

FOLLOW-UP STUDY ON ADOLESCENTS' HEALTH AND LIFE SITUATION

RESPONSE INSTRUCTIONS:

It is easy to fill in the form. Respond by circling the number at the most appropriate option. (Select only one option unless otherwise indicated.)

In certain questions, you must write your response in the space allocated for it.

EXAMPLES: 1. Are you

- 1 female
- 2 male

2. What is your age? 22 years.

(The respondent is a male aged 22.)

BACKGROUND:

1. Are you

- 1 female
- 2 male

2. Are you

- 1 single
- 2 married
- 3 cohabiting
- 4 widowed
- 5 separated/divorced

3. What is your level of basic education?

- 1 comprehensive school
- 2 some upper secondary school
- 3 matriculation examination

4. And what is your vocational education?

- 1 some courses or instruction at work
- 2 vocational school, business school or similar
- 3 upper secondary level education
- 4 university level education
- 5 no vocational education

5. Do you currently study?

- 1 I do not study (you can proceed to question 7)
- 2 my studies are temporarily interrupted
- 3 I study full-time
- 4 I study in addition to working

6. What kind of a school or institute do you study at?

- 1 upper secondary school
 - 2 university, university of applied sciences
 - 3 vocational school (business or technical institute, home industry institute etc.)
 - 4 vocational college (commercial college, technical college, nursing college etc.)
 - 5 employment course, trade course etc.
 - 6 other, please specify:
-

7. If you do not study, what do you do? I am

- 1 gainfully employed
- 2 fulfilling my military service or social service
- 3 unemployed or laid off
- 4 on disability pension or long-term sick leave
- 5 on maternity leave
- 6 at home
- 7 other, specify _____

8. What is your profession and job description? (Describe in as much detail as possible)

9. Do you have a hobby that is particularly close and important to you?

- 1 no
- 2 yes, specify _____

10. Where do you live at present?

- 1 at home with my parent(s)
- 2 alone in my own household
- 3 married or cohabiting in my own household
- 4 with one or more people of my age
- 5 with someone else

11. If you are not married or cohabiting, are you in a relationship?

- 1 no
- 2 yes

12. How long has your relationship with your current partner or spouse lasted?

_____ years _____ months

13. Do you have children?

- 1 no
- 2 yes, the years of birth are _____

14. If you do not live with your parent(s), how far away from your parent(s) do you live?

_____ kilometres

15. Are your parents divorced?

- 1 no
- 2 yes, in year _____.

16. Is your mother alive?

- 1 yes
- 2 no, deceased in year _____.

17. Is your father alive?

- 1 yes
- 2 no, deceased in year _____.

QUESTIONS RELATED TO YOUR HEALTH

18. What do you think about your health status? Is it, at present

- 1 very good
- 2 fairly good
- 3 satisfactory
- 4 fairly poor
- 5 very poor

19. Do you have any **long-term illness** listed below, or another one?

Answer to each item

	No	Yes
Diabetes .....	... 1 .....	..... 2
Asthma.....	... 1 .....	..... 2
Allergic rhinitis.....	... 1 .....	..... 2
Allergic dermatitis .....	... 1 .....	..... 2
Other allergy .....	... 1 .....	..... 2
Other dermatitis .....	... 1 .....	..... 2
Migraine .....	... 1 .....	..... 2
Other illness.....	... 1 .....	..... 2

Specify what

20. In the last **six months**, have you experienced any of the following symptoms, and how often? (Recurring ailments solely related to the menstrual cycle are not counted, and neither are hangover symptoms.)
 Circle the most appropriate option on **each row**.

	Not at all	Occasionally	Quite often	Often or continuously
Stomach ache.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Poor appetite.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Headache .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Apathy or lack of energy .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Trouble falling asleep or waking up during the night.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Nausea or vomiting.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Tension or nervousness .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Feeling dizzy .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Trembling hands.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Nightmares .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Diarrhoea or irregular digestion .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Tiredness or dizziness.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Abundant sweating without physical strain.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Heartburn or acid reflux .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Irritation or outbursts of anger.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Trouble breathing or sensation of anxiety without physical strain.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....
Palpitation or irregular heartbeat .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4.....

