



**hbsc**

**2009/10 Survey:  
International Standard  
Mandatory Questionnaire**



# Introduction

This document contains the mandatory questions for the 2009/10 HBSC survey round in English. Each question is presented along with its variable name and brief description.

## Demographics

### Gender

Variable name: sex

**Are you a boy or a girl?**

1  Boy

2  Girl

### Grade

**What class are you in?**

1  Country specific Grade (11 years old)

2  Country specific Grade (13 years old)

3  Country specific Grade (15 years old)

### Age

Variable names: monthbirth  
yearbirth

**What month were you born?**

Jan    Feb    Mar    Apr    May    June    July    Aug    Sept    Oct    Nov    Dec

**What year were you born?**

1991    1992    1993    1994    1995    1996    1997    1998

## Health Behaviours

### Eating habits

#### Breakfast consumption

**Description:** A measure on frequency of breakfast consumption in order to identify those who regularly skip this meal, which is generally traditionally considered an important factor in a healthy lifestyle. Skipping breakfast has been associated with other health compromising behaviours, such as substance use and reduced cognitive functioning. The question is split between weekdays and weekends to identify those who skip breakfast on a school day.

**Variable names:** breakfastwd  
breakfastwe

<b>How often do you usually have <u>breakfast</u> (more than a glass of milk or fruit juice)?</b>	
Please tick one box for <u>weekdays</u> and one box for <u>weekend</u>	
<b><u>Weekdays</u></b>	<b><u>Weekend</u></b>
1 <input type="checkbox"/> I never have breakfast during weekdays	1 <input type="checkbox"/> I never have breakfast during the weekend
2 <input type="checkbox"/> One day	2 <input type="checkbox"/> I usually have breakfast on only one day of the weekend (Saturday OR Sunday)
3 <input type="checkbox"/> Two days	3 <input type="checkbox"/> I usually have breakfast on both weekend days (Saturday AND Sunday)
4 <input type="checkbox"/> Three days	
5 <input type="checkbox"/> Four days	
6 <input type="checkbox"/> Five days	

Source: HBSC survey 2002.

## Food consumption frequency

**Description:** These four items represent broad indicators of healthy (fruit and vegetables) and unhealthy (sweets and soft drinks) food consumption.

**Variable names:** fruits  
vegetables  
sweets  
softdrinks

How many times a week do you usually eat or drink .... ?							
Please tick one box for each line							
	1) Never	2) Less than once a week	3) Once a week	4) 2-4 days a week	5) 5-6 days a week	6) Once a day, every day	7) Every day, more than once
1. Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sweets (candy or chocolate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Coke or other soft drinks that contain sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC surveys 1985/06, 1989/90, 1993/94, 1997/98, 2001/02 (revised: response categories expanded; 'raw' and 'cooked' vegetables merged into 'vegetables').

## Weight Control & Body Image

**Description:** This item identifies those who are currently engaging in some form of behaviour in order to lose weight.

**Variable name:** ondiet

**At present are you on a diet or doing something else to lose weight?**

- 1  No, my weight is fine
- 2  No, but I should lose some weight
- 3  No, because I need to put on weight
- 4  Yes

SOURCE: HBSC surveys 1993/94, 1997/98, 2001/02 (revised: definition was expanded to include 'doing something else'; response category 3 was added ).

## Body image

**Description:** This item examines perceived body size in order to identify those who are dissatisfied with their body weight.

**Variable name:** thinkbody

**Do you think your body is.....?**

- 1  Much too thin
- 2  A bit too thin
- 3  About the right size
- 4  A bit too fat
- 5  Much too fat

SOURCE: HBSC surveys 1993/4, 1997/98, 2001/02 (revised: response category 'I don't think about it' was removed).

## Height & weight (BMI)

**Description:** Height and weight is used to calculate Body Mass Index (BMI), which is used to determine those who are overweight or obese.

**Variable names:** bodyweight  
bodyheight

<p><b>How much do you weigh without clothes? .....</b></p> <p><b>How tall are you without shoes? .....</b></p>
--

SOURCE: HBSC surveys 1997/98 (optional package), 20021/02 (mandatory).

## Oral health

**Description:** A basic measure on frequency of tooth-brushing. The commonly accepted recommendation for tooth-brushing is twice a day.

