

Scottish Health & Wellbeing Census 2021-22: S6 Edinburgh

INFORMATION and CONSENT FOR PUPILS

All pupils in Secondary 6 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 <u>may</u> need to do something to help you. This would be the **only** time that your actual identity would be sought, by identifying you from a separate database that holds your Scottish Candidate Number together with your name for which the local authority also has access to.

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

DO I HAVE TO TAKE PART?

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

SUPPORT AND ADVICE

If you need support or advice on any of the topics asked in the survey, then your school will have provided you with a list of ways in which you can speak to someone who may be able to help you. 1. Are you happy to continue taking part in the Scottish Health and Wellbeing Census? *

Yes

___ 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

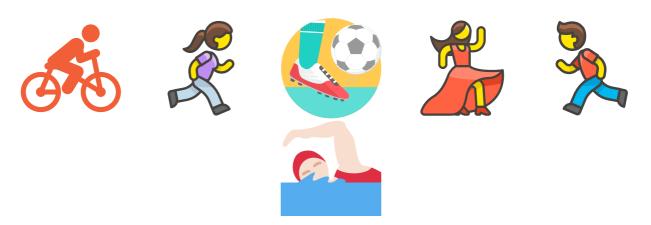
Please click on the 'next page' button below to continue.

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

3. Please type in your own 9-digit Scottish Car	ndidate Nur	mber. *				
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						
I feel like I have a choice in what I am learning in school						
Getting an education is important to me						
My teachers listen to what I have to say						
I have an adult to talk to at school if I am worried						
about something						
5. Below are some sentences about your scho Please say how much you agree or disagree w 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			Ŏ			
My parents (or carers) really care about my						
education						
I feel confident to speak up in class, ask						
questions and share my opinion						
Most of the time, I am happy at school						
I feel positive about my future						
6. How pressured (stressed) do you feel by the	e schoolwo	rk you ha	ave to do?			
Not at all						
A little						
Some						

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

8. For this next question, add up all the time you spent doing physical activity yesterday?NoneLess than half an hour

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Between half	an hour and 1 ho	our						
1 to 2 hours								
2 hours or mo	ore							
Prefer not to	say							
9. How often do y you get out of bre		ny physical	activity in	your free t	ime (outsid	de school h	nours) so i	nuch that
Every day								
4 to 6 times a	a week							
2 to 3 times a	a week							
Once a week								
At least once	a month but not e	every week						
Less than one	ce a month							
Never								
Prefer not to	say							
10. Outside school computer or mob aware that if activonce.	ile phone, travel vities take place	ling in a ca at the same	r or by buse time (e.g	s, sitting an . watching	nd talking, e TV whilst ta	eating, stud	dying)? Pl	ease be
				•	•			
None	About half at all an hour a	About 1	About 2 hours a	About 3 hours a	About 4 hours a	About 5 hours a	About 6 hours a	About 7 hours or
	day	hour a day	day	day	day	day	day	more a day
Weekdays Weekends								
VVECKETIUS								
These next qu	uestions ask	about yo	our heal	th and ho	ow you fe	eel		
				(
					$\ddot{\sim})($	<u>ک</u> ا		
Less than on	ce a month	every week						
At least once	a month but not e	every week						
		avory wook						
Once a week								
2 to 3 times a	a week							
4 to 6 times a	a week							
Every day								
		ny physical	activity in	your free t	time (outsid	de school h	nours) so ı	much that
Prefer not to	say							
2 hours or mo	ore							
1 to 2 hours								
Between half	an hour and 1 ho	our						
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Please click the 'next page' button below to continue

11. In general, how would you say your health	ı is?					
Excellent						
Good						
Fair						
Poor						
Prefer not to say						
12. Do you have a physical or mental health omore?	ondition or	illness la	sting or ex	pected to I	ast 12 moı	nths or
Yes						
No						
Prefer not to say						
Trefer net to ear						
13. Please say how much you agree or disagr Please tick one circle for each question.	ree with eacl	n of the s	entences.			
	Strongly		Neither		Strongly	Prefer not
	agree	Agree	agree nor disagree	Disagree	disagree	to say
My life is just right						
I wish I had a different kind of life						
I have what I want in life						

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



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

Disagree

27.

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

14. Below are some statements about feelings experience of each over the last 2 weeks.	and thoughts.	Please tic	k the box that	best desc	ribes your
	None of the	Paraly	Some of the	Often	All of the
	time	Rarely	time	Oileii	time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
28.					
Warwick–Edinburgh Mental Well-being Sca	le (WEMWBS)			-	
		University	of Edinburgh,	2006, all ri	ghts reserved.
15. Below are some statements about feelings experience of each over the last 2 weeks.	and thoughts.	Please tid	k the box that	best desc	ribes your
	None of the	Rarely	Some of the	Often	All of the
the been feeling good about myself	time		time		time
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					
16. Please say how much you agree or disagre feel like I will be OK"	ee with this sen	tence: "E	ven if I am havi	ing a diffic	cult time, I
ieei iike i wiii be OK					
Strongly agree					

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	Strongly disagree
	Prefer not to say
<u>17.</u> F look	Please say how much you agree or disagree with this sentence: "I am happy with my body and the way l ".
	Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
	Prefer not to say
	Please say how much you agree or disagree with this sentence: "My body and the way I look affects I feel about myself". Strongly agree
	Agree
	Neither agree nor disagree
	Disagree
	Strongly disagree
	Prefer not to say
Nov	w we would like to ask questions about when you go to bed and sleeping

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

19. When do you usually go to bed if you have to go to school the next morning?
Before 9.00 pm
At 9.00 pm or later, but before 10.00 pm

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	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
<u> 20. </u> \	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
<u>21.</u> I	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
NI as	winet a few anactions about acting and drinking

Now just a few questions about eating and drinking











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

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

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I never have breakfast during weekdays					
One or two days					
Three or four days					
Every day					
Prefer not to say					
23. How often do you usually have breakfast at w	eekends (more than a g	lass of milk	or fruit juic	e)?
I never have breakfast during the weekend					
I usually have breakfast on only one day of the	weekend	(Saturday or S	unday)		
I usually have breakfast on both days of the we	ekend (Sa	aturday and Su	nday)		
Prefer not to say					
24. How often do you usually eat or drink Please tick one circle for each line or leave blank	if you pre	efer not to say			
		•	0.4.1	5.0.1	
	Never	Once a week or less	2-4 days a week	5-6 days a week	At least once a day
Fruit					
Fruit Vegetables					
Vegetables Fruit juice or smoothies Sweets or chocolate					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar					
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar	l or to bed	d hungry.			
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar Energy drinks (e.g. Red Bull, Lucozade, Monster)	or to bed	d hungry.			
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar Energy drinks (e.g. Red Bull, Lucozade, Monster)	l or to bed	d hungry.			
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar Energy drinks (e.g. Red Bull, Lucozade, Monster) 25. Some children and young people go to school How often does this happen to you?	l or to bed	d hungry.			
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar Energy drinks (e.g. Red Bull, Lucozade, Monster) 25. Some children and young people go to school How often does this happen to you? Always	l or to bed	d hungry.			
Vegetables Fruit juice or smoothies Sweets or chocolate Cakes or biscuits Crisps Chips or fried potatoes Water Coke or other soft drinks that contain sugar Energy drinks (e.g. Red Bull, Lucozade, Monster) 25. Some children and young people go to school How often does this happen to you? Always Often	l or to bed	d hungry.			

