



THE YOUNG FOUNDATION

Wellbeing Survey for children and young people

Introduction

NHS Buckinghamshire and Oxfordshire Cluster would like to find out how young people in Buckinghamshire feel about their lives. They are asking you to complete a survey to help them to understand your feelings and views. They would like to know:

- How satisfied you are with your life
- What makes you feel good about your life
- What makes you feel anxious or stressed
- How do you cope with stress
- Who you turn to when you feel anxious or stressed
- What support you would like to help you feel better when you are stressed or anxious

Your answers will inform NHS Buckinghamshire and Oxfordshire how to help you to live more satisfied lives.

We do not ask your name and all your answers will be confidential.

There are no right or wrong answers so please feel free to express your view.

The survey will only take 20 minutes to complete.



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2. What makes you feel good about your life?

3. What makes you feel anxious?

4. What makes you feel down?



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5. In the last two weeks...

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling like I am useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. There is someone to help me when I feel anxious

- Yes
- No
- Don't know

7. There is someone who really appreciates me

- Yes, one person
- Yes, more than one person
- No
- Don't know

8. I have been gaining confidence in the last year?

- Gaining confidence
- Same as usual
- Losing confidence
- Don't know



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How do you cope when you feel stressed or anxious?

9. What do you do when you feel stressed or anxious [Tick all that apply]?

- Argue with a friend or a family member
- Not talk to anyone and spend time alone
- Eat too much
- Not eat at all
- Cry a lot
- Don't sleep
- Sleep to much
- Get into trouble at school
- Mix with people you wouldn't normally mix with
- Drink or smoke
- Not go to school
- Spend more time than usual online

Other (please specify)



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10. What do you do to help you feel better when you feel stressed or anxious [Tick all that apply]?

- Drink or smoke
- Mix with people you wouldn't normally mix with
- Go for a long walk
- Hurt yourself
- Talk to a friend
- Talk to a parent
- Talk to another adult
- Overeat
- Eat too little
- Exercise
- Spend time alone
- Go online to talk to friends
- Stay at home and not go to school
- Stay in bed longer than usual

Other (please specify)

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12. What makes someone useful to turn to for support?

13. What support would you like when you feel like you can't cope?



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14. Which of the following would you like to be able to go to for help but you don't feel like you can? [Tick all that apply]

- The school in general
- Specific teacher
- Parents
- Neighbour
- School Nurse
- Family Doctor
- Youth worker
- Friends
- Brothers and sisters
- Other family members (aunts, uncles, cousins)
- Pets
- Grandparents
- Child Line

Other (please specify)

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What would help to improve your mood?

There is research that tells us that people feel happier when they connect, take notice, learn, give and are active.

This next part of the questionnaire focuses on what activities you do and what activities you would like to do more of to improve your mood.

15. Which type of activity are you most likely to do? (Please rank with 1 being least likely to do and 5 being most likely to do)

	1	2	3	4	5
Connect (arrange to do something new with your friends or family member or join a club to meet new people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take notice (take a different route on your journey to school to try something different or take a long walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn (try a new activity – like learning to do street dance, judo or playing an instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give (offer to give up some of your time to help a neighbour or your grandparent or volunteer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be active (go for long run or join a sports club or gym)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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16. Please give examples of type of activities you do to improve your mood.

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17. Which of the following would you like to do more to help you improve your mood? (please rank with 1 being least likely to do and 5 being most likely to do)

	1	2	3	4	5
Connect (arrange to do something new with your friends or family member or join a club to meet new people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take notice (take a different route on your journey to school to try something different or take a long walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn (try a new activity – like learning to do street dance, judo or playing an instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give (offer to give up some of your time to help a neighbour or your grandparent or volunteer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be active (go for long run or join a sports club or gym)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you

In the following section we would like to ask you questions about yourself. We will be using this information to understand who is completing the survey and the information is strictly confidential. All of the following questions are optional.

18. In what month were you born?

January

February

March

April

May

June

July

August

September

October

November

December

Do not wish to answer



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19. What year are you in school?

- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13
- Do not wish to answer

20. Are you male or female?

- Male
- Female
- Do not wish to answer

21. Are you disabled?

- Yes
- No
- Do not wish to answer



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22. How would you describe your religious background?

- No religion
- Christian
- Muslim
- Jewish
- Hindu
- Sikh
- Do not wish to answer

Other (please specify)

23. Do you speak languages other than English in the home?

- Yes
- No
- Do not wish to answer



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24. How would you describe your ethnic background?

- White British
- White Other
- British Asian - Bangladeshi
- British Asian Indian
- British Pakistani
- British Black - African
- British Black - Caribbean
- British Chinese
- Mixed ethnic origin – Asian and White
- Mixed ethnic origin – Black African and White
- Mixed ethnic origin – Black Caribbean and White
- Do not wish to answer

Other (please specify)



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25. What type of school do you go to?

- Community school
- Grammar school
- Private school
- Other
- Do not wish to answer

26. How many people that live with you are in paid work?

27. We are interested in finding out how easy it is to complete the survey. We would like feedback on:

The language – do the questions make sense and do you understand all the language used?



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Flow – do the questions flow ok?

Are there any questions which you feel uncomfortable answering?

Does the survey take too long to answer?

Thank you for completing the survey.