

# 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 may 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I have a choice in what I am learning in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting an education is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an adult to talk to at school if I am worried about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	Disagree	Strongly disagree	Prefer not to say
I feel like my teachers treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents (or carers) really care about my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident to speak up in class, ask questions and share my opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time, I am happy at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel positive about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Not at all
- A little
- Some
- 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)?**

- Prefer not to say
- University
- Further Education College
- Apprenticeship or Trade
- Youth Training or Skill Seekers
- Employment
- Unemployed
- Don't know
- 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	About 3 hours a day	About 4 hours a day	About 5 hours a day	About 6 hours a day	About 7 hours or more a day
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	Disagree	Strongly disagree	Prefer not to say
My life is just right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I had a different kind of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have what I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of the things I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I do something, I try my hardest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I can make decisions in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally, I feel cheerful and I am in a good mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are lots of things that I worry about in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even if I'm having a difficult time, I feel like I will be OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- None of the time
- 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".**

- Strongly agree
- Agree
- Neither agree nor disagree
- 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 agree
- Agree
- Neither agree nor disagree
- Disagree
- 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 week	5-6 days a week	At least once a day
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice or smoothies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets or chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cakes or biscuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips or fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coke or other soft drinks that contain sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g. Red Bull, Lucozade, Monster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults are good at taking what I say into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
- 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**

	None at all	About half an hour	About 1 hour a day	About 2 hours a day	About 3 hours a day	About 4 hours a day	About 5 hours a day	About 6 hours a day	About 7 hours or more a day
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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...**

	Yes	No	Prefer 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....regularly felt dissatisfied because you wanted to spend more time on social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....often felt bad when you could not use social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....tried to spend less time on social media, but failed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....regularly had arguments with others because of your social media use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....regularly lied to your parents or friends about the amount of time you spend on social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....often used social media to escape from negative feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....had serious conflict with your parents, brother(s) or sister(s) because of your social media use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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	Disagree	Strongly disagree
I have a lot of fun with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in sharing my opinions with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends treat me well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my friends make me do things I don't want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	Disagree	Strongly disagree
If a friend was being bullied, I would help them or tell someone who would help them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends will help me if I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with the friends that I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time, I have enough money to do the same things as my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported by my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Hardly ever or never
- 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?**

- No, I don't
- 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mum / female carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad / male carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s) / Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor (someone who is trained to listen and give you advice about your problems or help you manage your feelings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP or Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members (e.g. grandparent(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another adult you trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club or Group leader (e.g. sports coach, girl guides, boys brigade, scouts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.**