

# **Life Satisfaction in Adolescence:**

**A Longitudinal Study of Associations with Body Image,  
Negative Emotionality, Social Support and Life Events**

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### Abstract

Life satisfaction has been studied extensively in adults and to a lesser extent in adolescents. Consequently, less is known about well-being and what leads to life satisfaction in adolescence. The purpose of the present study was to investigate adolescent life satisfaction. Based on self-reports, short-term and long-term effects of various factors on life satisfaction were investigated. Specifically, the study aimed to longitudinally examine the extent to which body image, negative emotionality, social support from peers, and positive and negative life events predicted life satisfaction. Using two waves of data from the Tracking Opportunities and Problems in Childhood and Adolescence (TOPP) study, the current study used multiple regression analyses to explore longitudinal relations between personal and environmental factors, and life satisfaction. A population-based sample of Norwegian adolescents completed survey questionnaires at ages 12-13 ( $N=594$ ) and 16-17 ( $N=375$ ). The results showed that body image, negative emotionality and social support predicted life satisfaction, whereas life events did not. Findings also revealed that long-term effects were mediated through short-term effects and that gender differences were relatively small. The results underline the importance of promotion efforts aimed at strengthening factors associated with adolescent life satisfaction, such as body satisfaction and peer support.

*Keywords:* life satisfaction, well-being, adolescence, body image, negative emotionality, social support, life events.

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## Introduction

The scientific study of well-being and research on positive psychological constructs, such as life satisfaction, is relatively young. With the exception of a small number of early attempts, the systematic study of well-being, happiness and life satisfaction emerged only a few decades ago. Although research in this area is still in its infancy, scholars across various disciplines have recognized the importance of acknowledging, promoting and maintaining life satisfaction (e.g. Diener, 1984, 2000; Holder, 2012; Huebner, Suldo, Smith, & McKnight, 2004; Lyubomirsky, King, & Diener, 2005a). To date, however, most empirical work on life satisfaction has examined adults (Holder, 2012). As a result, there is less information on well-being in adolescence, a time defined by hormonal growth, physical, emotional, cognitive and social development, and great changes in physical appearances (Harter, 2006 in Smith, 2010). Although the work on adults is important, it has limited generalizability to life satisfaction in youth as individuals' salient interests, developmental needs and concerns in life change with age (Park & Huebner, 2005). Moreover, factors associated with adults' life satisfaction (i.e. job satisfaction, being married, and having children) are often not applicable to adolescents (Holder, 2012).

Examining life satisfaction in youth requires comprehensive knowledge of the multiple factors that influence how adolescents perceive their own lives (Forste & Moore, 2012). Thus, the complex interplay between adolescents and environmental factors should be investigated in order to better understand what leads to life satisfaction. Unfortunately, literature in this area is limited. The lack of research on adolescent life satisfaction is somewhat surprising as today's society places such great emphasis on the development of well-being in youth. Well-being is central to healthy development (Forste & Moore, 2012), and Suldo and Huebner (2004b) consider life satisfaction an important protective asset that should be fostered by parents, teachers, and others who work to promote the positive development of children and adolescents. By means of identifying early markers, predictors, processes, and risk factors influencing life satisfaction in adolescence, one is able to form the foundation for health promotion, prevention and treatment measures. As the effects of promotion and preventive measures usually are greatest if they start before problems expand, actions should be commenced at an early age. Moreover, the identification of longitudinal relations between intrapersonal and environmental factors in their prediction of life satisfaction has important implications for the design of preventive actions for maladaptive development. The relationship between adolescents, environmental factors, and life satisfaction in specific, is perhaps best explored by longitudinal data. Longitudinal studies

record data of the same variables at repeated intervals and often include information on environmental factors, and individual characteristics. Longitudinal designs enable researchers to study short-term and long-term effects of various factors and prediction over time, and allow them to identify correlates of healthy or maladaptive developmental patterns. However, longitudinal designs are not suited to measure causality and a clarification of the word “effect” is necessary. In this thesis, effect is used in the sense of statistical effect. Whereas short-term effects refer to concurrent associations or cross-sectional effects, long-term effects refer to relations between study variables over a 4 year period.

