

Scottish Health & Wellbeing Census 2021-22: S4 Edinburgh

INFORMATION and CONSENT FOR PUPILS

All pupils in Secondary 4 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 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 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

No

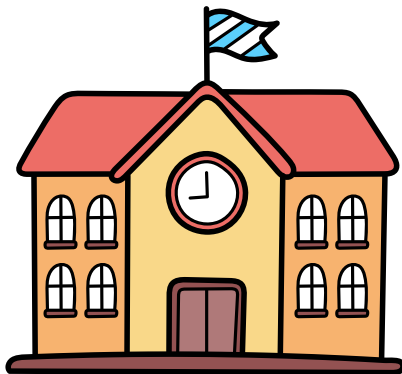


Thank you for your response, and we fully understand and appreciate your decision not to take part in the Scottish Health and Wellbeing Census.

Please remember that your decision to not take part is perfectly fine. However, other 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 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.



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

Please click on the 'next page' button below to continue.

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

3. Please type in your own 9-digit Scottish Candidate Number. ***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 not 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 not 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)?

- 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.



Please click on the 'next page' button below to continue

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
- At least once a month but not every week
- 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



Please click the 'next page' button below to continue

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.



Please click on the 'next page' button below to continue

28.

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

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.

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

29.

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

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.

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

	None of the time	Rarely	Some of the time	Often	All of the time
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"

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

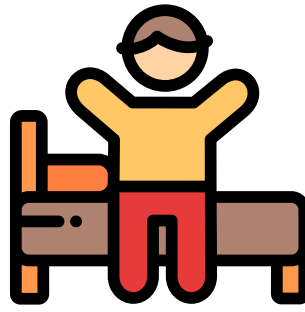
18. Please say how much you agree or disagree with this sentence: "I am happy with my body and the way I look".

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

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".

- 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



Please click on the 'next page' button below to continue

20. 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

21. 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

22. 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

23. 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.

24. 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"/>

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

40.

Strengths and Difficulties Questionnaire

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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.

	Not true	Somewhat true	Certainly true
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not true	Somewhat true	Certainly true
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41.

Strengths and Difficulties Questionnaire

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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.

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

42.

Strengths and Difficulties Questionnaire

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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.

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

43.

Strengths and Difficulties Questionnaire

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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.

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

44.

Strengths and Difficulties Questionnaire

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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.

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

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



Please click on the 'next page' button below to continue

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

- Yes
- No
- Prefer not to say

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** box for each line or leave blank if you prefer not to say

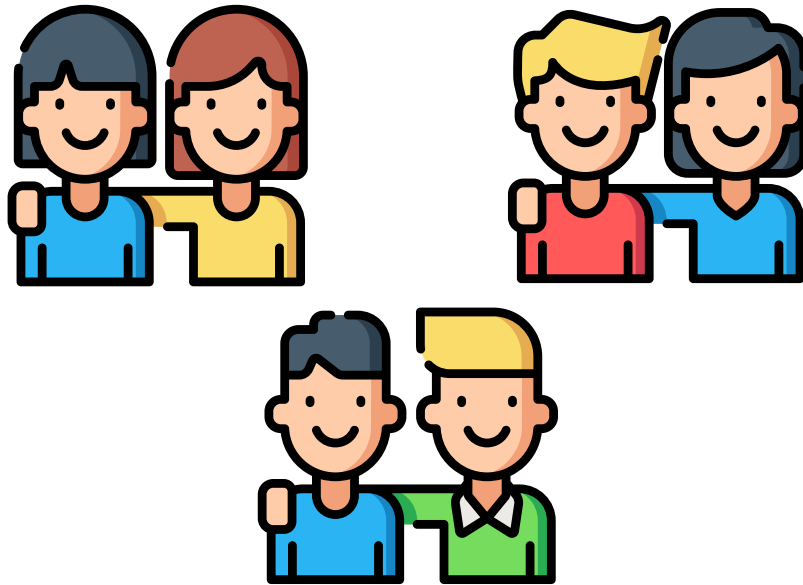
	None at all	About half an hour	About 1 hour a day	About 2 hours a day	About 3 hours a day	About 4 hours a day	About 5 hours a day	About 6 hours a day	About 7 hours or more a day
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>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

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

- 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



Please click on the 'next page' button to continue

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

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

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

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



Please click on the 'next page' button below to continue

36. 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

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

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

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

- I do not smoke
- Prefer not to say

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.

