Angus Health and Wellbeing Census S1

[Please note: when completing the survey online, pupils will only see one question at a time on the screen. They do not have to answer any questions they do not wish to. Not every pupil will necessarily be presented with every question; the answers to some questions will determine which subsequent questions are presented.]

INFORMATION and CONSENT FOR PUPILS

All pupils in Secondary 1 in your school have been asked to take part in this new Health & Wellbeing Census which is taking place in a number of primary and secondary schools right across Scotland.

To take part in the Census, you must read the information provided next and then choose either the "Yes" or "No" box at the end to say if you agree to take part in the Census.

Next you will see some questions and answers that should help you to make a decision.

WHAT IS IT?

We are inviting everyone in your stage from your school to take part. We want to hear about what you do and how you feel about your life. You are just about to complete a short online questionnaire. We are hoping to hear from a lot of children from across our local area.

WHAT WILL HAPPEN?

Your teacher will ask you to answer some questions on a computer, laptop or tablet on your own. You will then need to choose the answer that best fits how you feel. This will take about 20-40 minutes. The questions will ask you about your school, your family, things you do, how you feel, your friendships, and a range of other things.

WHAT HAPPENS TO MY ANSWERS?

Your local authority will collect answers from every child or young person who takes part. You will not be asked to provide your name. The local authority will not tell anybody your answers, not your teacher or your family. Of course, it's up to you if you want to talk to other people about your answers.

Your local authority will then look at everybody's answers together. This is so your local authority can understand what children or young people your age think and do. They will also look at other information about you, such as the area you live in, your ethnic background, whether you get extra help at school, etc

WHO IS ASKING THE QUESTIONS?

Your local authority. They are asking you these questions so that they can plan for, and improve, the children's services needed in your local area, based on what you and other children and young people say in this survey.

IS THIS A TEST?

Don't worry, this is not a test. You did not need to have prepared, as there are no right or wrong answers. We just want to hear what you think or how you feel.

CONFIDENTIALITY AND DATA SECURITY

The answers you provide will be treated in accordance with the law and used for statistics and research purposes only. This means that the data we collect is kept separately from information which could directly identify you (such as your name). When reports using the data are published, care is taken to ensure that no information which could identify you is included. The census can legally happen as the local authority will be processing your personal data as part of its performance of a task in the public interest.

WILL ANYTHING HAPPEN BASED ON ANYTHING I SAY?

While analysing all the data, if your local authority sees anything in your answers that they are concerned about, they <u>may</u> need to do something to help you. This would be the **only** time that your actual identity would be sought, by identifying you from a separate database that holds your Scottish Candidate Number together with your name for which the local authority also has access to.

This should **not** happen very often so it is **highly unlikely** that anyone will actually contact you about anything you say in the survey. However, if they do, they are only doing this so that they can make sure that you are OK and to help you.

DO I HAVE TO TAKE PART?

It would be great to hear your views but you don't have to take part. You will shortly be asked if you want to, just say 'No' if you don't. If you do take part, that's great. But remember if there are any questions you don't want to answer, that's fine, you will be able to skip questions, or choose the 'prefer not to say' option, and you won't be asked why.

SUPPORT AND ADVICE

If you need support or advice on any of the topics asked in the survey, then your school will have provided you with a list of ways in which you can speak to someone who may be able to help you.

1. Are you happy to continue taking part in the Scottish Health and Wellbeing Census? *

Yes [Census moves to Question 2]

No [Census shows message below]

Only shown if answer to Question 1 is 'No'

Thank you for your response, and we fully understand and appreciate your decision not to take part in the Scottish Health and Wellbeing Census.

Please remember that your decision to not take part is perfectly fine. However, other children and young people are still taking part in the Census. Therefore, please can you keep any noise and distraction down to a minimum.

You may now find it useful to be doing something whilst others are taking part in the Census, such as reading a book, doing some homework, etc.

Your response has now been recorded, and you may now close down the browser window.

End of census

The first few questions ask for some basic information about you and your school

2. Please choose your secondary school from the drop down list. *

[Online pupils will be presented with a drop-down list of Angus Schools]

3. Please type in your own 9-digit Scottish Candidate Number. *

The Scottish Candidate Number is used to facilitate statistical analysis of survey results at school, local authority or National level. It is not used to identify individual pupils]

And now some questions about your life at school and what you think you will do when you leave school

4. Below are some sentences about your school and learning. Please say how much you agree or disagree with each sentence. Please tick one circle for each question.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I enjoy learning new things						
I feel like I have a choice in what I am learning in school						
Getting an education is important to me						
My teachers listen to what I have to say						
I have an adult to talk to at school if I am worried about something						

5. Below are some sentences about your school and learning. Please say how much you agree or disagree with each sentence. Please tick one circle for each question.

	Strongly agree	Agree	Neither agree nor disagree	Disaglee	Strongly disagree	Prefer not to say
I feel like my teachers treat me fairly						
My parents (or carers) really care about my education						
I feel confident to speak up in class, ask questions and share my opinion						
Most of the time, I am happy at school						
I feel positive about my future						

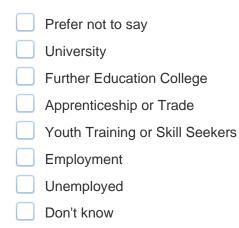
6. How pressured (stressed) do you feel by the schoolwork you have to do?

- Not at allA littleSome
- ___ A lot
 - Prefer not to say

7. Now looking ahead, when do you think you want to leave school / full-time education?

- I want to leave school as soon as I can (e.g. at the end of S4)
- I want to continue with my full-time education (e.g. stay on into S5 or go to college)
- I'm not sure at the moment
- Prefer not to say

8. What do you think you will be doing as soon as you leave secondary education (usually in S4, S5 or S6)?



Other

The next questions ask about how active you are

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are running, fast walking, rollerblading, biking, dancing, swimming, basketball and football.

9. For this next question, add up all the time you spent doing physical activity yesterday?

___ None

Less than half an hour

Between half an hour and 1 hour

1 to 2 hours

- 2 hours or more
- Prefer not to say

10. How often do you usually do any physical activity in your free time (outside school hours) so much that you get out of breath or sweat?

Every day
4 to 6 times a week
2 to 3 times a week
Once a week
Once a month
Less than once a month
Never
Prefer not to say

11. Outside school hours, how many hours a day do you usually spend sitting (e.g. watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating, studying)? Please be aware that if activities take place at the same time (e.g. watching TV whilst talking) then these only count once.

Please select one option per line or leave blank if you prefer not to say

	None at all	About half an hour a day	About 1 hour a day	About 2 hours a day	hours a	About 4 hours a day	About 5 hours a day	About 6 hours a day	About 7 hours or more a day
Weekdays									
Weekends									

These next questions ask about your health and how you feel

12. In general, how would you say your health is?

- Excellent
- Good
- Fair
- Poor
- Prefer not to say

13. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

Yes
No
Prefer not to say

14. Please say how much you agree or disagree with each of the sentences. Please tick one circle for each question.

	Strongly agree	Agree	Neither agree nor disagree	Strongly disagree	Prefer not to say
My life is just right					
I wish I had a different kind of life					
I have what I want in life					

Here are some statements about how you might have been feeling, or thinking about things.

15. Below are some sentences about yourself.

Please say how much you agree or disagree with each sentence.

Please tick one circle for each sentence or leave blank if you prefer not to say.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
In general, I like who I am					
I am proud of the things I can do					
When I do something, I try my hardest					
I feel like I can make decisions in my life					
Generally, I feel cheerful and I am in a good mood					
There are lots of things that I worry about in my life					
Even if I'm having a difficult time, I feel like I will be OK					

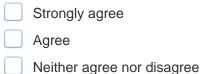
16. Over the past 2 weeks, how often have you been feeling confident?

