

## Preface

The Health Behaviour in School-aged Children (HBSC) study is now in its 34th year. It continues to grow not only as a source of reliable and valid data on the health behaviours of 11-, 13- and 15-year-olds, but also regarding its membership – 46 countries and regions across Europe and North America are now included. The HBSC study is a cohort cross-sectional questionnaire-based study focusing on health and health-related behaviours in adolescents in the context of their social environment. This age was selected because of the significant cognitive, psychological, and biological processes taking place in this period of the lifespan, as well as because of the fact that health-related behaviours adopted at this age are known to persist into adulthood. The findings from the HBSC study are used to monitor health, well-being, and health-related behaviours in school-aged children; deepen the understanding of the social determinants of health; and provide evidence-based data for policy makers and practitioners aiming to improve the lives of young people.

The Czech Republic joined the HBSC study in 1993/1994, making the last wave of data collection in 2013/2014 the sixth in a row and enabling trends in national data over a 20-year period to be analysed.

The main aim of this supplement was to provide evidence on various aspects of young people's health, well-being and related factors in multiple survey years. Altogether, this supplement consists of a methodological paper and 12 research papers. A total of 26 authors from several mainly Czech research institutions contributed to it. The methodological paper describes various types of trend research studies including their advantages and disadvantages. The second part summarizes the history of the HBSC study in an international context and particularly in the Czech Republic. The final part presents the basic methodological data from six surveys conducted in the Czech Republic between 1994 and 2014. The research papers provide an overview of the prevalence of selected outcomes e.g. overweight and obesity, cannabis use, tobacco smoking, physical activity, screen time behaviours, active commuting, parent-adolescent communication, tooth brushing, bullying, life satisfaction, and self-rated health.

Data such as those presented in this supplement provide an essential basis for policy action to improve young people's well-being. The Czech HBSC team works closely with external partners to maximize the impact of its findings.

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