THE OSLO HEALTH STUDY U

Date filled in:
Day Month Year

Do not write here: *1.3 (skade)* *4.8 (rusmidler)* *8.1 (utdanning - annet)* *9.5 (far - født)* *9.6 (mor - født)*

9.7 (far - yrke) *9.7 (mor - yrke)* *12.5 (prevensjon)*

12.6 (p-pille merke)

U1. OWN HEALTH

1.1 What is your present state of health? *(One cross only!)*

Poor	Not so good	Good	Very good
☐ 1	☐ 2	☐ 3	☐ 4

1.2 Have you, or have you had? *(Cross off for each line)*

	YES	NO
Asthma	☐	☐
Hay fever (pollen allergy allergic reaction, running nose, smarting eyes	☐	☐
Eczema.....	☐	☐
Diabetes	☐	☐

1.3 Have you had <u>during the last 12 months</u> *(Cross off for each line)*

Inflamed ear.....	☐	☐
Sore (inflamed) throat (At least 3 times).....	☐	☐
Bronchitis or pneumonia	☐	☐
Mental disorder for which for you sought help.....	☐	☐
Serious injury or illness.....	☐	☐

If you answered "YES"; what kind of serious injury or illness was it:

_____

1.4 Do you have the following functional disability, *(Cross off for each line)*

	No	Yes, a little	Yes a lot
Impaired mobility.....	☐	☐	☐
Impaired vision.....	☐	☐	☐
Impaired hearing.....	☐	☐	☐

1.5 Have you, <u>in the course of the last 12 months</u>, been troubled several times by pain in: *(Cross off for each line)*

	YES	NO
Head (headache, migraine etc.).....	☐	☐
Neck/shoulder	☐	☐
Arms/legs/knees.....	☐	☐
Stomach.....	☐	☐
Back	☐	☐

If you answered "NO" to all the questions under 1.5: Go straight to U2 (next page)

1.6 Did <u>this pain</u> cause you to stay home from school?

State also the approx. number of school days lost during the last 12 months:
(One cross only!)

No	Yes, 1-2 days	Yes, 3-5 days	Yes, 6-10 days	Yes, more then 10 days
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	YES	NO
1.7 Did the pain lead to reduced activity in your spare time?	☐	☐

U2. DENTAL HEALTH

2.1 Do you think that you have better or poorer teeth than other young people of your age? *(One cross only!)*

Better	Same as most	Poorer	Do not know
☐ 1	☐ 2	☐ 3	☐ 4

2.2 Do you care about having good teeth? *(One cross only!)*

Yes, a lot ☐ 1 **Yes, a little** ☐ 2 **No** ☐ 3

2.3 How often do you brush your teeth? *(One cross only!))*

Several times a day	Once a day	Every other day	Less than every other day
☐ 1	☐ 2	☐ 3	☐ 4

2.4 Have you had toothache due to a rotten tooth (cares)? *(Cross off more than one alternative if applicable)*

Yes, but before I started school	Yes, after I started school	No, never	Do not know
☐ 1	☐ 2	☐ 3	☐ 4

U3. EXERCISE AND PHYSICAL ACTIVITY

3.1 Out of school hours: How many <u>times per week</u> do you take part in sport/do physical exercise to an extent that you feel out of breath or sweat? ☐☐ *times per week*

3.2 About how many hours per week do you spend on this activit

0 hours	1-2 hours	3-4 hours	5-7 hours	8-10 hours	11 hours or more
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

3.3 Do you take part in competitive sport? *(Individually or as part of a team)*

	YES	NO
	☐	☐

3.4 Do you use the countryside (woods and fields) for walking?

	Never	Yes, but less than once a month	Yes, once a month or more
Summer:	☐ 1	☐ 2	☐ 3
Winter:	☐ 1	☐ 2	☐ 3

3.5 Outside school hours: How many hours <u>per school day</u> *(Monday to Friday)* **do you sit, on average, in front of a TV, video and/or PC (games and Internet)?**

Up to 1 hour	1-2 hours	3-5 hours	More than 5 hours
☐ 1	☐ 2	☐ 3	☐ 4

3.6 How do you usually get <u>to school</u> during the summer half-year? *(One cross only!)*

By bus/train etc.. *(public transport)* ..... ☐ 1

By car/scooter..... ☐ 2

By bicycle..... ☐ 3

On foot..... ☐ 4

3.7 How far do you live from school?

Less than 2 km	2-4 km	More than 4 km
☐ 1	☐ 2	☐ 3

U4. SMOKING, INTOXICANTS AND DOPE

4.1 Do you smoke, or have you smoked earlier? *(One cross only!)*

No, never	Yes, but I have stopped	Yes, at times	Yes, daily
☐ 1	☐ 2	☐ 3	☐ 4

If you answered "NO, NEVER", go straight to item 4.3.

4.2 How old were you when you started to smoke? ☐☐ yrs

4.3 Do you use or have you used smokeless tobacco (snuff, chewing tobacco or similar)? *(One cross only!)*

No, never	Yes, but I have stopped	Yes, at times	Yes, daily
☐ 1	☐ 2	☐ 3	☐ 4

4.4 Do any of the people you live with smoke?
(Put one or more crosses, as applicable)

Yes, mother	Yes, father	Yes/sibling (brother/sister)	Yes, other	No
☐	☐	☐	☐	☐

	Yes	No
4.5 Have you ever drunk alcohol?	☐	☐

(E.g. alcoholic beer, alco-pop, wine, spirits or "hooch" (home-distilled liquor)

If you answered "NO", go straight to item 4.8.

4.6 Have you every drunk so much alcohol that you got drunk? *(One cross only!)*

No, never	Yes once	Yes 2--3 times	Yes 4-10 times	Yes, more than 10 times
☐	☐	☐	☐	☐

4.7 About how often in the course of the past year have you drunk alcohol? *(One cross only!)*
(Low-alcohol beer and non-alcoholic beer do not count)

4-7 times a week	2-3 times a week	ca. once a week	2-3 times a month	About once a month
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

A few times in the past year	Have not drunk alcohol during the past year	Have never drunk alcohol
☐ 6	☐ 7	☐ 8

4.8 Have you ever tried doping agents? *(One cross only!)*

No never	Yes, once	Yes, several times	Yes, I use one regularly
☐ 1	☐ 2	☐ 3	☐ 4

U5. FOOD, DRINK AND EATING HABITS

5.1 How often do you normally eat these foods?
(Cross off for each line)

	Seldom/ never	1-3 t pr.mth	1-3 t. pr.wk	4-6 t. pr.wk	1-2 t. pr. day	3 t. or more pr. day
Fruit, berries.....	☐	☐	☐	☐	☐	☐
Cheese (all kinds).....	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐
Cooked vegetables	☐	☐	☐	☐	☐	☐
Raw vegetables/salad.....	☐	☐	☐	☐	☐	☐
Oily fish (*e.g. salmon*.....	☐	☐	☐	☐	☐	☐
trout, macherel, herring)						
Chocolates/sweets.....	☐	☐	☐	☐	☐	☐
Potato chips etc.....	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

5.2 How much do you normally drink of the following?
(Cross off for each line)
(1/2 liter = 3 glasses

	Seldom/ never	1-6 glasses pr.week	1 glass pr.day	2-3 glasses pr. day	4 glasses or more pr. day
Full-cream milk, kefir, yoghurt	☐	☐	☐	☐	☐
Semi-skimmed milk, "Cultura", low-fat yoghurt	☐	☐	☐	☐	☐
Skimmed milk (sour/sweet).....	☐	☐	☐	☐	☐
Cola/"fizzy" drinks, with sugar	☐	☐	☐	☐	☐
Cola/"fizzy" drinks, without sugar.....	☐	☐	☐	☐	☐
Fruit juice	☐	☐	☐	☐	☐
Diluted fruit juice.....	☐	☐	☐	☐	☐
Water	☐	☐	☐	☐	☐
	1	2	3	4	5

5.3 What kind of fat do you most often use on your bread?
(One cross only!)

Butter/hard margarine	Soft/light margarine	Oils	Do not use fat on bread
☐ 1	☐ 2	☐ 3	☐ 4

5.4 How often do you eat the following meals in an ordinary week?
(Cross off for each line)

	Seldom/ never	1-2 times pr.wk	3-4 times pr. wk	5-6 times pr. wk	Daily
Breakfast	☐	☐	☐	☐	☐
Lunch/packed lunch	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐
	1	2	3	4	5

5.5 How much money do you spend <u>per week on</u> "goodies", snacks, Coke/"fizzy" drinks and fast food? *(One cross only!)*

0-25 kr.	26-50 kr.	51-100 kr.	101-150 kr.	151-200 kr.	more than 200 kr.
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

5.6 Do you take the following food supplements?

	Yes, daily	Sometimes	No
Cod liver oil, cod liver oil capsules, fish oil capsules?	☐	☐	☐
Vitamin- and/or mineral supplement?	☐	☐	☐

5.7 Have you ever tried to slim? *(One cross only!)*

No, never	Yes, earlier on	Yes, now	Yes, all the time
☐ 1	☐ 2	☐ 3	☐ 4

If you answered "NO, NEVER", go straight to item 5.9.

