

## 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>          |
|------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>6.</b> I feel happy at school.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>7.</b> I feel safe at school.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>8.</b> I have friends I can trust.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>9.</b> I know who can help me at school.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>10.</b> 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>     |
|----------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| <b>11.</b> It is important for me to learn about being healthy and staying safe. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |