



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de l'Éducation nationale,
de l'Enfance et de la Jeunesse



FACULTY OF HUMANITIES,
EDUCATION AND
SOCIAL SCIENCES

Dear pupils,
Dear parents,
Dear guardians,

The Ministry of Education, Children and Youth and the Ministry of Health are conducting the **6th international study “Health Behaviour in School-aged Children” (HBSC)** from February to May 2022. The University of Luxembourg is responsible for the scientific evaluation.

Under the auspices of the World Health Organisation (WHO), the survey focuses on the well-being and lifestyle of pupils and is organised every 4 years in more than 50 countries.

For the purpose of the study, pupils are asked during school hours to answer a standardised questionnaire on the following topics:

- Well-being (life satisfaction, health complaints, etc.),
- Health behaviour (sports, dietary behaviour, dental health, use of tobacco, alcohol, cannabis and other drugs, sexuality and contraception, height and weight),
- Young people's life circumstances (support from friends and parents, satisfaction with school),
- Injuries, bullying, participation in fights,
- Use of social media,
- Socio-demographics (age, gender, migration, household structure and family circumstances, etc.).

The main objectives of the HBSC study are:

- The evaluation of the pupils' well-being, physical and mental health and health-related behaviour.
- The identification of factors that have an impact on the pupils' health and well-being.

Data collection and processing will be **anonymous** and the data will be analysed only by authorised researchers. It is not an exam, so there are no wrong answers. Only the opinion of the pupils is relevant. The Luxembourg data will be processed in a national and international report and further scientific studies.

Your child's class has been selected to participate in this survey. This survey will be conducted during an hour of school class. Your child's participation will help guide and evaluate youth and health policies in order to create adapted programs to promote the well-being and health of young people.

To this end, please return the form attached to this letter, indicating your choice as a parent/guardian to authorise or refuse your child's participation in this survey.


We thank you in advance for your valuable cooperation, which helps us to better understand young people and identify their problems and needs.

For further information, please contact the HBSC team of the University of Luxembourg (46 66 44 9746, hbsc@uni.lu) or the HBSC team of the Ministère de l'Éducation nationale, de l'Enfance et de la Jeunesse (247-65288, SCRIPT-MENJE) or the HBSC team of the Direction de la Santé (247-75593, hbsc@ms.etat.lu). In addition, you can find out more about the HBSC study in general and the current survey at www.hbsc.lu.

We thank you very much for your assistance. With kind regards,



Dr.MD. Bechara
Ziadé
Ministère de la Santé /
Direction de la Santé
(Principal Investigator)



Dr. Andreas Heinz
Université du
Luxembourg
(Principal Investigator)



Nathalie Keipes
Directrice
Ministère de l'Éducation
nationale, de l'Enfance et
de la Jeunesse



Luc Weis
Directeur
du SCRIPT

CONSENT FORM - COPY

Participation in the 6th Youth Health Survey in Luxembourg (HBSC)

As the legal representative (parent or guardian) of the child participating in the study:

- I have been informed of the following: If I do not return the consent form to the school, it will be assumed that my child may participate in the study.
- I have received, read and understood the information sheet describing all aspects of the study (objectives, procedure, expected benefits).
- I have been informed that my child's participation is voluntary and that there will be no repercussions if he/she does not participate.
- I know that if my child participates, he/she does not have to answer questions that he/she does not want to answer.
- I know that I can refuse my child's participation by returning this form to the school.
- I know that the survey is anonymous and untraceable and therefore it is impossible to view or change my child's data afterwards.
- I agree that the data collected during the study will be analysed anonymously.
- I agree that the data will be kept for an indefinite period in order to be able to compare the results with those of future HBSC studies.
- I know that the publications of this study are available at www.hbsc.lu.
- I keep a copy of this consent form. The original will be kept by the Ministry of National Education, Children and Youth in respect of anonymity.

I freely consent for the child I represent to participate in the HBSC survey

I refuse that the child I represent takes part in the HBSC survey

Child:

Name, first name:

Representative (parent or guardian):

Name, first name:

Date, Place.....

Signature of the legal representative:.....

CONSENT FORM

Participation in the 6th Youth Health Survey in Luxembourg (HBSC)

As the legal representative (parent or guardian) of the child participating in the study:

- I have been informed of the following: If I do not return the consent form to the school, it will be assumed that my child may participate in the study.
- I have received, read and understood the information sheet describing all aspects of the study (objectives, procedure, expected benefits).
- I have been informed that my child's participation is voluntary and that there will be no repercussions if he/she does not participate.
- I know that if my child participates, he/she does not have to answer questions that he/she does not want to answer.
- I know that I can refuse my child's participation by returning this form to the school.
- I know that the survey is anonymous and untraceable and therefore it is impossible to view or change my child's data afterwards.
- I agree that the data collected during the study will be analysed anonymously.
- I agree that the data will be kept for an indefinite period in order to be able to compare the results with those of future HBSC studies.
- I know that the publications of this study are available at www.hbsc.lu.
- I keep a copy of this consent form. The original will be kept by the Ministry of National Education, Children and Youth in respect of anonymity.

I freely consent for the child I represent to participate in the HBSC survey

I refuse that the child I represent takes part in the HBSC survey

Child:

Name, first name:

Representative (parent or guardian):

Name, first name:

Date, Place.....

Signature of the legal representative:.....

Please return the signed consent form to the school as soon as possible.

