



Charles Sturt
University

Children Draw Health

Global Online Gallery

Ask your child to:

Draw/create an artwork about being healthy

Scan or take a photo of your child's drawing/creation



Scan the QR code to
submit your drawing

Or you can print and complete
this form, and email to:
cvc@csu.edu.au

Please tick the box/es to show which question(s) have been answered in their artwork.

☐

What makes you healthy?

☐

Where do you go to get healthier?

☐

Who helps you be healthy?

☐

What would your ideal hospital or health
service look like?

Child to answer this section

Tell me about your artwork

Please write down your child's spoken words if your child can't write

Tell me about your
drawing/creation

How do you feel about
your health?

(Circle or write another feeling.)



?

Other:

What makes you say that?
Anything else about your health?

How do you feel about
your healthcare?

*(For example: hospital, clinic, doctor, nurse,
dentist, speech language pathologist,
physiotherapist, psychologist, occupational
therapist, social worker, etc)*



?

Other:

What makes you say that?
Anything else about your
healthcare?

Parent/guardian to answer this section

Child's name (or pretend name) <i>We will include the provided name online.</i>				
Child's gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	
Child's age (years)				
Language(s) spoken at home				
Child's country				
Has your child been diagnosed by a medical professional with a health condition/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Has your child been diagnosed with a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
If so, please share the diagnosis/es with us if you feel comfortable				
Does your child have difficulty with any of these activities? Please indicate to what degree:				
	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical ability (movement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive skills (thinking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social, emotional or mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills (talking, listening, signing, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of these concerns affect your child's ability to participate in things they would like or need to do (e.g., play sport, make friends or attend school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything else about these concerns?				
Anything else you would like to tell us?				

Please sign below if you and your child give consent for the drawing/creation to be available on the public Charles Sturt University website (including YouTube) so people around the world can see it, for this to be used in research, and kept by Charles Sturt University and shared with the World Health Organization.

Parent/guardian signature

Child's mark/signature

Date