

A

APPENDIX

The following Appendix describes the questions included in the 2014 HBSC survey in Scotland. This does not replicate the full survey but lists only items presented in the 2014 HBSC Scotland National Report.

APPENDIX

CHAPTER 2: FAMILY LIFE

FAMILY STRUCTURE

All families are different (for example, not everyone lives with both their parents, sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours. Please answer this first question for the home **where you live all or most of the time** and tick the people who live there. (*Mother / Father / Stepmother (or father's partner) / Stepfather (or mother's partner) / Grandmother / Grandfather / I live in a foster home or children's home / Someone or somewhere else*)

FAMILY AFFLUENCE

Scores were calculated by summing the responses to the following survey items:

Does your family own a car, van or truck? (*No (=0) / Yes, one (=1) / Yes, two or more (=2)*)

Do you have your own bedroom for yourself? (*No (=0) / Yes (=1)*)

How many computers do your family own (including PCs, Macs, laptops and tablets, **not** including game consoles and smartphones)? (*None (=0) / One (=1) / Two (=2) / More than two (=3)*)

How many times did you and your family travel out of Scotland for a holiday/vacation **last year**? (*Not at all (=0) / Once (=1) / Twice (=2) / More than twice (=3)*)

How many bathrooms (room with a bath/shower or both) are in your home? (*None (=0) / One (=1) / Two (=2) / More than two (=3)*)

Does your family have a dishwasher at home? (*No (=0) / Yes (=1)*)

The children surveyed were assigned low, medium or high FAS classification where FAS 1 (score = 0-6) indicates low affluence; FAS 2 (score = 7-9) indicates middle affluence; and FAS 3 (score = 10-13) indicates high affluence.

PERCEIVED WEALTH

How well off do you think your family is? (*Very well off / Quite well off / Average / Not very well off / Not at all well off*)

COMMUNICATION BETWEEN PARENTS AND ADOLESCENTS

How easy is it for you to talk to the following person about things that really bother you? Mother / Father. (*Very easy / Easy / Difficult / Very difficult / Don't have or don't see this person*)

FAMILY SUPPORT

Scores were calculated by taking the mean of the responses to the following survey items:

My family really tries to help me / I get the emotional help and support I need from my family / I can talk about my problems with my family / My family is willing to help me make decisions (*Very strongly disagree = 1 to Very strongly agree = 7*)

CHAPTER 3: THE SCHOOL ENVIRONMENT

SATISFACTION WITH SCHOOL

How do you feel about school at present? (*I like it a lot / I like it a bit / I don't like it very much / I don't like it at all*)

ACADEMIC ACHIEVEMENT

In your opinion, what does your class teacher(s) think about your school performance compared to your classmates? (*Very good / Good / Average / Below average*)

PRESSURE OF SCHOOLWORK

How pressured (stressed) do you feel by the schoolwork you have to do? (*Not at all / A little / Some / A lot*)

CLASSMATE SUPPORT

Most of the pupils in my class(es) are kind and helpful. (*Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree*)

TEACHER SUPPORT

Here are some statements about the **teachers** in your class(es). Please show how much you agree or disagree with each one. I feel that my teachers accept me as I am / I feel that my teachers care about me as a person / I feel a lot of trust in my teachers. (*Strongly agree = 4 / Agree = 3 / Neither agree nor disagree = 2 / Disagree = 1 / Strongly disagree = 0*)

CHAPTER 4: PEER RELATIONS

NUMBER OF CLOSE FRIENDS

At present, how many close male and female friends do you have? Males / Females. (*None / One / Two / Three or more*)

PEER CONTACT FREQUENCY

How often do you meet your friends outside school time...? Before 8pm? / After 8pm? (*Hardly ever or never / Less than weekly / Weekly / Daily, how often?*)

COMMUNICATION WITH BEST FRIEND

How easy is it for you to talk to the following person about things that really bother you? Best friend. (*Very easy / Easy / Difficult / Very difficult / Don't have or don't see this person*)

ELECTRONIC MEDIA CONTACT

How often do you...? Talk to your friends on the phone or internet-based programmes such as FaceTime or Skype / Contact your friends using texting/SMS / Contact your friends using email / Actively contact your friends using instant messaging (e.g. BBM, Facebook chat) / Contact your friends using other social media, such as Facebook (posting on wall, not chat), Myspace, Twitter, Apps (e.g. Instagram), games (e.g. Xbox), YouTube, etc. (*Hardly ever or never / Less than weekly / Weekly / Daily, how often during a day?*)

PEER SUPPORT

Scores were calculated by taking the mean of the responses to the following survey items:

My friends really try to help me / I can count on my friends when things go wrong / I have friends with whom I can share my joys and sorrows / I can talk about my problems with my friends (*Very strongly disagree = 1 to Very strongly agree = 7*)

CHAPTER 5: NEIGHBOURHOOD ENVIRONMENT

FEEL SAFE IN LOCAL AREA

Generally speaking, I feel safe in the area where I live ... (*Always / Most of the time / Sometimes / Rarely or never*)

LOCAL AREA IS A GOODPLACE TO LIVE

Do you think that the area in which you live is a good place to live? (*Yes, it's really good / Yes, it's good / It's OK / It's not very good / No, it's not good at all*)

GENERAL PERCEPTIONS OF LOCAL AREA

Please say how you feel about these statements about the area where you live. People say "hello" and often stop to talk to each other in the street / It is safe for younger children to play outside during the day / You can trust people around here / There are good places to spend your free time (e.g. leisure centres, parks, shops) / I could ask for help or a favour from neighbours / Most people around here would try to take advantage of you if they got the chance. (*Agree a lot / Agree a bit / Neither agree nor disagree / Disagree a bit / Disagree a lot*)

USE OF LOCAL GREENSPACE

Thinking of the summer months, out of school hours **how often** do you usually pass through or spend time in any of the following places **in your local area?** Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space. (*Less than once a month / About once a month / 2 to 3 times a month / 1 to 2 times a week / 3 to 4 times a week / 5 to 6 times a week / Every day*)

Thinking of the summer months, out of school hours **how much time overall in a week** do you usually spend in the following places **in your local area?** Parks, play areas, public gardens, woods, playing fields or sports pitches, golf courses, beaches, canals, rivers or by lochs or other types of natural open space. (*None / Half an hour or less per week / Between half to one hour per week / Between 1 to 2 hours per week / Between 2 to 4 hours per week / Between 4 to 6 hours per week / 7 or more hours per week*)

Frequency of greenspace use was categorised as: Infrequent user (<once a month), occasional user (1 to 3 times a month), frequent user (at least once a week).

Duration of greenspace use was categorised as: None/Light user ('None' to 'Half an hour or less per week'), moderate user ('Between half to one hour per week' to 'Between 1 to 2 hours per week'), heavy user ('Between 2 to 4 hours per week' to '7 or more hours per week').

CHAPTER 6: EATING HABITS

FAMILY MEALS

How often do you have an evening meal together with your mother or father? (*Never / Less than once a week / 1-2 days a week / 3-4 days a week / 5-6 days a week / Every day*)

BREAKFAST CONSUMPTION

How often do you usually have **breakfast** (more than a glass of milk or fruit juice)? Weekdays*: (*I never have breakfast during weekdays / One day / Two days / Three days / Four days / Five days*)

* Question also used for weekend days

LUNCH ON SCHOOLDAYS

On most school days, what do you do for lunch? (*School lunches in the dining room or canteen / Packed lunch in school / Go home for lunch / Buy lunch from local shop, café or van / I don't eat lunch / Other*)

CONSUMPTION OF FOODS

How many **times a week** do you usually eat or drink...? Fruit / Vegetables / Sweets or chocolate / Potato crisps / Chips or fried potatoes / Coke or other soft drinks that contain sugar (**not** diet coke or diet soft drinks). (*Never / Less than once a week / Once a week / 2-4 days a week / 5-6 days a week / Once a day, every day / Every day, more than once*)

CHAPTER 7: PHYSICAL ACTIVITY & SEDENTARY BEHAVIOUR

MODERATE TO VIGOROUS PHYSICAL ACTIVITY

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football, and gymnastics.

For the next question, add up all the time you spend in physical activity each day.

Over the **past 7 days**, on how many days were you physically active for a total of at least **60 minutes per day?** (*0 days / 1 day / 2 days / 3 days / 4 days / 5 days / 6 days / 7 days*)

LEISURE TIME VIGOROUS PHYSICAL ACTIVITY

Outside school hours: How **often** do you usually exercise in your free time so much that you get out of breath or sweat? (*Every day / 4-6 times a week / 2 to 3 times a week / Once a week / Once a month / Less than once a month / Never*)

OUTSIDE SCHOOL HOURS: How many **hours a week** do you usually exercise in your free time so much that you get out of breath or sweat? (*None / About half an hour / About 1 hour / About 2 to 3 hours / About 4 to 6 hours / 7 hours or more*)

TRAVEL TO SCHOOL

On a typical day is the **main** part of your journey to school made by....
(Walking / Bicycle / Bus, train, tram, underground or boat / Car, motorcycle
or moped / Other means)