5.8 What have you done in order to lose weight?

(Cross off for each line)	Never	Seldom	Often	Always
I eat less	☐	☐	☐	☐
I fast	☐	☐	☐	☐

I exercise more.....	☐	☐	☐	☐
I vomit	☐	☐	☐	☐
I use laxatives or diuretics…….....	☐	☐	☐	☐
I take "filling" or hunger-reducing pills.....	☐	☐	☐	☐
	1	2	3	4

5.9 What did you weigh when you weighed yourself last? ☐☐☐ *whole kg*

5.10 What was your height when you measured it last? ☐☐☐ *whole cm*

5.11 What do you think about your weight? *(One cross only!)*

Weight is OK	**Weigh a bit too much**	**Weigh far too much**	**Weigh not quite enough**	**Weigh far too too little**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5.12 I care a lot about my weight. *(One cross only!)*

Agree ☐ Tend to agree ☐ Do not agree ☐

5.13 What weight would you be satisfied with at present (the weight that would please you)? ☐☐☐ *whole kg*

5.14 Have you been treated for eating disorders? *(One cross only!)*

No	**No, but I should like help**	**Yes**
☐ 1	☐ 2	☐ 3

U6. STRESSES AND COPING

6.1 Below is a list of various problems. Have you been troubled by any of these <u>in the course of the past week</u> (including today)?

(Cross off for each line)	Not troubled	Slightly troubled	Much troubled	Very much troubled
Sudden feeling of fear for no reason.....	☐	☐	☐	☐
Feel afraid or anxious……	☐	☐	☐	☐
Feel faint or dizzy……	☐	☐	☐	☐
Feel tense or harassed.....	☐	☐	☐	☐
Feel guilty (easily blame yourself)	☐	☐	☐	☐
Sleeplessness	☐	☐	☐	☐
Feel depressed, dejected (sad).....	☐	☐	☐	☐
Feel useless, of little worth……	☐	☐	☐	☐
Feel that everything is a burden	☐	☐	☐	☐
Feeling of hopelessness for the future	☐	☐	☐	☐
	1	2	3	4

6.2 Below are some statements:

(Cross off for each line)	Completely wrong	Fairly wrong	Fairly correct	Completely correct
I always manage to solve serious problems if I try hard enough.....	☐	☐	☐	☐
If someone opposes me, I manage to find ways and means of getting what I want	☐	☐	☐	☐
If I have a problem and and are completely stuck I usually manage to find a way out.....	☐	☐	☐	☐
I am quite sure that I would be able to tackle unexpected occurrences in an effective manner.....	☐	☐	☐	☐
I stay calm when I meet difficulties because I trust in my ability to cope/to succeed……....	☐	☐	☐	☐
	1	2	3	4

6.3 Have you in the course of <u>the last 12 months</u> experienced any of the following?
(Cross off for each line)

	YES	**NO**
A parent (supporter) has become unemployed or qualified for disability pension.....……	☐	☐
	☐	☐

You, yourself, have been seriously ill or injured.....…….

Someone you are close to has been seriously ill or injured.....……

Someone close to you has died.....…….....…….

Sexual violation *(e.g. indecent exposure, pawing, unwilling sexual intercourse etc.)*……..

6.4 Have you experienced any of the following: *(Cross off for each line)*

	No	Yes, at times	Yes, often
Heavy pressure of work at school.....….	☐	☐	☐
Heavy pressure from others to succeed/ to do well at school	☐	☐	☐
Find it very difficult to concentrate in class	☐	☐	☐
Find it very difficult to understand the teacher when he/she is teaching.....	☐	☐	☐

6.5 Has a professional said that you have or have had reading or writing difficulties? *(One cross only!)*

Yes, major	Yes, moderate	Yes, slight	No
☐ 1	☐ 2	☐ 3	☐ 4

6.6 Have you, in the course of <u>the last 12 months</u> experienced bullying at school / on the way to school? *(One cross only!)*

Never	Sometimes	About once a week	Several times a week
☐ 1	☐ 2	☐ 3	☐ 4

U7. USE OF THE HEALTH SERVICES

7.1 Have you yourself used any of the following services in the <u>past 12 months</u> :

(Cross off for each line)	Never	1-3 times	4 times or more
Schools Health Service.....……....	☐	☐	☐
Youth Health clinic . .....……....	☐	☐	☐
Ordinary doctor (General Practitioner)……	☐	☐	☐
Educational/Psychological Service.....……	☐	☐	☐
Psychologist or psychiatrist.....……. *(private or at an outpatient clinic)*	☐	☐	☐
Family counselling.....……	☐	☐	☐
Other consultant (specialist) (*private or at an outpatient clinic)*…..	☐	☐	☐
Emergency service ("doctor on call") *(private or public)*……	☐	☐	☐
Admission to hospital.....……..	☐	☐	☐
Municipal social welfare services.....……	☐	☐	☐
Physiotherapist.....……	☐	☐	☐
Dentist/school dentist.....……..	☐	☐	☐
Alternative therapist.....……..	☐	☐	☐

U8. EDUCATION AND PLANS FOR FURTHER EDUCATION

8.1 What is the <u>highest education</u> you have considered? *(One cross only)*

University or regional college education of <u>higher degree</u>.....…… ☐ 1
(e.g. degreed teacher, lawyer, graduate engineer, dentist, doctor, psychologist, graduate economist)

University or regional college education at <u>intermediate level</u>.…… ☐ 2
(e.g. cand.mag., teacher, social worker, nurse, policeman/ woman. engineer, journalist)

Upper secondary school education in general, economic and administrative subjects .. ☐ 3

Vocational education at upper secondary school.....…….... ☐ 4
(cook, hairdresser, building and construction subjects, electrician, health and social subjects etc.)

One year's education at upper secondary school ..... ☐ 5

Other: _____ ☐ 6

Have not decided ..... ☐ 7

8.2 How much of your own money have you used in the course of the last week? kr ☐☐☐☐☐

(Small purchases plus larger items such as Hi-Fi system etc..)

YES NO

8.3 Do you have paid work <u>in the course of the school year?</u> ..... ☐ ☐

If you answered "YES":

How many hours <u>per week</u> do you work? *ca.* ☐☐ *whole hours*

How much do you earn on average <u>per month</u> for this work?.....*kr* ☐☐☐☐☐

8.4 What grade did you get last time in your school record book? *(Write only <u>whole</u> grades)*

Maths	**Norwegian written**	**English**	**Social studies**
☐	☐	☐	☐

U9. WHERE YOU GREW UP / WHERE YOU BELONG

9.1 How long have you lived in Norway? ☐☐ *whole yrs*

9.2 How long have you lived where you live now ? ☐☐ *whole yrs*

9.3 Have you moved in the course of the last 5 years? *(One cross only!)*

No	**Yes, once**	**Yes, 2-4 times**	**Yes, 5 times or more**
☐ 1	☐ 2	☐ 3	☐ 4

9.4 My parents are: *(One cross only!)*

Married/partners	**Unmarried**	**Divorced/separated**	**One or both are dead**	**Other**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

9.5 Where were your parents born?

	Norway	**Another country**	**Which country:**
Father:	☐	☐	Father_____
Mother:	☐	☐	Mother_____

9.6 I think that our family, seen in relation to other families in Norway, has:

(One cross only!)

Poor economy	**Moderate economy**	**Good economy**	**Very good economy**
☐ 1	☐ 2	☐ 3	☐ 4

9.7 Do your father and / or mother have paid employment at present?

	Yes, full time	**Yes, part time**	**Unemployed/ disability pens.**	**At home**	**Attending school/ studying**	**Dead**
Father:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Mother:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

If your father and/or your mother has paid employment, what is his/her occupation?

Father:_____

Describe briefly what he does at work:

_____

Mother: _____

Describe briefly what she does at work:

_____

U10. FAMILY AND FRIENDS

10.1 Who do you live together with at present? *(One cross only!)*

(*Do not include brother and sisters, or half-brothers/sisters.)*

Mother and father	**Mother only**	**Father only**	**About the same time with mother and father**

☐ 1 ☐ 2 ☐ 3 ☐ 4

Mother or father and new partner or husband/wife **Foster parents** **Other**

☐ 5 ☐ 6 ☐ 7

10.2 How many brothers and sisters or half-brothers/sisters (siblings) do you <u>live</u> together with?…..…. *Number siblings* ☐☐

10.3 How many of these are the same age or older than you? ..... ……. …… *Number siblings* ☐☐

10.4 When you think about your family, would you say that:

(Cross off for each line)	**Completely agree**	**Partly agree**	**Partly disagree**	**Completely disagree**
I feel attached to my family……	☐	☐	☐	☐
My family takes me seriously.....	☐	☐	☐	☐
My family values my opinions	☐	☐	☐	☐
I mean a lot to my family.....	☐	☐	☐	☐
I can count on my family when I need help.....	☐	☐	☐	☐
	1	2	3	4

10.5 What kind of relationship do you have with your parents?

(Cross off for each line)	**Completely agree**	**Partly agree**	**Partly disagree**	**Completely disagree**
My parents know where I am and what I am doing at weekends……	☐	☐	☐	☐
My parents know where I am and what I am doing during the week……	☐	☐	☐	☐
My parents know who I am together with in my spare time	☐	☐	☐	☐
My parents like the friends I am together with in my spare time.....	☐	☐	☐	☐
	1	2	3	4

10.6 When you think about your friends, would you say that: *(Cross off for each line)*

	Completely agree	**Partly agree**	**Partly disagree**	**Completely disagree**
I feel closely attached to my friends	☐	☐	☐	☐
My friends value my opinions	☐	☐	☐	☐
I can help/support my friends	☐	☐	☐	☐
I can count on my friends when I need help	☐	☐	☐	☐
	1	2	3	4

10.7 How many persons <u>outside</u> your immediate family are so close to you that you can count on help if you:

Have personal problems ..... *Number of persons* ☐☐

Have practical problems *(e.g. with school work) Number of persons* ☐☐

10.8 Have you yourself been exposed to violence (been hit, kicked or similar) during the last 12 months.? *(One cross only!)*

Never **Yes, only by youth** **Yes, only by adults** **Yes, by youth and adults**

☐ 1 ☐ 2 ☐ 3 ☐ 4

U11. SEXUAL BEHAVIOUR AND CONTRACEPTION

	Yes, with one partner	**Yes, with several partners**	**No**
11.1 Have you ever had sexual intercourse?	☐	☐	☐

If you answered "NO", go straight to Y12

11.2 Age the first time? ..... ☐☐ *yrs*

11.3 Did you/both of you use contraception at your <u>last</u> intercourse?

No **Yes, condom** **Yes, p-pill/p-injection** **Yes, other** **Do not know**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

	YES	**NO**	**Do not know**
11.4 Have you ever been pregnant/made a girl pregnant?	☐	☐	☐

If you answered "YES"

How old were you when this happened? ..... ☐☐ *yrs*

	YES	NO	Do not know
Did you/the girl have the pregnancy terminated ?.....	☐	☐	☐

U12. USE OF MEDICINES ETC.

12.1 How often in the course of <u>the last 4 weeks</u> have you taken the following medicines? *(Cross off for each line)*
In this case, medicines means medicine bought at a pharmacy.
Food supplements and vitamins are <u>not</u> included here)

	Never	Daily	Every week, but not every day	Less often than every week	Not taken during the last 4 weeks
Painkillers, off prescription	☐	☐	☐	☐	☐
Painkillers, on prescription	☐	☐	☐	☐	☐
Allergy-medicine.....	☐	☐	☐	☐	☐
Asthma-medicine	☐	☐	☐	☐	☐
Sleeping pills (sedatives).....	☐	☐	☐	☐	☐
Tranquilisers	☐	☐	☐	☐	☐
Anti-depressives	☐	☐	☐	☐	☐
Other medicine on prescription..	☐	☐	☐	☐	☐
	1	2	3	4	5

12.2 Write the name of the medicines you have crossed off above, and the reasons for taking them (illness or symptom):
(Cross of for how long you have taken the medicine)

Name of medicine: *(one name on each line)*	Reason for taking the medicine:	How long have you taken the medicine? Up to 1 yr	One year or more
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

If there is not enough space above, you can continue on a separate sheet of paper and enclose this with the questionnaire.

QUESTIONS TO THE GIRLS:

	YES	NO
12.3 Have you started to menstruate?	☐	☐

If you answered "NO", go straight to 12.5

12.4 How old were you when you had your first menstruation?

I was ☐☐ *yrs*

12.5 Do you use, or have you used:

(Cross off for each line)	Now	Before, but not now	Never
P-pill/ mini-pill/ p-injection.....	☐	☐	☐
Other contraception.....	☐	☐	☐

What type of contraception?

_____

12.6 To those of you who take the p-pill/mini-pill:
What preparation are you using at present?:

_____