

Health & Wellbeing Survey 2023/24

S4 Pupils

INFORMATION AND CONSENT FOR PUPILS

All pupils in Secondary 4 in your school have been asked to take part in this new Health & Wellbeing Survey which is taking place in a number of primary and secondary schools right across Scotland. To take part in the Survey, 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 Survey. 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 and young people from across West Dunbartonshire.

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 the 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 of 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 survey 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.

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 answer '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.

* Indicates required question

Untitled section

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

Mark only one oval.

☐ Yes

☐ No

The first few questions ask for some basic information about you

2. 2. What best describes your Gender?

Mark only one oval.

☐ Male

☐ Female

☐ Prefer not to say

☐ Other: _____

3. 3. What is your Ethnicity?

Mark only one oval.

- ☐ White – Scottish
- ☐ African – African / Scottish / British
- ☐ Asian – Indian/British/Scottish
- ☐ Asian – Pakistani / British / Scottish
- ☐ Asian – Bangladeshi / British / Scottish
- ☐ Asian – Chinese / British / Scottish
- ☐ Caribbean or Black – Caribbean / British / Scottish
- ☐ Mixed or multiple ethnic groups
- ☐ White – Gypsy/Traveller
- ☐ White – Other British
- ☐ White – Irish
- ☐ White – Polish
- ☐ African – Other
- ☐ Asian – Other
- ☐ Caribbean or Black – Other
- ☐ White – Other
- ☐ Other – Arab
- ☐ Not Known
- ☐ Prefer not to say

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

4.

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.

*

Mark only one oval per row.

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

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.

Mark only one oval per row.

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

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

Mark only one oval.

- ☐ Not at all
- ☐ Some
- ☐ A little
- ☐ A lot
- ☐ Prefer not to say

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

Mark only one oval.

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

Mark only one oval.

- ☐ University
- ☐ Further Education College
- ☐ Apprenticeship or Trade
- ☐ Youth Training or Skill Seekers
- ☐ Employment
- ☐ Unemployed
- ☐ Don't know
- ☐ Other
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ 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. 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?

Mark only one oval.

- ☐ Every day
- ☐ 4 to 6 times a week
- ☐ 2 to 3 times a week
- ☐ Once a week
- ☐ At least once a month but not every week
- ☐ Less than once a month
- ☐ Never
- ☐ Prefer not to say

11. 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

Mark only one oval per row.

| | 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 | |
|----------|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Weekdays | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Weekends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

These next questions ask about your health and how you feel

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

Mark only one oval.

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

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

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

Mark only one oval per row.

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Prefer not to say |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| My life is just right | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I wish I had a different kind of life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have what I want in life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

Warwick–Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

15. 15. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks. Please tick one circle on each line or leave blank if you prefer not to say.

Mark only one oval per row.

| | None of the time | Rarely | Some of the time | Often | All of the time |
|---|------------------------|-----------------------|------------------------|-----------------------|-----------------------|
| I've been feeling optimistic about the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling useful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling relaxed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling interested in other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've had energy to spare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been dealing with problems well | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been thinking clearly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Warwick–Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

16. 16. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks. Please tick one circle on each line or leave blank if you prefer not to say.

Mark only one oval per row.

| | None of the time | Rarely | Some of the time | Often | All of the time |
|--|------------------------|-----------------------|------------------------|-----------------------|-----------------------|
| I've been feeling good about myself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling close to other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling confident | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been able to make up my own mind about things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling loved | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been interested in new things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've been feeling cheerful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. 17. Please say how much you agree or disagree with this sentence: "Even if I am having a difficult time, I feel like I will be OK"

Mark only one oval.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Strongly Disagree
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ 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

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

Mark only one oval.

- ☐ 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

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

Mark only one oval.

- ☐ 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

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

Mark only one oval.

- ☐ 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

23. 23. Some children and young people go to school or to bed hungry. How often does this happen to you?

Mark only one oval.

- ☐ 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.

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

Mark only one oval per row.

| | Agree | Disagree | Don't know |
|--|-----------------------|-----------------------|-----------------------|
| Adults are good at listening to what I say | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adults are good at taking what I say into account | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next set of questions ask you about how you feel and things that you do, to help understand your strengths and difficulties.

