

Year Nine - Confidential Health Questionnaire



Please tell us your:

Name: _____

Date of Birth:

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This questionnaire is confidential and will only be seen by your School Nurse Team



Health:

Yes

No

Do you have any medical conditions?

If yes, tell us about them here

Do you take any medicines?

If yes, tell us about them here

Do you feel comfortable with your weight?

Would you like to talk to us about your weight?



Home:

Does anyone else live with you? Who?

Are you a carer for anyone at home?



Sexual Health

Are you in a relationship?

Do you know where to go for advice about sexual health?

Do you have any questions about your sexual health?

Are you sexually active?



Emotions:

Yes

No

Do you have any worries about your behaviour or feelings?

Are you happy with who you are?

Do you sleep well?

Do you feel safe and happy at home?

Do you feel safe and happy at school?

Are you currently being bullied? (by text/internet or in person)

If you are being bullied is there an adult aware of this?

If you are in a relationship do you feel safe?



Drugs & Alcohol:

Do you smoke cigarettes?

Do you use shisha?

Do you vape (use e-cigarettes)?

Do you smoke cannabis?

Do you drink alcohol?

Do you use any other drugs or substances?

Tell us which ones here



Would you like to speak to someone from your School Nursing Team?

The School Nurse may ask to see you privately to see if they can help you.

If you would like to see a School Nurse, you can come to the weekly drop-in at school

Thank you for completing this questionnaire



**Nottingham
City Council**

