

Lifestyles

Questionnaire

All the information you provide in this questionnaire will be kept strictly confidential and will only be used to help the Young Carers Department provide a better service in the future to all our Young Carers.

Healthy Lifestyles

Age _____

Male Female

Do you think you live a healthy lifestyle?

Yes No Sometimes

Do you think you eat healthy foods?

Yes No Sometimes

Do you have time for Breakfast in the morning?

Yes No Sometimes

Do you eat your five portions of fruit and veg each day?

Yes No Sometimes

Do you eat a lot of Take-Away's/ Fast Food?

Yes No Sometimes

Do you do any of the cooking at home?

Yes No Sometimes

Do you do the food shopping for your family?

Yes No Sometimes

- Would you like to see the Young Carers Department offer training around leading a healthy lifestyle and preparing healthy meals?

Yes No

Exercise

- Do you take regular exercise?

Yes No

- What type of exercise do you take part in?

- Do you consider yourself as being over weight?

Yes No

- Do you feel self-conscious when you exercise?

Yes No

- Do you take part in any exercise out of school?

Yes No

- Does anyone in your family take part in physical exercise?

Yes No

If Yes what type of exercise do they take part in:

- Would you be more likely to take part in physical activities if the Young Carers Department had a member of staff to go along with you?

Yes No

- Is cost a barrier to you joining sporting clubs/groups or activities?

Yes No

- Is transport a barrier to you joining sporting clubs/groups or activities?

Yes No

- Would you like the Young Carers Team to organize inter group sporting competitions e.g football rounders ect... If so which would you like to take part in.
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General lifestyle questions

- Do you have regular visits to the dentists?

Yes No

- Do you have regular visits to the opticians?

Yes No

- Do you smoke?

Yes No

If yes how many a day

- Do you drink alcohol?

Yes No

If yes how regular do you drink?

- Have you tried recreational drugs?

Yes No

If so which ones?

- Are you receiving a service from CAMHS (Child and Adolescence Mental Health Service) or Young Minds?

Yes No

- Have you ever received a service from CAMHS or Young Minds?

Yes No

Are you in full time education?

Yes No

Have you ever been in trouble with the police?

Yes No

Do you receive a service from any other agencies?

Yes No

If Yes which ones?

Have you ever been bullied or are you being bullied at the moment?

Yes No

If yes is this related to your caring role?

(If you are being bullied or are worried about anything in this questionnaire and would like to talk to a member of the Young Carers team please do so today)