	Thanks	for v	vour	answers	so fa	r.
--	--------	-------	------	---------	-------	----

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

26. How much do you agree or disagree with the follo	owing staten	nents?		
Adults are good at listening to what I say Adults are good at taking what I say into account	Agree	D	isagree	Don't know
The next set of questions ask you about I help understand your strengths and diffic	_	eel and tl	nings that you	u do, to
43.				
		Strengths	and Difficulties (© Robe	Questionnaire rt Goodman, 2005
27. For each item, please select the circle for Not True	e, Somewha	t True or Ce	rtainly True.	
It would help us if you answered all items as best you seems daft!	ı can even if	you are not	t absolutely certa	in or the item
Please give your answers on the basis of how things	have been f	or you over	the last six mont	ths.
Please tick one circle on each line.				
I try to be nice to other people. I care about their feelings I am restless, I cannot stay still for long I get a lot of headaches, stomach-aches or sickness I usually share with others (food, games, pens, etc.) I get very angry and often lose my temper		Not true	Somewhat true	Certainly true
44.		Strenaths	and Difficulties	Questionnaire

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!

© Robert Goodman, 2005

Please give your answers on the basis of how things have been	for you over	the last six mon	ths.
Please tick one circle on each line.			
I am usually on my own. I generally play alone or keep to myself I usually do as I am told I worry a lot I am helpful if someone is hurt, upset or feeling ill I am constantly fidgeting or squirming	Not true	Somewhat true	Certainly true
45.			
	Strengths	and Difficulties © Robe	Questionnaire ert Goodman, 2009
29. For each item, please select the circle for Not True, Somewh	at True or Ce	ertainly True.	
It would help us if you answered all items as best you can even seems daft!	if you are no	t absolutely certa	ain or the item
Please give your answers on the basis of how things have been	for you over	the last six mon	ths.
Please tick one circle on each line.			
I have one good friend or more I fight a lot. I can make other people do what I want I am often unhappy, down-hearted or tearful Other people my age generally like me I am easily distracted, I find it difficult to concentrate	Not true	Somewhat true	Certainly true
46.			
	Strengths	and Difficulties © Robe	Questionnaire ert Goodman, 2009
30. For each item, please select the circle for Not True, Somewh	at True or Ce	ertainly True.	
It would help us if you answered all items as best you can even seems daft!	if you are no	t absolutely certa	ain or the item
Please give your answers on the basis of how things have been	for you ove	the last six mon	ths.
Please tick one circle on each line.			
	Not true	Somewhat true	Certainly true

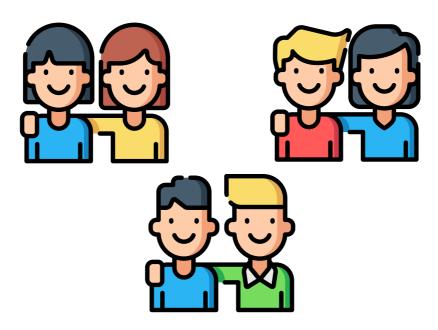
32. Do you have access to the internet at home, on a phone, or another device?

Yes

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Prefer not to	sav								
	July								
	_		_						
33. In your free ti computers, table				ually spend	d using ele	ctronic dev	vices such	as	
Please tick ONE	box for each lir	ne or leave bl	ank if you	prefer not	to say				
			About 2	About 3	About 4	About 5	About 6	About 7	
None	About hal e at all an hour		hours a	hours a	hours a	hours a	hours a	hours or	
_	arriour	nour a day	day	day	day	day	day	more a da	y
Weekdays									
Weekends									
34. Which of the	following activi	ities have yo	u done onl	line in the I	ast 2 week	s, even if n	ot very oft	en?	
Please select AL	L the answers	that apply or	skip this o	question if	you do not	go online	or prefer n	ot to say	
Watching vid	eos online								
Playing game	es online								
Listening to r	music online								
Looking thing	gs up to help witl	h schoolwork							
	ur pictures, statu		social med	lia					
	ner people's pictu	_			dia				
						0 1	()		
Messaging, o	chatting or video	-chatting usin	g social me	edia (such a	s WhatsAp _l	o or Snapch	iat)		
Something e	lse								
35. We are intere									
sites (e.g. Facebo messenger).	ook, Instagram)	and instant	messenge	ers (e.g. Wh	natsApp, Sı	napchat, SI	kype, Face	book	
	room borro rrom								
During the past y	real, Have you								
								Prefe	r
							Yes	No not to	Э
regularly found	that you can't th	ink of anythin	a but the m	oment that	vou will be	ahla to uso		say	
social media agair	-	iiin oi ailylilli	y but tile M	oment tidt	you will be	ลมเซ เบ นรัย			
regularly felt dis		se you wanted	d to spend r	more time o	n social me	dia?			
often felt bad w	hen you could n	ot use social ı	media?						
tried to spend le	ess time on socia	al media, but t	failed?						
regularly negled	cted other activit	ies (e.g. hobb	ies, sport) l	because yo	u wanted to	use social			
media?									