Strengths and Difficulties Questionnaire © Robert Goodman, 2005

25. 25. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

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

Mark only one oval per row.

| | Not true | Somewhat true | Certainly true |
|--|-----------------------|-----------------------|-----------------------|
| I try to be nice to other people. I care about their feelings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am restless, I cannot stay still for long | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get a lot of headaches, stomach-aches or sickness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I usually share with others (food, games, pens, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get very angry and often lose my temper | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

26. Strengths and Difficulties Questionnaire © Robert Goodman, 2005

26. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

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

Mark only one oval per row.

| | Not true | Somewhat true | Certainly true |
|--|-----------------------|-----------------------|-----------------------|
| I am usually on my own. I generally play alone or keep to myself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I usually do as I am told | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I worry a lot | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am helpful if someone is hurt, upset or feeling ill | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am constantly fidgeting or squirming | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. Strengths and Difficulties Questionnaire © Robert Goodman, 2005

27. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

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

Mark only one oval per row.

| | Not true | Somewhat true | Certainly true |
|---|-----------------------|-----------------------|-----------------------|
| I have one good friend or more | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I fight a lot. I can make other people do what I want | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am often unhappy, down- hearted or tearful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other people my age generally like me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am easily distracted, I find it difficult to concentrate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28. Strengths and Difficulties Questionnaire © Robert Goodman, 2005

28. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

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

Mark only one oval per row.

| | Not true | Somewhat true | Certainly true |
|--|-----------------------|-----------------------|-----------------------|
| I am nervous in new situations. I easily lose confidence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am kind to younger children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am often accused of lying or cheating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other children or young people pick on me or bully me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often volunteer to help others (parents, teachers, children) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

29. Strengths and Difficulties Questionnaire © Robert Goodman, 2005

29. For each item, please select the circle for Not True, Somewhat True or Certainly True.

It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!

Please give your answers on the basis of how things have been for you over the last six months.

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

Mark only one oval per row.

| | Not true | Somewhat true | Certainly true |
|---|-----------------------|-----------------------|-----------------------|
| I think before I do things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I take things that are not mine from home, school or elsewhere | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I get on better with adults than with people my own age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have many fears, I am easily scared | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I finish the work I'm doing. My attention is good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

is good

attention

is good

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

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

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

31. 31. 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 circle for each line or leave blank if you prefer not to say

Mark only one oval per row.

| | 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 | |
|----------|-----------------------|--------------------------|--------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--|
| Weekdays | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Weekends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

32. 32. 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

Tick all that apply.

- ☐ 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

The next questions are about friendships

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

Mark only one oval.

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ Hardly ever or never
- ☐ Sometimes
- ☐ Often or always
- ☐ Prefer not to say

35. 35. How often do you feel lonely?

Mark only one oval.

- ☐ Hardly ever or never
- ☐ Some of the time
- ☐ Often
- ☐ Prefer not to say

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

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

Mark only one oval.

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

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

Mark only one oval.

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

38. 38. 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

Tick all that apply.

- ☐ 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.

39. 39. 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.

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ Every day
- ☐ A couple of times a week
- ☐ Once in a while
- ☐ Prefer not to say

The next few questions are about smoking and drinking alcohol

41. 41. Now read the following statements carefully and select the option which best describes you

Mark only one oval.

- ☐ I have never smoked
- ☐ I have only ever tried smoking once
- ☐ I used to smoke sometimes but I never smoke a cigarette now
- ☐ I sometimes smoke cigarettes now but I don't smoke as many as one a week
- ☐ I usually smoke between one and six cigarettes a week
- ☐ I usually smoke more than six cigarettes a week
- ☐ Prefer not to say

42. 42. How do you usually get your cigarettes/tobacco?

Please tick more than one box if you OFTEN get cigarettes/tobacco from different people or places. Please leave blank if you prefer not to say.

Mark only one oval.