	None of the time
\square	Rarely

Some of the time

- Often
 - All of the time

17. Please say how much you agree or disagree with this sentence: "I am happy with my body and the way I look".



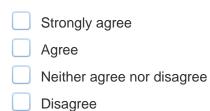


Disagree

Strongly disagree

Prefer not to say

18. Please say how much you agree or disagree with this sentence: "My body and the way I look affects how I feel about myself".



Strongly disagree

Prefer not to say

Now we would like to ask questions about when you go to bed and sleeping

19. When do you usually go to bed if you have to go to school the next morning?

- Before 9.00 pm
- At 9.00 pm or later, but before 10.00 pm
- At 10.00 pm or later, but before 11.00 pm
- At 11.00 pm or later, but before midnight
- At midnight or later, but before 1.00 am
- At 1.00 am or later, but before 2.00 am
- At 2.00 am or later
- Prefer not to say

20. When do you usually wake up on school mornings?

- Before 5.00 am
- At 5.00 am or later, but before 6.00 am
- At 6.00 am or later, but before 7.00 am
- At 7.00 am or later, but before 8.00 am
- At 8.00 am or later
- Prefer not to say

21. How many hours sleep did you have last night?

- Less than 3 hours
- 3 to 5 hours
- 6 to 8 hours
- 9 to 11 hours
- 12 to 14 hours
- 15 hours or more
- Prefer not to say

Now just a few questions about eating and drinking

22. How often do you usually have breakfast on weekdays (more than a glass of milk or fruit juice)?

I never have breakfast during weekdays

One or two days

Three or four days

Every day

Prefer not to say

23. How often do you usually have breakfast at weekends (more than a glass of milk or fruit juice)?

I never have breakfast during the weekend

I usually have breakfast on **only one** day of the weekend (Saturday or Sunday)

I usually have breakfast on **both days** of the weekend (Saturday and Sunday)

Prefer not to say

24. How often do you usually eat or drink.... Please tick one circle for each line or leave blank if you prefer not to say

	Never	Once a week or less	2-4 days a 5 week	-6 days a week	At least once a day
Fruit					
Vegetables					
Fruit juice or smoothies					
Sweets or chocolate					
Cakes or biscuits					
Crisps					
Chips or fried potatoes					
Water					
Coke or other soft drinks that contain sugar					
Energy drinks (e.g. Red Bull, Lucozade, Monster)					

25. Some children and young people go to school or to bed hungry.

How often does this happen to you?

Always
Often
Sometimes
Never
Prefer not to say

Thanks for your answers so far.

The next question asks you about adults, such as your parents/carers, grandparents, teachers, youth workers, sports coaches, Scouts/Guides leaders.

26. How much do you agree or disagree with the following statements?

	Agree	Disagree	Don't know
Adults are good at listening to what I say			
Adults are good at taking what I say into account			

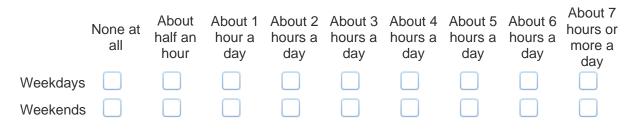
And now some questions about your use of electronic devices and the internet.

27. Do you have access to the internet at home, on a phone, or another device?

- Yes
- No No
 - Prefer not to say

28. In your free time, how many hours a day do you usually spend using electronic devices such as computers, tablets (like iPad) or smart phones?

Please tick ONE box for each line or leave blank if you prefer not to say



29. Which of the following activities have you done online in the last 2 weeks, even if not very often?

Please select ALL the answers that apply or skip this question if you do not go online or prefer not to say

Watching videos online
Playing games online
Listening to music online
Looking things up to help with schoolwork
Updating your pictures, status or 'story' on social media
Browsing other people's pictures, status or 'stories' on social media
Messaging, chatting or video-chatting using social media (such as WhatsApp or Snapchat)
Something else

30. We are interested in your experience with social media. The term social media refers to social network sites (e.g. Facebook, Instagram) and instant messengers (e.g. WhatsApp, Snapchat, Skype, Facebook messenger).