TRAVEL TIME TO SCHOOL

How long does it usually take you to travel to school from your home?
(Less than 5 minutes / 5-15 minutes / 15-30 minutes / 30 minutes to 1 hour /
More than 1 hour)

TIME SPENT WATCHING TELEVISION

How many **hours a day, in your free time**, do you usually spend
watching TV, videos (including YouTube or similar services), DVDs, and
other entertainment on a screen? Weekdays / Weekend. (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 or more hours a day)

PLAYING COMPUTER GAMES

How many **hours a day, in your free time**, do you usually spend
playing games on a computer, games console, tablet (like iPad),
smartphone or other electronic device (not including moving or fitness
games)? Weekdays / Weekend. (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 or more
hours a day)

USING A COMPUTER FOR PURPOSES OTHER THAN PLAYING GAMES

How many **hours a day, in your free time**, do you usually spend
using electronic devices such as computers, tablets (like iPad) or smart
phones for other purposes, for example, homework, emailing, tweeting,
facebook, chatting, surfing the internet? Weekdays / Weekend. (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 or more hours a day)

CHAPTER 8: WEIGHT CONTROL BEHAVIOUR

At present are you on a diet or doing something else to lose weight?
(No, my weight is fine / No, but I should lose some weight / No, because I need
to put on weight / Yes)

CHAPTER 9: BODY IMAGE AND BODY MASS INDEX

BODY SIZE

Do you think your body is.... (Much too thin / A bit too thin / About the right
size / A bit too fat / Much too fat)

REPORTING GOOD LOOKS

Do you think you are.... (Very good looking / Quite good looking / About
average / Not very good looking / Not at all good looking / I don't think about
my looks)

BODY MASS INDEX (BMI)

How much do you weigh? (I weighkilograms / I weighstones
pounds / I don't know what I weigh)

How tall are you? (I ammetrecentimetres tall / I amfeet
inches tall / I don't know what height I am)

CHAPTER 10: TOOTH BRUSHING

TOOTH BRUSHING AT LEAST TWICE A DAY

How often do you brush your teeth? (More than once a day / Once a day /
At least once a week but not daily / Less than once a week / Never)

CHAPTER 11: WELL-BEING

LIFE SATISFACTION

Young people were shown a picture of a ladder and given the following
description and question: *Here is a picture of a ladder – the top of the ladder
'10' is the best possible life for you and the bottom '0' is the worst possible
life. In general where on the ladder do you feel you stand at the moment?* In
this adapted version of the Cantril Ladder, a score of six or more was
defined as high life satisfaction.

HAPPINESS

In general, how do you feel about your life at present? (I feel very happy /
I feel quite happy / I don't feel very happy / I'm not happy at all)

How often do you feel happy? (Never / Hardly ever / Sometimes / Often
/ Always)

SELF-CONFIDENCE

How often do you feel confident in yourself? (Never / Hardly ever /
Sometimes / Often / Always)

FEELING LEFT OUT

How often do you feel left out of things? (Never / Hardly ever / Sometimes
/ Often / Always)

SELF-RATED HEALTH

Would you say your health is.....? (Excellent / Good / Fair / Poor)

HEALTH COMPLAINTS

In the last **6 months**: how often have you had the following ...?
Headache / Stomach-ache / Backache / Feeling low / Irritability or bad
temper / Feeling nervous / Difficulties in getting to sleep/ Feeling dizzy
(About every day / More than once a week / About every week / About every
month / Rarely or never)

Multiple health complaints are defined as having 2 or more symptoms
more than once a week.

MEDICINE USE

During the **last month** have you taken any **medicine or tablets** for
the following? Headache / Stomachache / Difficulties in getting to
sleep / Nervousness / Something else (please say what) (No / Yes, once
/ Yes, more than once)

KIDSCREEN

Thinking about the **last week...** Have you felt fit and well? (*Not at all / Slightly / Moderately / Very / Extremely*) / Have you felt full of energy? / Have you felt sad? / Have you felt lonely? / Have you had enough time for yourself? / Have you been able to do things that you wanted to do in your free time? / Have your parent(s) treated you fairly? / Have you had fun with your friends? (*Never / Not often / Quite often / Very often / Always*) / Have you got on well at school? (*Not at all / Slightly / Moderately / Very / Extremely*) / Have you been able to pay attention? (*Never / Not often / Quite often / Very often / Always*)

The KidScreen scale was calculated according to www.kidscreen.org/english. The copyright for KIDSCREEN belongs to Prof. Ravens-Sieberer. The KIDSCREEN Group Europe. (2006). *The KIDSCREEN Questionnaires – Quality of life questionnaires for children and adolescents*. Handbook. Lengerich: Pabst Science Publishers.

