

Health & Wellbeing Survey 2023/24

P5 Pupils

INFORMATION AND CONSENT FOR PUPILS

All pupils in Primary 5 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 West Dunbartonshire. 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 learning

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"/>

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.

6. 6. 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

7. 7. 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

These next questions ask about your health and how you feel

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

Mark only one oval.

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

9. 9. 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

10. 10. 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"/>

11. 11. Below are some sentences about yourself. Please say how much you agree or disagree with each sentence. Please tick one box for each sentence or leave blank if you prefer not to say.

Mark only one oval per row.

	strongly agree	agree	Neither agree nor disagree	Disagree	Strongly disagree
In general, I like who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of the things I can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I do something I try my hardest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I can make decisions in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally I feel cheerful and I am generally in a good mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of things that I worry about in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I am having a difficult time, I feel like I will be ok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

like I will

be ok

12. 12. Over the past two weeks how often have you been feeling confident?

Tick all that apply.

- ☐ None of the time
- ☐ Rarely
- ☐ Some of the time
- ☐ Often
- ☐ All of the time

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

13. 13. 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

14. 14. 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

Now just a few questions about eating and drinking

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

Mark only one oval.

- ☐ I never have breakfast during weekdays
- ☐ One or two days
- ☐ Three or four days
- ☐ Every day
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ 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

17. 17. How often do you usually eat or drink..... *

(Please tick one circle for each line or leave blank if you prefer not to say)

Mark only one oval per row.

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

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.

18. 18. 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"/>

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

19. 19. 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

20. 20. In your free time, how long 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	some time (up to 2 hours a day)	quite a bit of time (about 3 hours a day or more)
Weekdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. 21. 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

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

Mark only one oval.

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

23.

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

*

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

Mark only one oval per row.

	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree
I have a lot of fun with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in sharing my opinions with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends treat me well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my friends make me do things I don't want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24.

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

*

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

Mark only one oval per row.

	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends will help me if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the friends that I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of the time, I have enough money to do the same things as my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Mark only one oval.

- ☐ Hardly ever
- ☐ Sometimes
- ☐ Often or always
- ☐ prefer not to say

26. 26. How often do you feel lonely? *

Mark only one oval.

- ☐ hardly ever or never
- ☐ Sometimes
- ☐ Often or always
- ☐ prefer not to say

The 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 or left out, it can happen face to face and online.

Bullying can include: Being called names, teased 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.

27. 27. Have you been bullied in the last year? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ prefer not to say

28. 28. How were you bullied? *
- Please tick all that apply or leave blank if you prefer not to say.

Tick all that apply.

- ☐ Name calling
- ☐ Rumours spread
- ☐ hurtful comments
- ☐ threats
- ☐ pictures or videos of you shared with others
- ☐ embarrassed or made to feel foolish
- ☐ physically hurt

29. 29. Did you report the bullying to anyone? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

30. 30. Did the reporting the bullying to anyone.....? *

Mark only one oval.

- ☐ Make the situation beter
- ☐ Make the situation worse
- ☐ Nothing changed
- ☐ Prefer not to say

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

Mark only one oval.

- ☐ 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

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

32. 32. 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

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

Mark only one oval.

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never
- ☐ 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.

34. 34. 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

35. 35. 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"/>

36. 36. 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.

37. 37. 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

38. 38. Do you think the area that you live in is a good place to live? *

Mark only one oval.

- ☐ Yes, its good
- ☐ It's ok
- ☐ No, its not good
- ☐ Prefer not to say

39. 40. Are there places near where you live where you can play outdoors? *

Mark only one oval.

- ☐ 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, 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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