



The Children's Health Profile

A questionnaire survey on
the health, well-being and
leisure life among children
at Copenhagen schools.

2021

COPENHAGEN

Preface

Health and well-being are crucial to our children's learning and development. Hence, it is important that, on an ongoing basis, we monitor their health, well-being and leisure life. And this is what this first edition of the Children's Health Profile has given us an opportunity to do.

The report is based on information from Copenhagen children attending form levels 3, 6 and 9. They have answered questions on for instance mental health, leisure life, association membership as well as the use of alcohol, cigarettes and other intoxicating agents. The knowledge provided by the Children's Health Profile, today, means enhanced opportunities for deciding on, establishing and assessing initiatives to promote the health and well-being among the Copenhagen children.

Frequently, the habits we establish in childhood will have an impact on our health and well-being far into adulthood. For this reason we consider it important to acquire knowledge about the status quo of the health and well-being among the Copenhagen children and adolescents. This is especially relevant after the most recent 18 months during which COVID-19 and ensuing lockdown and isolation have affected everyday life. Many children and adolescents have truly missed friends, family, communities and the known structures of everyday life.

Health and well-being involve many aspects. It involves exercise, dietary habits and sleep patterns But it is also about self-esteem – about the ability to stand one's ground in respect of people who fail to observe one's boundaries – and about being adequate relative to own and others' expectations. These are topics that seem to have gained relevance to an increasingly greater extent for current generations of children and adolescents, for instance by virtue of the increased digitalisation and the use of social media.

Health and well-being are also about being a part of active and healthy communities, e.g. in association life or in the municipal junior or youth clubs. This will provide contentment, self-esteem and social competences that can prove useful throughout a person's life.

The provision of a good and healthy child life in Copenhagen is a responsibility that requires us to join hands. This presupposes collaboration across the municipality. We particularly express our thanks to the schools having assisted in the data collection and, thereby, contributed to the making of the Children's Health Profile. We hope that you, as well as all the many other actors, who primarily meet the children, will benefit from using the Children's Health Profile as a tool in everyday life.

Enjoy your reading!



Jesper Christensen
Mayor for Children and Social Affairs



Sisse Marie Welling
Mayor for Health and Care



Franciska Rosenkilde
Mayor for Culture and Leisure Life

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Introduction

The Children's Health Profile 2021 - Copenhagen provides new knowledge of current interest concerning children's mental and physical well-being as well as their lives with respect to sports and associations. Thus, it provides politicians, administrations and participating schools with an augmented knowledge basis for the creation of frameworks for the good child life in Copenhagen.

The analysis was prepared on the basis of a digital questionnaire survey on well-being, health behaviour and leisure life - completed by children at form levels 3, 6 and 9 during the period from 6 September to 14 October 2021. The responses, presented in this report, provide a thumbnail sketch of the situation.

59 general primary and lower secondary schools (the Folkeskole) and 20 of the city's private and independent schools have contributed to the Children's Health Profile. Also, a number of specialist schools and day-care facilities participated.

The survey is based on a total of 9,169 responses divided between the three form levels: 3,298 responses from form-level 3; 3,343 responses from form-level 6; and 2,528 responses from form-level 9. In total, 69% of the invited children responded to the survey. Taking the point of departure in the response rate together with analyses of the geographical as well as the socio-economic spread relative to the participating schools, *the Children's Health Profile 2021 - Copenhagen* is assessed to provide a general insight into Copenhagen children's health, well-being and their lives with respect to sports and associations¹.

By way of its focus on central aspects in children's everyday lives – also at home and with respect to leisure lives, the Children's Health Profile is a supplement to the national survey on well-being with respect to school life and the teaching environment. There is no overlap between the questions of the Children's Health Profile and the national survey on well-being. The participating schools will receive a report on the individual school's results from the Children's Health Profile 2021.

¹ See <https://www.kk.dk/resultater-boernesundhedsprofilen> for further information on the method.

Questionnaire

The questionnaire on which the Children's Health Profile is based has been adapted to the target group of participating form-levels (form-levels 3, 6 and 9) both with respect to content, number of questions and the phrasing of the questions. The questionnaire comprises 24 questions for children at form-level 3, 44 questions for children at form-level 6, and 59 questions for children at form-level 9.

Table 1 shows an overview of such topics as a touched upon in the respective questionnaires. The individual questionnaires are available on the website: www.kk.dk/boernesundhedsprofilen.

Table 1: An overview of topics in the questionnaire

TOPIC	FORM-LEVEL 3	FORM-LEVEL 6	FORM-LEVEL 9
Mental health and well-being	General well-being Social relations Adult relations	General well-being Social relations Adult relations Discriminatory treatment and the setting of boundaries	General well-being Social relations Adult relations Discriminatory treatment and the setting of boundaries
Performance culture	-	Expectations and performance Satisfaction with one's appearance	Expectations and performance Satisfaction with one's appearance
Physical activity and leisure life	Physical activity Facilities in the local neighbourhood Transport to school and the use of bicycle helmets. Association activities and leisure life	Physical activity Facilities in the local neighbourhood Transport to school and the use of bicycle helmets. Association activities and leisure life	Physical activity Facilities in the local neighbourhood Transport to school and the use of bicycle helmets. Association activities and leisure life
Digital behaviour	The use of mobile phones Digital behaviour and bullying	Digital behaviour and bullying	Digital behaviour and bullying
Health behaviour	Sleeping pattern Dietary habits	Sleeping patterns and screen use prior to bedtime Dietary habits	Sleeping patterns and screen use prior to bedtime Dietary habits Sexual health
Nicotine, alcohol and other intoxicating agents	-	-	Nicotine and tobacco Alcohol Other intoxicating agents

The questions were developed in collaboration with the interdisciplinary platform, BørnUngeLiv (ChildreYouthLife), together with an array of centres and organisations, contributing with inspiration and new knowledge. The questionnaires were subjected to a pilot test at schools in 5 different municipalities, comprising Copenhagen City; and they were qualified by the research institutions Statens Institut for Folkesundhed (the National Institute for Public Health) and Det Nationale Forsknings- og Analysecenter for Velfærd (the Danish Center for Social Science Research).

Copenhagen City will repeat the Children's Health Profile survey in 2023. Here, it will be possible to follow the development in the children's responses. Should the reader have a desire for providing a perspective relative to other surveys, the two national reports: Skolebørnsundersøgelsen 2018 (the schoolchildren survey 2018 - in Danish only) and Børn og Unge i Danmark - Velfærd og trivsel 2018 (Children and young people in Denmark - welfare and well-being 2018 - in Danish only). Comparisons of surveys should always be made with some reservation, since different context, time, and target group pertaining to the respective surveys may affect results and the feasibility of a direct comparison.

Instructions for reading

This report presents the collective results of the Children's Health Profile from 2021; and the main results have been summarised in the following sections.

The results of the Children's Health Profile are presented as percentages in figures or tables. The children's responses are summed up on the basis of gender² and year group and, for the overlapping questions asked of form-levels 6 and 9, the results will be shown within the same figure. In the presentation of selected questions, certain response categories will be combined.

The number of responses vary from one question to the other. This is, in part, owing to the fact that the children had the option of declining to answer certain questions and, in part, some questions are conditional on the child's previous answers. The parenthesis to the right of each figure states the number of children who answered this question.

Data from the survey are subject to confidentiality. All responses have been made anonymous. This means that the Copenhagen City does not possess information as to which children completed the survey.

A pixie version was prepared as a supplement to this report, performing a graphic presentation of selected main results of the Children's Health Profile 2021 report (read the pixie version [here](#)). Please note that, owing to round-offs, there may be minor differences as to percentages between this report and the pixie version of the Children's Health Profile.

²The children at form-levels 6 and 9 were given four choices when asked about gender: "Boy", "Girl", "Other" and "Decline to answer". Answers as to "Other" and "Decline to answer" constitute part of the collective number of responses for the form level but, owing to the few responses (in total 191 responses), these two categories were not reported specifically.

Results

The following section gives a summary of the result to be found in The Children's Health Profile. Where feasible, the results will, at the same time, be put into perspective relative to national results and recommendations. It is precisely a matter of putting into perspective since – owing to time lag, different target groups and response categories – it is not possible to make direct comparisons between this survey and the respective national surveys.



Mental health

Good mental health and well-being are of decisive importance with respect to children's personal, learning and social development. WHO defines mental health as a state of well-being in which the individual can unfold its abilities, cope with everyday challenges and stress, and participate in communities together with other people (1).

Most Copenhagen children thrive. About 2/3 of the children at all three form-levels (3, 6 and 9) answer that they are doing really fine or fine at school, whereas 2-6% per year group state that they are not thriving. More than 80% of the children at form-levels 3, 6 and 9 state that they are doing fine or really fine at home. The predominant answer among the remainder of the children is that they are doing fairly well. Thus, only a very small part of the children answer that they do not thrive at home. The Children's Health Profile moreover shows that more boys than girls are thriving, which concurs with national surveys having identified similar gender differences (2).

By far the most children at form-level 3 have someone with whom to play at school, and the majority also have play dates in their spare time. Most children at form-levels 6 and 9 answer that their parents have got their back and that they take an interest in their children's school and leisure life. Albeit 7% of the children at form-level 9 answer that they have no adults with whom to talk, if something bothers them or if they feel sad.



Discrimination

Copenhagen has an objective to be a city with room for everyone, and a city where everyone will have equal opportunities - regardless of gender, appearance, ethnicity and sexuality.

19% of the Copenhagen children at form-level 6 and 26% at form-level 9 declare to have experienced discrimination within the most recent two months. It is especially the girls who have experienced discrimination. The three most frequent reasons behind the discrimination are stated as "gender", "appearance" and "country of birth and/or skin colour". Back in 2018, a nationwide survey showed that 13% of the slightly older adolescents (15- and 19-year-olds) had experienced discrimination a few or many times within the most recent 6 months (3).



Performance culture

Self-esteem and the ability to draw lines as well as cope with own and others' expectations constitute an important element in well-being.

The Children's Health Profile shows that a significant part of Copenhagen children experiences an academic as well as a social performance pressure. At form-level 9, in particular, many children experience to be facing pressure. A total of 35% answer that, often or very often, they have too much on their plate. Among girls at form-level 9, the number is 41%. In 2018, the Danish National Council for Children estimated that 21% of the children in the younger year group (form-level 8) experience that often, or all the time, they feel pressured (4).

By far the majority of the Copenhagen children at form-level 9 (95%) state performing well at school to be important, while the girls in particular feel pressured by tests, exams and grades (60%), mostly or all the time. The performance culture also plays a prominent part relative to the Copenhagen Children's perception of their own appearance. In the Children's Health Profile 11% at form-level 6 and 16% at form-level 9 state that they are seldom or never satisfied with their appearance. Once again, the percentage is significantly larger among girls as compared with boys.



Physical activity

Physical activity has a wide range of health-related benefits of a physical, mental and social nature. Habits established in childhood often follow into adulthood.

The Children's Health Profile shows that 42% of Copenhagen children at form-level 3 will *often* exercise until they become short of breath. On a *daily* basis, 25% of children at form-level 6 and 21% of children at form-level 9 will have an exercise level entailing that they will perspire or become short of breath. It is characteristic of form-levels 3, 6 and 9 that, frequently, more boys than girls will exercise until they become short of breath. A national report shows that, on a daily basis, about one fourth of all Danish 11-15-year-old boys will be physically active for at least 60 minutes at a moderate to high intensity (5). One hour's physical exercise at moderate to high intensity is precisely what is recommended by the Danish Health Authority.



An active leisure life

Leisure activities and the membership of an association of a physical or creative nature are of major importance with respect to children's social communities, well-being and learning.

In Copenhagen, 93% of the form-level 3 children attend an after-school care facility/recreational club. 44% of the children at form-level 6 attend a junior or youth club at least once a week. At form-level 9, 13% of the children attend a youth club one or more times weekly. 84% of the children at form-level 3 who attend a leisure-time activity will attend a sports activity in an association, which is equal to a total of 66% of the children at form-level 3. 71% of the children at form-level 6 and 44% of the children at form-level 9 will attend a sports activity in an association at least once weekly.

40% of the children at form-level 3, who attend an activity in their leisure time, attend drama, music, scout, role-playing, arts activities or a similar activity in e.g. an association, which equals a total of 31% of the children at form-level 3. Similarly, a total of 23% of the children at form-level 6 and 13% of the children at form-level 9 attend an activity such as drama, music, scout, role-playing, chess or a similar activity in e.g. an association.

These results are consistent with other Danish surveys, suggesting that the interest in joining leisure-time and sports offers will dwindle concurrently with the children getting older. The considerable drop in children's use of leisure-time and club offers will typically occur when the children attend form-levels 2-5 (6). In addition, a nationwide drop relative to association membership (sports) is characteristic of the early teenage years (7).



Digital behaviour

The use of digital media is an important element in the everyday life of modern-day children.

The Children's Health Profile shows that about 15% of the Copenhagen children at form-levels 3 and 6 as well as 9 have received messages, pictures or videos which have made them upset, afraid or angry. In all year groups this applies to more girls than boys.

Among the form-level 3 children 28% never discuss their mobile or iPad/tablet activities with their parents. Four out of five children at form-levels 6 and 9 state that they always or mainly participate in such online communities as they want to. At form-level 9, 29% of the children answer that they relatively seldom or never reflect whether what they read on the internet is true. Consistent with the above gender differences, a national survey shows that girls are also more prone to be the subjects of bullying via social media as compared with boys of the same age (3). At the same time, a survey issued by the National Council for Children shows that children at form-level 9, who spend much time online, will experience increased social support and confidentiality with their friends, as compared with children who are rarely online (8).



Sleeping patterns

Sufficient sleep and a sound sleep quality are important to children's development, health, well-being and learning capacity.

The Danish Health Authority recommends that children at form-level 6 sleep at least 9 hours every night and that children at form-level 9 sleep at least 8 hours every night (9).

The Children's Health Profile shows that 33% of the form-level 6 children sleep less than 9 hours every night and that 44% of the form-level 9 children sleep less than 8 hours. At form-level 3, 9% of the children do not feel refreshed and rested when arriving at school. A national survey shows that approximately half the 15-year-olds sleep less than 8 hours (8). 79% of the children at form-level 6 have, within the latest week, used a screen just before going to sleep, and the corresponding result for form-level 9 children is 96%. In addition, 37% of the Copenhagen children at form-level 9 have experienced being disturbed in their sleep by their mobile phone, tablet or the similar in the course of the past week.



Dietary habits

A healthy and varied diet is essential for children's development, health and learning capacity (10).

The results of the Children's Health Profile show that 82% of the children at form-level 3 eat breakfast on a daily basis, whereas this only applies to 63% of the children at form-level 6 and 45% of the children at form-level 9. The proportion who seldom or never eat breakfast increases with age and, at form-level 16% will seldom or never eat breakfast whereas 14% will only eat breakfast 1-2 days a week. Once again, the percentage is significantly larger among girls as compared with boys.

In the Children's Health Profile, 8% of the children at form-level 3 answer that they seldom have time to eat their lunch at school, whereas this applies to 11% at form-level 6 and 9% at form-level 9. The Danish Veterinary and Food Administration recommends that the schools establish good frameworks for the meals to be taken at school, comprising the provision of sufficient time for taking one's lunch (11).



Sexual health

Health behaviour covers behavioural aspects of importance to the individual's own health, comprising sexual health and the protection against sexually transmitted diseases. To children and young people, sexual health is also about learning about limits, tolerance and physical and emotional well-being (12).

The results of the Children's Health Profile show that 41% of the Copenhagen children at form-level 9 experience having considerable knowledge about how to protect themselves against sexually transmitted diseases. 15% of form-level 9 students state that they have had their first sexual experience. A national survey carried out during the latter half of the school year 2018 showed that, at that time, a little less than 30% of form-level 9 students had had their first sexual experience (2).



Nicotine and tobacco

Research shows that the earlier in life a person begins to smoke, the greater the likelihood of this person ending up as a permanent smoker. This is because children and young people will faster become addicted to nicotine. Smoking is the most important risk factor with respect to public health, and a smoke-free life constitutes a substantial element in children's development (13).

The results from the Children's Health Profile show that a smaller group among children at form-level 9 has an actual regular consumption of either cigarettes (10%), e-cigarettes (4%) or snuff (6%). 3% of form-level 9 children stated that they smoke cigarettes on a daily basis, and another 3% answers that they take snuff on a daily basis. Cigarettes and snuff represent the nicotine-containing products that most will use on a daily basis. This is consistent with a general tendency towards smokeless tobacco, such as e.g. snuff, becoming more prevalent among young people in recent years (14).



Alcohol and other intoxicating agents

In general, there is a tendency that young people in Denmark of today will begin to drink later as compared with previous generations. However, as compared with young people in other European countries, Danish youths have the highest consumption of alcohol (15) (16).

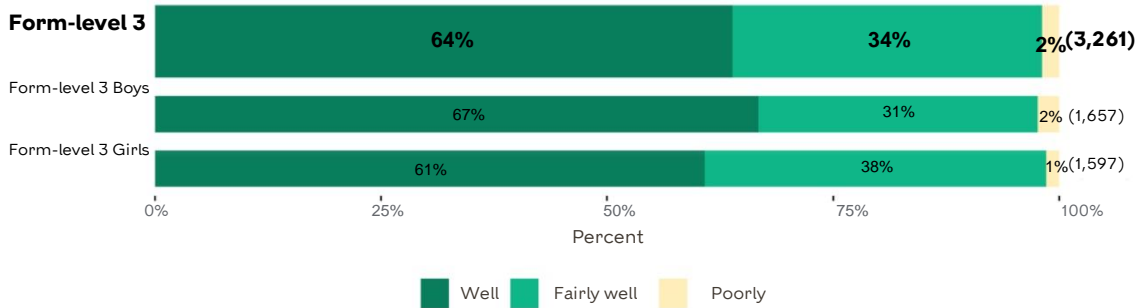
In the Children's Health Profile, 72% of the Copenhagen form-level 9 students have tried to drink alcohol. In total, 44% have been drinking five or more units at the same occasion (so-called binge drinking) within the most recent 30 days. With respect to other intoxicating agents, 12% of the Copenhagen children at form-level 9 have tried to smoke hash, and 2% have tried taking laughing gas. On a national basis, 17% of form-level 9 children have tried to smoke hash, and 3% have tried taking laughing gas (16).

Mental health and well-being

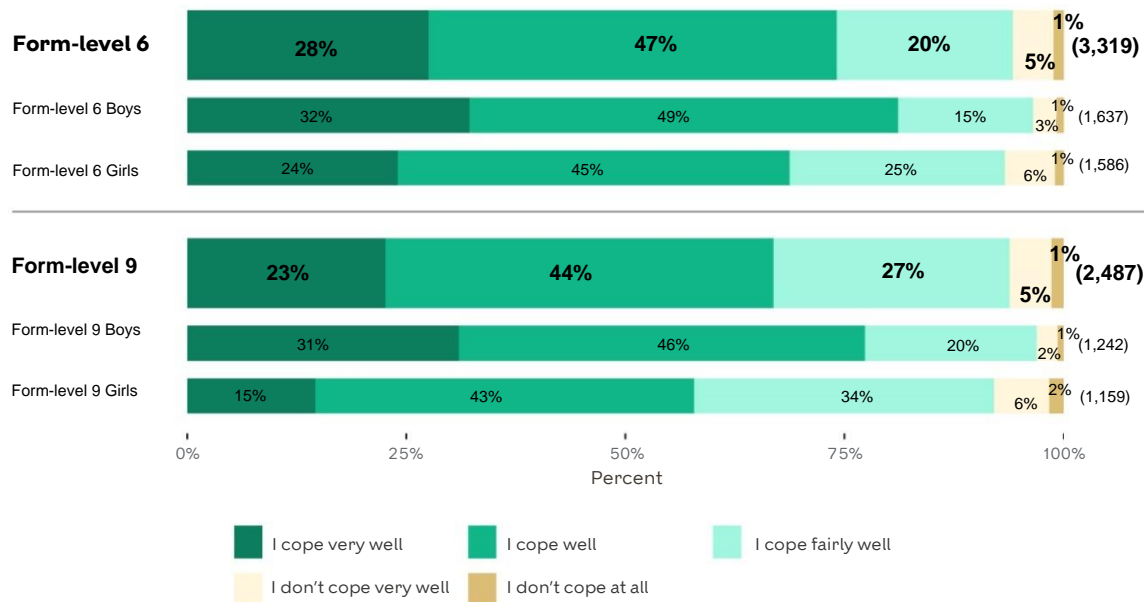


General well-being

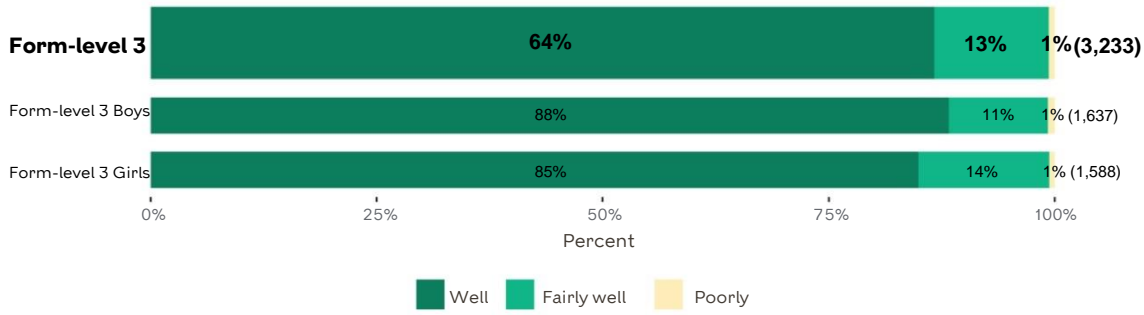
1.1. How are you coping at school?



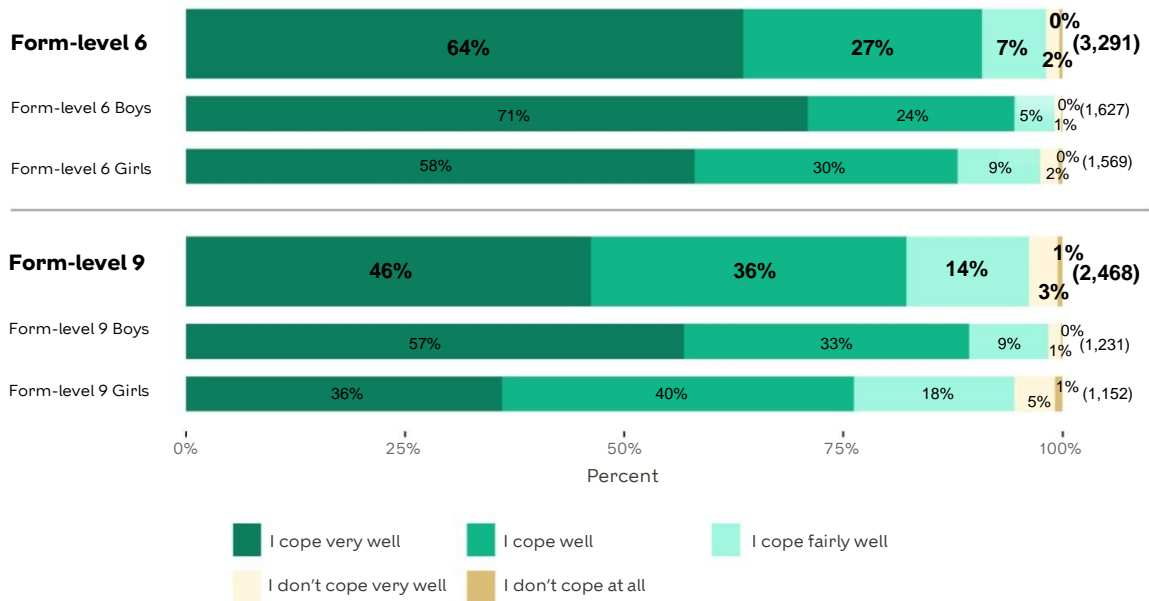
1.2. How are you currently coping at school?



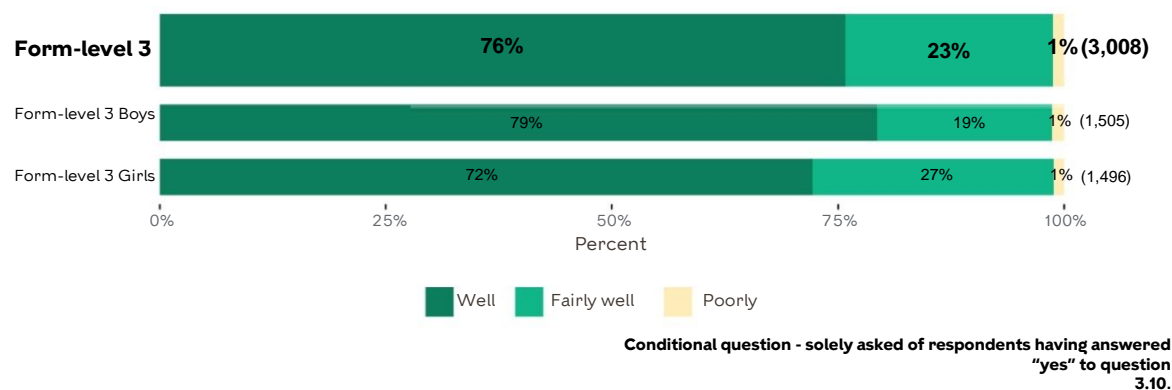
1.3. How are you coping at home?



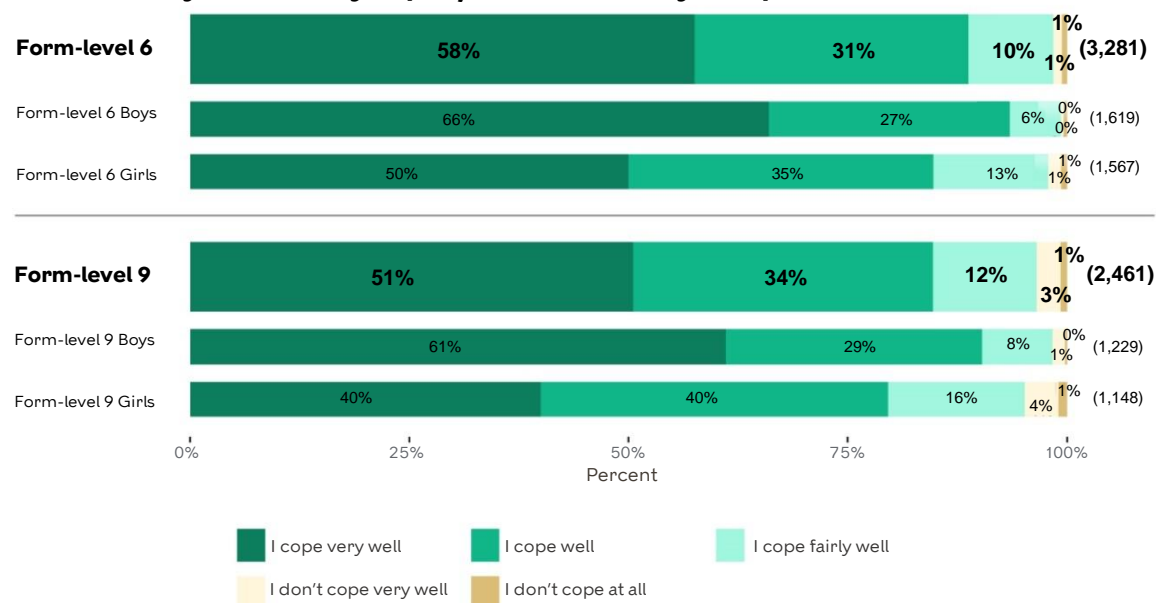
1.4. How are you currently coping at home?



1.5. How are you coping at the after-school care facility or the after-school centre?

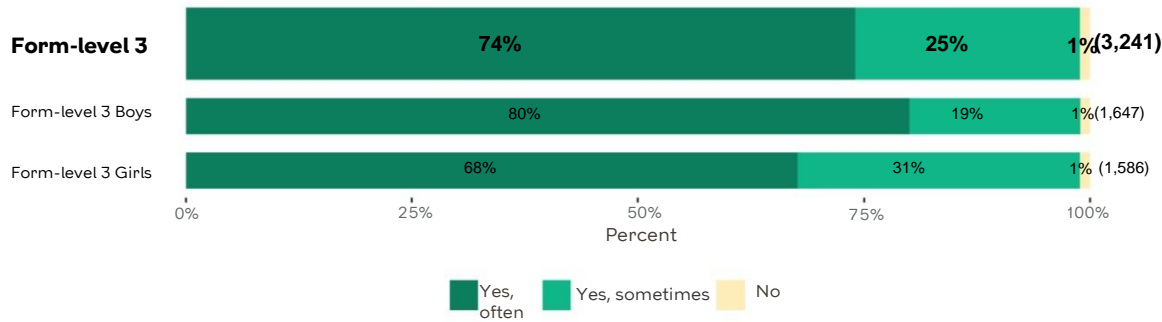


1.6. How are you currently coping with friends/in your spare time?

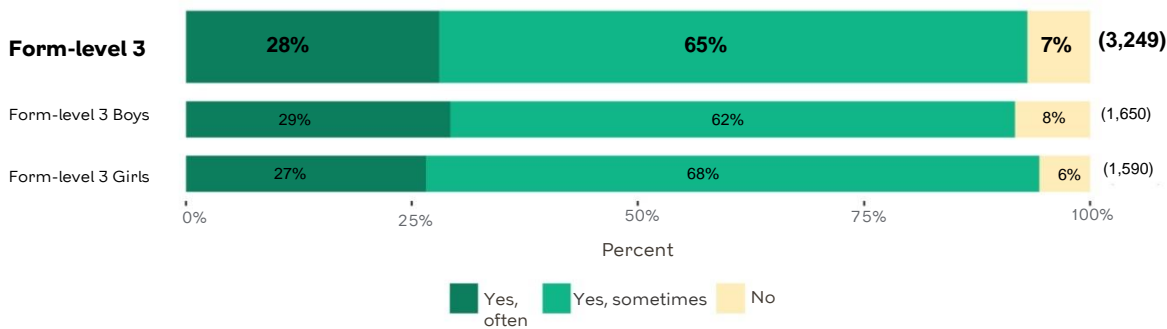


Social relations

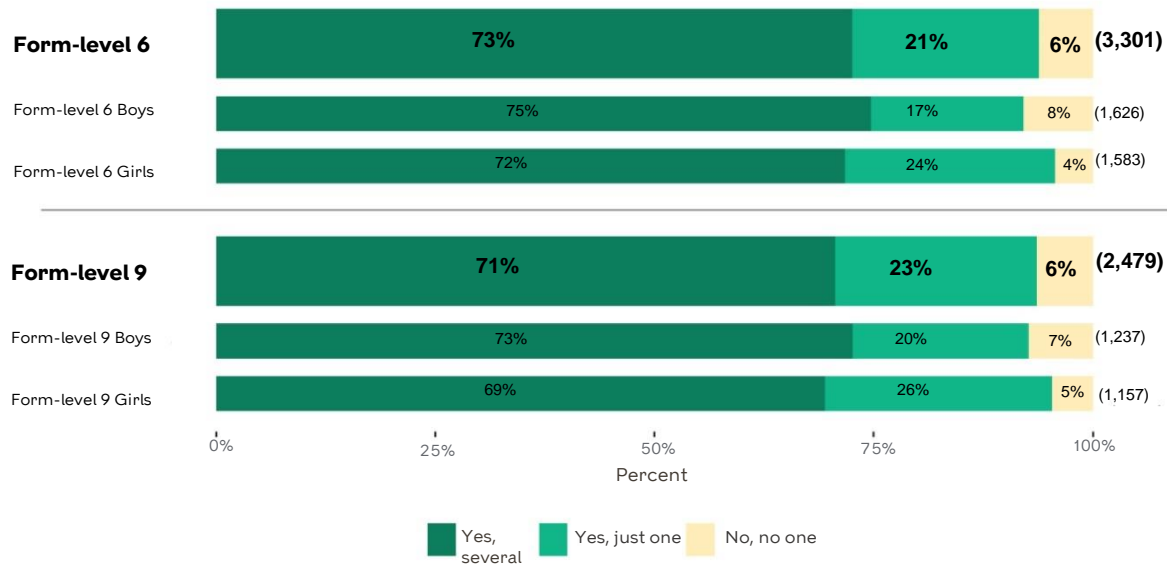
1.7. Do you have any playmates, during breaks?



1.8. Do you play with friends after school or during weekends?

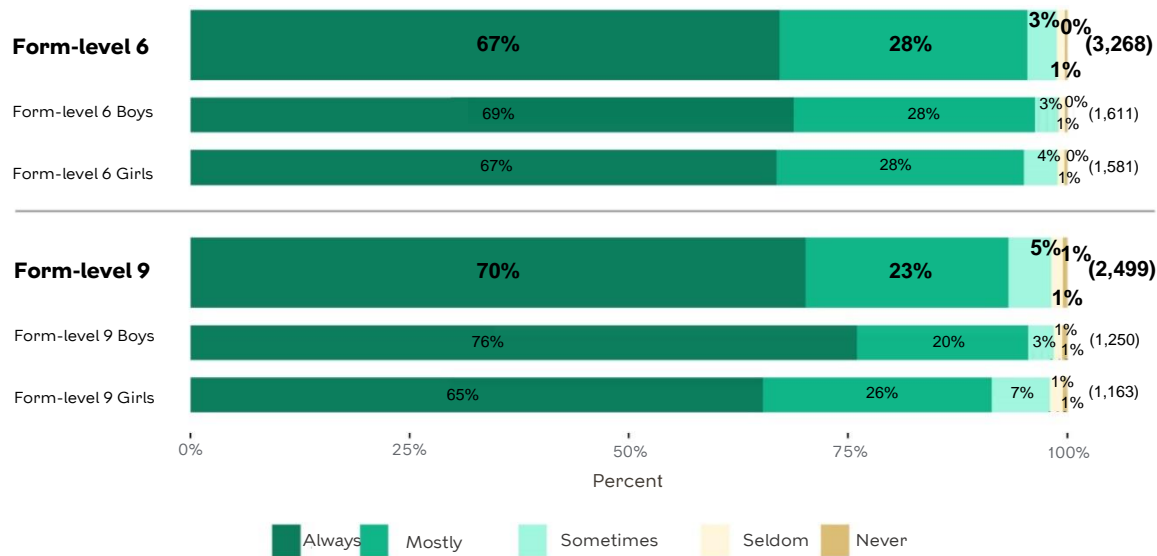


1.9. Do you have any friends or girlfriends to talk to, if something bothers or upsets you?

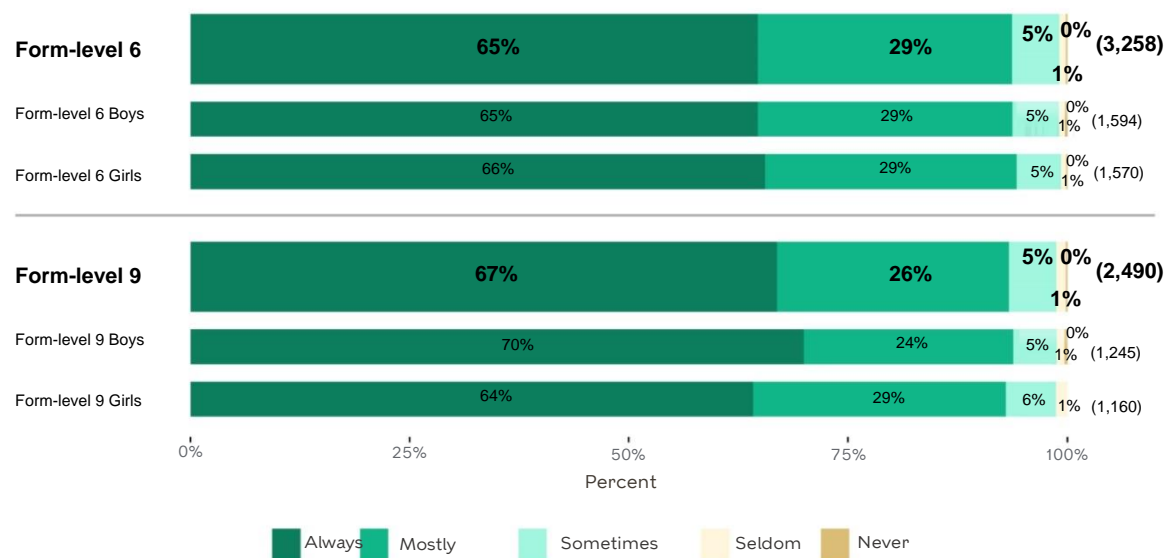


Adult relations

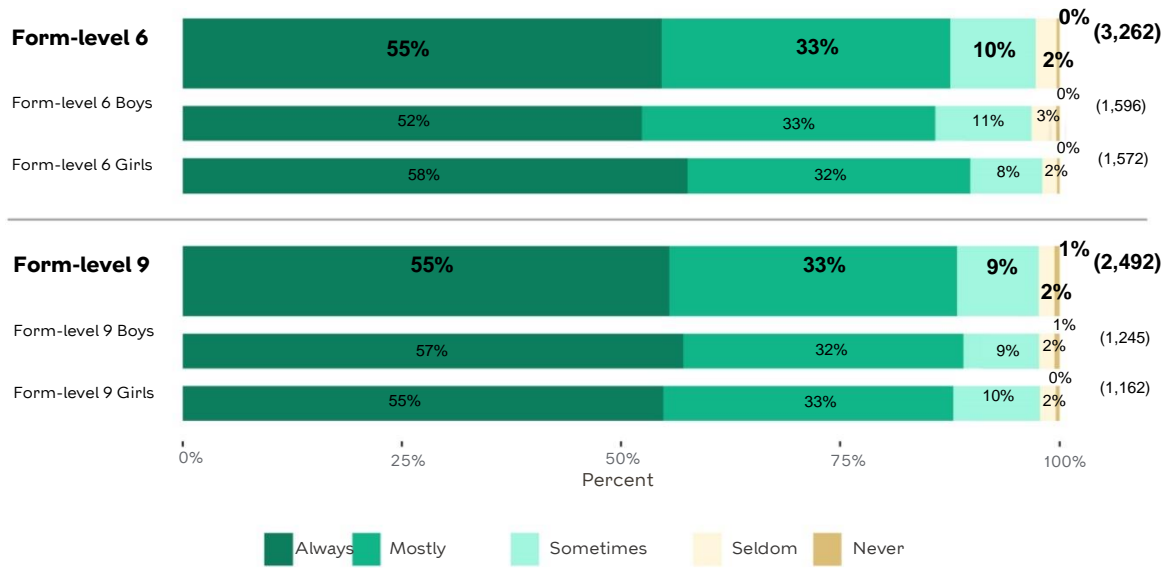
1.10. Is one or both of your parents at hand when you need them?



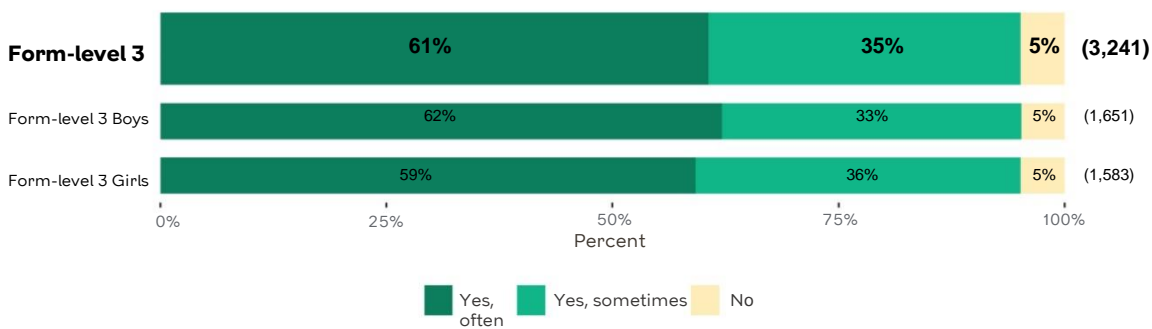
1.11. Do your parents take an interest in your schooling?