**Variable name:** toothbr

<p><b>How often do you brush your teeth?</b></p> <p>1 <input type="checkbox"/> More than once a day</p> <p>2 <input type="checkbox"/> Once a day</p> <p>3 <input type="checkbox"/> At least once a week but not daily</p> <p>4 <input type="checkbox"/> Less than once a week</p> <p>5 <input type="checkbox"/> Never</p>
---

SOURCE: HBSC surveys 1985/86, 1989/90, 1993/94, 1997/98, 2001/02. Status for 2005/06: Unchanged.

## Physical Activity

### Moderate-to-Vigorous Physical Activity (MVPA)

**Description:** A measure of weekly moderate-to-vigorous physical activity. It was used to identify those who meet the current international guidelines for physical activity of one hour or more of at least moderate intensity on five or more days a week. As indicated in the question definition text, the focus is on the total amount of activity undertaken and therefore includes all types of activity undertaken both in and out of school hours.

**Variable name:** physact60

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, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing. *[COUNTRY SPECIFIC EXAMPLES CAN BE GIVEN]*

**For this next question, add up all the time you spent 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     2     3     4     5     6     7 days

SOURCE: Prochaska JJ, Sallis JF, Long B. (2001). A physical activity screening measure for use with adolescents in primary care. *Archives of Paediatrics & Adolescent Medicine*. 155: 554-559. Adapted for use in HBSC survey 2001/02.



## Vigorous Physical Activity (VPA)

**Description:** A two-item measure of the frequency and duration of vigorous physical activity undertaken as a recreational/leisure pursuit outside of school hours.

**Variable names:** timeexce  
hourexce

**OUTSIDE SCHOOL HOURS:** How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat?

- 1  Every day
- 2  4 to 6 times a week
- 3  2 to 3 times a week
- 4  Once a week
- 5  Once a month
- 6  Less than once a month
- 7  Never

SOURCE: HBSC surveys 1985/86, 1989/90, 1993/94, 1997/98, 2001/02 (optional).

**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?

- 1  None
- 2  About half an hour
- 3  About 1 hour
- 4  About 2 to 3 hours
- 5  About 4 to 6 hours
- 6  7 hours or more

SOURCE: HBSC surveys 1985/86, 1989/90, 1993/94, 1997/98. 2001/02 (optional).

## Leisure time activity

### Television use

**Description:** A measure of the hours a day spent watching television as an indicator of, for example, sedentary activity.

**Variable names:** tvwd  
tvwe

<b>About how many hours a day do you usually watch television (including DVDs and videos) in your free time?</b>	
Please tick one box for <u>weekdays</u> and one box for <u>weekend</u>	
<b>Weekdays</b>	<b>Weekend</b>
1 <input type="checkbox"/> None at all	1 <input type="checkbox"/> None at all
2 <input type="checkbox"/> About half an hour a day	2 <input type="checkbox"/> About half an hour a day
3 <input type="checkbox"/> About 1 hour a day	3 <input type="checkbox"/> About 1 hour a day
4 <input type="checkbox"/> About 2 hours a day	4 <input type="checkbox"/> About 2 hours a day
5 <input type="checkbox"/> About 3 hours a day	5 <input type="checkbox"/> About 3 hours a day
6 <input type="checkbox"/> About 4 hours a day	6 <input type="checkbox"/> About 4 hours a day
7 <input type="checkbox"/> About 5 hours a day	7 <input type="checkbox"/> About 5 hours a day
8 <input type="checkbox"/> About 6 hours a day	8 <input type="checkbox"/> About 6 hours a day
9 <input type="checkbox"/> About 7 or more hours a day	9 <input type="checkbox"/> About 7 or more hours a day

SOURCE: HBSC surveys 1985/86, 1989/90, 1993/94, 1997/98, 2001/02 (*Revised: weekday/weekend split introduced; response categories expanded; 'videos' included*).

## Computer use

**Description:** These items measure hours a day spent using a computer and playing electronic games during the week and at weekends in students' free time.