During the past year, have you...

			Prefer
	Yes	No	not to
			say
regularly found that you can't think of anything but the moment that you will be able to use social media again?			
regularly felt dissatisfied because you wanted to spend more time on social media?			
often felt bad when you could not use social media?			
tried to spend less time on social media, but failed?			
regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?			
regularly had arguments with others because of your social media use?			
regularly lied to your parents or friends about the amount of time you spend on social media?			
often used social media to escape from negative feelings?			
had serious conflict with your parents, brother(s) or sister(s) because of your social media use?			

The next questions are about friendships

31. How many close friends would you say you have?

None

🗌 One

🗌 Two

Three or more

Prefer not to say

32. Below are some sentences about your relationship with your friends. Please say whether you agree or disagree with each sentence.

Please tick one circle for each question or leave blank if you prefer not to say

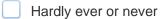
	Strongly agree	Agree	Neither agree nor disagree	Disagre	e Strongly disagree
I have a lot of fun with my friends					
I am confident in sharing my opinions with my friends					
My friends treat me well					
I feel my friends make me do things I don't want to do					

33. Below are some sentences about your relationship with your friends. Please say whether you agree or disagree with each sentence.

Please tick one circle for each question or leave blank if you prefer not to say

	Strongly agree	Agree	Neither agree nor disagree	Disagre	e ^{Strongly} disagree
If a friend was being bullied, I would help them or tell someone who would help them					
My friends will help me if I need it					
I am happy with the friends that I have					
Most of the time, I have enough money to do the same things as my friends					
I feel supported by my friends					

34. How often do you feel left out of things?



- Sometimes
- Often or always
- Prefer not to say

35. How often do you feel lonely?

- Hardly ever or never
- Some of the time

Often

Prefer not to say

These next questions are about bullying. Bullying is about what people do and how it makes you feel. It can be anything that makes you feel hurt, threatened, frightened and left out, and it can happen face to face and online.

Bullying can include:

- Being called names, teased, put down or threatened
- Being hit, tripped, pushed or kicked
- Having belongings taken or damaged
- Being ignored, left out or having rumours spread about you
- People sending abusive messages, pictures or images on social media, online gaming platforms or phone

36. Have you been bullied in the last year?

- Yes [Survey proceeds to Question 37]
- No [Survey goes direct to Question 42]
- Prefer not to say (or does not select any answer) [Survey goes direct to Question 42]

Questions 37 to 41 are ONLY asked if the answer to Question 36 is 'Yes'

37. Where have you been bullied?

Please tick ALL that apply or leave blank if you prefer not to say

- At school
- Somewhere else (including on the way to or from school)
- Online / Social media / gaming platform

Questions 37 to 41 are ONLY asked if the answer to Question 36 is 'Yes'		
38. How were you bullied?		
Please tick all that apply or leave blank if you prefer not to say		
Name calling		
Rumours spread		
Hurtful comments		
Threats		
Pictures or videos of you shared with others		
Embarrassed or made to feel foolish		
Physically hurt		

39. How often do other children pick on you by sending emails, through messaging or posting something online?

Most days

About once a week

About once a month

Every few months

Never

Prefer not to say

40. Did you report the bullying to anyone?

Yes [Survey proceeds to Question 41]

No [Survey goes direct to Question 42]

Prefer not to say (or does not select any answer) [Survey goes direct to Question 42]

Question 41 is ONLY asked if the answer to Question 40 is 'Yes'

41. Did reporting the bullying to anyone...?

Make the situation better

Make the situation worse

Nothing changed

Prefer not to say

42. How often have you taken part in bullying another pupil(s) at school in the past couple of months?

Not at all

- Once or twice
- Around two or three times a month
- About once a week
- Several times a week
- Prefer not to say

43. In the past couple of months, how often have you taken part in online bullying (e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others)?

I have not bullied another person online in the past couple of months

It has happened once or twice

Two or three times a month

About once a week

Several times a week

Prefer not to say

Now a question on places you may have been to, or things you may have done, in the last year.