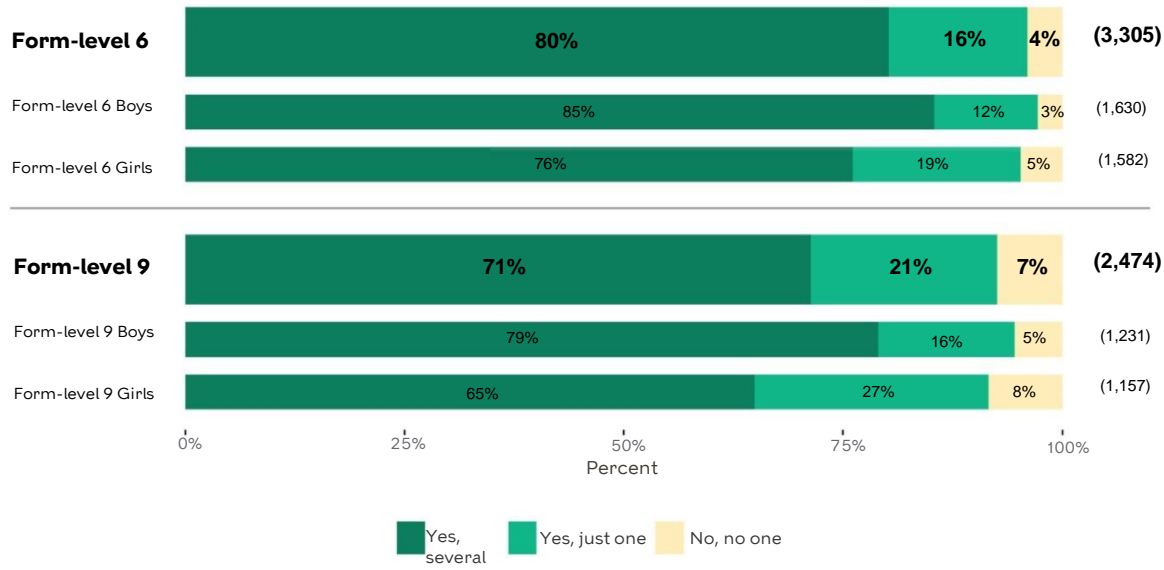
1.12. Do your parents take an interest in what you do in your spare time?



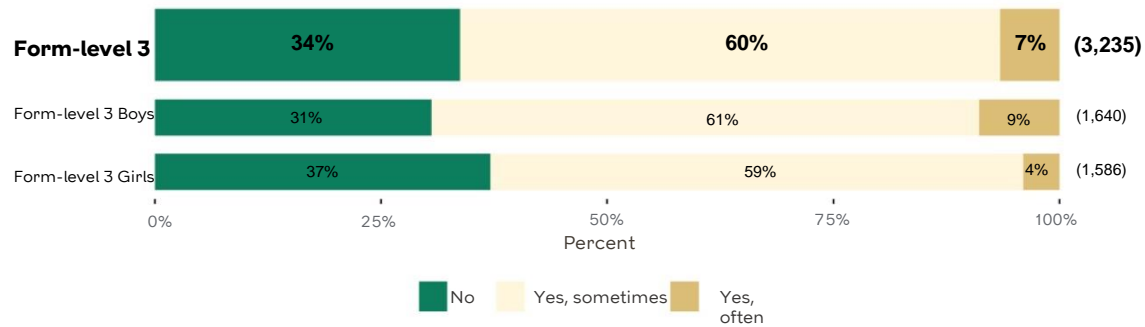
1.13. Is there an adult at the school with whom you can talk if you feel upset?



1.14. Do you have any adults to talk to, if something bothers or upsets you?

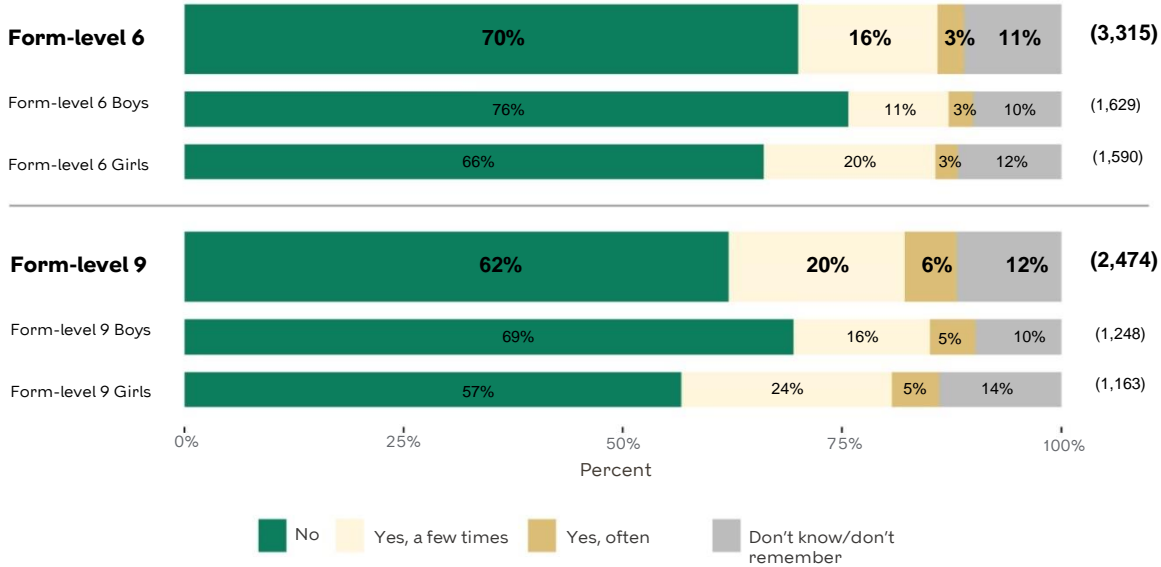


1.15. Will the adults at school often speak angrily?

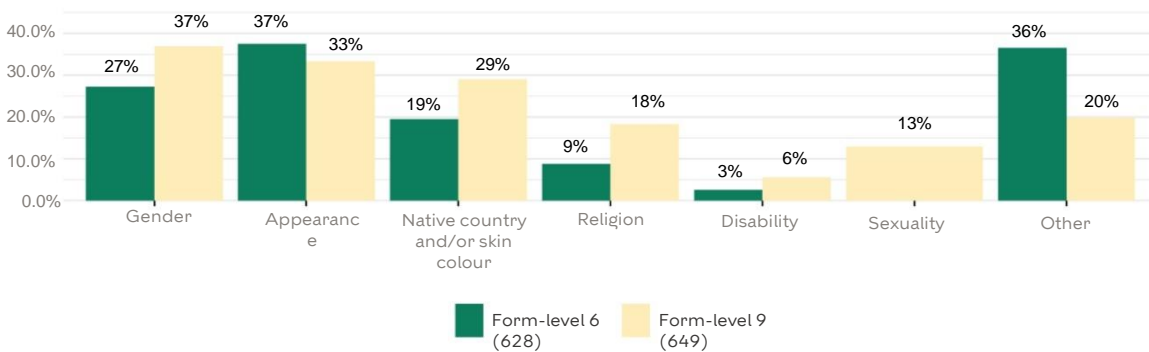


Discriminatory treatment and the setting of boundaries

1.16. Think about the last 2 months: Have you experienced being discriminated against, i.e. being treated worse than others owing to e.g. gender, appearance, native country, skin colour, religion or disability?



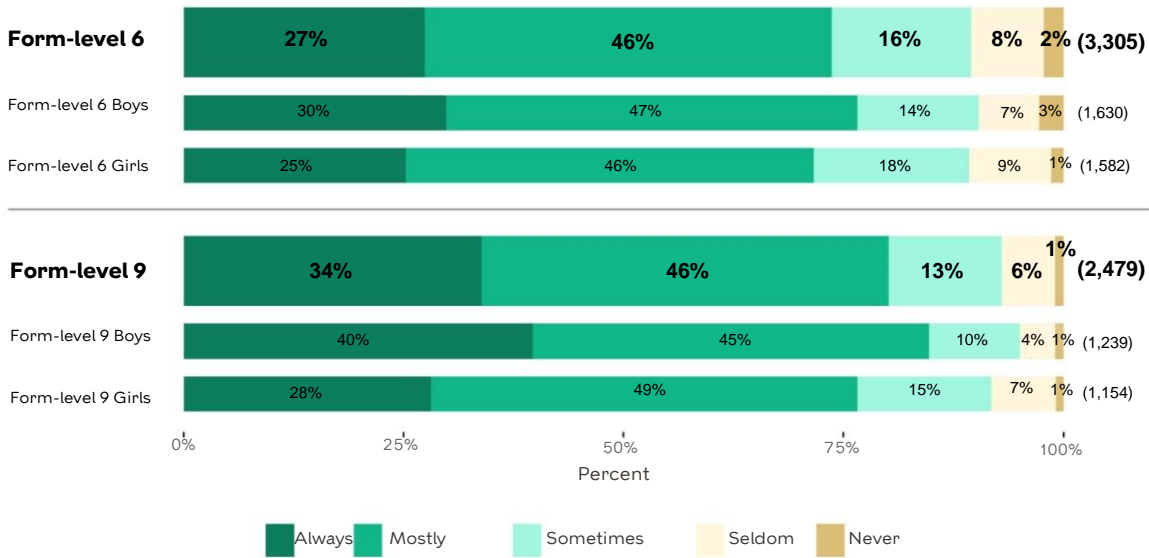
1.17. What is the reason for your being treated worse than others?



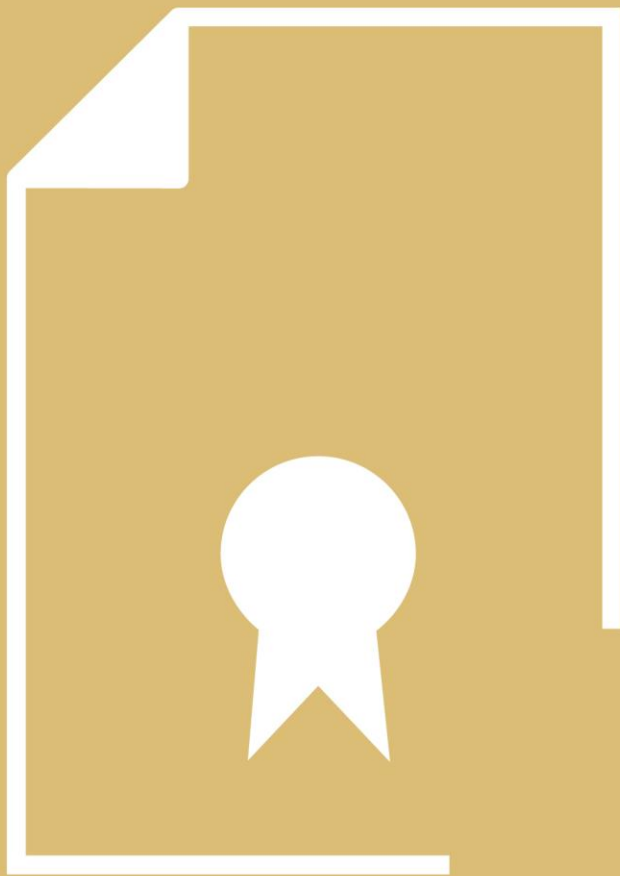
Conditional question - If the students answer "Yes, a few times" or "Yes, often" to the questions in 1.16 above. The response category "Sexuality" was only asked of form-level 9

	Form-level 6		Form-level 9	
	Boys	Girls	Boys	Girls
Gender	17%	30%	29%	41%
Appearance	33%	39%	31%	35%
Native country and/or skin colour	23%	18%	34%	27%
Religion	11%	8%	20%	18%
Disability	3%	2%	7%	3%
Sexuality			5%	13%
Other	36%	37%	18%	20%

1.18. Do you stand your ground, if someone oversteps the line? E.g. behaves towards you in a way you cannot accept.

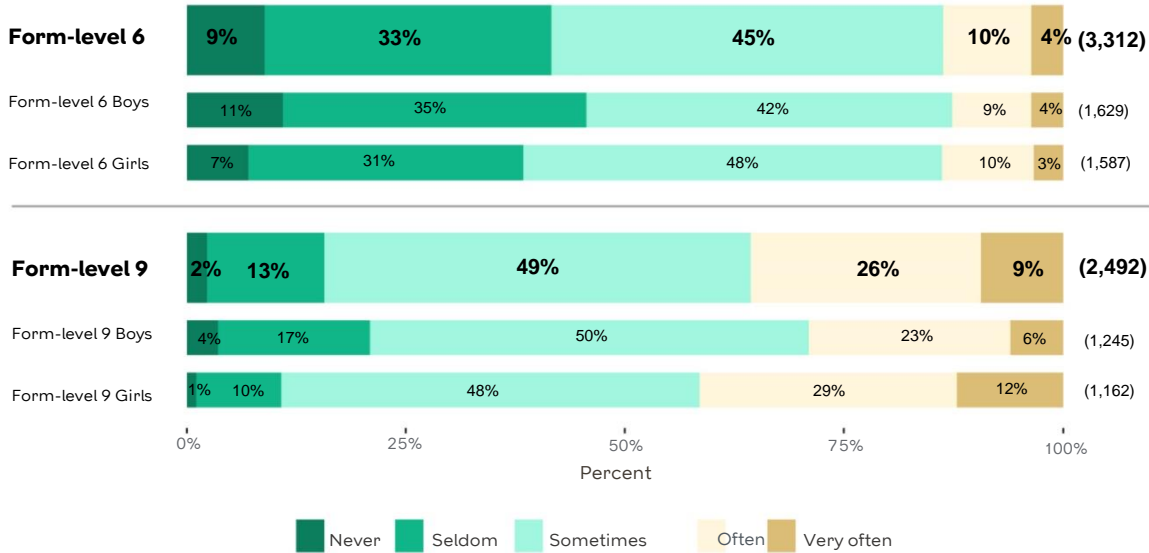


Performance culture

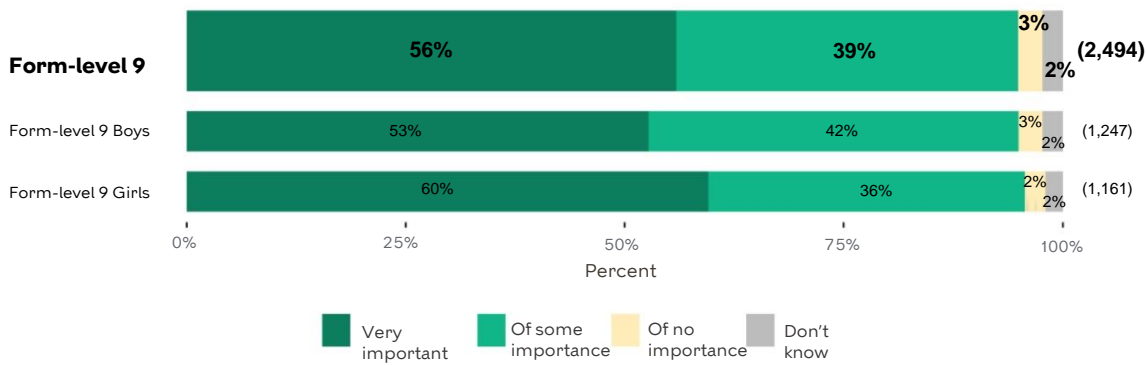


Expectations and performance

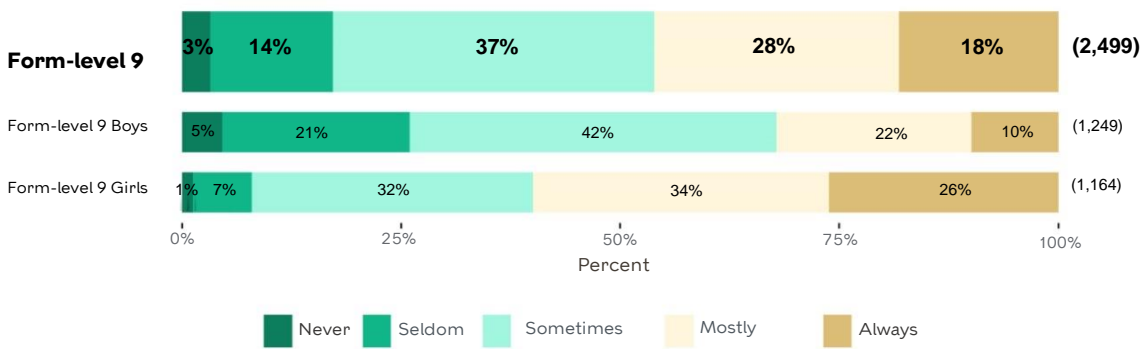
2.1. Do you feel that you have too much on your plate?



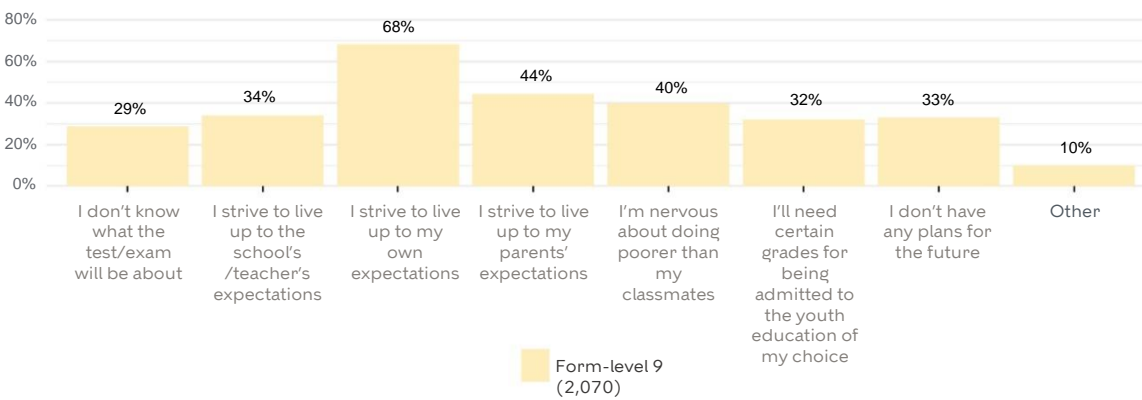
2.2. How important is doing well at school to you?



2.3. Do you feel pressured by tests, exams and grades?



2.4. What is it about tests, exams and grades that will make you feel pressured?

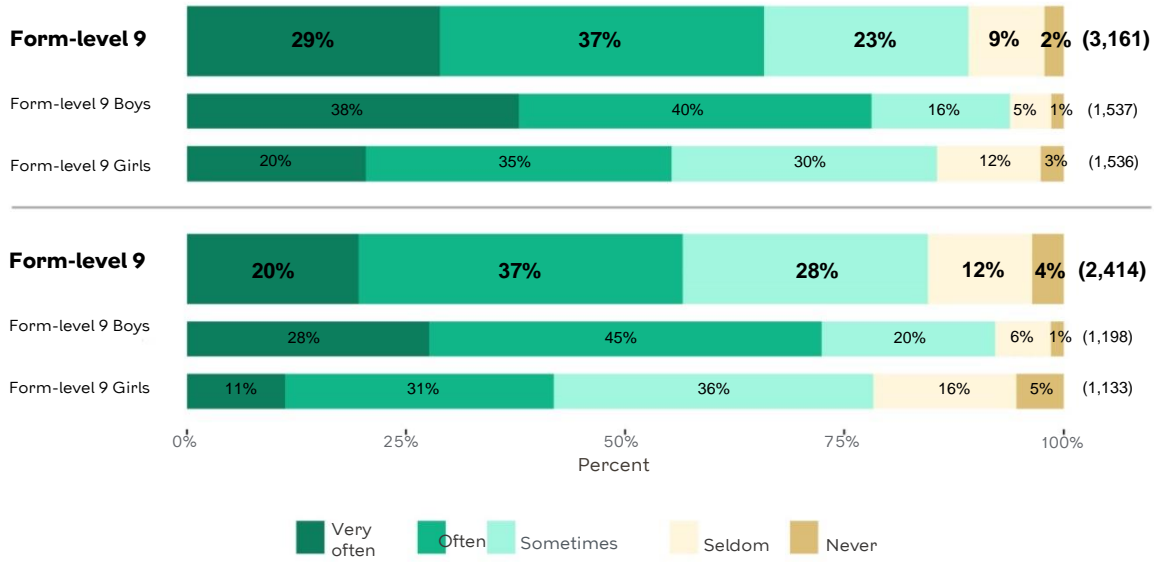


Conditional question - asked of students having answered "Sometimes", "Mostly" and "Yes, always" to question 2.3.

