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Introducing the 'Mini-Q'

The birth of the primary questionnaire came about as a result of many requests by primary-school teachers to have a questionnaire comparable to the Health Related Behaviour Questionnaire. As with the secondary-school questionnaire, the aim was to support curriculum development in primary schools, and as a primary teacher I was keen to see the project get off the ground.

Work began with a group of primary teachers at our conference on 'The Health and Social Profile of Young People', held at Sidmouth, Devon in 1988, and initial trials in schools started soon after. The original 'Version 1' questionnaire was therefore developed with teachers and pupils. It consisted of only 17 questions covering diet, leisure activities, self-esteem, smoking, alcohol and sports,

written to be compatible with the secondary questionnaire.

VALUABLE

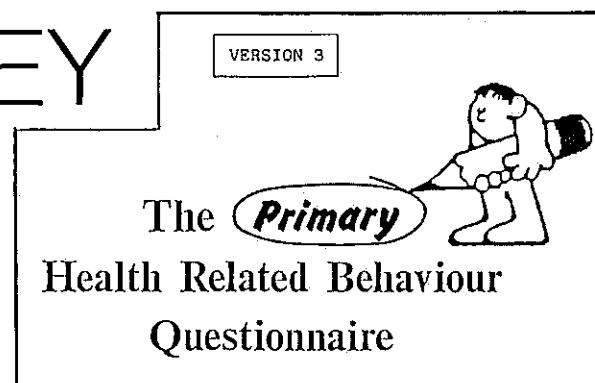
Pupils were interviewed after they had completed the document to discover any difficulties with vocabulary, interpretation and length; teachers also added to our list with their valuable comments. The overall opinion was that whilst some questions needed more work, the general structure of the questionnaire was good, children had enjoyed completing it, and it could be longer!

Version 2, a longer questionnaire with 32 questions, was piloted with six classes from local primary schools with an age range of 7-12 (Junior years 1-4). With the younger pupils the question-

naire was read out question by question, but the older pupils were able to complete the questionnaire at their own speed. Before starting on the real questions the children carefully filled in a practice page, and Fred (the little man with the pencil) was introduced to the class to explain how to answer certain questions by circling a number, and others by ticking.

HONESTY

The need for honesty was stressed: in some classes this resulted in seating arrangements being changed, while in others the children were just asked to make sure the answer was their own. Children needing help put their hands up and received individual assistance.



Again, a few children in each class were interviewed after the completion of the questionnaire, and the teacher was also asked to comment. With this valuable information the structure of the questionnaire was again reviewed, resulting in Version 3.

Version 3 has been used by 21 schools, a total of 1,368 children. Many teachers commented favourably: for example, *A useful exercise which the children enjoyed.* Year 2 pupils (age 8+) upwards did not encounter many problems, but some of the Year 1 pupils (age 7+) found it more difficult — these comments will be taken into consideration for Version 4!

The areas covered in Version 3 are *Alcohol, Dental care, Diet, Leisure activities, Physical activity, Pocket money, Relationships, Road safety, Self-esteem, Sharing problems, Smoking, Spending money, and Bedtime.* The results presented below are taken from the combined results for all 21 Version 3 schools, and give an example of the wide range of information produced by the survey.

TV

The most common activity comes as no surprise — watching TV. The percentage of children watching increased through the four year groups surveyed, rising from 54% to 73% for the boys and from 67% to 80% for the girls.

Playing with friends is also a popular activity, but drops below 50% in the 4th year.

DIET

White bread is eaten much more than brown in all four age groups in this sample: for example, 67% of 1st-year boys ate white bread compared with 25% eating brown bread.

Sugary cereals are eaten less frequently than those in the category of 'Other' cereals (Cornflakes, Weetabix, etc.).

About 40% of boys in all four year groups eat vegetables 'On most days', but the girls' level increases from 45% in Year 1 to 60% in Year 4. Fresh fruit gives a high percentage: 50% of boys and 57% of girls in the 1st year indicate they eat it 'On most days', and this level remains fairly constant.

CYCLING

Most primary children in this sample had bikes and a surprising percentage were allowed to ride on the road: 46% boys and 34% girls in the 1st year, increasing to 80% boys and 70% girls in the 4th year. This may be due to different interpretations of 'road' in the question. By Year 4 45% of boys and 31% of girls had been on a cycling proficiency course.

SPORTS

About 50% of all the boys and girls go swimming at least once a week. About 70% of boys play football this frequently, while the girls' percentages for dancing were about 30%, with gymnastics and netball reaching over 30% in the 4th year. Jogging was quite a popular 'once a week' category (about 40% of boys and 30% of girls), but during work with the children it was found that this included running down the street to the shop as well as 'real' jogging!

SELF-ESTEEM

About half of the boys and girls in the 1st year were in the 0-10 category, indicating low self-esteem. In the older groups however a change in the percentages across the groups can be noticed, the 14-16 and 17-20 categories showing higher percentages. This is consistent with the results in secondary schools which show that self-esteem increases with age.

TEETH

Most children indicate that they had a checkup on their last visit to the dentist, although about 20% had fillings. There were also

20% recording that they were given advice on brushing: more boys than girls!

SMOKING

The majority of the children in this sample had never tried smoking — the figure of 92% of boys and girls in the 1st year decreases across the year groups to 85% of boys and 90% of girls in the 4th year. In the 'once or twice' category there are 4% of boys and girls in the 1st year compared with 9% of boys and 7% of girls in the 4th year. Actual smokers amount to 3% of boys and 1% of girls in the 4th year.

ALCOHOL

As expected, more children in the older age groups indicate they have tasted different alcoholic drinks. The highest are shandy and wine. Beer or lager also becomes a high category for the boys in the 4th year, with 77% of boys having tasted it, compared with 48% of girls. It is clear from these results that children have experience of alcoholic drinks at an early age.

SCHOOL SURVEYS

Although average results for a sample of different schools are interesting, teachers will be particularly anxious to see the results for their own pupils. If you think that the Primary Health Related Behaviour Questionnaire could be useful in your school, do contact the Unit for a copy, which will come with comprehensive notes about how to carry out the survey. I shall be delighted to send further information and to help organise a survey if you decide to go ahead with one. Perhaps feeder primary schools could collaborate, producing a survey of the health related behaviour of the future population that will meet in the secondary school?

Finally, I would like to thank all the staff and pupils of schools who have generously given time to pilot this questionnaire.