



WEST OF SCOTLAND
SIXTEEN **PLUS** STUDY:
YOUNG PEOPLE'S HEALTH

POSTAL QUESTIONNAIRE

2006

ID number

Most of these questions ask you to tick a box or circle the right answer. A few ask you to write something in. You'll recognise most of them from the questionnaires you filled in when you were at school, or the interview which you did a few years ago.

FIRST OF ALL, just to check our records ...

1. What sex are you? Please tick one box.

male ₁

female ₂

2. What is your date of birth?



..... / /
(day) (month) (year)

YOUR HEALTH

3. Over the last 12 months would you say your health on the whole has been good, fairly good or not good? Please tick the answer which describes you best.

good ₁

fairly good ₂

not good ₃

4. How would you rate your level of fitness? Do you think it is:

very good ₁

good ₂

moderate ₃

not very good ₄

5a. Do you have any longstanding illness, disability or infirmity? (Longstanding means anything that has gone on for a long time or that is likely to go on for a long time.)

yes ₁ → please tell us about it (5b & 5c).

no ₂ → go straight to question 6.



IF YOU HAVE AN ILLNESS -

5b. What is the matter with you? Please list any conditions you have.



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5c. Do any of these illnesses or disabilities limit your activities in any way?

yes ₁

no ₂

6a. Do you smoke now, even if it is just occasionally, or have you ever smoked in the past?

smoke now ₁ → please answer 6b

in past only ₂

have never smoked ₃



IF YOU SMOKE NOW

6b. How many cigarettes (including roll-ups) do you usually smoke each DAY?



..... cigarettes a day

7. We would like to know if you have had any medical complaints and how your health has been in general over the past few weeks. Circle **one** answer on each line.
Remember - we want to know about present and recent complaints, not those which you have had in the past.

For example, if the question asked whether you had recently ...

Spent much time more time same **less** much less
 chatting with people? than usual as usual than usual than usual

If you felt you had been chatting less than usual recently, you would ring the answer as shown.

So, have you recently ...

Been able to concentrate better same less much less
 on whatever you're doing? than usual as usual than usual than usual

Lost much sleep over worry? not at all no more rather more much more
 than usual than usual than usual

Felt you were playing more so same less useful much less
 a useful part in things? than usual as usual than usual useful

Felt capable about making more so same less so much less
 decisions about things? than usual as usual than usual capable

Felt constantly under strain? not at all no more rather more much more
 than usual than usual than usual

Felt you couldn't more so same less so much less
 overcome your difficulties? not at all than usual than usual than usual

Been able to enjoy your more so same less so much less
 normal day-to-day activities? than usual as usual than usual than usual

Been able to face more so same less able much less
 up to your problems? than usual as usual than usual able