	Form-level 9	
	Boys	Girls
I don't know what the test/exam will be about	22%	35%
I strive to live up to the school's/teacher's expectations	28%	39%
I strive to live up to my own expectations	63%	74%
I strive to live up to my parents' expectations	44%	45%
I'm nervous about doing poorer than my classmates	29%	49%
I'll need certain grades for being admitted to the youth education of my choice	30%	34%
I don't have any plans for the future	29%	37%
Other	10%	9%

Satisfaction with one's appearance

2.5. How often are you satisfied with your appearance?

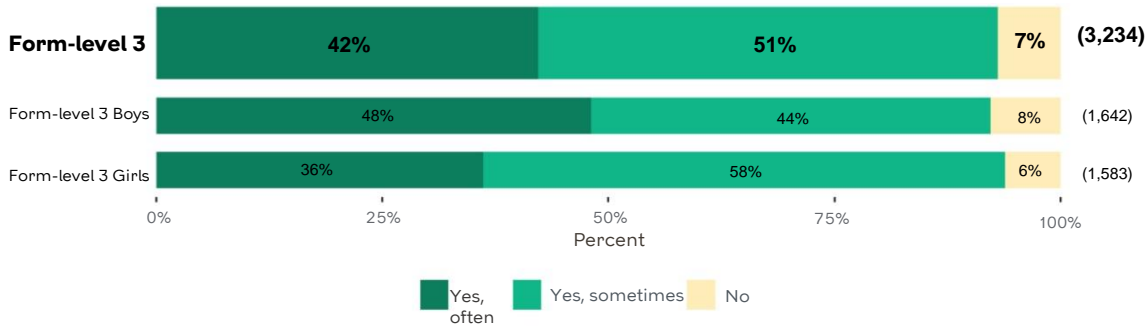


Physical activity and association activities

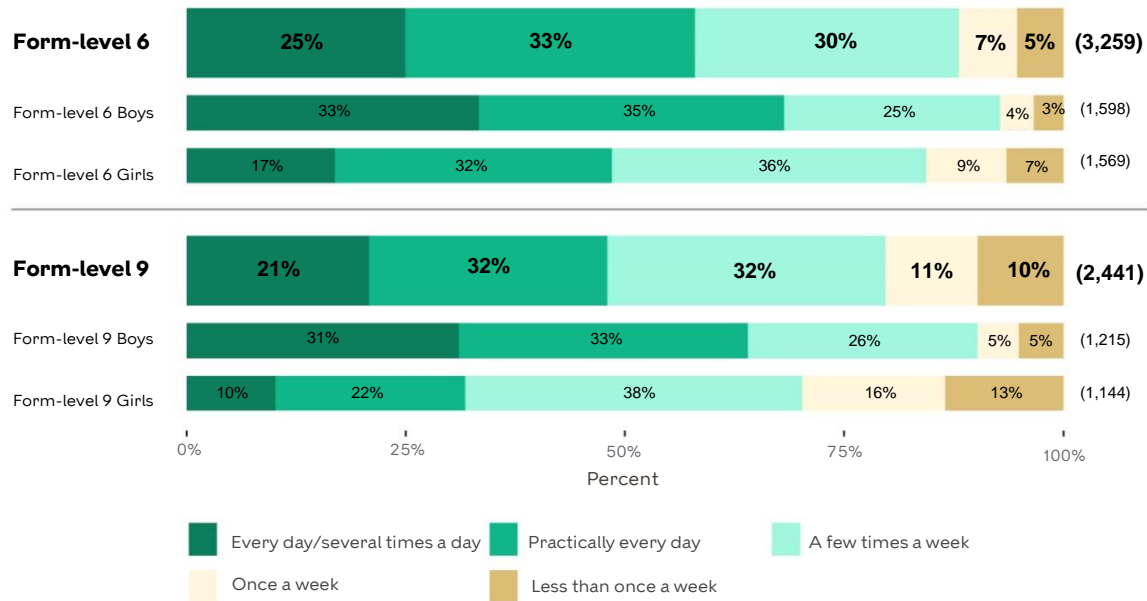


Activity

3.1. Do you exercise so as to become out of breath?

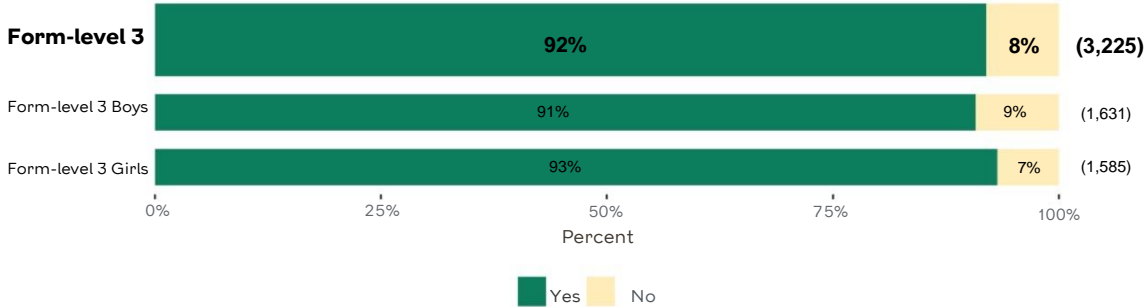


3.2. How often do you exercise so as to be perspiring or out of breath?

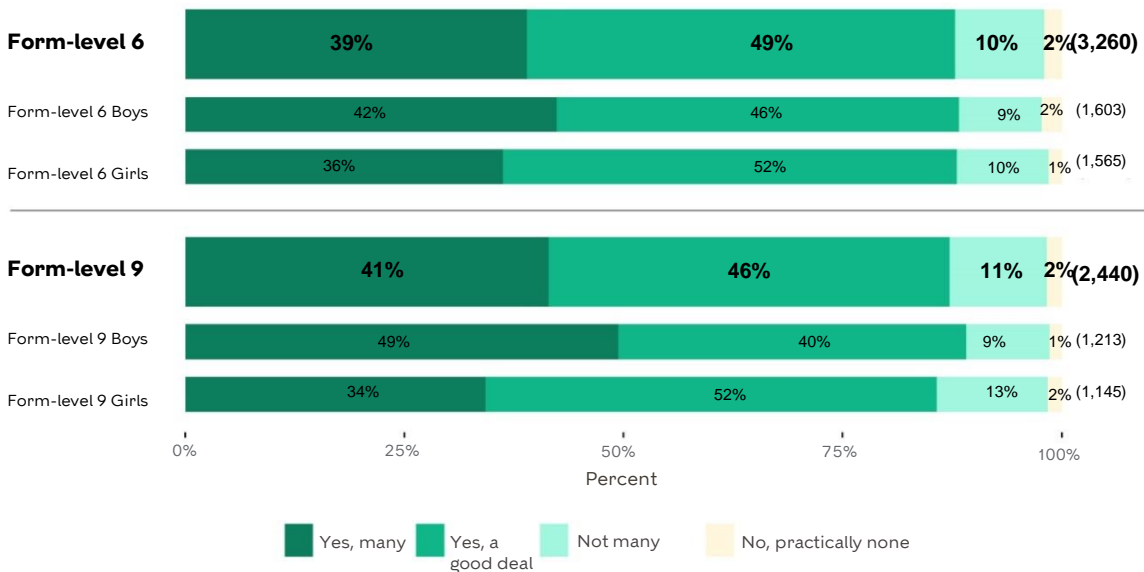


Facilities in the local neighbourhood

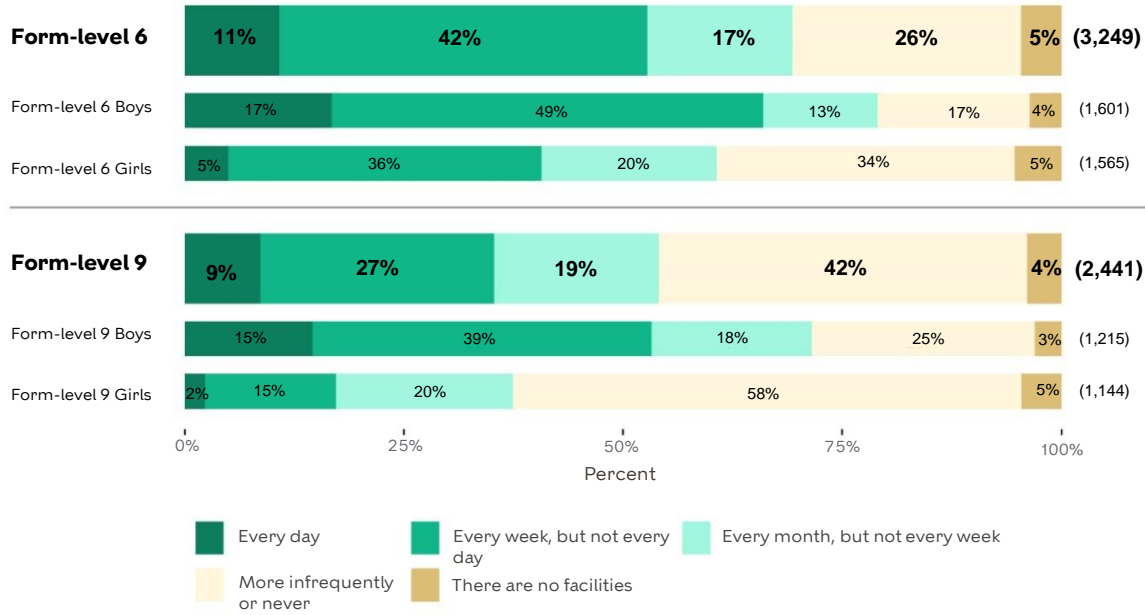
3.3. Are there any good places for playing or exercising close to where you live?



3.4. Are there any good places for exercising in the vicinity of your home? E.g. for playing or sports activities

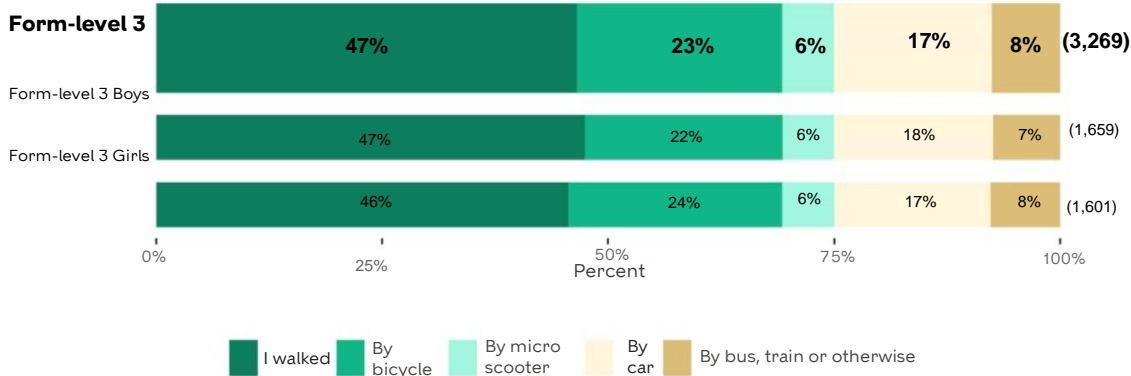


3.5. How often do you use facilities such as e.g., football ground, sports hall and basketball court in the vicinity of your home?

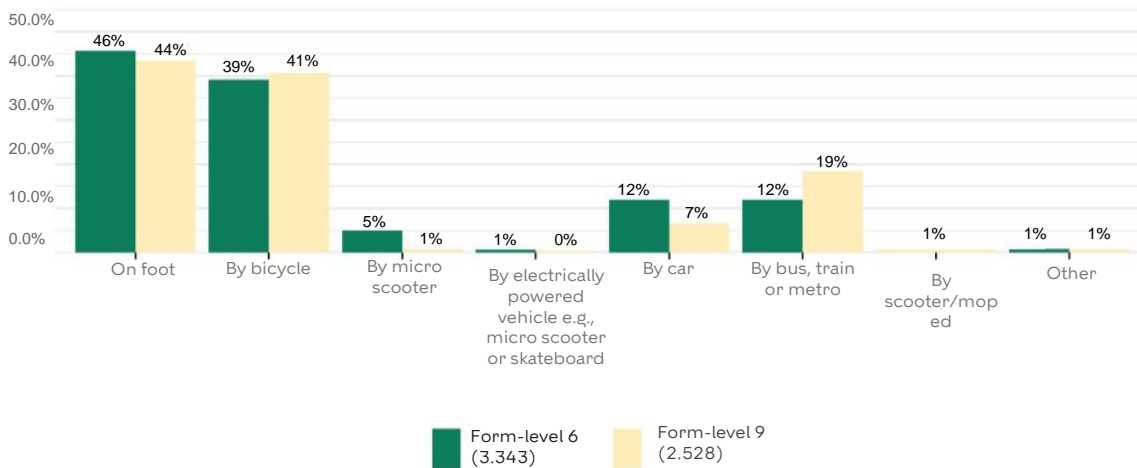


Transport to school and the use of bicycle helmets

3.6. By which means did you arrive at school today? If more than one choice applies, then choose the one that takes the longest time.



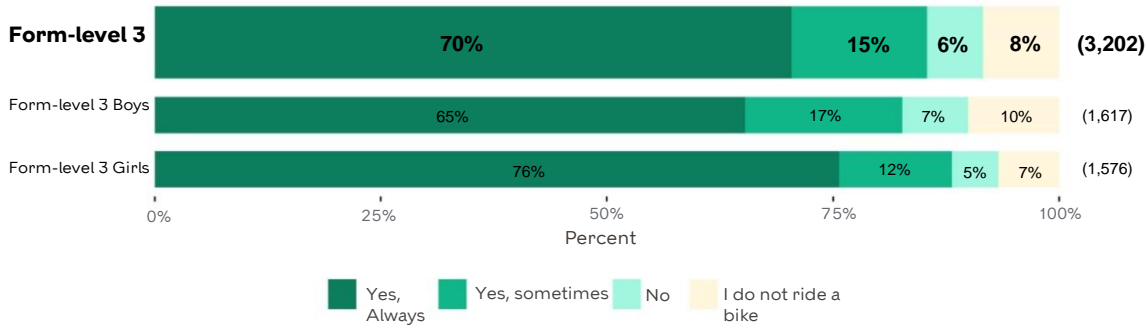
3.7. By which means did you arrive at school today?



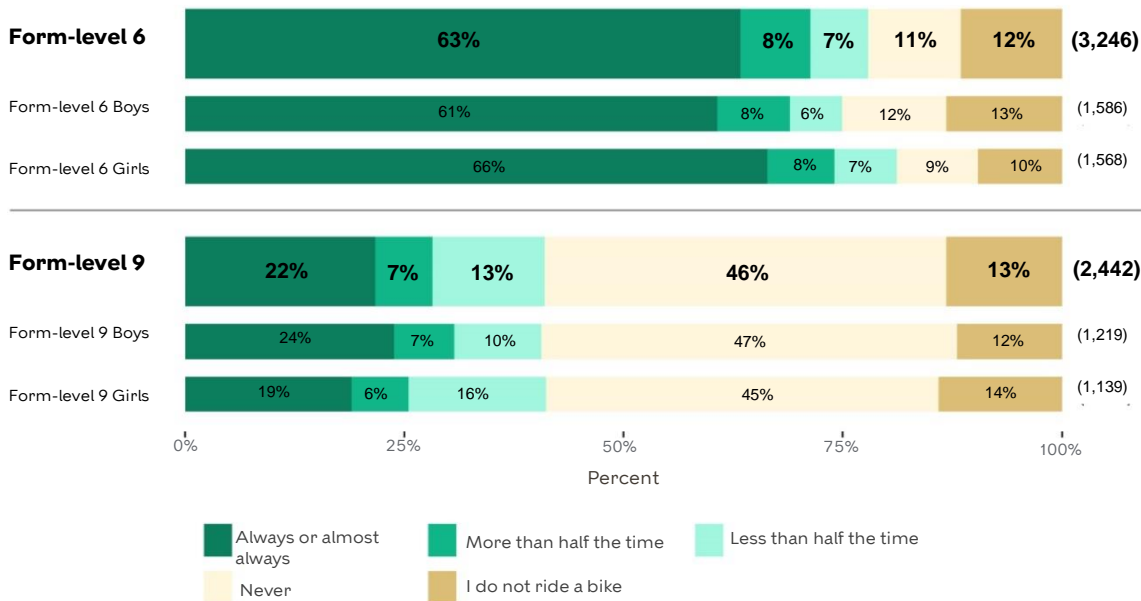
The response category "By scooter/moped" was only directed at form-level 9

	Form-level 6		Form-level 9	
	Boys	Girls	Boys	Girls
On foot	43%	48%	42%	46%
By bicycle	37%	42%	42%	39%
By micro scooter	8%	2%	1%	0%
By electrically powered vehicle E.g. micro scooter or skateboard	1%	0%	1%	0%
By car	12%	12%	5%	8%
By bus, train or metro	13%	11%	18%	18%
By scooter/moped			1%	0%
Other	1%	1%	1%	0%

3.8. Do you wear a bicycle helmet when riding your bicycle?

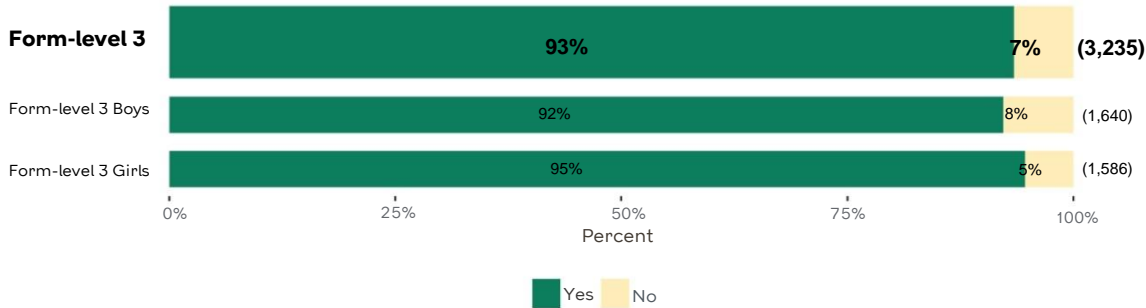


3.9. How often do you wear a bicycle helmet when riding your bicycle?

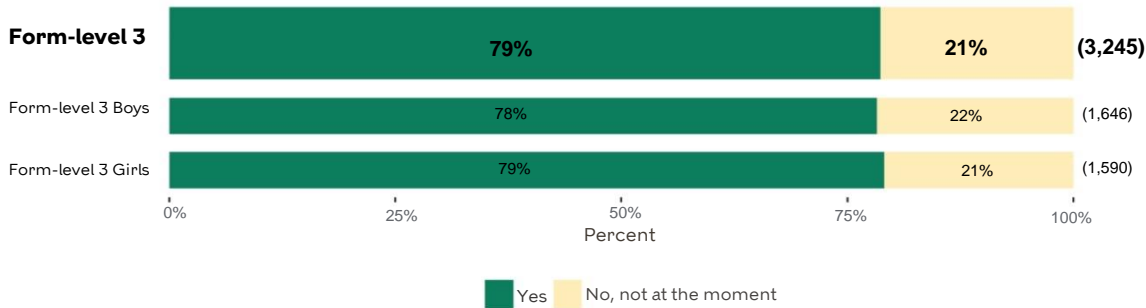


Association activities and leisure time - form-level 3

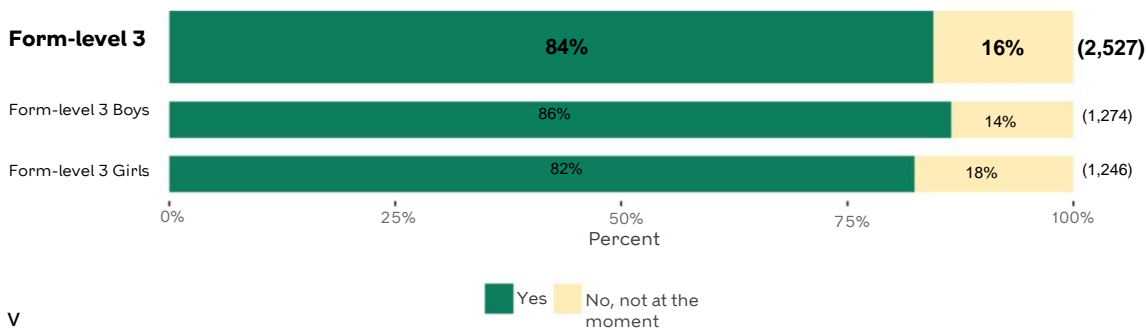
3.10. Do you attend an after-school care facility or an after-school centre?