PERCEIVED STRESS

In the **last month...** How often have you: felt that you were unable to control the important things in your life? / felt confident about your ability to handle personal problems? / felt that things were going your way? / felt difficulties were piling up so high that you could not overcome them? (*Never / Almost never / Sometimes / Fairly often / Very often*)

Cohen, S., Kamarck, T. and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24: 385-396.

CHAPTER 12: SUBSTANCE USE

TOBACCO

On how many days (if any) have you smoked cigarettes? In your lifetime / In the last 30 days (*Never / 1-2 days / 3-5 days / 6-9 days / 10-19 days / 20-29 days / 30 days or more*)

How often do you smoke tobacco at present? (*Every day / At least once a week, but not every day / Less than once a week / I do not smoke*)

ALCOHOL

At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include even those times when you only drink a small amount. Beer or lager / Wine or champagne / Alcopops (like Smirnoff Ice, Bacardi Breezer, WKD) / Spirits (like whisky, vodka) / Cider / Fortified (strong) wine like sherry, martini, port, Buckfast/Any other drink that contains alcohol. (*Every day / Every week / Every month / Hardly ever / Never*)

Have you ever had so much alcohol that you were really drunk? In your lifetime (*No, never / Yes, once / Yes, 2-3 times / Yes, 4-10 times / Yes, more than 10 times*)

CANNABIS

Have you ever taken cannabis... In your life / In the last 30 days. (*Never / 1-2 days / 3-5 days / 6-9 days / 10-19 days / 20-29 days / 30 days or more*)

CHAPTER 13: SEXUAL HEALTH

SEXUAL INTERCOURSE

Have you ever had sexual intercourse (sometimes this is called "making love", "having sex", or "going all the way")? (*Yes / No*)

AGE AT FIRST SEXUAL INTERCOURSE

How old were you when you had sexual intercourse for the **first time**? (*11 years or younger / 12 years old / 13 years old / 14 years old / 15 years old / 16 years old*)

CONTRACEPTION

The last time you had sexual intercourse, did you or your partner... Use a condom? / Use birth control pills? (*Yes / No / Don't Know*)

CHAPTER 14: BULLYING AND FIGHTING

BULLYING AND BEING BULLIED

We say a pupil is **being bullied** when another pupil, or group of pupils, say or do nasty and unpleasant things to him or her. It is also bullying when a pupil is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is not bullying when two pupils of about the same strength or power argue or fight. It is also not bullying when a pupil is teased in a friendly and playful way.

How often have you been bullied at school in the **past couple of months**? (*I haven't been bullied at school in the past couple of months / It has only happened once or twice / 2 or 3 times a month / About once a week / Several times a week*)

How often have you taken part in bullying another pupil(s) at school in the **past couple of months**? (*I haven't bullied another pupil(s) at school in the past couple of months / It has only happened once or twice / 2 or 3 times a month / About once a week / Several times a week*)

ELECTRONIC BULLYING

How often have you been bullied in the following ways in the **past couple of months**?

Someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me / Someone took unflattering or inappropriate pictures of me without my permission and posted them online (*I have not been bullied in this way / Only once or twice / 2 or 3 times a month / About once a week / Several times a week*)

FIGHTING

During the **past 12 months**, how many times were you in a physical fight? (*I have not been in a physical fight in the past 12 months / 1 time / 2 times / 3 times / 4 times or more*)

CHAPTER 15: INJURIES

MEDICALLY-ATTENDED INJURY

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following question is about injuries you may have had during the past 12 months.

During the **past 12 months**, how many times were you injured and had to be treated by a doctor or nurse? (*I was not injured in the past 12 months / 1 time / 2 times / 3 times / 4 times or more*)

Did **the most serious injury** need medical treatment such as the placement of a cast, stitches, surgery, or staying in a hospital overnight? (*I was not injured in the past 12 months / Yes / No*)

PLACE WHERE INJURY HAPPENED

Where were you when the **most serious injury** happened? (*I was not injured in the past 12 months / A home/in garden (yours or someone else's) / School, including school grounds, during school hours / School, including school grounds, after school hours / At a sports facility or field (not at school) / In the street/road/car park / Other location*)

ACTIVITY WHEN INJURY HAPPENED

What were you doing when **the most serious** injury happened? (*I was not injured in the past 12 months / Biking/cycling / Playing or training for sports/recreational activity / Walking/running (not for a sports team or exercise) / Riding/driving in a car or other motor vehicle / Fighting / Paid or unpaid work / Other activity*)