The next questions are about friendships

use?



Please click on the 'next page' button to continue

6. How many close friends would you say you have?	
None	
One	
Two	
Three or more	
Prefer not to say	
7. How often do you feel left out of things?	
Hardly ever or never	
Sometimes	
Often or always	

38. How often do you feel lonely?

Hardly ever or never

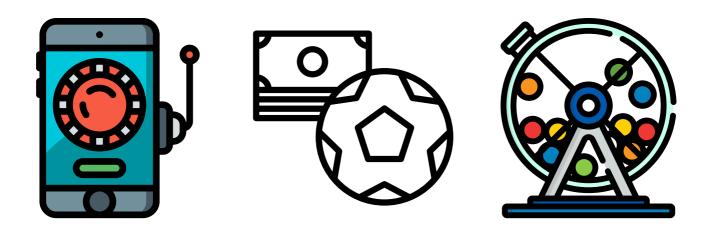
Some of the time

Often

event

Prefer not to say

Now a question on your experience of gambling, including online gambling, in betting shops or casinos, playing fruit machines, or private betting with friends.



Please click on the 'next page' button to continue

39. Have you spent any of YOUR money on any of the following in the last month? We want to know abougames you played yourself. PLEASE READ THE LIST CAREFULLY AND SELECT ALL OF THE ACTIVITIES THAT YOU HAVE TAKEN PART IN, OR LEAVE BLANK IF YOU PREFER NOT TO SAY	ıt
Taking part in a lottery for example National Lottery Lotto (the main National lottery draw), Health Lottery, Postcode Lottery, Scratchcards, Euromillions, Thunderball, Hotpicks	
Personally placing a bet at a betting shop for example visiting a bookies to bet on football or horse racing	
Gambling websites or apps where you can win real money or other prizes for example poker, casino games, bingo, betting on sport or racing	
Fruit machines (puggies, slot machines) at an arcade, pub or club	
Private betting with friends for example playing cards or placing a private bet for money on the outcome of an	

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Bingo at a bingo	o club or somewhere else, for example social club, holiday park
Visiting a betting	g shop to play gaming machines
Visiting a casino	o to play casino games
Any other type	of gambling
None of the abo	ove
Thinking about as best you can	
	Please click on the 'next page' button below to continue
40. How often do	you and the people you live with usually have meals together?
Every day	
Most days	
About once a	week
Less than one	ce a week
Never	
Prefer not to s	say
41. How often do	you enjoy being with the people you live with?
Always	
Often	

Sometimes
Never
Prefer not to say
42. Does anyone who you live with have any of the following? PLEASE TICK ALL THAT APPLY. PLEASE LEAVE BLANK IF YOU PREFER NOT TO SAY
A disability
A long-term illness
A mental health problem
None of the above
Now think about anyone that you care for or look after, whether they live with you
or not.
<u>43.</u> Do you care for, or look after, someone? For example, because they have a disability, an illness, a drug or alcohol problem, a mental health problem, or problems related to old age.
Yes
□ No
Prefer not to say
44. Do you help care for, or look after, them
Every day
A couple of times a week
Once in a while
Prefer not to say
We now have some more questions about your life.
Please remember that you don't have to answer any questions that you don't want
to answer.
45. Do you have an adult in your life who you can trust and talk to about any personal problems?