**Variable names:** playgamewd  
playgamewe  
compusewd

**About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time?**

Please tick one box for weekdays and one box for weekend

<b>Weekdays</b>		<b>Weekend</b>	
1	<input type="checkbox"/> None at all	1	<input type="checkbox"/> None at all
2	<input type="checkbox"/> About half an hour a day	2	<input type="checkbox"/> About half an hour a day
3	<input type="checkbox"/> About 1 hour a day	3	<input type="checkbox"/> About 1 hour a day
4	<input type="checkbox"/> About 2 hours a day	4	<input type="checkbox"/> About 2 hours a day
5	<input type="checkbox"/> About 3 hours a day	5	<input type="checkbox"/> About 3 hours a day
6	<input type="checkbox"/> About 4 hours a day	6	<input type="checkbox"/> About 4 hours a day
7	<input type="checkbox"/> About 5 hours a day	7	<input type="checkbox"/> About 5 hours a day
8	<input type="checkbox"/> About 6 hours a day	8	<input type="checkbox"/> About 6 hours a day
9	<input type="checkbox"/> About 7 or more hours a day	9	<input type="checkbox"/> About 7 or more hours a day

**About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time?**

Please tick one box for weekdays and one box for weekend

<u>Weekdays</u>		<u>Weekend</u>	
1	<input type="checkbox"/> None at all	1	<input type="checkbox"/> None at all
2	<input type="checkbox"/> About half an hour a day	2	<input type="checkbox"/> About half an hour a day
3	<input type="checkbox"/> About 1 hour a day	3	<input type="checkbox"/> About 1 hour a day
4	<input type="checkbox"/> About 2 hours a day	4	<input type="checkbox"/> About 2 hours a day
5	<input type="checkbox"/> About 3 hours a day	5	<input type="checkbox"/> About 3 hours a day
6	<input type="checkbox"/> About 4 hours a day	6	<input type="checkbox"/> About 4 hours a day
7	<input type="checkbox"/> About 5 hours a day	7	<input type="checkbox"/> About 5 hours a day
8	<input type="checkbox"/> About 6 hours a day	8	<input type="checkbox"/> About 6 hours a day
9	<input type="checkbox"/> About 7 or more hours a day	9	<input type="checkbox"/> About 7 or more hours a day

SOURCE: HBSC 1990, 1994, 1998, 2002 (revised: weekly activity changed to daily; weekday/weekend split introduced; definition in brackets added).

## Risk Behaviour

### Tobacco use: ever smoked

**Description:** A measure of the prevalence of tobacco use among participating students.

**Variable name:** triedsmoke

**Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)**

- 1  Yes
- 2  No

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002.

## Tobacco use: current smoking

**Description:** A measure of the frequency of tobacco use.

**Variable name:** smoking

**How often do you smoke tobacco at present?**

- 1  Every day
- 2  At least once a week, but not every day
- 3  Less than once a week
- 4  I do not smoke

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002.

## Alcohol use

### Alcohol consumption frequency

**Description:** A measure of the frequency with which adolescents currently consume alcohol. The item on 'Alcopops' concerns beverages that are categorised as 'Flavoured Alcoholic Beverages' (FABs) by the drinks industry, and includes both 'pre-mixed' and 'designer' drinks. The addition of this item acknowledges the growth in popularity of these drinks amongst young people over the past ten years.

**Variable names:** beer  
wine  
spirits  
alcopops  
otheralco

**At present, how often do you drink anything alcoholic, such as beer, wine or spirits like....[Country specific examples can be given]? Try to include even those times when you only drink a small amount.**

Please tick one box for each line

		Every day	Every week	Every month	Rarely	Never
1.	<b>Beer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Wine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>Spirits / Liquor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>Alcopops (i.e. Smirnoff Ice, Bacardi Breezer, Mike's Hard, Lemonade)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-7.	<i>National drinks categories (maximum of three)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<b>Any other drink that contains alcohol</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002

## Drunkenness

**Description:** A measure of lifetime drunkenness.

**Variable name:** drunk

**Have you ever had so much alcohol that you were really drunk?**

1  No, never

2  Yes, once

3  Yes, 2-3 times

4  Yes, 4-10 times

5  Yes, more than 10 times

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002

## Age of onset of smoking, alcohol consumption and drunkenness: 15 year olds only

**Description:** A measure of the age of initiation into smoking, drinking alcohol and drunkenness.

**Variable names:** agealco  
agedrunk  
agecigarette

**At what age did you first do the following things?**  
If there is something you have not done, choose the 'never' category.

