



P7042

Yr	Sample Type	Point	Address	HHLID	CKL	Child no
<input type="text"/> 1-10	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

First name:

Spare	Card	Batch
11-12	3 1 3 13-15	16-20

Survey month

Scottish Health Survey 2009

Booklet for 13-15 year olds

In Confidence

- 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

No

General health over the last few weeks

Please read this carefully:

We should 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:

21-188 BLANK

Tick ONE box

189

	Better than usual	Same as usual	Less than usual	Much less than usual
Q1. Been able to concentrate on whatever you're doing?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

190

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q2. Lost much sleep over worry?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

191

	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 style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

192

	More so than usual	Same as usual	Less so than usual	Much less capable
Q4. Felt capable of making decisions about things?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

193

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q5. Felt constantly under strain?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

Tick ONE box

194

	Not at all	No more than usual	Rather more than usual	Much more than usual
Q6. Felt you couldn't overcome your difficulties?	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>1</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>2</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>3</small>	<input style="width: 40px; height: 30px;" type="checkbox"/> <small>4</small>

HAVE YOU RECENTLY:

Tick ONE box

¹⁹⁵

More so than usual Same as usual Less so than usual Much less than usual

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

1	2	3	4
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Tick ONE box

¹⁹⁶

More so than usual Same as usual Less able than usual Much less able

Q8. Been able to face up to your problems?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁷

Not at all No more than usual Rather more than usual Much more than usual

Q9. Been feeling unhappy and depressed?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁸

Not at all No more than usual Rather more than usual Much more than usual

Q10. Been losing confidence in yourself?

1	2	3	4
---	---	---	---

Tick ONE box

¹⁹⁹

Not at all No more than usual Rather more than usual Much more than usual

Q11. Been thinking of yourself as a worthless person?

1	2	3	4
---	---	---	---

Tick ONE box

²⁰⁰

More so than usual About same as usual Less so than usual Much less than usual

Q12. Been feeling reasonably happy, all things considered?

1	2	3	4
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General Health Questionnaire (GHQ-12)
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Thank you for answering these questions.

Please give the booklet back to the interviewer.