

Seasons for Growth

Health and Wellbeing Pupil Questionnaire (post-intervention)



Name:

Date:

Please colour in the picture you think describes you just now:

| | | No | Maybe | Yes |
|----|--|----|-------|-----|
| 1. | I can understand that change is part of life | | | |
| 2. | I can name some feelings I have when change happens | | | |
| 3. | I can talk about my feelings (e.g. happy, sad, angry) | | | |
| 4. | I can talk about how my feelings can make me behave | | | |
| 5. | I can choose how to behave when I feel sad or angry | | | |
| 6. | I can manage my feelings | | | |
| 7. | I can talk to people who can help me when things are difficult | | | |
| 8. | I can make good choices which will help me when things are difficult | | | |

Thank you for completing this questionnaire