The use of longitudinal studies in life satisfaction research is limited. Most published studies are cross-sectional and say little about what can predict life satisfaction over time. Nevertheless, scholars have started to systematically examine predictors of life satisfaction, and the extent to which they influence how adolescents perceive their lives. To date, few studies have explored the relationship between life satisfaction and factors such as body image, negative emotionality, social support, and life events in adolescence. The present study aims to contribute to the understanding of adolescent life satisfaction by examining these potential predictors of life satisfaction. In what way and to what degree can body image, negative emotionality, social support from peers, and positive and negative life events predict adolescent life satisfaction? What are the short-term and long-term effects of these factors on life satisfaction? More specifically, can body image, negative emotionality, social support, and life events at ages 12-13 say something about or predict life satisfaction at ages 16-17? Finally, what is the relationship between life satisfaction, body image and BMI? The study seeks to use previous research findings and methodologically advanced analysis of longitudinal data to elucidate pathways to life satisfaction in adolescence. A population-based sample of Norwegian adolescents completed a questionnaire at ages 12-13 (Time 1) and 16-17 (Time 2). Responses to items concerning body image, negative emotionality, social support and life events were examined in relation to life satisfaction. Both the design and the data set are well-suited for studying predictors and mechanisms that contribute to the development of adolescent life satisfaction.

This thesis is divided into five parts. Section one summarizes and evaluates previous research findings on life satisfaction. The second section describes the data sources developed and the methodological analyses used to illuminate pathways to life satisfaction in adolescence. In the third section, findings from the present study will be presented, and in the fourth and fifth sections, the results will be further discussed and a conclusion will be given.



## Background

Most people want to be happy and consider happiness and well-being desirable goals (Diener & Diener, 1996). Research literature indicates that scores on measures of life satisfaction often are used to indicate happiness or unhappiness. In general, positive evaluations of life satisfaction are associated with happiness and the achievement of the “good life”, whereas negative evaluations of life satisfaction are linked with depression and unhappiness (Proctor, Linley, & Maltby, 2009). Individuals who report high subjective well-being often experience frequent positive affect, infrequent negative affect, and high levels of global and/or domain-specific life satisfaction (Long, Huebner, Wedell, & Hills, 2012).

High scores on life satisfaction have numerous positive effects. Cross-sectional, longitudinal, and experimental data reveal that well-being and life satisfaction may lead to positive personal, behavioral, psychological, and social outcomes (see Lyubomirsky et al., 2005a for a review). Studies demonstrate that well-being can be linked to various immediate and long-term positive life outcomes which appear to benefit individuals, families, and communities (e.g. Howell, Kern, & Lyubomirsky, 2007; Lyubomirsky, Sheldon, & Schkade, 2005b). In a comprehensive review of the literature, Lyubomirsky and colleagues (2005a) found that higher levels of subjective well-being were causally related to occupational success, satisfying interpersonal relationships as well as positive physical- and mental health. In an important recent review of the literature, Diener and Chan (2011) examined a wide range of research evidence including longitudinal studies, animal studies, experimental studies, and naturalistic studies. They concluded that high subjective well-being contributes 4-10 years of additional life compared to low subjective well-being. This is especially interesting as these additional years tended to be experienced by happier people, and were characterized by greater happiness and better health (Diener & Chan, 2011). Furthermore, research has shown that while happiness may not necessarily cure illness, it may protect from becoming ill (Veenhoven, 2008). Overall, the concept of life satisfaction has shown to be strongly associated with health outcomes and together with indicators of mental and physical health, it indicates how well people thrive (Lyubomirsky et al., 2005a; Veenhoven, 1996).

Research on life satisfaction is still in its early stages, hence, a diverging use of constructs exists. In spite of differences in scientific conceptualizations, the terms well-being, subjective well-being, happiness, and life satisfaction are often used interchangeably. In this thesis, well-being is viewed as an overall construct of mental health whereas subjective well-being refers to a specific concept within well-being. Life satisfaction refers to an overall evaluation of life and signifies the evaluative and cognitive aspect of subjective well-being.

**History of research on life satisfaction.** A search in the PsycINFO database returns 10350 text results if the key word “life satisfaction” is used, but only returns 664 results if the key word “longitudinal” is included. More articles (48956) are found if the more global term “well-being” is used, but these numbers are still just a fraction of the number of articles related to e.g. depression. Nevertheless, following the birth of positive psychology, a perspective promoting health, there has been a significant increase in interest in the psychology of life satisfaction. This has resulted in new and informative research on causes, correlates and consequences of life satisfaction (e.g. Argyle, 1999; Kesebir & Diener, 2008; Lyubomirsky et al, 2005b).

**Positive psychology.** This concept was introduced by Martin Seligman in 1998 as he chose it as the theme for his term as president of the American Psychological Association (Holte et al., 2013). It has been described as the scientific inquiry of the characteristics, strengths, virtues and behaviors that contributes to making life worth living (Holder, 2012). Positive psychology has also been described as the study of positive emotions, positive character, and positive institutions (Seligman & Csikszentmihalyi, 2000). Traditionally, proponents of various disciplines studied the causes, consequences, and treatments of mental problems and poor health (Long et al., 2012). This is also evident in prior research with youth, as the measurement of child and adolescent well-being has taken a deficit-based approach (Ben-Arieh, 2000). Over the last decades, however, the emerging field of positive psychology has contributed to expand the focus of psychological research. This is illustrated by a shift in literature from an emphasis on problems, disorder and dysfunction to an exploration of happiness, positive emotions, well-being and health (e.g. Huppert, 2005).

An underlying principle of positive psychology is that the prevention of psychopathology is most effective when efforts are focused on understanding pathways to psychological well-being and building individuals’ strengths, as opposed to repairing their deficits (Larson, 2000; Suldo & Huebner, 2004a). Proponents of this perspective have suggested that individuals encompass a set of psychological strengths that function as a buffer against the development of psychopathology. The tendency to experience life in a satisfying way may operate as one such individual strength (Suldo & Huebner, 2004a).

Until recently, the investigation of youth was largely ignored by positive psychology researchers (Holder, 2012). Recognizing the importance of life satisfaction in adults, researchers have started to explore similar constructs in adolescence (Huebner et al., 2004).

**Well-being.** The scientific study of well-being partially developed as a reaction to the overwhelming emphasis on negative states in psychology (Diener, Suh, Lucas, & Smith, 1999). No universal definition of well-being exists, but researchers generally agree on it being a long-lasting emotional condition that reflects an individual's level of life satisfaction (Šolcová & Kebza, 2013). Well-being can be understood in terms of psychological functioning and experience, and is a positive and sustainable condition that allows individuals to thrive and flourish (Huppert, Baylis, & Keverne, 2005). Moreover, well-being is also viewed and measured in terms of its cognitive, emotional, social and cultural components (Šolcová & Kebza, 2013). In order to capture the true nature of individuals' well-being, both objective indicators of well-being (e.g. health, education and income) and subjective indicators (e.g. happiness, and positive/negative affect) are necessary (Sirgy, 2012).

The diverging use of constructs within the field is apparent. An early conceptualization of well-being was developed by Ryff (1989) who proposed an integrated theoretical framework of well-being based on an extensive literature review. In her model, Ryff borrowed Bradburn's term "psychological well-being" and replaced his "affect balance" with her six core dimensions of well-being: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth. Sen (2000) later stated that a concept of well-being must account for feelings and evaluations, as well as human functioning. In Keyes' (2002, 2006) taxonomy of flourishing (his term for well-being), which differ from other researchers' conceptualizations, he operationalized mental health as a syndrome of symptoms of both positive feelings and positive functioning in life. Keyes (2002) also combined emotional well-being (life satisfaction), psychological well-being (the six Ryff dimensions) and functional social well-being (his own five dimensions). Seligman's (2011) theory of well-being contains five elements: positive emotions, engagement, relationships, meaning, and accomplishment (PERMA). His theory differs from most other theories in that he 1) introduced a concern for accomplishment as opposed to competence, and 2) holds emotions and satisfaction as practically overlapping, claiming that neither is particularly important for well-being (Holte et al., 2013). Furthermore, Huppert has identified ten features of well-being, combining both feeling and functioning (Huppert & So, 2013).

***Hedonia and eudaimonia.*** Well-being can be separated into two streams: the hedonic stream and the eudaimonic stream (Keyes, 2006). The notion that every good element in life can be captured as a pleasant affect or a positive/negative evaluation of life, has been referred to as the hedonic well-being approach (Ryan & Deci, 2001). In contrast, theories offering

taxonomies that go beyond pleasant feelings and judgments of satisfaction may be considered eudaimonic (Tiberius, 2013). The hedonic stream emphasizes feelings of pleasure or happiness, focuses on the way in which individuals perceive their lives and claims that well-being encapsulates subjective happiness (Keyes, 2006; Ryan & Deci, 2001). This approach also introduces the concept of subjective well-being. In contrast, the eudaimonic approach focuses on the way in which individuals function in life. This approach states that happiness stems from expressing virtues, and emphasizes modes of thought and behavior that provide engagement and fulfillment (Ryan & Deci, 2001). Ryff's theory on psychological well-being has led eudaimonic research for two decades (Holte et al., 2013). Recently, objections have been raised against the distinction between the two approaches and several unifying models of well-being are now widely accepted (Mitchell, Stanimirovic, Klein, & Vella-Brodrick, 2009). Overall, data indicate that the causal pathway between hedonic and eudaimonic well-being is bi-directional as positive feelings have shown to produce positive functioning, and positive functioning can produce positive feelings (Huppert, 2005).

***Subjective well-being.*** In order to capture what lay people meant by “happiness”, psychologists pioneering the scientific study of happiness proposed the term *subjective well-being* (SWB; Diener, 1984; Kesebir & Diener, 2008). Subjective well-being is a multidimensional construct that refers to the various types of evaluations, both positive and negative, people make of their lives (Diener, 2006). Specifically, it has been described as an individual's evaluative reactions to his or her life either in terms of global and domain-specific judgments of life satisfaction (cognitive evaluations), or affect (ongoing emotional responses formed by positive and negative emotions) (Çivitci & Çivitci, 2009; Diener & Diener, 1995; Diener et al., 1999). The tripartite theory of subjective well-being suggests that well-being in adults is comprised of three components: (a) the presence of positive affect, (b) the relative lack of negative affect, and (c) people's cognitive evaluations of their life circumstances (Diener, Suh, & Oishi, 1997). Literature suggests that a similar multi-dimensional construct of well-being exist for adolescents (Huebner & Dew, 1996). Among the components of subjective well-being, life satisfaction has been identified as a distinct construct representing a cognitive and global evaluation of one's life (Pavot & Diener, 1993). Although life satisfaction is correlated with the affective components of subjective well-being, it forms a separate factor from the other types of well-being (Lucas, Diener, & Suh, 1996). It is the most stable aspect of subjective well-being, and individuals with high subjective well-being generally report higher life satisfaction (Suldo & Huebner, 2006).

### **The Concept of Life Satisfaction**

Life satisfaction is one of the most well established indicators of general wellness and positive functioning (Suldo, Huebner, Friedrich, & Gilman, 2009). Whereas happiness can be understood as reflecting a short-term experience of positive mood (Helliwell & Putnam, 2005), life satisfaction comprises a long-term assessment of one's life as a whole (e.g. Diener, 1984). Traditionally, life satisfaction referred to a rational comparison of what people have, to what they think they deserve, expect, or to which they may reasonably aspire (Campbell, Converse, & Rodgers, 1976). More recently, life satisfaction has been conceptualized as a cognitive, global appraisal that people make when considering their contentment with their life as a whole *or* in regard to specific domains (i.e. family, friends and living environment) (Suldo, 2004; Suldo, Shaffer, & Riley, 2008). Because life satisfaction includes information from important domains in an individual's life, it provides an integrated judgment of how the individual's life as a whole is going. Generally, life satisfaction and domain satisfaction have been shown to correlate substantially (Pavot & Diener, 2008). Diener and proponents of the "Diener camp" view life satisfaction as the degree to which an individual positively evaluates the overall quality of his or her life according to individually and subjectively held standards (Diener, 1984; Levin, Dallago, & Currie, 2012; Veenhoven, 1996). Though some agreement regarding the important components of "the good life" exist (i.e. health and successful relationships), individuals are likely to assign different weights to these components (Diener, Emmons, Larsen, & Griffin, 1985).

Early research on life satisfaction during the adult years examined correlates of life satisfaction, such as personality, demographic characteristics, environmental factors, and child behaviors (Huebner et al., 2004). In contrast, later research has endeavored to demonstrate the development of life satisfaction and to identify specific variables within these clusters that best predict life satisfaction (Huebner et al., 2004; Suldo, 2004). Though satisfaction with life-as-a-whole is statistically correlated with appraisals of various aspects of life, it has not been established that life-satisfaction is causally determined by these sub-evaluations (Veenhoven, 1996).

**Measuring life satisfaction.** Life satisfaction is commonly used as an indicator of well-being as it is relatively stable over time (Pavot & Diener, 1993). Measures of life satisfaction are sensitive to the entire spectrum of functioning, thereby providing indicators of both well-being and psychopathology (Proctor et al., 2009). Life satisfaction indicators may provide important, incremental information related to an individuals' well-being. This

information goes beyond that of physical and mental health symptom-based and/or risk behavior indices, yielding a valuable addition to adolescent health promotion theory and practice (Zullig, Valois, Huebner, & Drane, 2005). A majority of current research on life satisfaction has been based on simple, cost-efficient self-report items in questionnaires, such as “How satisfied are you with your life?” or “Taken altogether, how happy are you with your life?” (Diener, Scollon, & Lucas, 2009). The Satisfaction With Life Scale (SWLS; Diener et al., 1985) was introduced in 1985 and has been used as a measure of the life satisfaction component of subjective well-being since. Scores on the SWLS have shown to correlate with measures of mental health and to be predictive of future behaviors.

Diener, Oishi, and Lucas (2003) suggest that global well-being measures strongly reflect individual differences in dispositional positivity due to allowing individuals to project their norms, general life view, and self-beliefs onto the assessment items. In contrast, narrow satisfaction ratings are less colored by general dispositional tendencies, and show stronger links to actual life circumstances and events (Diener et al., 2003). Measures of life satisfaction are advantageous because they allow respondents to determine their own criteria for inclusion in the judgment process, and to weight them in the manner they choose. The information considered is not limited to affective experiences (Diener et al., 2009), but can include non-affective information, such as the individual’s success at reaching valued life goals.

**Predictors of life satisfaction in adults.** Predictors of life satisfaction can be searched for at two levels: external conditions and inner psychological processes. By identifying external circumstances in which people tend to be satisfied, researchers could try to create similar conditions for everyone. On the other hand, by understanding the mental processes involved in obtaining high levels of life satisfaction, it would be theoretically possible to assist others in acquiring them (Veenhoven, 1996). Recent studies have tried to identify specific variables that best predict life satisfaction. For example, in a comprehensive study, Helliwell & Putnam (2005) found that marriage and family, ties to friends and neighbors, workplace ties, civic engagement, trustworthiness, and trust all appeared independently and robustly related to happiness and life satisfaction, both directly and through their impact on health. Literature also reveals that evaluations of life satisfaction are likely to be influenced by factors such as personality traits, changes in life domains and major life events (Pavot & Diener, 2008). Moreover, research with adults has routinely found that objective indicators of well-being are not nearly as predictive of people’s feelings of happiness as internal factors (e.g. personality and subjective assessments of relationships) (Diener et al., 1999).