42. How often do you use e-cigarettes / vape at present?

- Every day
- At least once a week, but not every day
- Less than once a week
- I do not use e-cigarettes / vape
- Prefer not to say

43. How often do you USUALLY have an alcoholic drink?

- More than once a week
- About once a week
- About once a fortnight
- About once a month
- Only a few times a year
- I never drink alcohol now

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.

44. 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

45. 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"/>

46. 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"/>

The next few questions ask you about your relationships and sexual health. Please remember that you don't have to answer any questions that you don't want to answer.

You may feel that some of the following questions don't apply to you and your experience. Where that is the case, you may wish to choose the 'this question does not apply to me' option.

47. Do you currently have a boyfriend/girlfriend?

Yes

- No
- Prefer not to say

**48. Does your current boyfriend/girlfriend do any of the following things?
Please tick one box on each line**

	Often	Quite often	Occasionally	Never	Prefer not to say
Makes you feel safe and respected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages you to do something you enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly checks where you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts you down when you are together or in front of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments negatively on how you dress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to or limits the time you spend with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts pressure on you to do sexual things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. People have varying degrees of sexual experience. How much, if any, sexual experience have you had?

- None
- Small amount (e.g. kissing, some intimate touching on top of clothes)
- Some experiences but no sexual intercourse (e.g. touching intimately underneath clothes or without clothes on)
- More experiences, including oral sex
- Vaginal or anal sex
- Prefer not to say

50. The most recent time you had vaginal or anal sex (penetrative sex), did you or the other person use a condom?

- This question does not apply to me
- Yes
- No
- Don't know
- Prefer not to say

51. The most recent time you had penetrative vaginal sex, did you or the other person use anything to prevent pregnancy?

- This question does not apply to me
- Yes
- No
- Don't know
- Prefer not to say

52. The most recent time you had penetrative vaginal sex, which of these forms of contraception did you or the other person use to prevent pregnancy?

PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF NONE APPLY OR YOU PREFER NOT TO SAY

- Condom
- Implant
- Hormonal coil (intrauterine system or hormonal coil)
- Non-hormonal coil (intrauterine device, IUD)
- Injection (e.g. "the jag")
- Contraceptive pill
- Hormonal patch
- Vaginal ring

53. The most recent time you had penetrative vaginal sex, did you or the other person use any of the following to try to prevent pregnancy?

PLEASE TICK ALL THAT APPLY OR LEAVE BLANK IF NONE APPLY OR YOU PREFER NOT TO SAY

- Fertility app
- Withdrawal (e.g. pulling out)
- Emergency contraception
- Something else
- Don't know

54. Have you had vaginal or anal sex (penetrative sex) more than once?

- Yes
- No
- Prefer not to say

55. The first time you had penetrative sex, did you or the other person use a condom?

- Yes
- No
- Don't know
- Prefer not to say

56. When you first had sex, would you personally say:

- You wanted it to happen earlier
- You wanted it to happen at that time
- You would rather have had it later
- You did not ask yourself that
- Prefer not to say

57. Did you drink alcohol or use drugs before you had sex for the first time?

- Yes
- No
- I do not remember
- Prefer not to say

58. Which of the following best describes you....??

Please tick one circle on each line

	Doesn't apply to me	Fully agree	Agree	Disagree	Totally disagree	Prefer not to say
I find it easy to say 'no' to having sexual experiences I don't want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to ask for help regarding sexual health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to get information on sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to say what I want in relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

60. 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



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

Once again, thank you for taking part.