**Coronavirus (COVID-19): wellbeing questionnaire for pupils returning to primary school**

This questionnaire is designed to gauge the wellbeing of pupils returning to primary school after the partial closures due to coronavirus (COVID-19).

Utilising this document will help primary schools understand the wellbeing needs of their pupils so that they can put measures in place to mitigate any concerns they may have and provide additional support where needed.

At the end of the questionnaire, there is space for pupils to fill out their name, class and the date of completion; however, this is optional because schools may choose to receive this feedback anonymously to ensure pupils can be completely honest in their answers.

The questions in these questionnaires are for guidance only. They should be adapted to suit the school’s needs and the age of the pupils participating.

**Questionnaire for primary school pupils**

The questionnaire for primary school pupils begins on the next page of this document.

Pupils should read the questions on the left and write their answers in the boxes on the right. To ensure pupils can communicate their thoughts and feelings properly, and note anything not addressed in the questions, extra space has been allocated after each section for them to add additional comments.

For younger primary school pupils and pupils with SEND who require additional help, this questionnaire should be completed by a parent or carer in conversation with the pupil.

**Back-to-school Questions**

We would like to know how you feel about coming back to school.

We understand that you might have been worried and confused when the school closed. You also might feel worried to come back to school.

We are asking you these questions to find out how you feel and what we can do to help you do your best. Your answers will help us make sure everyone feels happy, safe and comfortable when they are back at school.

Please write your answers in the boxes on the right.

| **Question** | **Answer** |
| --- | --- |
| **The school** | |
| Are you happy to go back to school? |  |
| What do you like the most about school? |  |
| What do you like the least about school? |  |
| Is there anything you would like to change about school? |  |
| Do you feel safe to go back to school? |  |
| What can we do to make you feel safer in school? |  |
| If you had a question, would you be worried about asking a teacher? |  |
| If you had a problem, would you be worried about telling a teacher? |  |
| **Use this space to write anything else you want to say about the school:** | |
|  | |
| **Friends, health and feelings** | |
| Are you happy that you will see your friends at school again soon? |  |
| Did you go to any school clubs last year? |  |
| If you did, please write the clubs you went to here. |  |
| Will you go to these clubs again when you are back at school? |  |
| Did you go to any clubs outside of school? |  |
| If you did, please write the clubs you went to here. |  |
| Do you like exercising and playing sports at school? |  |
| Do you exercise and play sports when you are not at school? |  |
| How many hours do you exercise per week? |  |
| Do you like spending time outdoors at school? |  |
| Do you spend time outdoors when you are not at school? |  |
| How many hours do you spend outdoors per week? |  |
| Do you often feel tired at school? |  |
| How many hours do you sleep per night? |  |
| Do you often feel hungry at school? |  |
| Do you think you have a balanced diet? |  |
| If you felt unwell, would you be worried about telling a teacher? |  |
| **Use this space to write anything else you want to say about friends, health and feelings:** | |
|  | |

Thank you for answering the questions.

**[If you would prefer this questionnaire to be anonymous, delete the ‘Name’ and ‘Class’ sections.]**

|  |  |
| --- | --- |
| **Name:** |  |
| **Class:** |  |
| **Date:** |  |