- ☐ I buy them from a supermarket
- ☐ I buy them from a newsagent, tobacconist or a sweet shop
- ☐ I buy them from a garage shop
- ☐ I buy them from a van, such as an ice cream van or burger van
- ☐ I buy them from some other type of shop
- ☐ I buy them from a street market
- ☐ I buy them from on the internet
- ☐ I buy cigarettes/tobacco from friends or relatives
- ☐ I buy cigarettes/tobacco from someone else
- ☐ I ask someone else under the age of 18 to buy me cigarettes/tobacco
- ☐ I ask an adult I know to buy me cigarettes/tobacco
- ☐ I ask an adult I don't know to buy me cigarettes/tobacco
- ☐ Friends give me cigarettes/tobacco
- ☐ My brother or sister gives me cigarettes/tobacco
- ☐ My mother, father or carer gives me cigarettes/tobacco
- ☐ I take cigarettes/tobacco without asking
- ☐ I get cigarettes/tobacco in some other way

43. 43. In the last 4 weeks, have you bought or tried to buy cigarettes/tobacco from any kind of shop, supermarket or van?

Please leave blank if you prefer not to say.

Mark only one oval.

- ☐ Yes - I bought cigarettes/tobacco from a shop, supermarket or van
- ☐ Yes - I bought cigarettes/tobacco from a shop, supermarket or van but was refused
- ☐ No - I did not buy or try to buy cigarettes/tobacco from a shop, supermarket or van
- ☐ No - I have never tried to buy cigarettes/tobacco from a shop, supermarket or van

44. 44. How many cigarettes (if any) did you smoke on average each day in the last 7 days?

Please leave blank if you prefer not to say.

Mark only one oval.

- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7-8
- ☐ 9-10
- ☐ More than 10

45. An e-cigarette (electronic cigarette) or a vape is a device that puffs nicotine vapour instead of burning tobacco like a cigarette does. E-cigarettes can have different flavours and come in many shapes and sizes - like pens, boxes and flash-drives. Most are rechargeable. Sometimes they can look like cigarettes and can only be used once.

45. Now read the following statements carefully and tick the box next to the ONE which best describes you

Mark only one oval.

- ☐ I have never used an e-cigarette / vape
- ☐ I used to use e-cigarettes / vapes but don't use them anymore
- ☐ I have tried an e-cigarette / vape once
- ☐ I have tried an e-cigarette / vape a few times
- ☐ I use e-cigarettes / vapes sometimes, but no more than once a month
- ☐ I use e-cigarettes / vapes once a week or more
- ☐ Prefer not to say

46. 46. How do you usually get your e-cigarettes / vapes / refills? Please leave blank if you prefer not to say.

Mark only one oval.

- ☐ I buy them from a supermarket
- ☐ I buy them from a newsagent, tobacconist or a sweet shop
- ☐ I buy them from a garage shop
- ☐ I buy them from a van, such as an ice cream van or burger van
- ☐ I buy them from some other type of shop
- ☐ I buy them from a street market
- ☐ I buy them on the internet
- ☐ I buy e-cigarettes/refills from friends or relatives
- ☐ I buy e-cigarettes/refills from someone else
- ☐ I ask someone else under the age of 18 to buy me e-cigarette/refills
- ☐ I ask an adult I know to buy me e-cigarettes/refills
- ☐ I ask an adult I don't know to buy me e-cigarettes/refills
- ☐ Friends give me e-cigarettes/refills
- ☐ My brother or sister gives me e-cigarettes/refills
- ☐ My mother, father or carer gives me e-cigarettes/refills
- ☐ I take e-cigarettes/refills without asking
- ☐ I get cigarettes/tobacco in some other way

47. 47. Have you ever had a proper alcoholic drink - a whole drink, not just a sip?
PLEASE DON'T COUNT DRINKS LABELLED AS LOW ALCOHOL

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

48. 48. At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include those times when you only drink a small amount. Please choose one circle for each line or leave blank if you prefer not to say.

Mark only one oval per row.

| | Every Day | Every Week | Every month | Rarely | Never |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Beer or Lager | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wine or Champagne | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alcopops (eg Smirnoff Ice, Bacardi Breezer, WKD) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spirits (eg Whiskey, Vodka, Rum) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cider | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fortified (strong) Wine (eg Sherry, Martini, Port, Buckfast) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Any other drink that contains alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

49. 49. How often would you say you get drunk?

Mark only one oval.

- ☐ I have never been drunk
- ☐ Less than once a month
- ☐ Once or twice a month
- ☐ Once a week
- ☐ Twice a week or more
- ☐ Don't know
- ☐ Prefer not to say

50. 50. Where do you USUALLY get your alcohol from?