3.11. Do you go to any activity after school or at weekends?

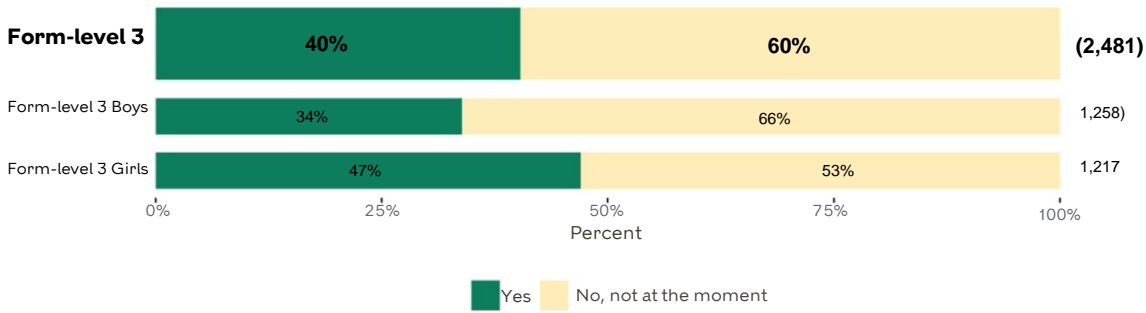


3.12. Do you go to sports at an association? This could be football, handball, swimming, karate, badminton, dancing, riding, or the similar



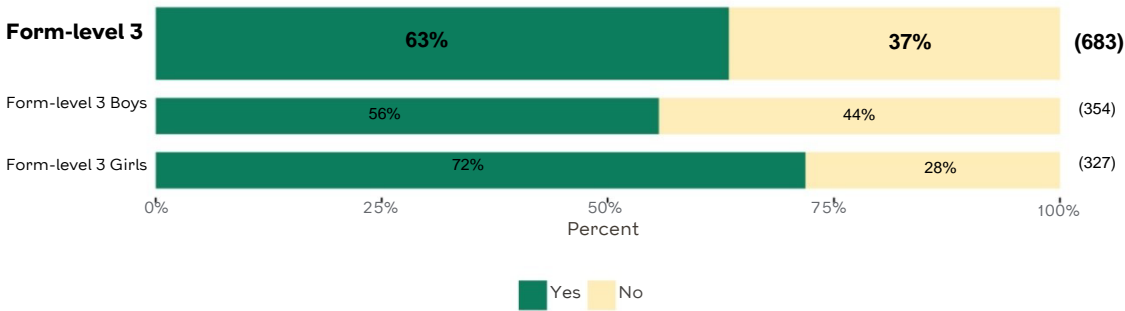
Conditional question - solely asked of respondents having answered "yes" to question 3.11.

3.13. Do you go to other things at a club? This could be scouts, music, drama, role-playing, visual arts, or the similar



Conditional question - solely asked of respondents having answered "yes" to question 3.11

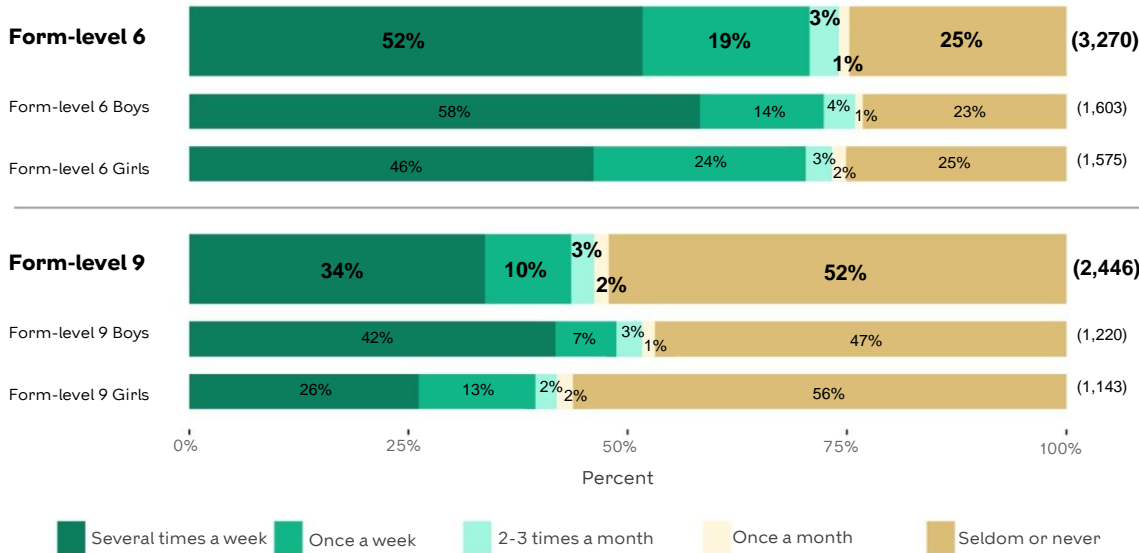
3.14 Would you like to go to any activity after school or at weekends?



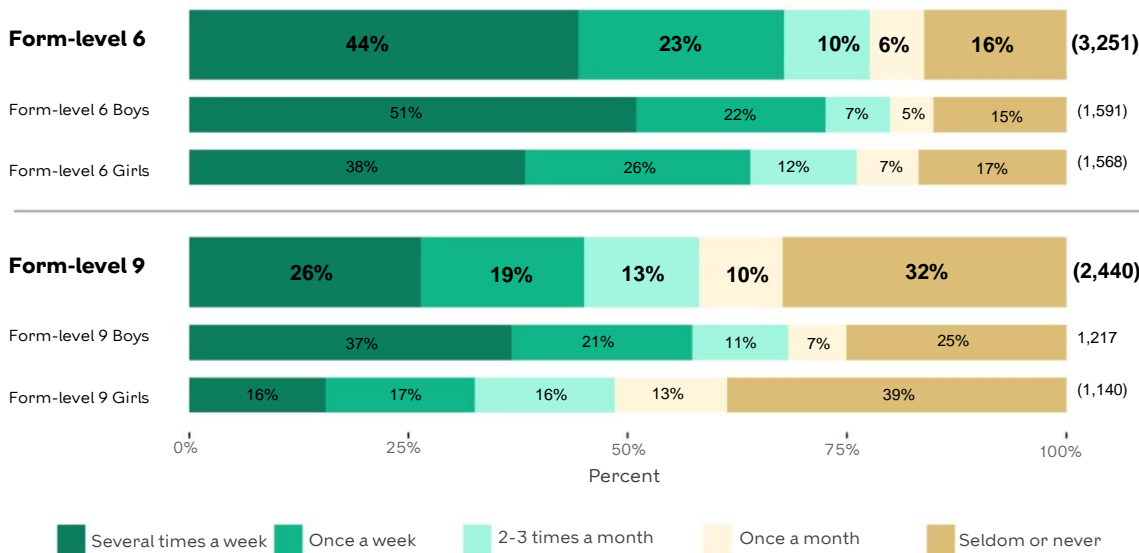
Conditional question - solely asked of respondents having answered "yes" to question 3.11

Association activities and leisure time - form-levels 6 and 9

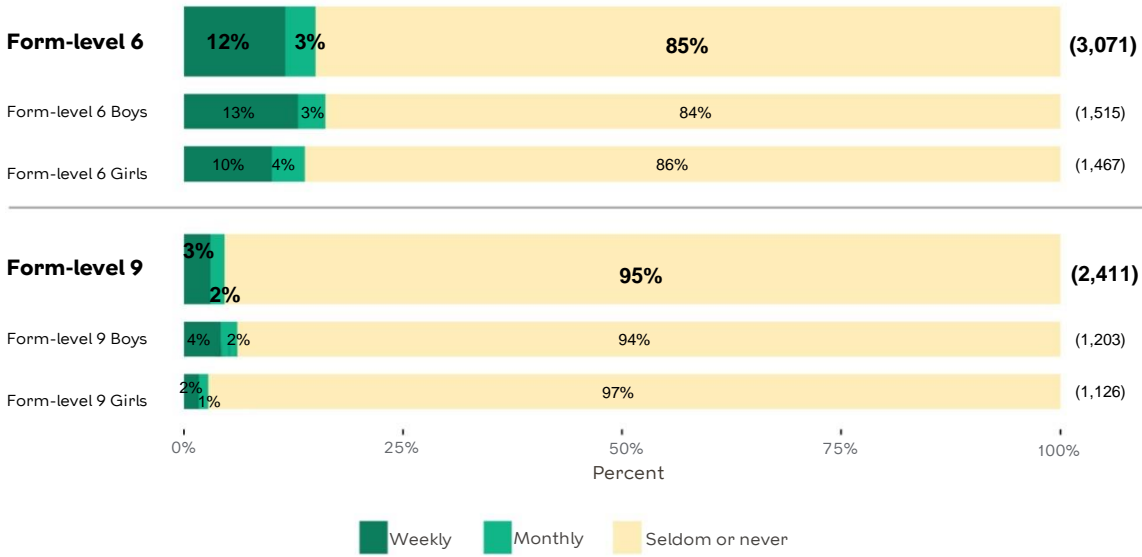
3.15 How often do you go to sports in a club or association? E.g. football, handball, swimming or riding?



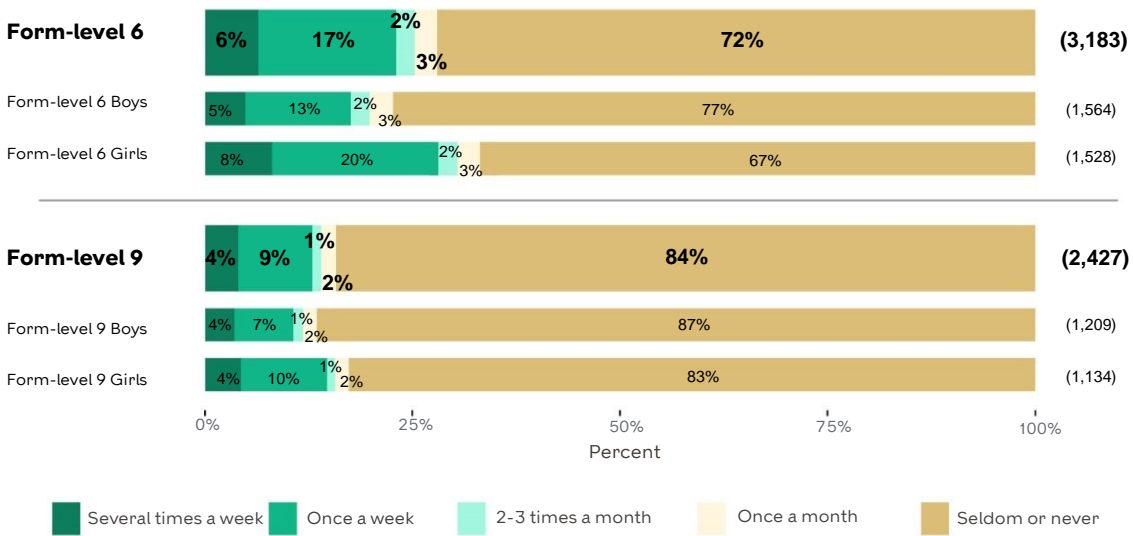
3.16 How often do you exercise or go to sports outside an association or fitness centre? E.g. run, skate, play street basket or use a trampoline?



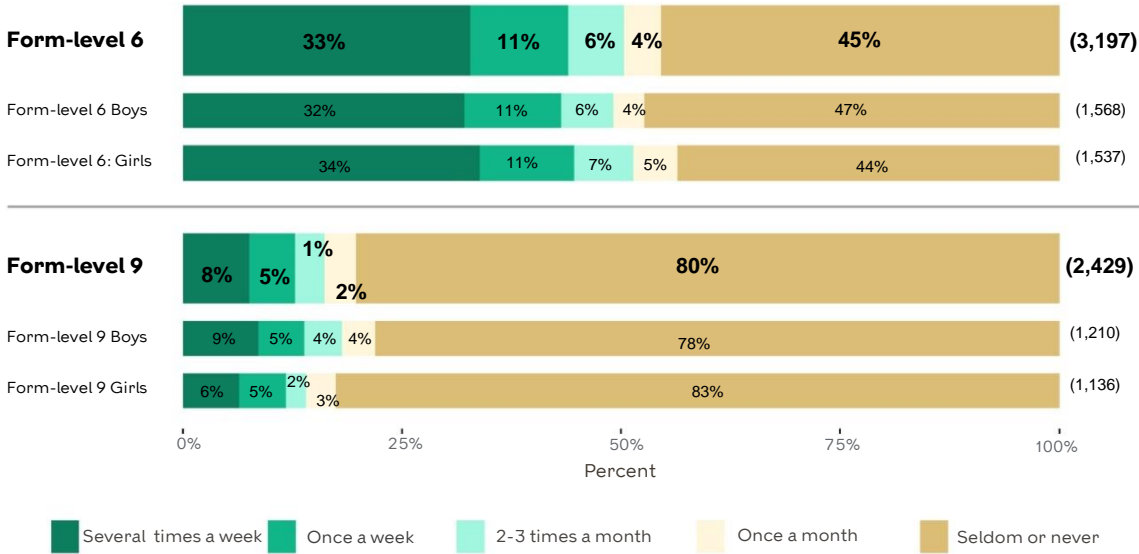
3.17 How often do you go to e-sports in a club or association?



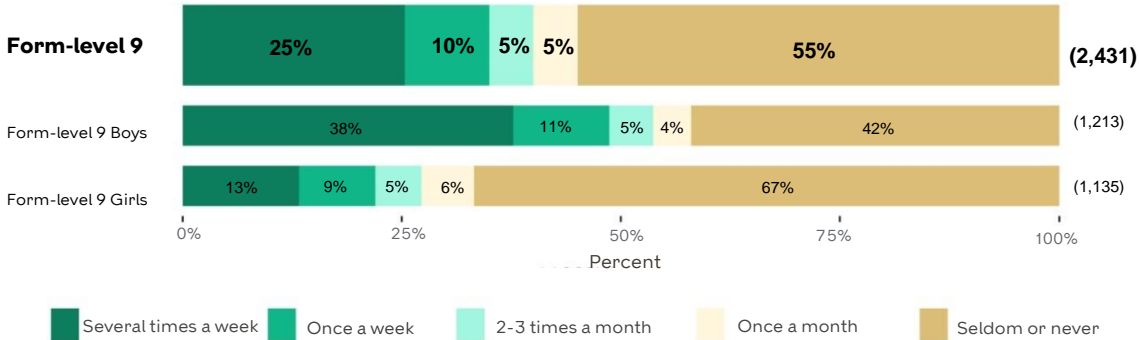
3.18 How often do you go to drama, music, scout, role-playing, chess, or a similar activity? E.g. in an association?



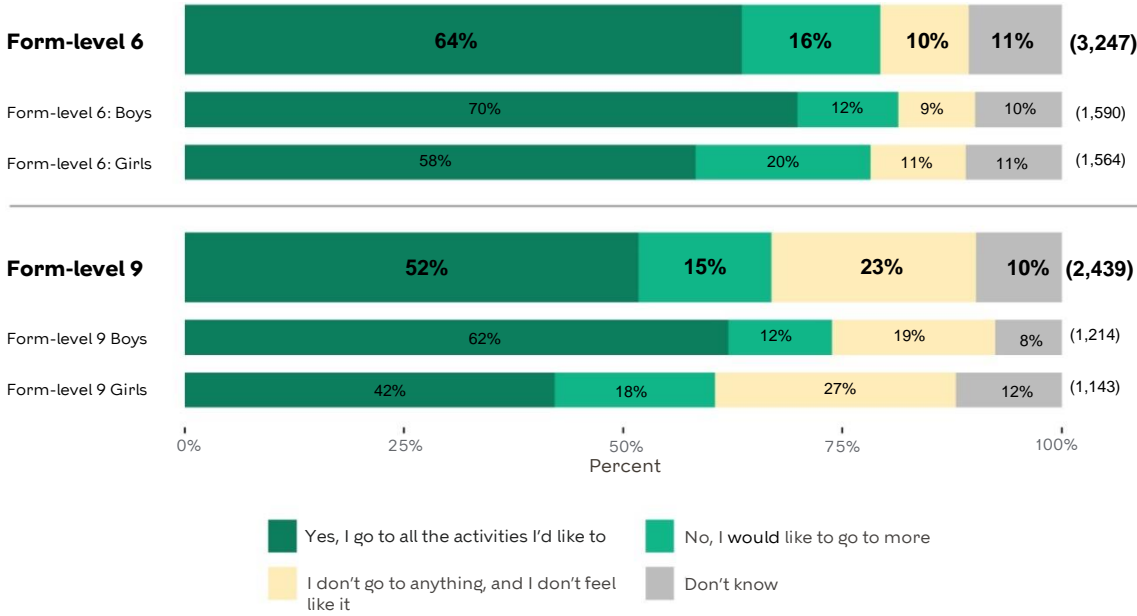
3.19. How often do you go to a club? E.g. a junior or youth club?



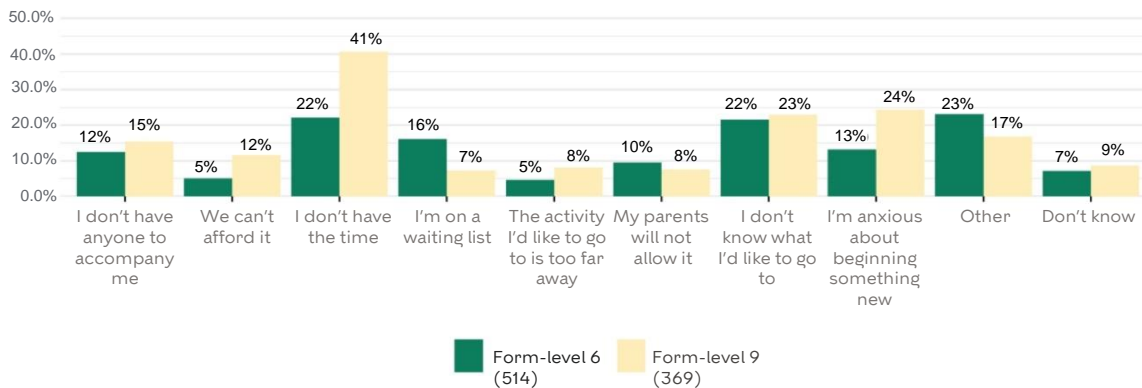
3.20. How often do you go to fitness/circuit training at a fitness centre in your spare time?



3.21. Do you go to such spare-time activities as you would like to?



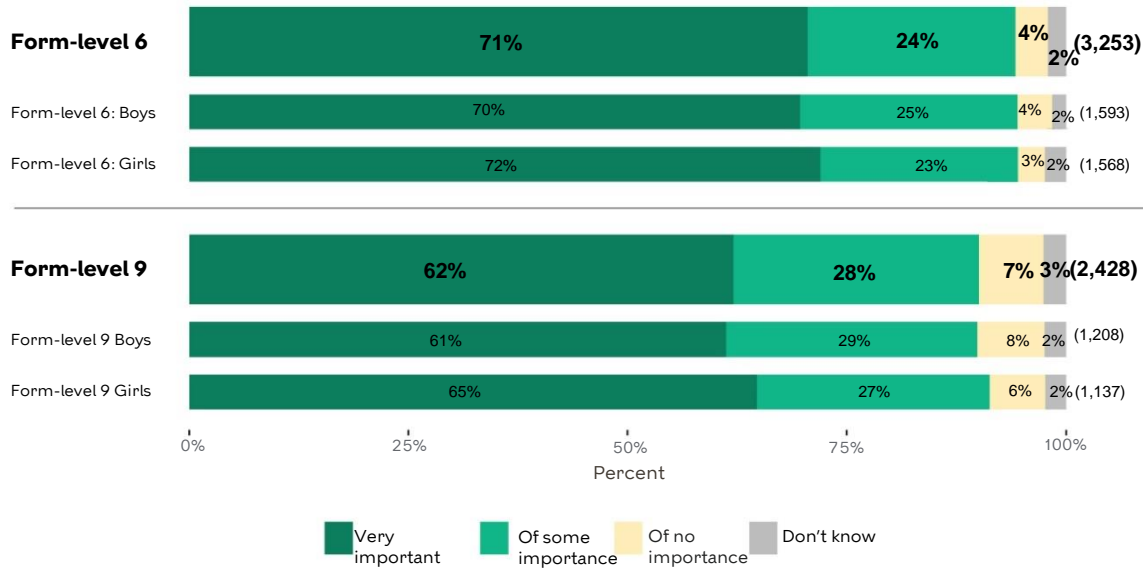
3.22. Why don't you go to such spare-time activities as you would like to?