	1) Never	2) 11 or less	3) 12	4) 13	5) 14	6) 15	7) 16 or older
<b>Drink alcohol</b> (more than a small amount)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Get drunk</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Smoke a cigarette</b> (more than a puff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC 2002

## Alcohol and tobacco: last 30 days use

**Description:** A measure of the frequency of smoking, drinking alcohol and drunkenness during the previous 30 days.

**Note:** This is a new mandatory question for the 2009/10 survey.

<b>On how many occasions (if any) have you done the following things in the last 30 days?</b> Please tick one box for each line.							
	1) Never	2) 1-2 times	3) 3 - 5 times	4) 6-9 times	5) 10-19 times	6) 20-39 times	7) 40 or more
<b>Smoked cigarettes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drunk alcohol</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Been drunk</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC 2001/02. Revised in 2005/06

## Cannabis use: for 15 year olds only

**Variable names:** cannabis12m  
cannabis12m  
cannabis30d

<b>Have you ever taken cannabis</b> <i>[INSERT APPROPRIATE COUNTRY SPECIFIC NAMES.....?]</i> Please tick one box for each line.							
	1) Never	2) Once or twice	3) 3 to 5 times	4) 6 to 9 times	5) 10 to 19 times	6) 20 to 39 times	7) 40 times or more
<b>1. In your life</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. In the last 12 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. In the last 30 days</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: ESPAD (European School Survey Project on Alcohol & other Drugs, 1995); HBSC 2002 (items 1 & 2)



## Sexual health: 15 year olds only

### Prevalence of sexual intercourse

**Description:** A measure of the prevalence of sexual intercourse among 15 year olds.

**Variable name:** hadsex

**Have you ever had sexual intercourse** (sometimes this is called "making love," "having sex," or "going all the way" or other appropriate colloquial terms)?

1  Yes

2  No

SOURCE: Youth Risk Behaviour Survey (YRBS), CDC; HBSC 2002

### Age of first sexual intercourse

**Description:** A measure of the age at which sexual intercourse first took place.

**Variable name:** agesex

**How old were you when you had sexual intercourse for the first time?**

1  I have never had sexual intercourse

2  11 years old or younger

3  12 years old

4  13 years old

5  14 years old

6  15 years old

7  16 years old

17 years or older

SOURCE: YRBS; HBSC 2002

## Contraception use to prevent pregnancy

**Description:** A measure of contraception used at the last experience of sexual intercourse. This question and the following item on condom use (M27 below) aim to measure separately the methods used to prevent pregnancy and to prevent sexually transmitted diseases.

Cognitive testing during the development of these on contraceptive use (by the YRBS) showed that asking the questions separately helps to ensure that respondents adequately consider what actions they took on both counts.

**Variable names:** contraceptnever  
 contraceptnomet  
 contraceptpill  
 contraceptcondom  
 contraceptwithdraw  
 contraceptother  
 contraceptnotsure

<b>The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? Mark all that apply</b>		
I have never had sexual intercourse	<input type="checkbox"/>	<i>Go to the next question</i>
No method was used to prevent pregnancy	<input type="checkbox"/>	<i>Go to the next question</i>
	<i>Yes</i>	<i>No</i>
Birth control pills	<input type="checkbox"/>	<input type="checkbox"/>
Condoms	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>
<i>(National choice options may be inserted here)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Some other method	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: YRBS (adapted); HBSC 2002

## Condom use

**Description:** A measure of condom use at last intercourse in order to estimate those at risk from STIs (sexually transmitted infections).

**Variable name:** condomuse

**The last time you had sexual intercourse, did you or your partner use a condom?**

1  I have never had sexual intercourse

2  Yes

3  No

SOURCE: YRBS; HBSC 2002

## Injuries, Fighting and Bullying

### Injuries

**Description:** A measure of the frequency of significant injuries during the previous 12 months. In order to distinguish from minor injuries that are a common occurrence amongst young people a significant injury is here defined as one that requires medical attention.

**Variable name:** injured12m

**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 questions are 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?**

1  I was not injured in the past 12 months

2  1 time

3  2 times

4  3 times

5  4 times or more

SOURCE: HBSC 1994; 1998 (optional package); 2002 (mandatory).

## Fighting

**Description:** A measure of aggression and violence assessed through the frequency of physical fighting in the previous 12 months.