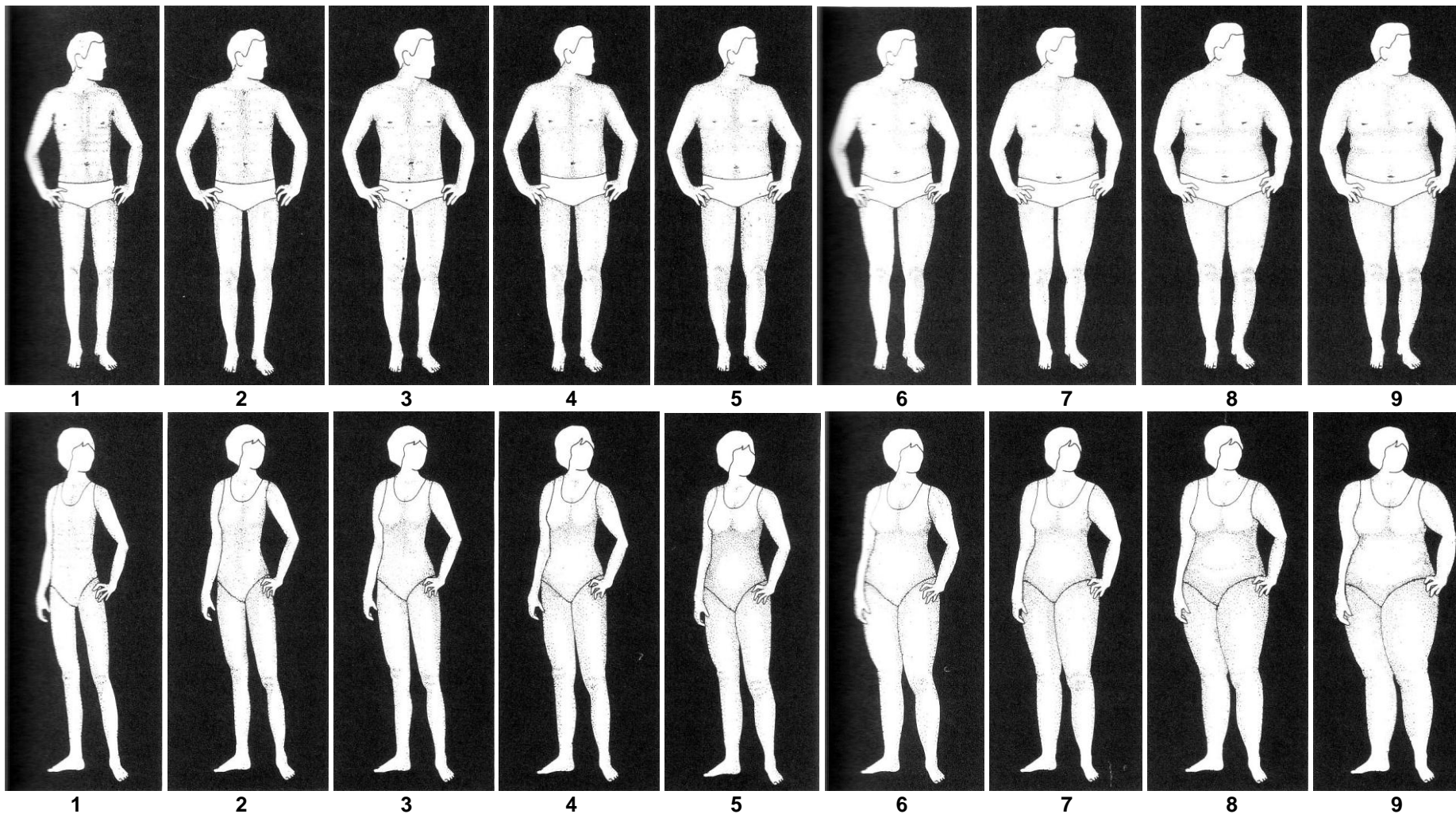
Been feeling more so same less so much less
 unhappy or depressed? not at all than usual than usual than usual

Been losing more so same less so much less
 confidence in yourself? not at all than usual than usual than usual

Been thinking of yourself more so same less so much less
 as a worthless person? not at all than usual than usual than usual

Been feeling reasonably more so about the less so much less
 happy, all things considered? than usual same as usual than usual than usual

YOUR BODY SIZE AND SHAPE



8. Look at the pictures above. Please write in the number of the picture which best represents your body size when you were ...

age 11 (in P7)  age 15 (S4)  age 19  and now 

The teenage years bring about a number of changes to our bodies which we may not always be happy about. We would like to know how you feel about your body right now, and about anything that you may have done in order to change your body size, weight or shape.

9. How do you feel about your body right now? Circle **one** answer on each line.

How satisfied are you with your body right now? **very** satisfied **very** dissatisfied
 satisfied satisfied dissatisfied dissatisfied

How attractive do you feel right now? **very** attractive **very** unattractive
 attractive attractive unattractive unattractive

How satisfied are you with your weight right now? **very** satisfied **very** dissatisfied
 satisfied satisfied dissatisfied dissatisfied

How fit (through exercise) do you feel right now? **very** fit **very** unfit
 fit fit unfit unfit


10. How muscular or toned do you feel right now?

- very muscular or toned 1
 - quite muscular or toned 2
 - not at all muscular or toned 3
-

11. Have you tried diets or exercise to change your body size, weight or shape? Please tick **one box on each line** to tell us about the different time periods.