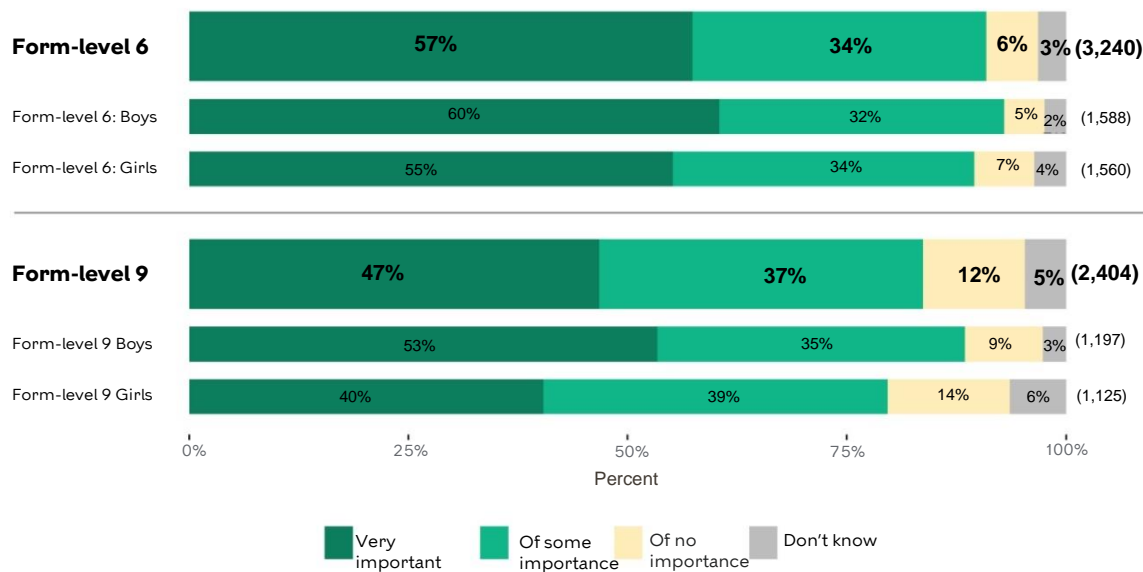
Conditional question - solely asked of respondents having answered "No" to question 3.21

	Form-level 6		Form-level 9	
	Boys	Girls	Boys	Girls
I don't have anyone to accompany me	6%	15%	17%	15%
We can't afford it	2%	7%	7%	14%
I don't have the time	22%	22%	37%	43%
I'm on a waiting list	15%	16%	9%	6%
The activity I'd like to go to is too far away	3%	5%	8%	8%
My parents will not allow it	12%	8%	8%	8%
I don't know what I'd like to go to	18%	25%	17%	27%
I'm anxious about beginning something new	9%	15%	19%	27%
Other	20%	24%	24%	12%
Don't know	12%	5%	11%	8%

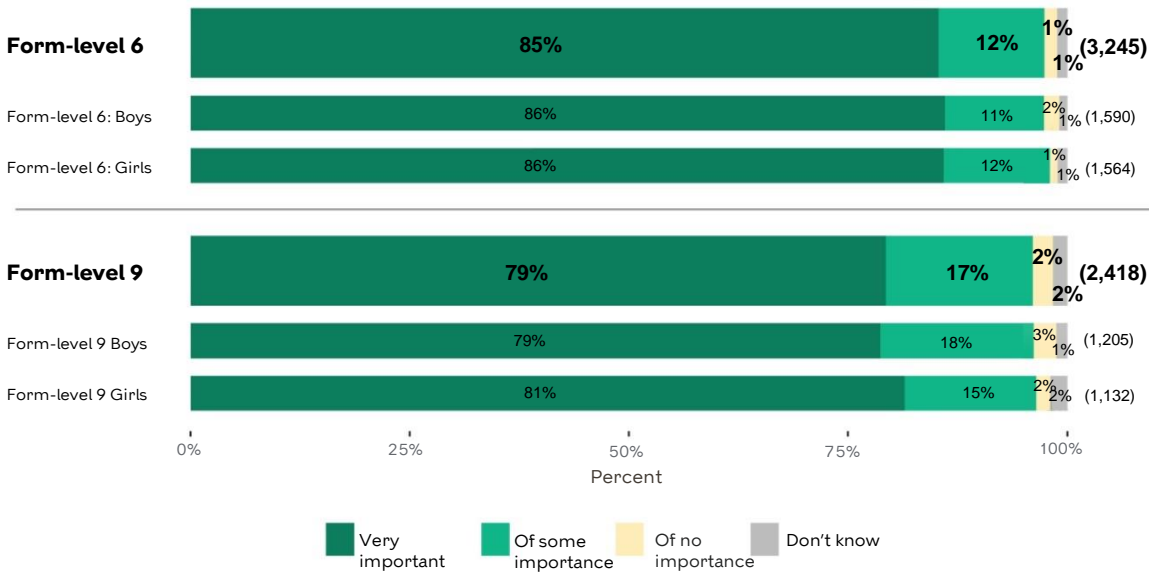
3.23. How important is it to be together with my friends when I go to a spare-time activity?



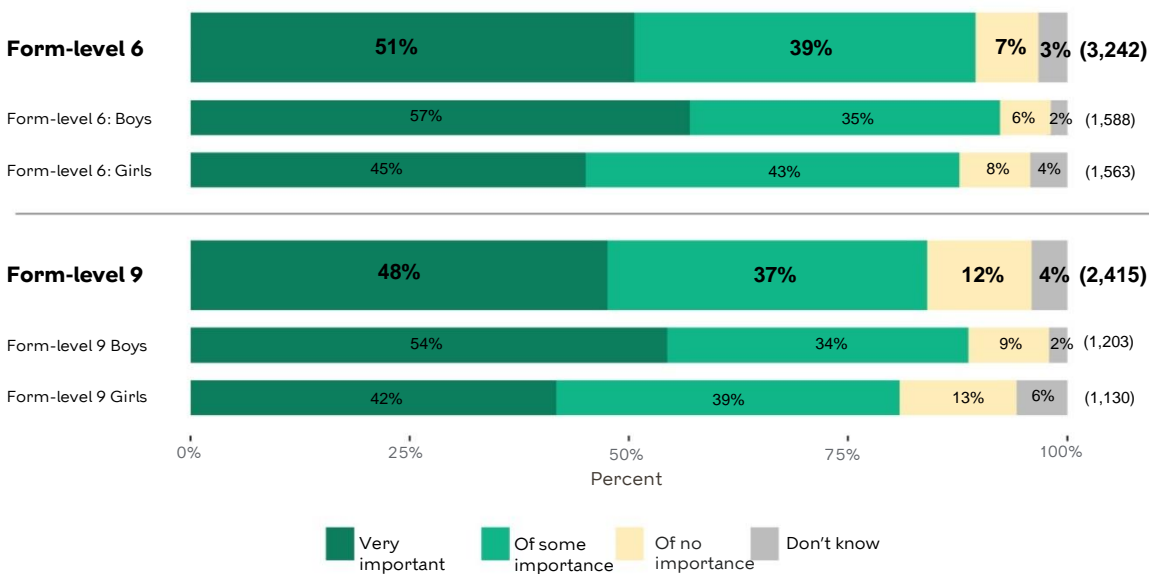
3.24. How important is it to be better/more practiced at the activity, when I go to something in my spare time?



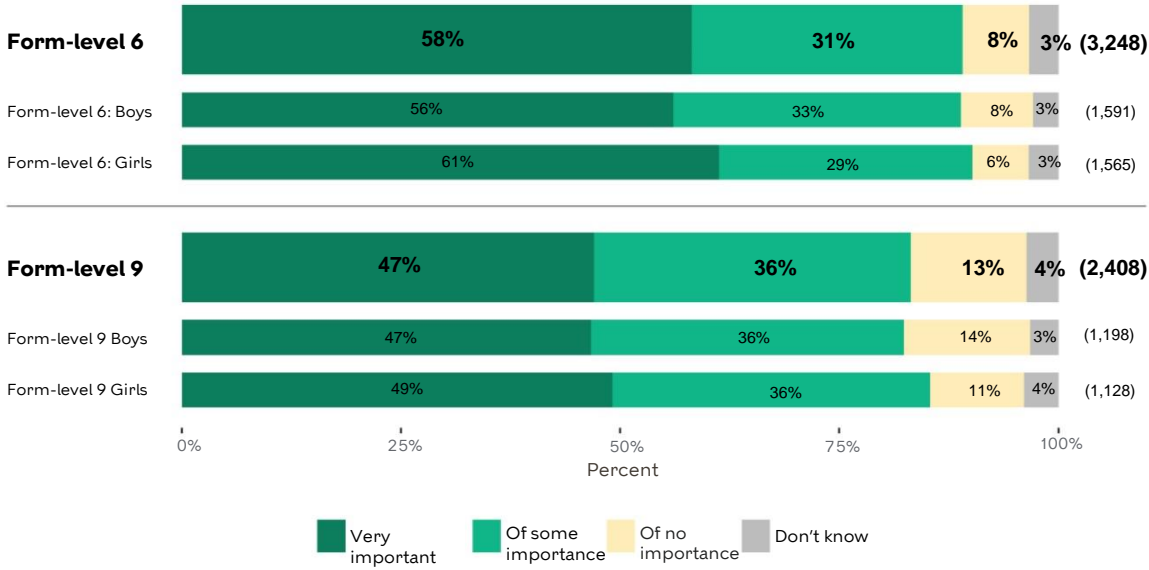
3.25. How important is to have fun, when I go to a spare-time activity?



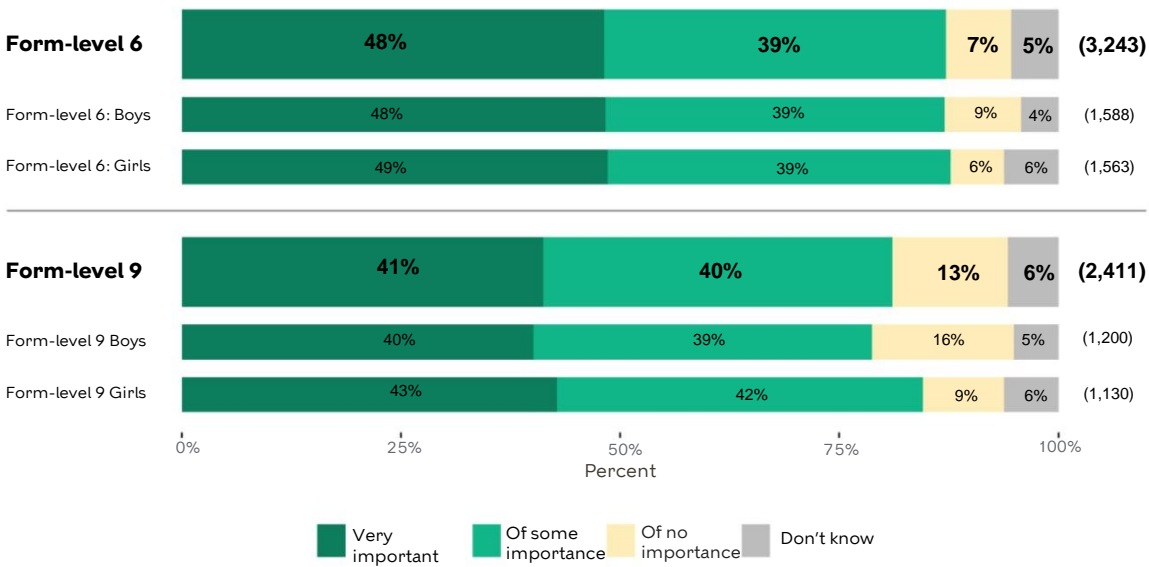
3.26. How important is to keep fit when I go to a spare-time activity?



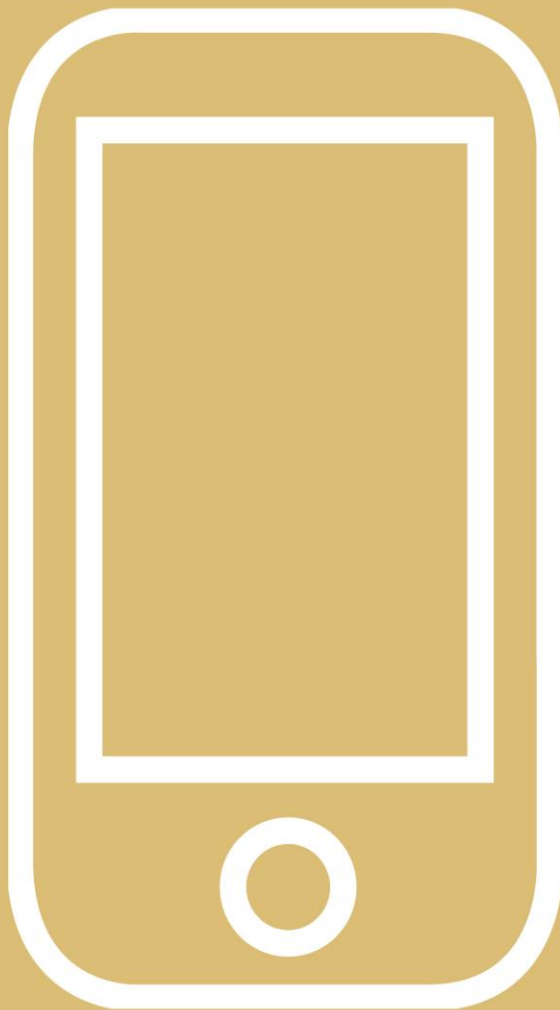
3.27. How important is it for me to become a member of a community, when I go to an activity in my spare time?



3.28. How important is it that time and place suit me well, when I go to an activity in my spare time?

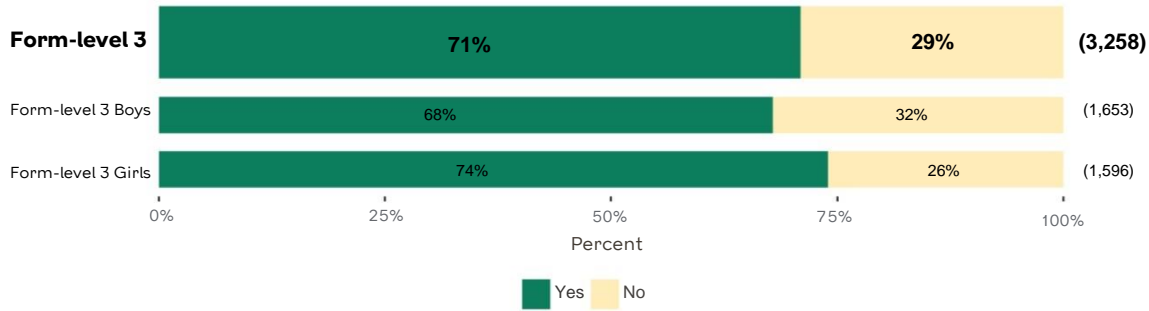


Digital behaviour

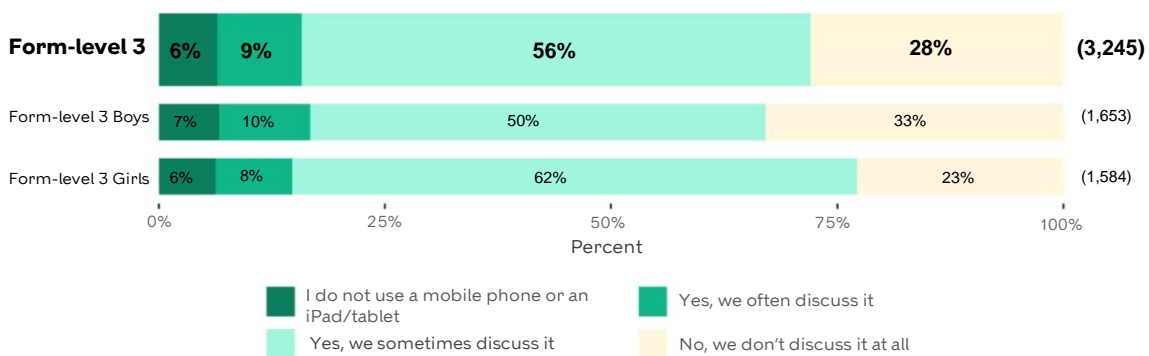


The use of mobile phones among form-level 3 children

4.1. Do you have a mobile phone of your own?

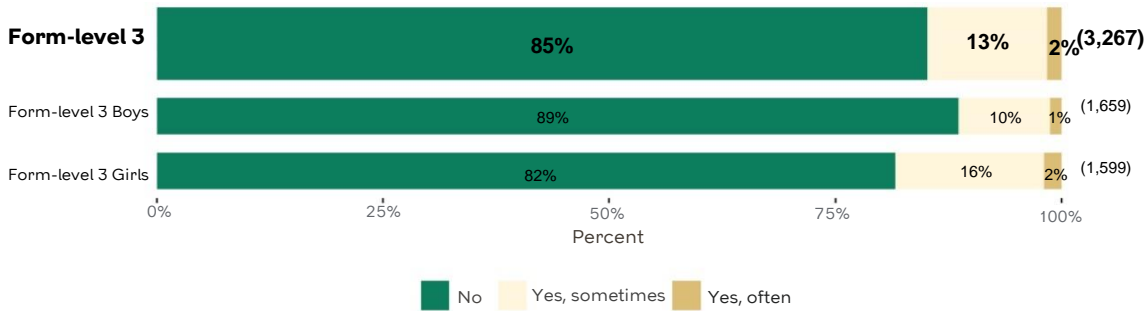


4.2. Do you talk to your parents about how you use your mobile phone or iPad/tablet?

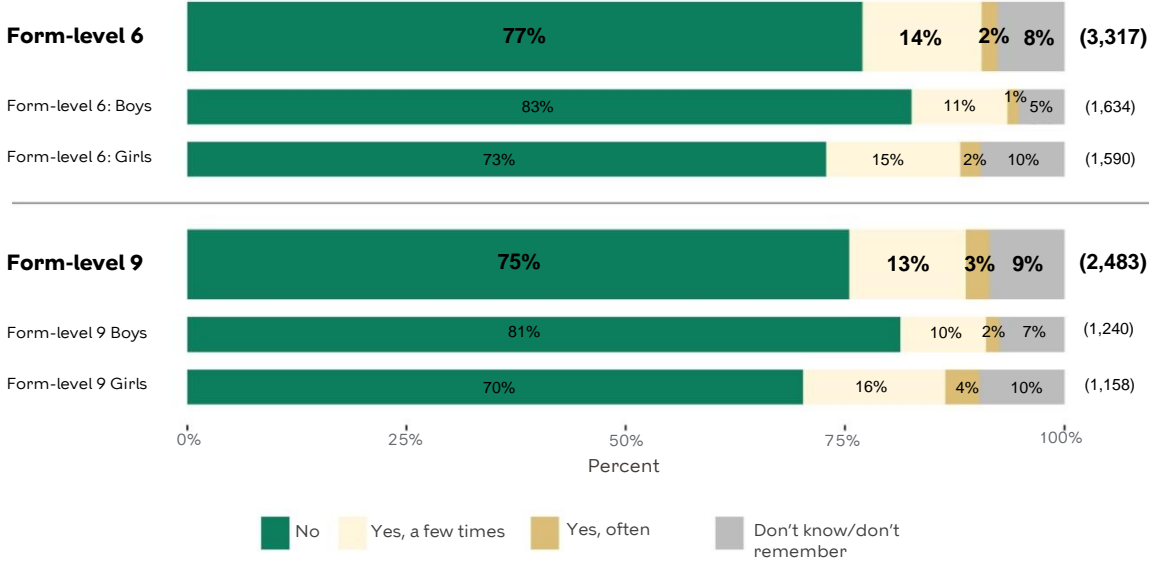


Digital behaviour and bullying

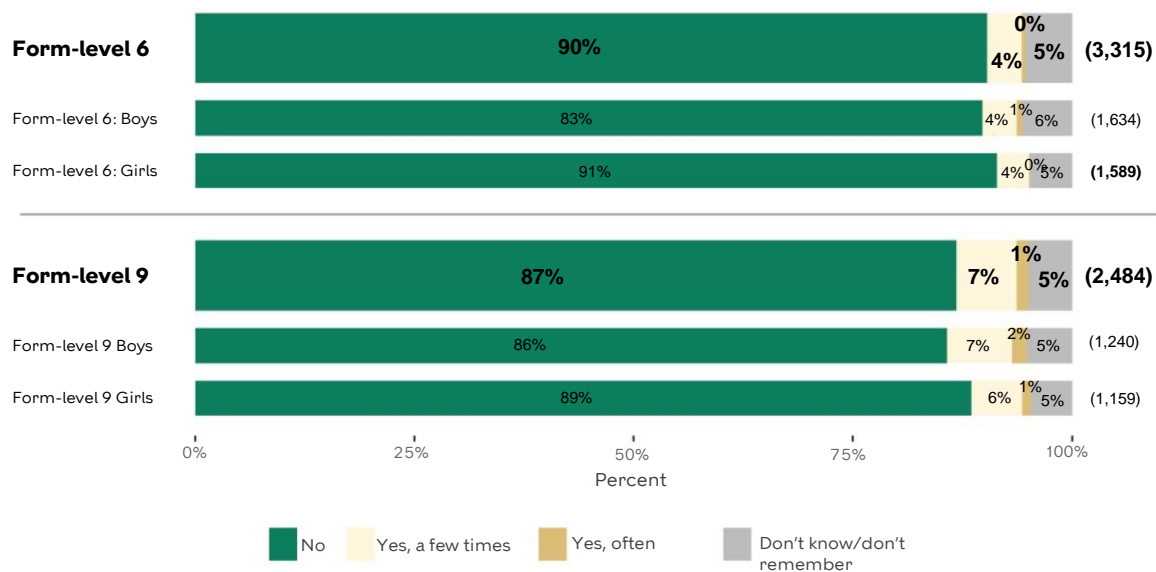
4.3. Have you received messages, pictures or videos that have upset you?