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No, I don't			
Yes, I sometimes do			
Yes, I always do			
Prefer not to say			
46. How easy is it for you to talk to any of the following people at	_	hat really both	er you?
Please tick one circle on each line or leave blank if you prefer no	t to say		
	Easy	Difficult	Does not apply to me
Friend(s)			
Mum / female carer			
Dad / male carer			
Brother(s) / Sister(s)			
Counsellor (someone who is trained to listen and give you advice			
about your problems or help you manage your feelings) GP or Nurse			
Teacher(s)			
47. How easy is it for you to talk to any of the following people at	out things t	hat really both	er you?
Please tick one circle on each line or leave blank if you prefer no	t to say		
	Easy	Difficult	Does not apply to me
Neighbour(s)			
Youth Worker			
Other family members (e.g. grandparent(s))			
Social Worker			
Another adult you trust			
Club or Group leader (e.g. sports coach, girl guides, boys brigade, scouts, etc.)			
			W 5:

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.

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48. Do you currently have a boyfriend/girlfriend?					
Voc					
Yes					
No					
Prefer not to say					
49. Does your current boyfriend/girlfriend do any Please tick one box on each line	of the fo	llowing thing	s?		
	Often	Quite often	Occasionally	Never	Prefer not to say
Makes you feel safe and respected?					
Encourages you to do something you enjoy?					
Constantly checks where you are?					
Puts you down when you are together or in front of					
other people?					
Comments negatively on how you dress?					
Tries to or limits the time you spend with friends? Puts pressure on you to do sexual things?					
ruts pressure on you to do sexual triings:					
50. People have varying degrees of sexual experi	ence. Ho	w much. if ar	ıv. sexual expe	rience ha	ve vou had?
		, ,	,,		, , , , , , , , , , , , , , , , , , , ,
None					
Small amount (e.g. kissing, some intimate touch	ning on top	o of clothes)			
Some experiences but no sexual intercourse (e. on)	.g. touchir	ng intimately u	nderneath cloth	es or with	out clothes
More experiences, including oral sex					
Vaginal or anal sex					
Prefer not to say					
51. The most recent time you had vaginal or anal condom?	sex (pen	etrative sex),	did you or the	other pe	rson use a
This question does not apply to me					
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, 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
53. 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
54. 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

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

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Yes							
No							
Prefer not to s	20V						
Freier not to s	say						
			4.				
56. The first time	you had penetrative sex, did	you or the	otner pers	son use a	condom?		
This question	does not apply to me						
Yes							
No							
Don't know							
	201						
Prefer not to s	say						
57 M	Albadaa aa lalaa aa aa aa						
57. when you firs	t had sex, would you person	ally say:					
You wanted it	to happen earlier						
You wanted it	to happen at that time						
	ther have had it later						
	sk yourself that						
Prefer not to s	•						
Trefer flot to .	зау						
58. Did you drink	alcohol or use drugs before	you had se	x for the f	irst time?			
Yes							
☐ No							
I do not reme	mber						
Prefer not to	say						
59. Which of the f Please tick one ci	ollowing best describes you ircle on each line	??					
		Doesn't					
		apply to	Fully	Agree	Disagree	Totally disagree	Prefer not to say
16. 17.		me	agree			uisayiee	io say
I find it easy to say experiences I don't	'no' to having sexual twant						
	for help regarding sexual						

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	Doesn't apply to me	Fully agree	Agree	Disagree	Totally disagree	Prefer not to say
I find it easy to get information on sexual health						
I find it easy to say what I want in relationships						

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

60.	Generally	/ speaking,	I feel	safe in	the	area	where	I live.	_
vv.	Ochici ani	, speaking,	1 1001	Juic III		aica	WIICIC	1 11 4 6.	

Most of the time

Sometimes

Rarely or Never

Prefer not to say

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

Y	es,	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 because they want to make sure that you are OK.

Once again, thank you for taking part.