44. Which, if any, of these things have you done in the last year? PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF YOU PREFER NOT TO SAY

- Taken part in the buddying/mentoring programme at school
- Done voluntary work
- Taken part in a charity event
- Taken part in a drama / acting / singing / dancing group
- Taken part in a religious activity (e.g. Church service, Scripture Union, Quran classes)
- Attended a youth organisation (e.g. Boys or Girls Brigade, Scouts, Girl Guides, etc.)
- Duke of Edinburgh
- Sports clubs
- None of the above

Thinking about the people that you live with, please answer these next questions as best you can.

45. How often do you and the people you live with usually have meals together?

- Every day
- Most days
- About once a week
- Less than once a week
- Never
- Prefer not to say

46. How often do you enjoy being with the people you live with?

- Always
- Often
- Sometimes
- Never
 - Prefer not to say

47. Does anyone who you live with have any of the following? PLEASE TICK ALL THAT APPLY. PLEASE LEAVE BLANK IF YOU PREFER NOT TO SAY

A disability

A long-term illness

- A mental health problem
- None of the above

Now think about anyone that you care for or look after, whether they live with you or not.

48. Do you care for, or look after, someone? For example, because they have a disability, an illness, a drug or alcohol problem, a mental health problem, or problems related to old age.

Yes [Survey proceeds to Question 49]

No [Survey goes direct to Question 50]

Prefer not to say (or does not select any answer) [Survey goes direct to Question 50]

Question 49 is ONLY asked if the answer to Question 48 is 'Yes'

49. Do you help care for, or look after, them....

Every day

A couple of times a week

Once in a while

Prefer not to say

We now have some more questions about your life.

Please remember that you don't have to answer any questions that you don't want to answer.

50. Do you have an adult in your life who you can trust and talk to about any personal problems?



Yes, I sometimes do

Yes, I always do

Prefer not to say

51. How easy is it for you to talk to any of the following people about things that really bother you?

Please tick one circle on each line or leave blank if you prefer not to say

	Easy	Difficult	Does not apply to me
Friend(s)			
Mum / female carer			
Dad / male carer			
Brother(s) / Sister(s)			
Counsellor (someone who is trained to listen and give you advice about your problems or help you manage your feelings)			
GP or Nurse			
Teacher(s)			

52. How easy is it for you to talk to any of the following people about things that really bother you?

Please tick one circle on each line or leave blank if you prefer not to say

	Easy	Difficult	Does not apply to me
Neighbour(s)			
Youth Worker			
Other family members (e.g. grandparent(s))			
Social Worker			
Another adult you trust			
Club or Group leader (e.g. sports coach, girl guides, boys brigade, scouts, etc.)			

And finally, some questions about where you live.

53. Generally speaking, I feel safe in the area where I live...

Always
Most of the time
Sometimes
Rarely or Never
Prefer not to say

54. Do you think that the area in which you live is a good place to live?

Yes, it's good

It's OK

No, it's not good

Prefer not to say

55. Are there places near where you live where you can play outdoors?

Yes - lots
Yes - some
No
Prefer not to

say

Thank you for taking part in the Scottish Health and Wellbeing Census. You are helping your school, your local authority and the Scottish Government to understand more about the lives of children and young people, and things that matter to you.

If any of the questions you have seen has raised any issues which you would like to talk about, then please speak to someone you can trust. This could be your parent(s), carer(s), teacher(s), youth worker(s), etc.

Further information will have been provided by your school teacher.

Please remember that the only people who will see your answers will be a small number of analysts in your local authority and in the Scottish Government. Other analysts may also ask to see your answers in order to conduct their own research, but this will only happen if the local authority or the Scottish Government agree to this.

Your parents, teachers and friends will not see your answers. However, the local authority may need to act on something you have said if they feel this will help you. This should NOT happen very often, but if it does then it is ONLY being done because they want to make sure that you are OK.

Once again, thank you for taking part.