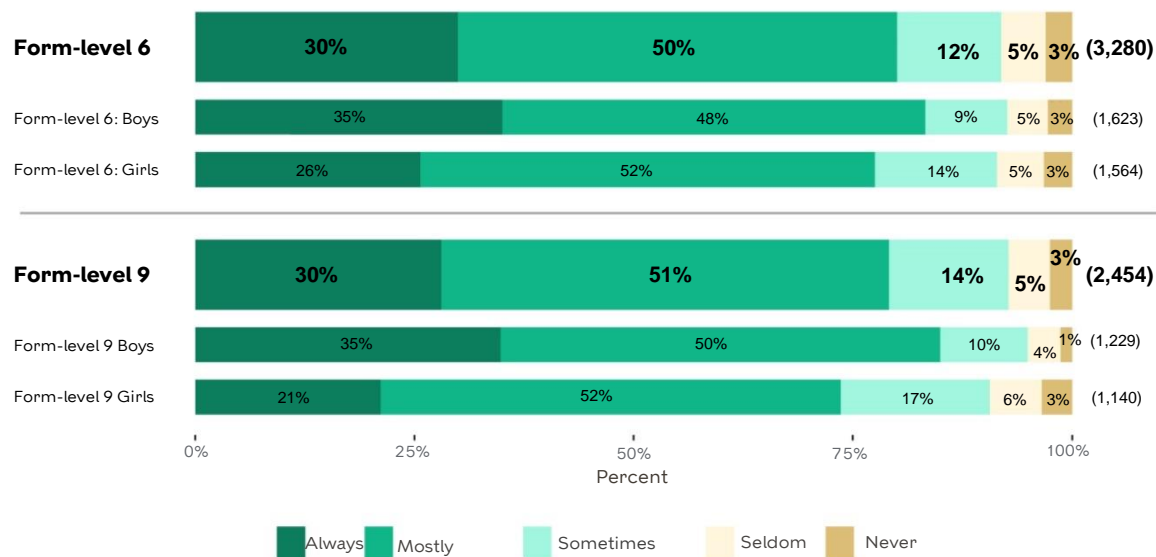
4.4. Think back to the last two months: Have you received messages, pictures or videos that have upset you or made you afraid or angry?



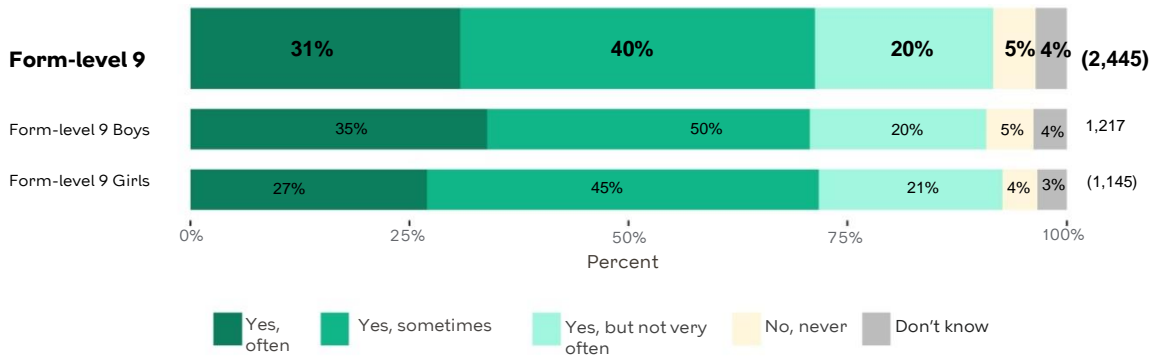
4.5. Think back to the last two months: Have you sent messages, pictures or videos to others for the purpose of making this person upset, afraid or angry?



4.6. Are you participating in such online communities as you would like to?



4.7. Do you wonder whether what you read on the internet is true?

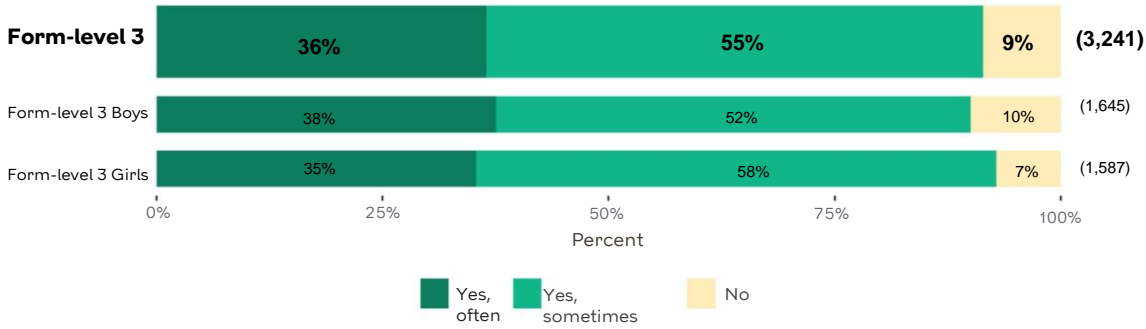


Health behaviour

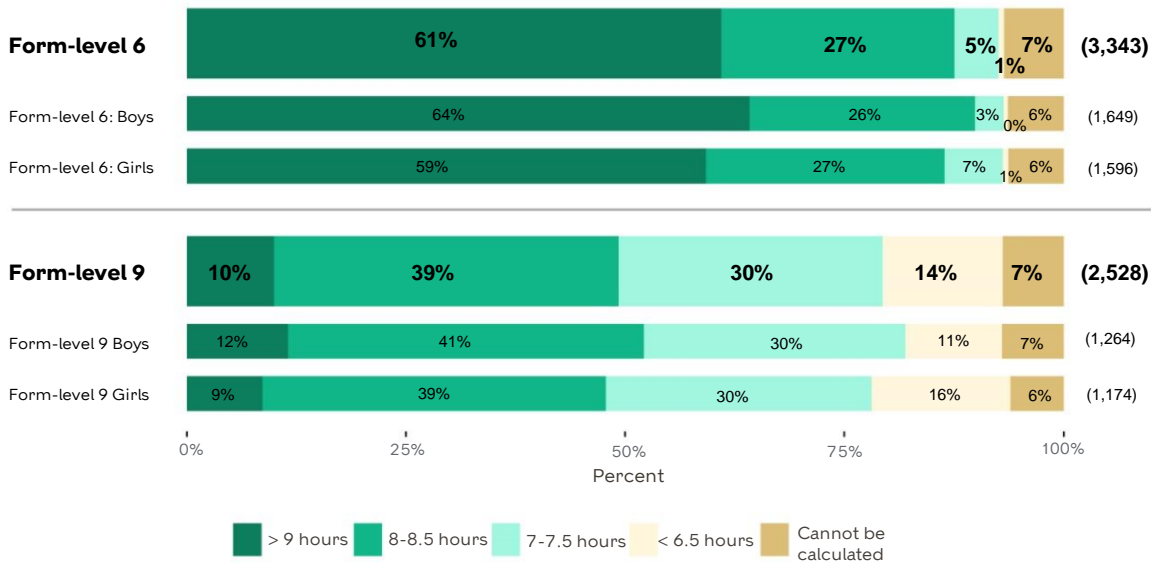


Sleeping patterns and screen use before bedtime

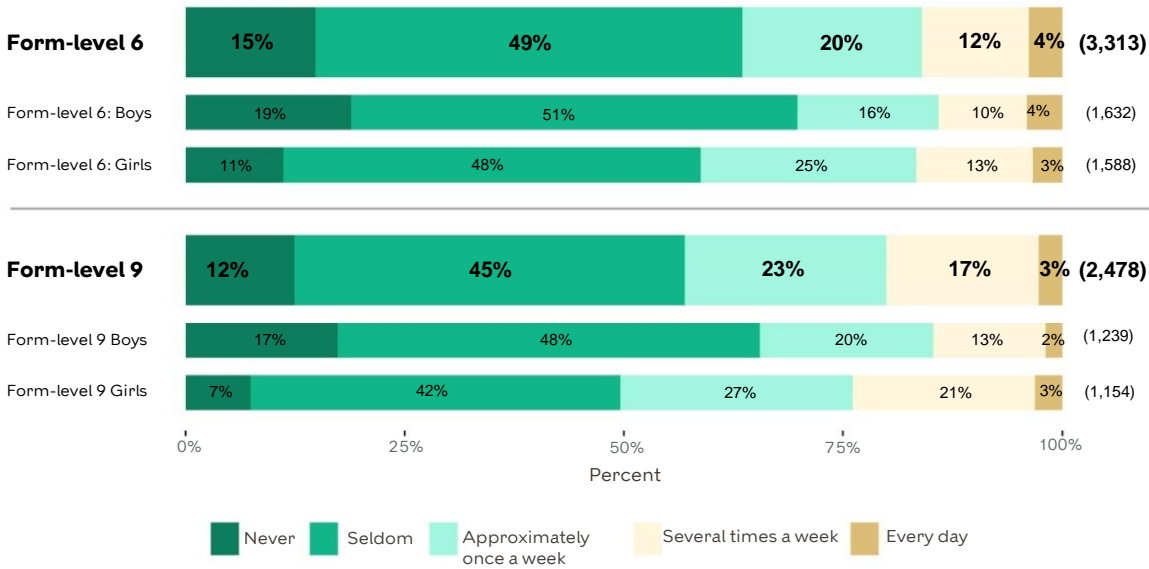
5.1. Are you fit and rested when you arrive at school?



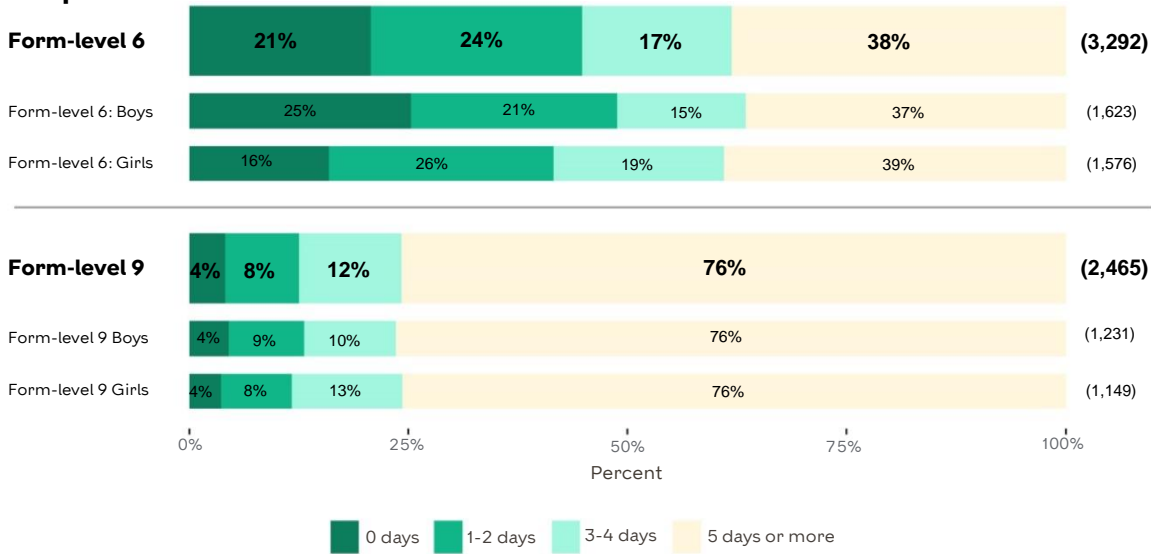
5.2. Hours of sleep the night before a school day



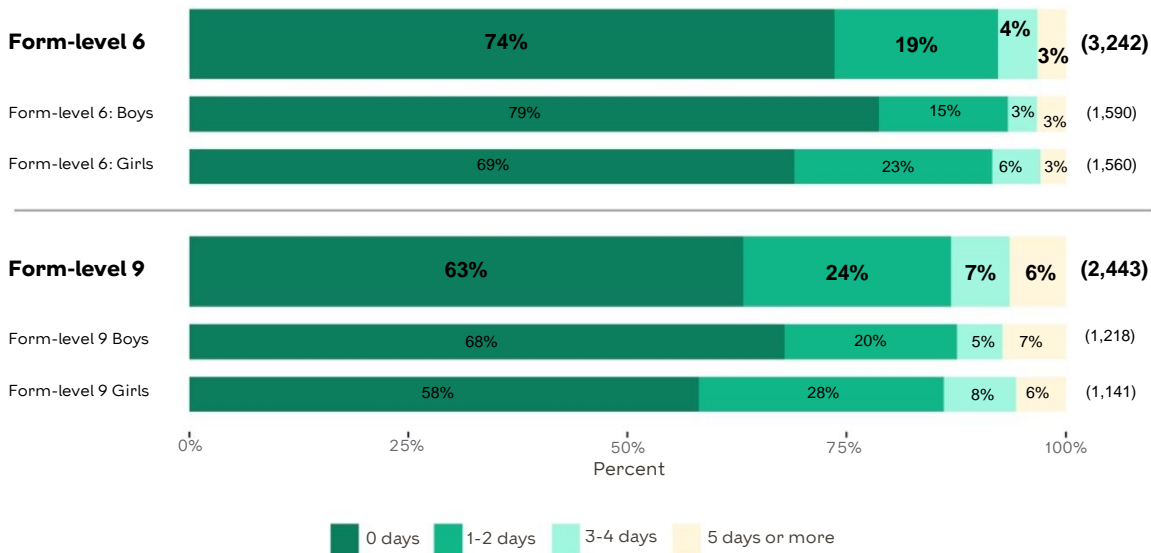
5.3. How often do you have a bad or troubled night's sleep?



5.4. In the course of the last 7 days, on how many days did you use your mobile phone, tablet or computer (e.g. in bed), before going to sleep?

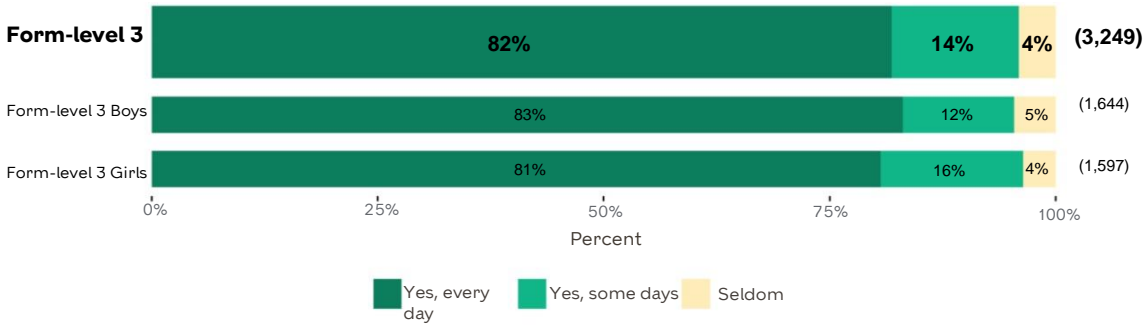


5.5. In the course of the last 7 days, on how many days did you feel disturbed by your mobile phone, tablet or computer after going to sleep?

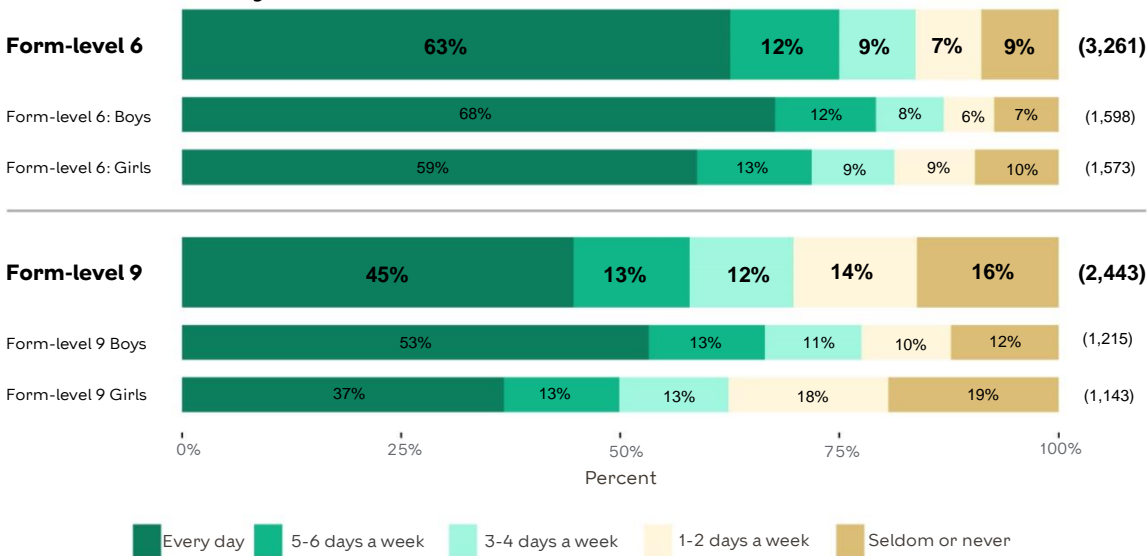


Dietary habits

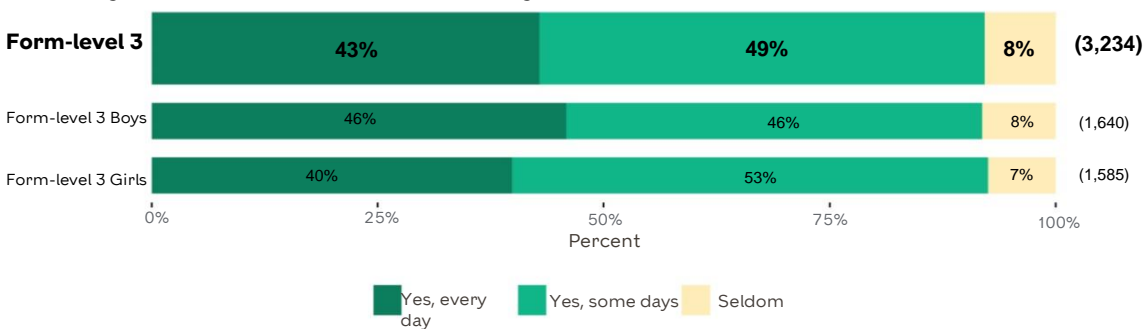
5.6. Do you eat breakfast?