**Variable name:** fight12m

**During the past 12 months, how many times were you in a physical fight?**

- 1  I have not been in a physical fight in the past 12 months
- 2  1 time
- 3  2 times
- 4  3 times
- 5  4 times or more

SOURCE: Brener ND, Collins JL, Kann L, Warren CW, Williams BI. Reliability of the youth risk behavior survey questionnaire. *Am J Epidemiol.* 1995;141:575-580; HBSC 2002

## Bullying

**Description:** Two measures of the frequency of being bullied and bullying others at school. 'Bullying' is the assertion of interpersonal power through aggression. It has been defined as negative physical or verbal actions that have hostile intent, cause distress to victims, are repeated over time, and involve a power differential between bullies and their victims.

**Variable names:** beenbullied  
bulliedothers

### Being bullied

Here are some questions about bullying. We say a student is **BEING BULLIED** when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also **bullying** when a student 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 students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.

**How often have you been bullied at school in the past couple of months?**

- 1  I have not been bullied at school the past couple of months
- 2  It has only happened once or twice
- 3  2 or 3 times a month
- 4  About once a week
- 5  Several times a week

SOURCE: Olweus, D, 1996: The revised Olweus Bully/Victim Questionnaire. Mimeo. HEMIL, University of Bergen, N-5015 Bergen, Norway; HBSC 2002

## Bullying others

**How often have you taken part in bullying another student(s) at school in the past couple of months?**

- 1  I have not bullied another student(s) at school in the past couple of months
- 2  It has only happened once or twice
- 3  2 or 3 times a month
- 4  About once a week
- 5  Several times a week

SOURCE: Olweus,D, 1996: The revised Olweus Bully/Victim Questionnaire. Mimeo. HEMIL, University of Bergen, N-5015 Bergen, Norway; HBSC 2002

## Family

### Family structure

**Description:** A measure of family structure and household composition.

**Variable names:** motherhome1  
fatherhome1  
stepmohome1  
stepfahome1  
grandmohome1  
grandfahome1  
fosterhome1  
elsehome1  
brothershome1  
sistershome1

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.

#### **Adults**

- 1  Mother
- 2  Father
- 3  Stepmother (or father's girlfriend)
- 4  Stepfather (or mother's boyfriend)
- 5  Grandmother
- 6  Grandfather
- 7  I live in a foster home or children's home
- 8  Someone or somewhere else: *please write it down* .....

#### **Children**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.


How many brothers? \_\_\_\_\_

How many sisters? \_\_\_\_\_

**Variable names:** havehome2  
stayhome2  
motherhome2  
fatherhome2  
stepmohome2  
stepfahome2  
grandmohome2  
grandfahome2  
fosterhome2  
elsehome2  
brothershome2  
sistershome2

**Do you have another home or another family, such as the case when your parents are separated or divorced?**

1  No - *GO TO QUESTION XX*

2  Yes 

**How often do you stay there?**

- 1  Half the time
- 2  Regularly but less than half the time
- Sometimes
- Hardly ever

Please tick the people who live there:

**Adults**

- 1  Mother
- 2  Father
- 3  Stepmother (or father's girlfriend)
- 4  Stepfather (or mother's boyfriend)
- 5  Grandmother
- 6  Grandfather
- 7  live in a foster home or children's home
- 8  Someone or somewhere else: *please write it down* .....

**Children**

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many brothers? \_\_\_\_\_

How many sisters? \_\_\_\_\_



## Family communication

**Description:** A measure of communication with family members and friends as an indicator of the quality of relationships.

**Variable names:** talkfather  
talkstepfa  
talkmother  
talkstepmo  
talkbrother  
talksister

<b>How easy is it for you to talk to the following persons about things that really bother you? Please tick one box for each line</b>					
	1) very easy	2) easy	3) difficult	4) very difficult	5) don't have or see this person
<b>1. Father</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Stepfather (or mother's boyfriend)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Mother</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Stepmother (or father's girlfriend)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Elder brother (s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Elder sister (s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Best friend</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Friends of the same sex</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Friends of the opposite sex</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002.

## Peers

### Number of close friends

**Description:** A measure of the size and gender of the student's friendship group.

**Variable names:** malefriends  
femalefriend

**At present, how many close male and female friends do you have?**

*Please tick one box each column*

<u>Males</u>		<u>Females</u>	
1	<input type="checkbox"/> None	1	<input type="checkbox"/> None
2	<input type="checkbox"/> One	2	<input type="checkbox"/> One
3	<input type="checkbox"/> Two	3	<input type="checkbox"/> Two
4	<input type="checkbox"/> Three or more	4	<input type="checkbox"/> Three or more

SOURCE: HBSC 1994,1998, 2002 (*revised*)

### Peer contact frequency (after school)

**Description:** A measure of frequency of contact with friends after school.

**Variable name:** friendsafternoon

**How many days a week do you usually spend time with friends right after school?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 days	1	2	3	4	5	6

SOURCE: HBSC 1986, 1990, 1994, 1998 , 2002 (*revised: response categories adjusted to match that of evening contact with peers*)

## Peer contact frequency (evenings)

**Description:** A measure of frequency of contact with friends in the evening.

**Variable name:** friendsevening

**How many evenings per week do you usually spend out with your friends?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
evenings							evenings

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002

## Peer contact frequency: electronic-media communication

**Description:** A measure of frequency of contact with friends through electronic media.

**Variable name:** emedia6m

**How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?**

1	<input type="checkbox"/>	Rarely or never
2	<input type="checkbox"/>	1 or 2 days a week
3	<input type="checkbox"/>	3 or 4 days a week
4	<input type="checkbox"/>	5 or 6 days a week
5	<input type="checkbox"/>	Every day

SOURCE: HBSC 2001/02

## Positive health

### Subjective health complaints

**Description:** A non-clinical measure of mental and physical health. The list includes physical and psychological symptoms. (Note: this measure is also referred to as 'the HBSC symptom checklist' and 'psychosomatic complaints').

**Variable names:** headache  
stomachache  
backache  
feellow  
irritable  
nervous  
sleepdifficulty  
dizzy

<b>In the last 6 months: how often have you had the following....?</b> Please tick one box for each line					
	1) About every day	2) More than once a week	3) About every week	4) About every month	5) Rarely or never
1. Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stomach-ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Back ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability or bad temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Difficulties in getting to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feeling dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC 1986, 1990,1994,1998, 2002

## Self-rated health

**Description:** A measure of perceived health status.

**Variable name:** health

**Would you say your health is.....?**

1  Excellent

2  Good

3  Fair

4  Poor

SOURCE: Idler, E. L. & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty- seven community studies. *Journal Of Health And Social Behavior*, 38, 21-37. HBSC 2002

## Life satisfaction

**Description:** A measure of general life satisfaction as an indicator of well being.

**Variable name:** lifesat

**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 for you.**

**In general, where on the ladder do you feel you stand at the moment?**

Tick the box next to the number that best describes where you stand.

<input type="checkbox"/>	10	Best possible life
<input type="checkbox"/>	9	
<input type="checkbox"/>	8	
<input type="checkbox"/>	7	
<input type="checkbox"/>	6	
<input type="checkbox"/>	5	
<input type="checkbox"/>	4	
<input type="checkbox"/>	3	
<input type="checkbox"/>	2	
<input type="checkbox"/>	1	
<input type="checkbox"/>	0	Worst possible life

SOURCE: Cantril, H. (1965). The pattern of human concern. Rutgers University Press; HBSC 2002

## School setting

### Academic achievement

**Description:** This item is a measure of the student's perception of how the teacher evaluates their academic performance.

**Variable name:** acachieve

**In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?**

- 1  Very good
- 2  Good
- 3  Average
- 4  Below average

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002.

### Satisfaction with school

**Description:** This item is intended to measure the students' global feeling about school as a whole.

**Variable name:** likeschool

**How do you feel about school at present?**

- 1  I like it a lot
- 2  I like it a bit
- 3  I don't like it very much
- 4  I don't like it at all

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002.

## Student relations

**Description:** These three items are intended to form a composite scale to measure social support from classmates.

**Variable names:** studtogether  
studhelpful  
studaccept

<b>Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. Please tick one box for each line</b>					
	1)	2)	3)	4)	5)
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>The students in my class(es) enjoy being together</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Most of the students in my class(es) are kind and helpful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other students accept me as I am</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCE: HBSC 1994, 1998, 2002 (revised: )

## School-related stress

**Description:** This item intends to measure the global feeling of being pressured by schoolwork, which includes work at school and homework.

**Variable name:** schoolpressure

<b>How pressured do you feel by the schoolwork you have to do?</b>	
1	<input type="checkbox"/> Not at all
2	<input type="checkbox"/> A little
3	<input type="checkbox"/> Some
4	<input type="checkbox"/> A lot

SOURCE: HBSC 1994,1998, 2002.