Mark only one oval.

- ☐ I buy it in a pub or bar
- ☐ I buy it in a club or disco
- ☐ I buy it from an off-licence
- ☐ I buy it from a shop
- ☐ I buy it from a supermarket
- ☐ I buy it from a website / online/ internet
- ☐ I get it from a friend
- ☐ I get it from a relative
- ☐ From home (either with or without permission)
- ☐ Some other way
- ☐ Prefer not to say

51. 51. When you drink alcohol, where are you USUALLY? Please tick ALL that apply or leave blank if you prefer not to say.

Tick all that apply.

- ☐ In a pub or bar
- ☐ In a club or disco
- ☐ At a party with friends
- ☐ At my home
- ☐ At someone else's home
- ☐ Out on the street, in a park or other outdoor area
- ☐ Somewhere else

52. 52. The last time someone bought you alcohol, who was it?.

Mark only one oval.

- ☐ No one has ever bought alcohol
- ☐ My brother or sister
- ☐ A friend of my own age
- ☐ A friend older than me
- ☐ A friend younger than me
- ☐ My boyfriend/girlfriend
- ☐ My mother, father or carer
- ☐ My father's partner or mother's partner
- ☐ Someone I knew of, but didn't know personally
- ☐ A stranger
- ☐ Someone else
- ☐ Prefer not to say

We would now like to ask you some questions about drugs. By "Drugs" we mean illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you. We don't mean medicines that your doctor prescribed you or that you can buy in the pharmacy/chemist.

53. 53. Have you ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

54. 54. How often do you take drugs?

Mark only one oval.

- ☐ I have only taken drugs once
- ☐ I used to take drugs sometimes but I don't take them anymore
- ☐ I take drugs a few times a year
- ☐ I take drugs a once or twice a month
- ☐ I take drugs at least once a week or more
- ☐ Prefer not to say

55. 55. Have you taken drugs in the past year?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

56. 56. Which (if any) of these drugs have you taken in the last year? Please tick ALL that apply or leave blank if none apply or you prefer not to say.

Tick all that apply.

- ☐ Cannabis (Weed, Skunk, Green, Hash, Blow, Joints, Marijuana)
- ☐ Gas, Glue or Other Solvents
- ☐ Amphetamines (Speed, Whizz, Sulph, Paste)
- ☐ Ecstasy (E, Eccies, XTC, Pills)
- ☐ Cyroban (Cy, Cyber, Cban)
- ☐ Benzos (Valium, Vallies, Blues, Whites, Yellows, Xanax)
- ☐ Heroin (Smack, Kit, H, Brown, Skag)
- ☐ Magic Mushrooms (Shrooms)
- ☐ Methadone (Physeptone, Meth)
- ☐ MDMA crystals/crystals (Mandy, Molly, Madman)
- ☐ Cocaine (Coke, Charlie, C ,Proper, Council)
- ☐ Anabolic Steroids (Roids)
- ☐ Unknown White Powder (Gear)
- ☐ Ketamine (Ket, K)
- ☐ Synthetic Cannabinoids (SPICE, RedExodus, Mamba)
- ☐ LSD (Acid, Blotters)
- ☐ 2C (2CB, 2CI, 2CE)
- ☐ Diet Pills
- ☐ Tanning Pills
- ☐ Other drugs including prescription drugs not prescribed to you

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.

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

Mark only one oval.

- ☐ No, I don't
- ☐ Yes, I sometimes do
- ☐ Yes, I always do
- ☐ Prefer not to say

58. 58. 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

Mark only one oval per row.

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

59. 59. 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

Mark only one oval per row.

| | Column 1 |
|--|-----------------------|
| Neighbour(s) | <input type="radio"/> |
| Youth Worker | <input type="radio"/> |
| Other family members (e.g. grandparent(s)) | <input type="radio"/> |
| Social Worker | <input type="radio"/> |
| Another adult you trust | <input type="radio"/> |
| Club or Group leader (e.g. sports coach, girl guides, boys brigade, scouts, etc.) | <input type="radio"/> |

And finally, a couple of questions about where you live.

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

Mark only one oval.

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

Thank you for taking part in the Scottish Health and Wellbeing Census. You are helping your school, your local authority, its partners 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.

Once again, thank you for taking part.

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 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

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