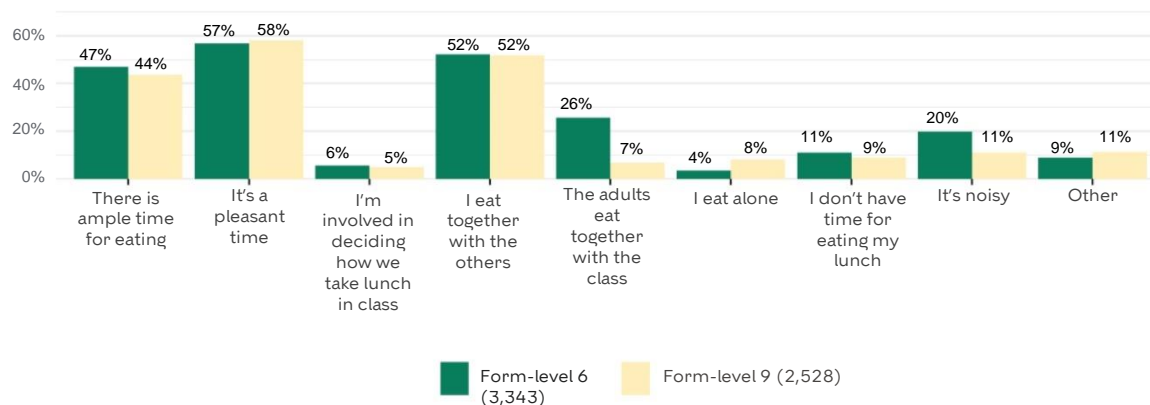
5.7. How often do you eat breakfast?



5.8. Do you have sufficient time to eat your lunch at school?

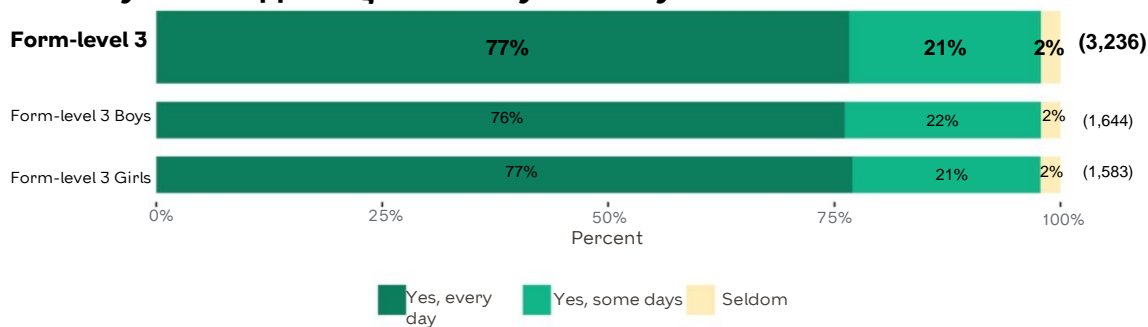


5.9. What will best describe your lunch break at school?



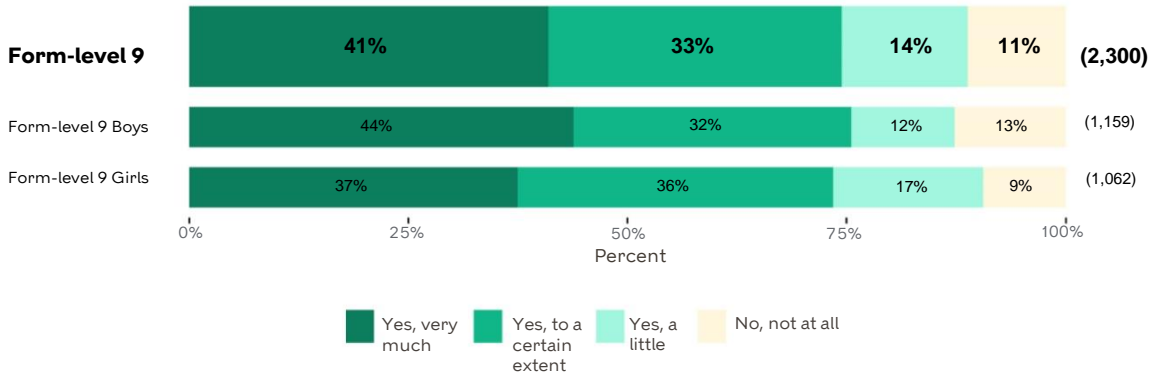
	Form-level 6		Form-level 9	
	Boys	Girls	Boys	Girls
There is ample time for eating	52%	43%	49%	39%
It's a pleasant time	58%	58%	56%	61%
I'm involved in deciding how we take lunch in class	6%	6%	6%	5%
I eat together with the others	50%	56%	48%	57%
The adults eat together with the class	24%	27%	7%	6%
I eat alone	4%	3%	9%	6%
I don't have time for eating my lunch	10%	12%	9%	9%
It's noisy	15%	24%	9%	13%
Other	7%	10%	11%	11%

5.10. Do you eat supper together with your family?

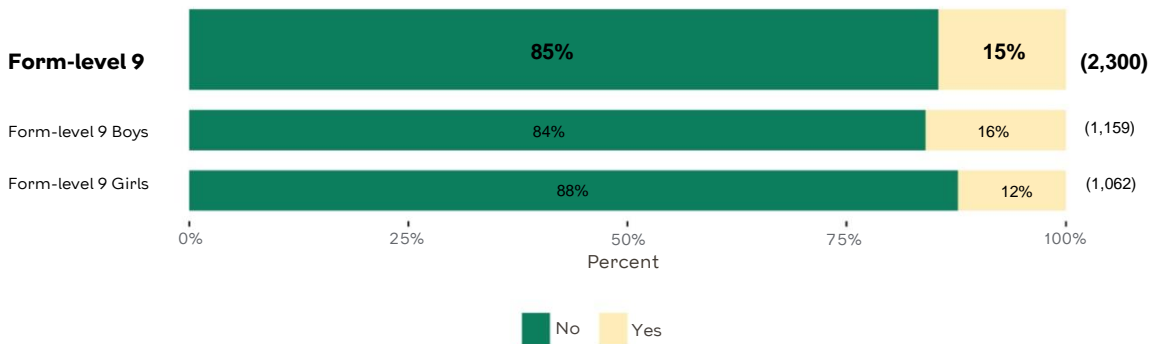


Sexual health

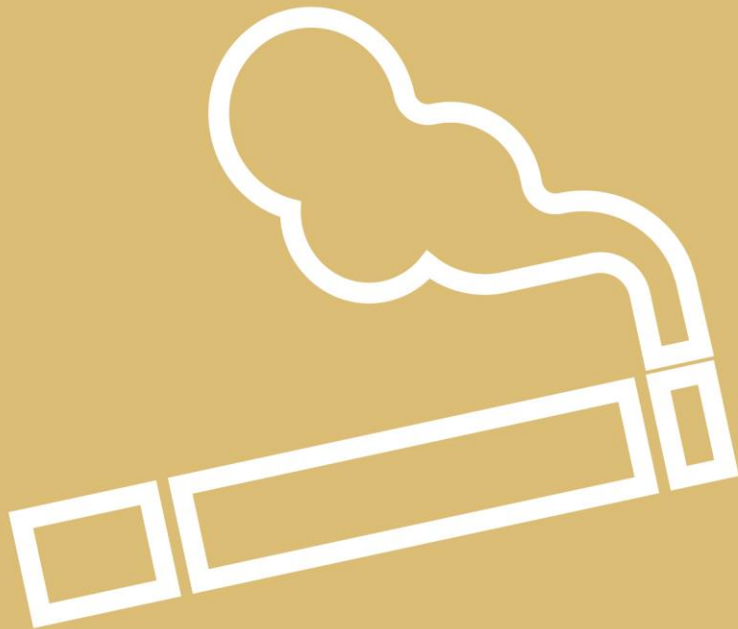
5.11. Do you feel that you have knowledge about venereal diseases and how to protect yourself against them?



5.12. Have you ever had sex?

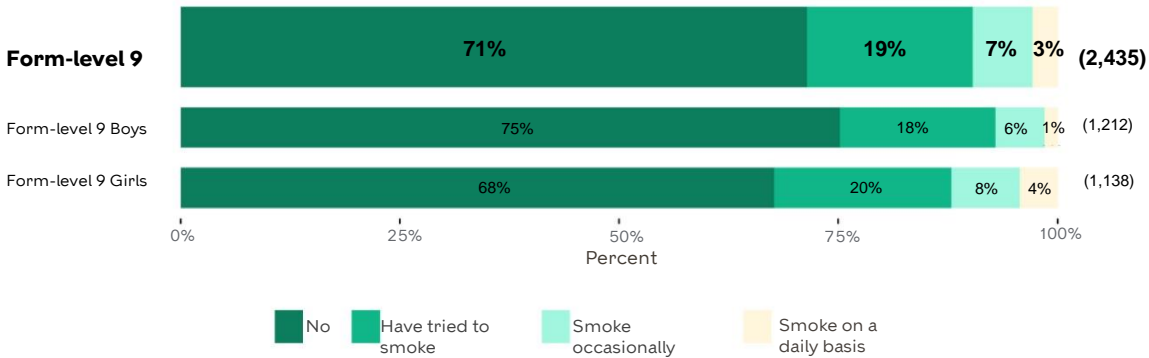


Nicotine, alcohol and other intoxicating agents

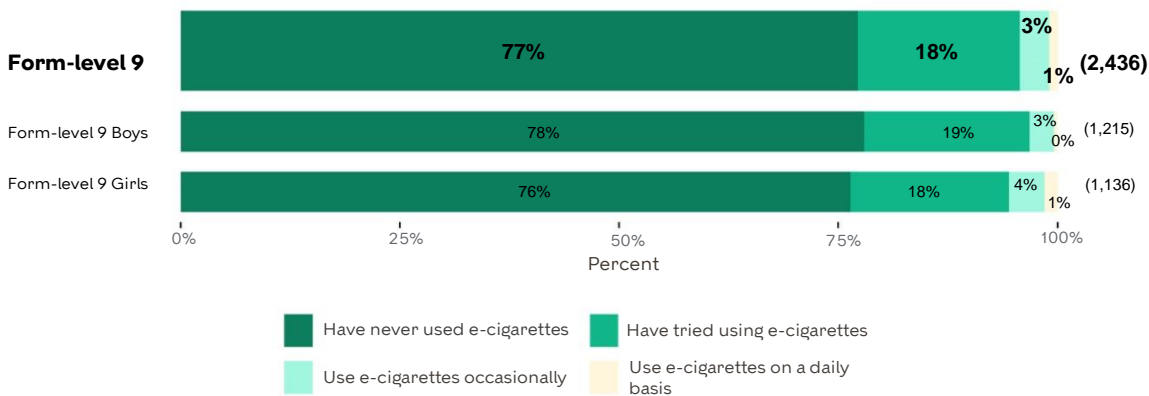


Nicotine and tobacco

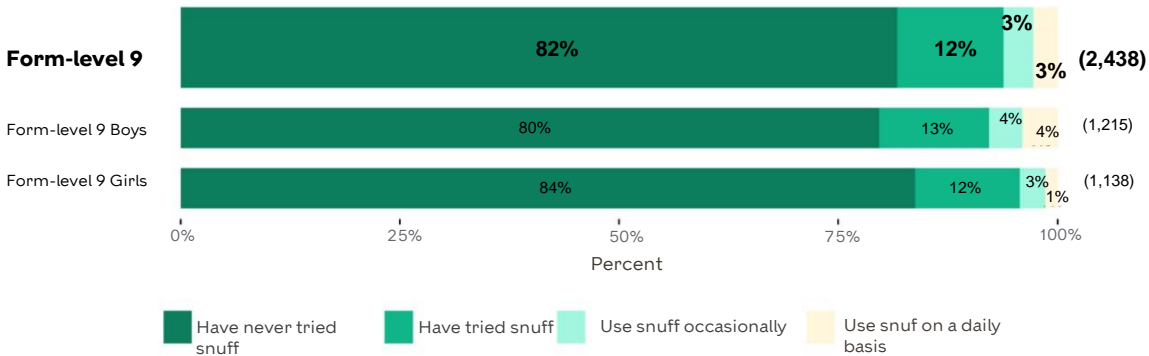
6.1. Do you smoke cigarettes?



6.2. Do you use e-cigarettes?

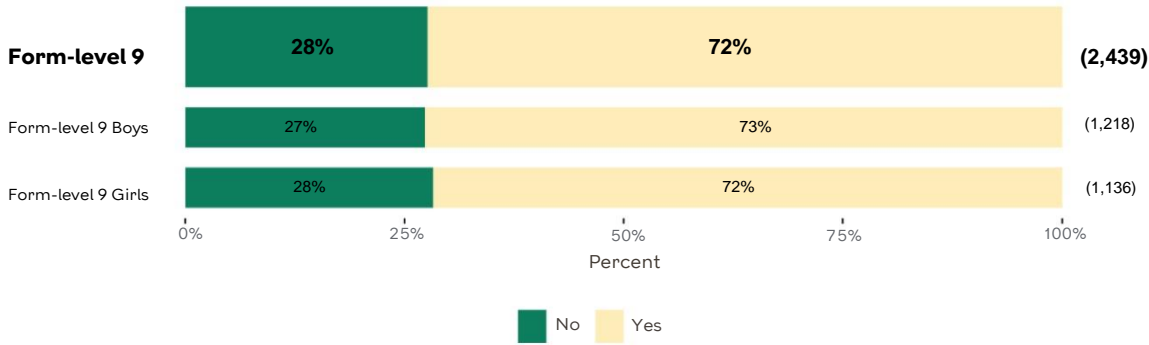


6.3. Do you use snuff or chewing tobacco?



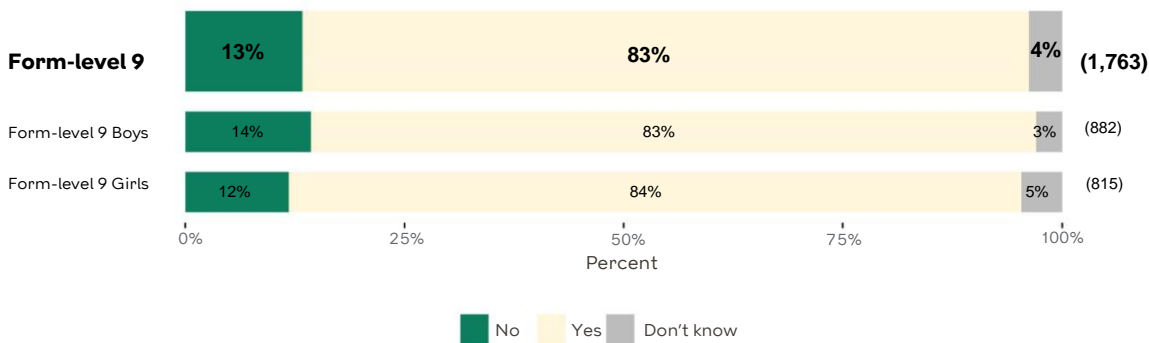
Alcohol

6.4. Have you tried to drink alcohol?



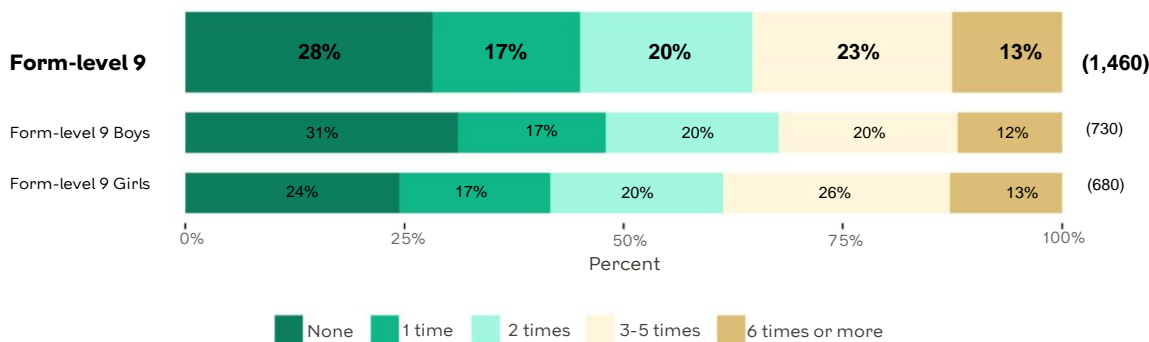
Fact box 1 unit of alcohol = 1 ordinary beer, 1 glass of wine, 1 alcohol-cider/-soft drink (e.g. Breezer, Mokai, Somersby), 1 drink/cocktail, 2 large shots of less strength (e.g. Gajol, Fisk, Små sure). 1 bottle of wine = approx. 6 units 1 bottle of alcohol = approx. 20 units

6.5. Have you ever tried to drink an entire unit of alcohol?



Conditional question - solely asked of respondents having answered "Yes" to question 6.4.

6.6. Think back to the last 30 days: How many times have you had 5 or more units of alcohol on the same occasion?

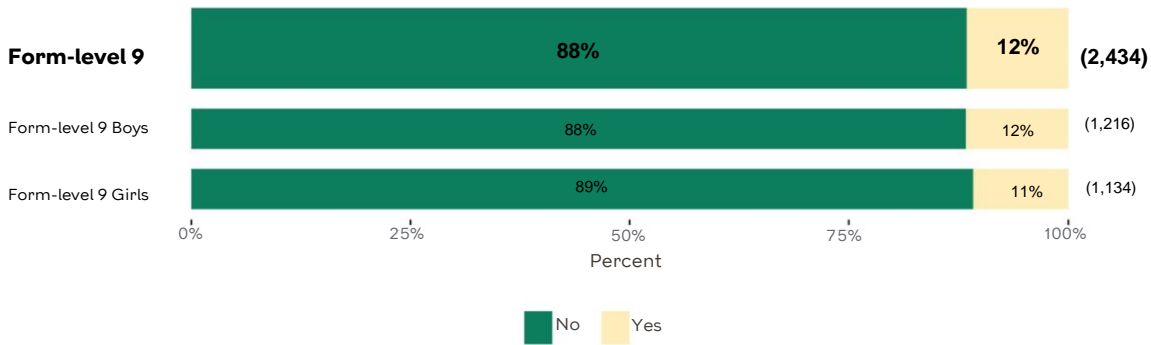


Conditional question - solely asked of respondents having answered "Yes" to question 6.5.

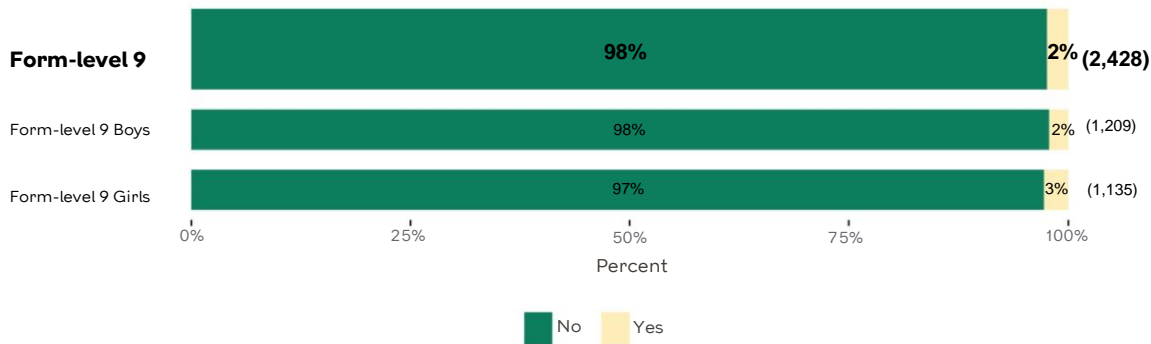
Other intoxicating agents

Fact box: In this questionnaire, we use the term hash as an umbrella term for both hash, marihuana, pot and skunk

6.7. Have you ever tried to smoke hash?



6.8. Have you ever taken laughing gas together with friends, at a party or alone?



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16. The European School Survey Project on Alcohol and Other Drugs (ESPAD) 2019. Rusmiddeladfærd blandt skoleelever i 9. klasse i Danmark og udviklingen siden 1995: The Danish Health Authority, 2020

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