decisions?

	Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know what happens if you break the school rules?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Do you know where to go to at school if you need help, have any problems or need someone to talk to?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Do you have good positive relationships with your teachers (eg respect and understanding)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4.8 Survey for Year 3 to 7 students cont.

Tick one box only in each line

- | | <i>Always</i> | <i>Usually</i> | <i>Sometimes</i> | <i>Never</i> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. I feel happy at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel safe at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I have friends I can trust. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I know who can help me at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I think the teachers care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | <i>Agree</i> | <i>Disagree</i> | <i>Don't know</i> |
|--|-----------------------|-----------------------|-----------------------|
| 11. It is important for me to learn about being healthy and staying safe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |