

# **YOUNG HUNT 1 (1995-1997)**

## **The Nord-Trøndelag Health Study**

### **Junior High School Students Aged 13-16**

It's your turn to participate in the extensive health study being conducted in Nord-Trøndelag (HUNT)!

*We hope that you have read the information sent home with you about Young HUNT and have decided to participate.*

Read the informed consent form that is inside the questionnaire and check that your name is on it. Mark it as to whether you will participate or not, sign it and hand it in to the teacher. These will be put in an envelope and sealed.

*Your name should NOT be on your questionnaire!*

To fill out the questionnaire properly you must put an X in the boxes that you think apply to you. Answer the best you can! If there are questions that you do not want to answer, skip them. When you are finished, put the questionnaire in the envelope, seal it and give the envelope to the teacher. Do this even if you haven't finished the questionnaire.

*All your answers will be treated in the strictest of confidence!*

No one at school is allowed see your answers.

If you wish to speak to someone about the study, speak to the Young HUNT nurse at your school or ring HUNT Research Centre (see back of questionnaire).

*Good Luck and Thank You!*

Date: \_\_\_ / \_\_\_ - \_\_\_

**1. Are you male or female?** <male, female>

**2. What grade are you in?**

7<sup>th</sup> grade

8<sup>th</sup> grade

9<sup>th</sup> grade

**3. What type of plans do you have regarding continued studies?**

(Put an X in one or more boxes)

None

High School academic studies

High School vocational studies

College or university, less than 4 years

College or university for 4 years or more

Vocational school or training

Don't know

#### WHERE YOU LIVE

**4. What type of housing do you live in?**

(Put an X in only one box)

Single-family house/villa

Farm

Flat in block or terraced block of flats

Terraced house/2-4 family housing

Other accommodations

**5. Who do you currently live with?**

(Put an X in one or more boxes)

Mother

Father

1-2 siblings

3 or more siblings

Mother's new husband or partner

Father's new wife or partner

Spouse/partner (boyfriend or girlfriend)/friends

Alone/in a rented room

Foster parents

Other

**6. Are there fitted carpets where you live:**

In the living room? <yes, no>

In your bedroom? <yes, no>

**7. Is there a cat where you live (in your home)?** <yes, no>

**8. Is there a dog where you live (in your home)?** <yes, no>

**9. Are there other animals with fur where you live (in your home)?** <yes, no>

## YOUR HEALTH

### 10. How is your health at the moment?

(Put an X in the box that best describes your health)

Poor

Not so good

Good

Very good

### 11. Are you disabled in any of these ways (function impairment)?

(Put an X in one box on each line) <No, A little, Somewhat, Severely>

Motor ability impairment (movement)

Vision impairment

Hearing impairment

Impairment due to physical illness

Impairment due to mental health problems

### 12. Have you had any of these ailments in the past 12 months?

(Put an X in one box on each line) <Never, Seldom, Sometimes, Often>

A Headache (without known medical cause)

B Neck or shoulder pain

C Joint or muscle pain

D Stomach pain (without known medical cause)

E Nausea

F Constipation

G Diarrhoea

H Heart palpitations

I Bronchitis or pneumonia

J Ear infection

K Sinus infection

### 13. If you answered "never" to all the above listed ailments, have you had any of these ailments often earlier (meaning before the last 12 months)? <yes, no>

If YES, which ailment was it (see above list)?

Write the name of the ailment or letter from above

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## WHEEZING AND ASTHMA

14. Have you ever had wheezing or whistling in the chest? <yes, no>

If you answered NO, please skip to question 19

15. Have you had wheezing or whistling in the chest in the past 12 months?<yes, no>

If you answered NO, please skip to question 19

16. How many attacks of wheezing have you had in the past 12 months?

None

1 to 3

4 to 12

More than 12

17. In the past 12 months, how often, on average, has your sleep been disturbed due to wheezing?

Never woken with wheezing

Less than one night per week

One or more nights per week

18. In the past 12 months, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths? <yes, no>

19. Have you ever had asthma? <yes, no>

If YES, has a doctor said that you have had asthma? <yes, no>

20. In the past 12 months, has your chest sounded wheezy during or after exercise? <yes, no>

21. In the last 12 months, have you had a dry cough at night apart from a cough associated with a cold or chest infection? <yes, no>

## ECZEMA

22. Have you ever had an itchy rash which was coming and going for at least 6 months? <yes, no>

If you answered NO, please skip to question 27

23. Have you had this itchy rash at any time during the past 12 months? <yes, no>

If you answered NO, please skip to question 27

24. Have you had this itchy rash in the following places: the folds of your elbow (inside), back of your knees, on the front of your ankles, under your buttocks or around your neck, ears or eyes? <yes, no>

25. Has this rash cleared completely at any time during the past 12 months? <yes, no>

26. In the last 12 months, how often on the average have you been kept awake at night by this itchy rash?

Never in the past 12 months

Less than 1 night per week

1 or more nights per week

27. Have you ever had eczema? <yes, no>

## RHINITIS

All these questions are about problems which occur when you DO NOT have a cold or the flu.

**28. Have you ever had a problem with sneezing, or a runny, or blocked nose when you DID NOT have a cold or the flu?** <yes, no>

**If you answered NO, please skip to question 33**

**29. In the past 12 months, have you had a problem with sneezing, or a runny, or blocked nose when you DID NOT have a cold or the flu?** <yes, no>

**If you answered NO, please skip to question 33**

**30. In the past 12 months, has this nose problem been accompanied by itchy-watery eyes?** <yes, no>

**31. In which of the past 12 months did this nose problem occur?**

(Put an X in the box for any which apply)

January

February

March

April

May

June

July

August

September

October

November

December

**32. In the past 12 months, how much did this nose problem interfere with your daily activities?**

<Not at all, A little, A moderate amount, A lot>

**33. Have you ever had hay fever?** <yes, no>

## ALLERGIES

**34. Do you have any allergies?** <Yes, No, Don't know>

**If you answered NO, please skip to question 37**

**35. What do you think you are allergic to?** Put an X in the boxes to describe how you are affected by each item listed in the left column.

(Put an X in one or more boxes for each line.)

<No, Nose, Eyes, Eczema, Stomach reaction, Asthma/problems breathing, Other>

Dogs

Cats

Other animals

Grass/trees

House dust

Food

Smoke

Other

**36. Has a doctor given you any allergy tests (blood tests, skin tests)?** <yes, no>

MEDICINE

**37. Do you take/use any of these medicines or dietary supplements?**

Think about what you use these for. (Put an X in a box on every line.)

<never, sometimes, almost daily>

Pain relievers

Migraine medicine

Sleep medicine

Nerve medicine

Relaxants

Asthma medicine

Allergy medicine

Eczema cream

Laxatives

Iron tablets

Vitamins

Cod liver oil

Homeopathic medicine, herbal medicine

Other

List Other here: \_\_\_\_\_

CONCERNING OTHER ILLNESSES

**38. Has a doctor diagnosed you with:**

Epilepsy <yes, no>

Diabetes <yes, no>

Migraines <yes, no>

**39. Have you had any other illness that lasted longer than 3 months?** <yes, no>

If YES, which? \_\_\_\_\_

## TOBACCO

### 40. Does anyone you live with smoke at home?

(Put an X in one or more boxes)

No, nobody

Yes, my mother

Yes, my father

Yes, a sibling

Yes, other people

### 41. Have you tried smoking? (at least one cigarette) <yes, no>

If you answered NO, go to question 45

### 42. Do you smoke? (Put an X in the appropriate box and write in the number of cigarettes. A package of loose tobacco equals approx. 50 cigarettes.)

Yes, I smoke about \_\_\_\_ cigarettes daily.

Yes, I smoke occasionally, but not daily.

No, not anymore, but previously I smoked once in a while.

No, not anymore, but previously I smoked about \_\_\_\_ cigarettes daily.

No, I don't smoke.

If you answered NO, I DON'T SMOKE, go to question 45

### 43. How old were you when you began smoking? \_\_\_\_\_ years old

### 44. How many years in total have you smoked daily? \_\_\_\_\_ years

### 45. Does the smell of smoke ever bother you?

At school? <Never, Sometimes, Often>

At home? <Never, Sometimes, Often>

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### 46. Do you use or have you used snuff, chewing tobacco or similar products?

No, never

Yes, but I have quit

Yes, sometimes

Yes, everyday

If you answered NO, NEVER, go to question 50

### 47. How old were you when you began using snuff/chewing tobacco? \_\_\_\_\_ years old

### 48. How many years in total have you used snuff/chewing tobacco? \_\_\_\_\_ years

### 49. How many boxes/bags of snuff/chewing tobacco do you use in a week? \_\_\_\_\_ (number)

## SPORTS AND EXERCISE

**50. Not during the average school day: How many days a week do you play sports or exercise to the point where you breathe heavily and/or sweat?**

Everyday

4-6 days a week

2-3 days a week

1 day a week

Not every week, but at least once every two weeks

Not every 14<sup>th</sup> day, but at least once a month

Less than once a month

Never

**51. Not during the average school day: How many hours a week do you play sports or exercise to the point where you breathe heavily and/or sweat?**

None

About ½ hour

About 1 hour

About 2-3 hours

About 4-6 hours

7 or more hours

**52. Do you use asthma medication before you exercise, work out or compete in sports? <yes, no>**

**53. Are you actively involved in sports?**

Yes

No, but I was before

No

**If you answered NO, (never been actively involved in sports), go to question 59**

**54. If you no longer participate in sports, how old were you when you stopped? \_\_\_\_ years old**

**55. Which sport(s) do/did you participate in?**

(Put an X in one or more boxes)

**A** Skiing (cross country, biathlon)

**B** Skiing (downhill/slalom, ski jump)

**C** Football/soccer

**D** Horse riding

**E** Skating, ice hockey

**F** Handball, basketball, volleyball

**G** Martial arts, boxing

**H** Body building

**I** Cycling

**J** Weight lifting

**K** Track and field, orienteering

**L** Swimming

**M** Gymnastics

**N** Other, write in here: \_\_\_\_\_

**56. Do you play any competitive sports? (X only one box)**

Yes

No, but I did before

No

**If you answered NO (never competed in sports), go to question 59**

**57. At what level do/did you compete in sports?**

(Give highest level)

Local level (championships, series, etc.)

Regional or state level

National level

**58. In which sports do/did you compete?**

(In order of participation level, list 3 sports you are/were active in.)

I am/have been most active in \_\_\_\_\_ and have/had participated for \_\_\_\_ years.

I am/have been 2<sup>nd</sup> most active in \_\_\_\_\_ and have/had participated for \_\_\_\_ years.

I am/have been 3<sup>rd</sup> most active in \_\_\_\_\_ and have/had participated for \_\_\_\_ years.

**YOUR GENERAL WELLBEING**

**59. Thinking about your life at the moment, would you say that you by and large are satisfied with life, or are you mostly dissatisfied? (Put an X in only one box)**

Very satisfied

Satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Dissatisfied

Very dissatisfied

**60. Do you feel, for the most part, strong and fit or tired and worn out? (Put an X in only one box)**

Very strong and fit

Strong and fit

Somewhat strong and fit

Somewhere in between

Somewhat tired and worn out

Tired and worn out

Very tired and worn out

**61. Would you say you are usually cheerful or downhearted? (Put an X in only one box)**

Very downhearted

Downhearted

Somewhat downhearted

Some of both

Somewhat cheerful

Cheerful

Very cheerful

**62. How do you see yourself?**

Put an X in a box for each sentence below indicating whether you agree or disagree in how it relates to you. (Put an X in one box on each line)

<Strongly agree, Agree, Disagree, Strongly Disagree>

I take a positive attitude toward myself.

I certainly feel useless at times.

I feel I do not have much to be proud of.

I feel that I'm a person of worth, at least on an equal plane with others.

**63. In the last month have you:**

< Almost every night, Often, Sometimes, Never>

Had difficulty falling asleep?

Woken up too early and not been able to fall asleep again?

**64. The questions below are about how you usually behave, feel and deal with things.** Place a cross in the box for Yes or No for each statement depending on whether it describes you or not. <yes, no>

- Are you a relatively lively person?
- Would you be upset by seeing a child or animal suffer?
- Do you like meeting new people?
- Are your feelings easily hurt?
- Do you often feel that you lose interest?
- Do you like to tease people even though it may hurt them?
- Are you often worried?
- Are good manners and cleanliness important to you?
- Do you worry that terrible things might happen?
- Do you usually take the first step to make new friends?
- Are you mostly quiet when you are around other people?
- Do you like to be on time for appointments?
- Do you often feel tired and indifferent/unmotivated without reason?
- Do many people try to avoid you?
- Are you a life-of-the-party type person?
- Are you bothered by an embarrassing experience long after it happens?
- Do you like to have a lot of life and excitement around you?
- Do people tell you a lot of lies?

**65. Below is a list of some problems. Have you been bothered by any of these in the last 14 days?**

- (Put an X in one box on each line)  
<Not at all, A little, Quite a bit, Very>
- Been constantly afraid and anxious
  - Felt tense or uneasy
  - Felt hopelessness when you think of the future
  - Felt dejected or sad
  - Worried too much about various things

**66. During the last month have you been bothered by nervousness (irritability, uneasiness, tenseness or restlessness)?**

- Almost always
- Often
- Sometimes
- Never

#### YOUR LEISURE TIME

**67. Think back over the last week, the last 7 days. If you did any of the things listed below, put an X in the box for about how many times you did this. (X an answer for each line)**

- <Not once, Once, 2 or 3 times, 4 times or more>
- Visited someone you know
  - Were visited
  - Read a book you liked
  - Listened to music or played an instrument longer than 15 minutes
  - Were out for more than 2 hours (in a row) with friends
  - Were at a meeting or training with a club or team
  - Were active in a hobby
  - Watched television or a video
  - Did homework longer than 1 hour

**68. How many teams or clubs are you a part of?**  
(For example: sports team, girl or boy scouts, band, etc.)

- None
- One
- 2 or more

## FRIENDS

**69. Do you have someone that you have considered your best friend during most of the time you have been at school?** <yes, no>

**70. Do you feel lonely?**

(Put an X in one box)

- Very often
- Often
- Sometimes
- Seldom
- Very seldom or never

**71. Are your parents separated or divorced, or have they lived separately for more than one year?**

(Put an X in one box and write in your age where necessary)

No

Yes, they lived separately or were separated when I was \_\_\_\_\_ years old, but they later moved back together again.

Yes, they were divorced or permanently separated when I was \_\_\_\_\_ years old.

**72. If you have siblings, how good a relationship do you feel you have with your sister or brother?** If you have several siblings, think about the one you have the best relationship to.

(Put an X in one box)

- Much worse than normal
- Worse than normal
- Average
- Better than normal
- Much better than normal
- I do not have siblings

**73. About how many close friends do you have?** Include those with whom you can confidentially talk and who help you when you are in need. Do not include the people you live with, but include other relatives.

(Put an X in one box)

- None
- One
- 2 or more
- 4 or more

**74. Do you have a steady boyfriend/girlfriend?** <yes, no>

**75. Do you feel that you have enough friends?** <yes, no>

## SCHOOL

### 76. Do any of the following things happen to you at school/concerning school, or have any of them happened?

(Put an X in one box on each line)

<Never, Sometimes, Often, Very often>

Have difficulties concentrating during class

Think that gym or art is fun

Think other classes are fun

Argue with the teacher

Look forward to going to school

Skip school

Understand what is being taught

Have fun during recess/break time

Are satisfied with your test results

Get in a fist fight

Are teased/harassed by other students

Are reprimanded by the teacher

Cannot manage to be calm/sit still during class

Become bored or dissatisfied

## MEALS AND EATING HABITS

### 77. How often do you usually eat these meals?

(Put an X in one box on each line)

<Everyday, 4-6 days a week, 1-3 days a week, Seldom or never>

Breakfast

Lunch

Warm dinner

### 78. Are you trying to lose weight?

No, I'm comfortable with my weight

No, but I need to lose weight

Yes

### 79. How often do you not eat your lunch even though you brought one with you?

(Put an X in one box)

Every school day

4-6 days a week

1-3 days a week

Seldom or never

I never bring a lunch with me

### 80. How often do you drink or eat the things listed below?

(Put an X in one box on each line)

<More than once a day, Once a day, Every week but not everyday, Seldom, Never>

Cola, soda or still soft drinks

Low fat milk/skim milk

Whole milk

Coffee

Potato chips and such

Candy, chocolate and other sweets

Chips/French fries, hamburgers or hot dogs

Whole grain bread/ Crispbread

Butter

Margarine

Fruit

Vegetables

**81. Do you consider yourself:**

(Put an X in one box)

Very fat

Chubby

About the same as others

Thin

Very thin

**82. Below are listed things that concern your eating habits.** Put an X in the boxes according to how they apply to you.

(Put an X in one box for each statement)

<Never, Seldom, Often, Always>

When I first begin eating, it is difficult to stop.

I spend too much time thinking about food.

I feel that food controls my life.

I cut my food into small pieces.

I take longer than others to eat my meals.

Older people think that I am too thin.

I feel that others pressure me to eat.

**ALCOHOL**

**83. Have you ever tried drinking alcohol?** (Meaning alcoholic beer, wine, hard liquor or moonshine)

<Yes, No, Don't know>

**If you answered NO, go to question 87**

**84. Have you ever drunk so much alcohol that you felt intoxicated (drunk)?**

(Put an X in one box)

No, never

Yes, once

Yes, 2-3 times

Yes, 4-10 times

Yes, more than 10 times

**85. About how much beer, wine or hard liquor do you usually drink during two weeks?** Don't count alcohol free beer. Write 0 if you do not drink alcohol.

Beer	_____	number of 1/2 bottles
Wine	_____	number of glasses (approx. 1 dl)
Hard liquor, liqueurs	_____	number of glasses (approx. 1/2 dl)
Moonshine	_____	number of glasses (approx. 1/2 dl)

**86. On which days during the week do you most often drink alcohol?**

(Put an X in one or more boxes)

I do not drink

Fridays

Saturdays

Other days

**87. Have you ever seen either of your parents intoxicated?**

(X one box)

Never

A few times

A few times a year

A few times a month

A few times a week

**READING AND WRITING DIFFICULTIES**

**88. How often do you feel your reading or writing skills are below the level of the tasks you do at school and/or in your spare time?**

<Never, Very seldom, Sometimes, Often, Always>

Reading

Writing

**89. Have you had any particular reading or writing problems in the last 12 months?**

<A lot of problems, Some problems, No problems>

Reading

Writing

**90. Do you receive help for reading or writing difficulties at this time? <yes, no>**

**91. Have you had problems with reading or writing earlier, but not within the last 12 months?**

<yes, no>

If YES, **did you receive help at that time?** <yes, no>

**92. Do you have any speaking difficulties? <yes, no>**

If YES, **which one(s):**

Stuttering

Pronunciation difficulties

Problems with your voice

Difficulties expressing yourself

**HEALTH SERVICES**

**93. During the last 12 months have you been to:**

(Put an X in one box for every line) <yes, no>

General practitioner (a doctor outside the hospital)

Doctor at the hospital (not having been admitted)

Psychologist

Physiotherapist

Chiropractor

Homeopath

Other treatment (naturopath, reflexologist, laying on of hands, healer, psychic, etc.)

**94. Have you ever been admitted to the hospital (exclude when you were born)?**

No, never

Yes, once

Yes, more than once

If YES, **have you been admitted to the hospital during the last 12 months?** <yes, no>

**95. How often have you been to the school health centre/nurse's office during the last 12 months?**

Not at all

1-3 times

More than 3 times

**96. Have you ever contacted the school health centre? <yes, no>**

**97. Would you like to contact/visit the school health centre more than you have? <yes, no>**

**98. How often have you been absent from school due to illness during the last 12 months?**

Less than 1 week

1-2 weeks

More than 2 weeks

#### PHYSICAL DEVELOPMENT

You are now at the age when your body has begun to change and become more like an adult's body. Below are some questions about physical changes that occur in young people around your age.

**99. During the teenage years there are periods where one grows quickly (growing spurt). Have you noticed that your body has grown quickly (become taller)?**

(Put an X in one box)

No, I have not begun to grow

Yes, I have barely begun a growing spurt

Yes, I've clearly begun a growing spurt

Yes, it seems that I'm finished with growing spurts

**100. Concerning hair on your body (under your arms and your crotch/groin)? Would you say that the hair on your body has:**

(Put an X in one box)

Not begun to grow yet

Barely begun to grow

Quite clearly begun to grow

It seems that my body hair has grown in

**101. When you look at yourself, do you think that you are physically maturing/have physically matured earlier or later than others your own age?**

(Put an X in one box)

Much earlier

Earlier

A little bit earlier

The same as others

A little bit later

Later

Much later

**QUESTIONS FOR GIRLS ONLY**

**102. Have you begun to develop breasts?**

(Put an X in one box)

No, haven't begun yet

Yes, have barely begun

Yes, have quite clearly begun

It seems my breasts are fully developed

**103. Have you begun menstruating (gotten your period)?**

<yes, no>

If you answered NO, go to question 106

**104. How old were you when you first began menstruating?**

I was \_\_\_\_ years and \_\_\_\_ months old.

**105. Have you ever missed (not gotten) your period for several months after a regular period (without being pregnant)?**

(Put an X in one box)

Yes, for 2-5 months

Yes, for 6-12 months

Yes, for more than a year

No, never

**106. Have you ever been treated by a doctor for: <yes, no>**

Inflammation/infection of the reproductive system (ovaries, fallopian tubes)

Vaginal discharge

Menstrual pain

**107. Have you ever taken birth control pills or the mini pill? <yes, no>**

**If you answered NO, go to the last page**

**108. How old were you when you first began taking birth control pills?**

\_\_\_\_ years old

**109. How long in total did you take birth control pills?**

\_\_\_\_ years

**110. Do you take birth control pills now? <yes, no>**

## QUESTIONS FOR BOYS ONLY

### **112. Has your voice begun to change?**

(Put an X in one box)

No, hasn't begun yet

Yes, has just barely begun

Yes, has clearly begun

It seems my voice has finished changing

### **113. Has facial hair begun to grow (moustache or beard)?**

(Put an X in one box)

No, hasn't begun yet

Yes, has just barely begun

Yes, has clearly begun

Yes, I have quite a lot of facial hair

### **114. Have you been treated by a doctor for:**

(Put an X in one box on every line)

Tight foreskin

Discharge from the penis (urethra)

Inflammation of the foreskin or scrotum (testicles)

## COMMENTS

If you have time, you could write here about what you think is important, but was not asked about in this questionnaire. What are your thoughts about being young these days? What do feel can be improved upon concerning health and wellbeing for youth of today?