## Social Inequality

### Parental occupation

**Description:** The aim of this set of questions is to obtain sufficient information on parents' occupations to enable classification according to a standardised coding system. This is used as an indicator of socio-economic status.

**Variable names:** occupsesfa  
occupsesmo

<b>Father</b>	<b>Mother</b>
<p><b>Does your father have a job?</b></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p> <p>4 <input type="checkbox"/> Don't have or don't see father</p> <p>If <b>YES</b>, please say in what place he works (for example: hospital, bank, restaurant)</p> <p>.....</p> <p>Please write down exactly what job he does there (for example: teacher, bus driver)</p> <p>.....</p> <p><b>If NO, why does your father not have a job?</b> (Please tick the box that best describes the situation)</p> <p>1 <input type="checkbox"/> He is sick, or retired, or a student</p> <p>2 <input type="checkbox"/> He is looking for a job</p> <p>3 <input type="checkbox"/> He takes care of others, or is full-time at home</p> <p>4 <input type="checkbox"/> I don't know</p>	<p><b>Does your mother have a job?</b></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p> <p>4 <input type="checkbox"/> Don't have or don't see mother</p> <p>If <b>YES</b>, please say in what place she works (for example: hospital, bank, restaurant)</p> <p>.....</p> <p>Please write down exactly what job she does there (for example: teacher, bus driver)</p> <p>.....</p> <p><b>If NO, why does your mother not have a job?</b> (Please tick the box that best describes the situation)</p> <p>1 <input type="checkbox"/> She is sick, or retired, or a student</p> <p>2 <input type="checkbox"/> She is looking for a job</p> <p>3 <input type="checkbox"/> She takes care of others, or is full-time in the home</p> <p>4 <input type="checkbox"/> I don't know</p>

SOURCE: HBSC 1986, 1990, 1994, 1998, 2002 (revised: )



## The Family Affluence Scale (FAS)

**Description:** A measure of material family wealth as an alternative measure for socio-economic status, given the difficulties in obtaining reliable information on parental occupation.

**Variable names:** famcar  
                  bedroom  
                  holidays  
                  computers

<b>Does your family own a car, van or truck?</b>	
1 <input type="checkbox"/>	No
2 <input type="checkbox"/>	Yes, one
3 <input type="checkbox"/>	Yes, two or more
<b>Do you have your own bedroom for yourself?</b>	
1 <input type="checkbox"/>	No
2 <input type="checkbox"/>	Yes
<b>During the past 12 months, how many times did you travel away on holiday/ vacation with your family?</b>	
1 <input type="checkbox"/>	Not at all
2 <input type="checkbox"/>	Once
3 <input type="checkbox"/>	Twice
4 <input type="checkbox"/>	More than twice
<b>How many computers does your family own?</b>	
1 <input type="checkbox"/>	None
2 <input type="checkbox"/>	One
3 <input type="checkbox"/>	Two
4 <input type="checkbox"/>	More than two

SOURCE: HBSC (Family Affluence Scale)

## Perceived family wealth

**Description:** A measure young people's perceptions of their own family's socio-economic position.

**Variable name:** welloff

How well off do you think your family is?	
1 <input type="checkbox"/>	Very well off
2 <input type="checkbox"/>	Quite well off
3 <input type="checkbox"/>	Average
4 <input type="checkbox"/>	Not so well off
5 <input type="checkbox"/>	Not at all well off

SOURCE: HBSC 1994,1998, 2002.

## Hunger (Food Poverty)

**Description:** This item was originally devised to measure extreme poverty in terms of deprivation and hardship related to socio-economic status. However, analyses of the 2001/02 survey data has revealed the potential of this item to be an indicator of a more subtle phenomenon that could be linked to other health inequality issues such as neglect, household disorganisation, family dysfunction.

**Variable name:** hungry

Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?	
1 <input type="checkbox"/>	Always
2 <input type="checkbox"/>	Often
3 <input type="checkbox"/>	Sometimes
4 <input type="checkbox"/>	Never

SOURCE: HBSC survey 2001/02

## Puberty

**Description:** A measure of the onset of puberty in girls. An equivalent indicator for boys is available as an optional package.

**Variable name:** menarche

**GIRLS ONLY**

**Have you begun to menstruate (have periods)?**

- 1  No, I have not yet begun to menstruate
- 2  Yes, I began at the age of \_\_\_\_\_ years and \_\_\_\_\_ months

SOURCE: HBSC 2002