		YES - for a month or more	YES - for shorter periods	NO
Dieted (e.g. cut out junk food, skipped meals, cut down on binge eating, followed a slimming scheme, ate more healthy foods, etc)	..... ages 11-15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	..... ages 16-19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	... since you were 20 ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Exercised regularly	..... ages 11-15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	..... ages 16-19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	... since you were 20 ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

12. And what about any of these?

		YES - regularly	YES - occasionally	NO
Used drugs to gain weight (e.g. steroids, bulk building supplements)	..... ages 11-15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	..... ages 16-19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	... since you were 20....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Used drugs to lose weight (e.g. laxatives, slimming pills)	..... ages 11-15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	..... ages 16-19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	... since you were 20....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Vomiting	..... ages 11-15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	..... ages 16-19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	... since you were 20....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Anything else? if so, please tell us what .....	..... ages 11-15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	..... ages 16-19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	... since you were 20....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

13. What actually happened to your body size, weight or shape during each time period?
Please circle 'yes' or 'no' for each possible change.

	slimmed down	got fatter	got more muscular
ages 11 -15	yes no	yes.....no	yes no
ages 16 -19	yes no	yes.....no	yes no
since you were 20.....	yes no	yes.....no	yes no

YOUR FAMILY AND FRIENDS

14a. Are you currently ...

- | | | | |
|--|--------------------------|---|---------------------------------|
| married | <input type="checkbox"/> | 1 | |
| living with a partner, but not married | <input type="checkbox"/> | 2 | |
| single (never married) | <input type="checkbox"/> | 3 | } → please answer question 14b. |
| widowed | <input type="checkbox"/> | 4 | |
| separated | <input type="checkbox"/> | 5 | |
| divorced | <input type="checkbox"/> | 6 | |



IF YOU ARE SINGLE, WIDOWED, SEPARATED OR DIVORCED


14b. Do you have ...

- | | | |
|--|--------------------------|---|
| no steady girlfriend or boyfriend | <input type="checkbox"/> | 1 |
| a steady partner but no plans to marry or live together | <input type="checkbox"/> | 2 |
| a fiancé or someone who you are planning to marry or live with | <input type="checkbox"/> | 3 |
-

15. Which of the following best describes where you usually live nowadays? If you are a student, answer for your term-time address.

- | | | |
|---|--------------------------|---|
| in your <u>parents' or step-parents'</u> home | <input type="checkbox"/> | 1 |
| in <u>another relative's</u> home (e.g. in-laws or grandparents) | <input type="checkbox"/> | 2 |
| in a house, flat or room which <u>you (or your partner) are buying</u> | <input type="checkbox"/> | 3 |
| in a house, flat or room which <u>you (or your partner) are renting</u> | <input type="checkbox"/> | 4 |
| in a hall of residence, nurse's home, hostel or barracks | <input type="checkbox"/> | 5 |
| somewhere else | <input type="checkbox"/> | 6 |
-

16. Do you have any children?

- | | | | |
|-----|--------------------------|---|---|
| yes | <input type="checkbox"/> | 1 | if yes, how many?  |
| no | <input type="checkbox"/> | 2 | |
-

WHAT DO YOU DO?

17. **What are you doing at the moment?** Tell us what you're **MAINLY** doing – so if you're in full-time education with a part-time job, then tick education. If you're working but do part-time education (evening classes or day release etc), then tick working.

- working 1
- on skill-seekers 2
- modern apprentice 3
- new deal 4
- full-time higher education (mainly universities) 5
- full-time further education (mainly colleges) 6
- unemployed 7
- at home (e.g. looking after family) 8
- sick or disabled 9
- on a gap year or travelling 10

18. **And what is your HIGHEST qualification at the moment?** (For example, H.N.C.; Highers; B.Sc., PGCE; PhD.; etc.)



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AND THAT'S IT.

**NOW PLEASE RETURN THE QUESTIONNAIRE
TO US IN THE POST-PAID ENVELOPE.**

THANK YOU.

Strictly Confidential