21. We are asking in more detail about the occurrence of **headaches**. Do you have headaches?

- 1 daily or almost daily
- 2 several times a week
- 3 on average once a week
- 4 on average once a month
- 5 several times a year (but not each month)
- 6 once a year or less
- 7 there is practically no headaches

22. Do you have headache attacks?

1. no (you can proceed to the next question)
2. yes

Are the headache attacks associated	no	yes
visual distortion just before the headache.....	.... 1 ...	.... 2
vomiting, gagging or nausea during the headache.....	.... 1 ...	.... 2
unilateral headache .....	.... 1 ...	.... 2

23. How often do you consume alcohol in total?

- 1 daily
- 2 a few times a week
- 3 once a week
- 4 a couple of times a month
- 5 approximately once a month
- 6 approximately once every couple of months
- 7 a few times a year or less
- 8 I do not drink alcoholic beverages at all

24. And how often do you consume alcohol in such a way that you are **mildly inebriated**?

- 1 once or more times a week
- 2 about 1–2 times a month
- 3 less often
- 4 never

25. And how often do you consume alcohol until heavily drunk?

- 1 once or more times a week
- 2 about 1–2 times a month
- 3 less often
- 4 never

26. During the past 12 months, have you **had any difficulties** because of your alcohol consumption?

	no	yes
with your parents .....	.... 1 ....	.... 2.....
with your spouse or partner .....	.... 1 ....	.... 2.....
with your friends.....	.... 1 ....	.... 2.....
with your teachers.....	.... 1 ....	.... 2.....
with your employer and supervisor .....	.... 1 ....	.... 2.....
with the police .....	.... 1 ....	.... 2.....

27. Which of the following options best describes your current smoking habits?

- 1 I smoke once a day or more often
- 2 I smoke once a week or more often, but not every day
- 3 I smoke less often than once a week
- 4 I have taken a break
- 5 I do not smoke

28. What is your current height and weight?

Height _____ cm

Weight _____ kg

29. **WOMEN:** What was your age when you had your first period?

_____ years

30. LIFE EVENTS

The following lists certain events in life. On each row, respond whether you have experienced the event presented during the **past 12 months**.

Have you experienced the event?

	No	Yes
Going to a new workplace.....	1	2
Going to a new educational institute	1	2
Becoming unemployed.....	1	2
Changing town of residence	1	2
Moving away from childhood home	1	2
End of relationship	1	2
Close friend falling seriously ill	1	2
Personally falling seriously ill.....	1	2
Divorce or end of cohabitation.....	1	2
Difficulties with supervisors or teachers.....	1	2
Parents' divorce.....	1	2
Family member falling seriously ill	1	2
Death of mother.....	1	2
Death of father.....	1	2
Death of another family member or a close relative	1	2
Death of a close friend	1	2
Long-term (three months or longer) stay abroad.....	1	2
Having a child	1	2
Getting married or starting cohabitation	1	2
Growing tension in relationship with mother.....	1	2
Growing tension in relationship with father.....	1	2
Conflicts between parents	1	2
Start of a relationship	1	2
Conflicts with spouse or partner.....	1	2
Conflicts with friends	1	2
Conflicts with colleagues or student friends	1	2
Being subject to physical violence	1	2
Termination of pregnancy, own or partner's.....	1	2
Starting military service	1	2
Ending military service	1	2
Violation of law resulting in consequences.....	1	2
Experiencing a serious injury or being in a serious accident or seeing one	1	2
Other events that have affected your life:		



31. COPING WITH STRESSFUL SITUATIONS

Recall certain adversities and problem situations in your life in recent times. How usual it is that, in these situations, you act in the following way:

	Very unusual	Rather unusual	Cannot say	Rather usual	Very usual
I think the matter is not worth being sad about after all .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I make every effort to influence things so that the situation is corrected or does not repeat .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I think about the situation with my friend .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I express my anger at others .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I blame myself for what happened.....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I try to think about something relaxing to do .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I think that I must adjust to the situation .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I console myself with treats, for example .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I go out for a few beers .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I assure myself that the situation will turn out better .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I tackle the problem with more persistence .....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5
I ask outsiders for help.....	..... 1 .....	..... 2 .....	... 3 ....	.... 4 ...	..... 5

RELATIONSHIPS

32. In your various environments, how many **close friends** or otherwise **very important positive relationships** do you have?

	none	just one	a few	several
with family and extended family.....	..... 0 ...	.... 1 ...	..... 2 ....	..... 3 ..
in the school and work community .....	..... 0 ...	.... 1 ...	..... 2 ....	..... 3 ..
at my hobbies .....	..... 0 ...	.... 1 ...	..... 2 ....	..... 3 ..
involving studies .....	..... 0 ...	.... 1 ...	..... 2 ....	..... 3 ..
other friends and important human relations.....	..... 0 ...	.... 1 ...	..... 2 ....	..... 3 ..

33. If you have a major personal problem, will you tell anyone about your difficulties? (Circle one or more options)

- 1 I do not want to tell anyone
- 2 I have no one to tell
- 3 I will tell my spouse or partner
- 4 I will tell my friends or siblings
- 5 I will tell my mother
- 6 I will tell my father
- 7 other, please specify: _____

34. ASSESSMENTS OF SELF AND RELATIONSHIPS

The following contains a variety of statements. **For each statement, circle one option according to how well the statement in your opinion applies to you, your opinions and your situation in life.**

Respond according to the first option that comes to mind.

	Does not apply at all	Does not apply very well	Applies to some extent	Applies rather well	Applies completely
I believe in myself and my possibilities.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I wish I were different.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I have clear plans for the future .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I am plagued by feelings of inferiority.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I am uncertain about my future.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
In my opinion, I have many good qualities.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I desperately feel that I am lacking self- confidence .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I feel my life is lacking purpose.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I can do what others can.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I have a clear understanding of my goals in life .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I am often unsatisfied with myself.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I am certain I will find my place in the world...	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
My mother is close to me.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
My father is close to me.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
My parents have a lot of mutual problems .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I often quarrel with my mother .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I often quarrel with my father .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
My parents approve of my way of life.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I often feel that my mother does not understand me .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I often feel that my father does not understand me .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
My parents interfere too much in my affairs.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
It is up to me how my life will become.....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I think that it is better to struggle than to leave everything up to fate .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I often feel that things are fated .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
In my opinion, it is mostly about luck whether I will get what I want in life .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....
I believe everyone is one's own person .....	..... 1.....	.....2 .....	.....3 .....	.....4.....	..... 5.....

The following statements are about your relationship with your **SPOUSE OR PARTNER**:
 (If you currently do not have a partner or you are not married, you can proceed to the next question.)

	Does not apply at all	Does not apply very well	Applies to some extent	Applies rather well	Applies completely
Our relationship is warm.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
When we disagree, I usually give up .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We almost always go to places together .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We have a lot of mutual problems .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Our relationship restricts my own endeavours..	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Our relationship is cooling down .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I am more dominant in our relationship.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We are very close to each other .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Our relationship is confidential.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I usually abide by my partner's wishes .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We quarrel often.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
In addition to our relationship, I have my own hobbies and things to do.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5

35. ASSESSMENT OF LIFE SITUATION

Do the following aspects of your life primarily bring you joy and satisfaction or concern and displeasure?
 (Answer each row.)

	A lot of joy or satisfaction	Some joy or satisfaction	Cannot say	Some concern or displeasure	A lot of concern or displeasure
Work .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Education and studying.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Financial situation.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Housing .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Family situation.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Free time and hobbies .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Relationship with parents.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Relationships with friends.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Relationship with the opposite sex.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Your sex life.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5

QUESTIONS ABOUT MOOD

The following questions apply to various qualities of mood. For each question, answer according to how you feel today. For each question, select **one** option only and do not skip any question.

36. How are you feeling?

- 4 I feel good and positive
- 0 I do not feel sad
- 1 I feel sad or blue
- 2 I am blue or sad all the time and I can't snap out of it
- 3 I am so sad and unhappy that I can't stand it

37. How do you see your future?

- 4 I am optimistic about my future
- 0 I am not particularly pessimistic or discouraged about the future
- 1 I feel discouraged about the future
- 2 I feel I have nothing to look forward to
- 3 I feel the future is hopeless and that things cannot improve

38. How would you describe your life?

- 4 I have succeeds in many things
- 0 I do not feel like a failure
- 1 I feel I have failed more than the average person
- 2 as I look back on my life, all I can see is a lot of failures
- 3 I feel I am complete failure as a person

39. How satisfied or dissatisfied are you with your life?

- 4 I am very satisfied with my life
- 0 I am not particularly dissatisfied
- 1 I don't enjoy things the way I used to
- 2 I don't get satisfaction out of anything anymore
- 3 I am dissatisfied with everything

40. How do you feel about yourself?

- 4 I feel quite good about myself
- 0 I don't feel particularly guilty
- 2 I feel bad and unworthy a good part of the time
- 3 I feel quite guilty
- 4 I feel as though I am very bad or worthless

41. Are you disappointed in yourself?

- 4 I am satisfied with myself and my performance
- 0 I don't feel disappointed in myself
- 1 I am disappointed in myself
- 2 I am disgusted with myself
- 3 I hate myself

42. Do you have thoughts of harming yourself?

- 4 I have never thought of harming myself

- 0 I don't have any thought of harming myself
- 1 I feel I would be better off dead
- 2 I have definite plans about committing suicide
- 3 I would kill myself if I had the chance

43. How do you feel about meeting new people?

- 4 I like meeting people and talking with them
- 0 I have not lost interest in other people
- 1 I am less interested in other people than I used to be
- 2 I have lost most of my interest in other people and have little feeling for them
- 3 I have lost all my interest in other people and don't care about them at all

44. What are your feelings about making decisions?

- 4 making decisions is easy for me
- 0 I make decisions about as well as ever
- 1 I try to put off making decisions
- 2 I have great difficulty in making decisions
- 3 I can't make decisions at all anymore

45. How do you feel about your appearance?

- 4 I am fairly satisfied with my appearance
- 0 I don't feel that I look any worse than I used to
- 1 I am worried that I am looking old or unattractive
- 2 I feel there are permanent changes in my appearance and they make me look unattractive
- 3 I feel that I am ugly or repulsive-looking

46. Do you have problems with sleep?

- 4 I don't have any problems with sleeping
- 0 I can sleep as well as usual
- 1 I wake up more tired in the morning than I used to
- 2 I suffer from sleeplessness
- 3 I suffer from sleeplessness, difficulties in getting to sleep or too early awakening

47. Do you ever feel tired or exhausted?

- 4 I hardly ever get tired
- 0 I don't get any more tired than usual
- 1 I get tired more easily than I used to
- 2 I get tired from doing almost anything
- 3 I am too tired to do anything

48. How is your appetite?

- 4 I have an excellent appetite
- 0 my appetite is no worse than usual
- 1 my appetite is not as good as it used to be
- 2 my appetite is much worse now
- 3 I have no appetite at all anymore

WHAT DO YOU THINK ABOUT THE FUTURE?

49. Looking forward in your life, what three things do you hope for the most?

- 1. _____
- 2. _____
- 3. _____

50. Finally, we ask you to think about how you **assume** your life situation will be **in five years**

What do you think, will your situation be different from now in five years?

- 1 No
- 2 yes, how? _____

And what do you assume, will your family situation be different from now in five years?

- 1 no
- 2 yes, how? _____

Will your personal relationships be different from now in five years?

- 1 no
- 2 yes, how? _____

And will your hobbies and interests be different from now in five years?

- 1 no
- 2 yes, how? _____

THANK YOU FOR YOUR CO-OPERATION!