

P15381

Serial Number

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1-8

CKL

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9

Child no

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10-11

SPARE 12-13

Interviewer number

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22-25

First name

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Card

3	1	3
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14-16

Batch

17-21

Survey month

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SPARE 26-389

Scottish Health Survey 2021

Booklet for 13-15 year olds

- Here are some questions for you to answer on your own.
- We are interested in your honest answers.
- We will not tell anyone what your answers are.
- You do not have to answer all the questions. If you want to miss a question, please just leave it out and move to the next one.
- Look at the instructions on the next page and read what to do.
- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

How to answer these questions

- Please read each question carefully
- All of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes ₁

No ₂

General health over the last few weeks

Please read this carefully:

We would like to know how your health has been in general over the past few weeks. Please answer **ALL** the questions by ticking the box under the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick ONE box

	Better than usual	Same as usual	Less than usual	Much less than usual	
Q1. Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	390

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q2. Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	391

Tick ONE box

	More so than usual	Same as usual	Less useful than usual	Much less useful	
Q3. Felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	392

Tick ONE box

	More so than usual	Same as usual	Less so than usual	Much less capable	
Q4. Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	393

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q5. Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	394

Tick ONE box

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q6. Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	395

HAVE YOU RECENTLY:

Tick ONE box

Q7. Been able to enjoy your normal day-to-day activities?

More so than usual
 1

Same as usual
 2

Less so than usual
 3

Much less than usual
 4

396

Tick ONE box

Q8. Been able to face up to your problems?

More so than usual
 1

Same as usual
 2

Less able than usual
 3

Much less able
 4

397

Tick ONE box

Q9. Been feeling unhappy and depressed?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4

398

Tick ONE box

Q10. Been losing confidence in yourself?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4

399

Tick ONE box

Q11. Been thinking of yourself as a worthless person?

Not at all
 1

No more than usual
 2

Rather more than usual
 3

Much more than usual
 4

400

Tick ONE box

Q12. Been feeling reasonably happy, all things considered?

More so than usual
 1

About same as usual
 2

Less so than usual
 3

Much less than usual
 4

401

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Tick **ONE** box

	None of the time	Rarely	Some of the Time	Often	All of the time	
Q13 I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	402

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q14 I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	403

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q15 I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	404

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q16 I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	405

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q17 I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	406

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q18 I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	407

Tick **ONE** box

	None of the time	Rarely	Some of the time	Often	All of the time	
Q19 I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	408

Please read this carefully:

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last **2 weeks**

Q20	I've been feeling good about myself	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	409
Q21	I've been feeling close to other people	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	410
Q22	I've been feeling confident	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	411
Q23	I've been able to make up my own mind about things	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	412
Q24	I've been feeling loved	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	413
Q25	I've been interested in new things	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	414
Q26	I've been feeling cheerful	None of the time <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Tick <u>ONE</u> box Some of the time <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	All of the time <input type="checkbox"/> 5	415

Thank you for answering these questions.

PLEASE REMEMBER TO RETURN THE BOOKLET USING THE ENVELOPE PROVIDED