Research on life satisfaction has repeatedly demonstrated a strong association between happiness and personality traits, most notably extraversion and neuroticism (Holder, 2012; Pavot & Diener, 2008). Personality and temperament variables have shown to account for a substantial amount of the variance in subjective well-being (Emmons & Diener, 1985; Lucas & Diener, 2008). Specifically, certain personality traits, such as extraversion, neuroticism, affective disposition, self-esteem and character strength, are viewed as the key traits that play an essential role in subjective well-being (Sirgy, 2012). For example, numerous studies have revealed that increasing levels of extraversion (sociability) are associated with higher levels of subjective well-being whereas increasing levels of neuroticism (negative emotionality) are related to declining levels of subjective well-being (e.g. Diener & Lucas, 1999; Emmons & Diener, 1985). In contrast, demographic factors, such as age, gender, and socioeconomic status, have shown to be less influential (e.g. Park & Huebner, 2005). The socio-demographic factors showing the most robust relationship to life satisfaction are marital status, employment status, educational level, and income level (e.g. Diener et al., 1999).

Lucas and colleagues (Lucas, 2005, 2007b; Lucas, Clark, Georgellis, & Diener, 2003) examined the effects of major life events on subjective well-being. They found that major life events can have strong effects on subjective well-being and that the strength of these effects varies, depending on the life events considered. They also found that the effects of major life events on subjective well-being can persist over several years (for a review, see Lucas, 2007a). The initial reaction to marriage, for example, is positive, but subsequent adaptation has been found to be fast and completed after 2 years on average (Lucas et al., 2003). In contrast, the rate of adaptation was much slower for negative events such as the onset of disability (Lucas, 2007b), widowhood (Lucas et al., 2003), and divorce (Lucas, 2005).

Although some variation in life satisfaction arises from life circumstances, most is a subject characteristic that remains remarkably stable despite changing life circumstances (Lucas & Diener, 2008). The heritability research of the Minnesota Twin Study group indicated that individual differences in subjective well-being had a strong genetic component (Tellegen et al., 1988). In addition, twin studies have demonstrated that half of the variance in subjective well-being can be attributed to genetic differences between individuals, and that the shared environment component contributes very little (Røysamb, Harris, Magnus, Vitterso, & Tambs, 2002). For example, Lykken and Tellegen (1996) found that genes could explain 40% to 50% of the variance in subjective well-being, and that 80% of long-term subjective well-being was heritable.

In sum, current research focuses on examining specific psychosocial and cognitive mechanisms that link life satisfaction and its determinants and consequences. Cross-national data examining happiness among adults have shown that most people report positive evaluations of life satisfaction (Proctor et al., 2009) and research demonstrates that the majority of individuals show long-term stability in life satisfaction (Fujita & Diener, 2005).

### **Life Satisfaction in Adolescence**

Historically there has been considerable more interest in studying the life satisfaction of adults than that of younger age groups. Whereas life satisfaction has been studied extensively in adults (Diener et al., 1999), research on life satisfaction in an adolescent population has surfaced relatively recently (Huebner et al., 2004). Returning to the PsycInfo database, only 205 text results returns when the word “adolescence” is used in addition to “life satisfaction”. Limiting the search to just the past 5 years (2008-2013), there are only 111 hits for articles using the keywords “life satisfaction” and “adolescence”. Research on psychological processes in early childhood typically involves studies of both normal and unhealthy developmental trends, whereas most studies of the adolescent years focus on problematic behavior (Suldo, 2004). A body of literature focused exclusively on the development of positive psychological functioning does not exist. Nevertheless, mostly due to the advancement of psychometrically sound self-report measures of life satisfaction, research on the correlates, predictors, and outcomes of life satisfaction in youth has flourished.

Life satisfaction in adolescents relates to a variety of important variables relevant to their adaptive functioning (Huebner et al, 2004). The bulk of research to date, however, has focused on identifying relationships between the life satisfaction of youth and their families, stressful life events, and intrapersonal characteristics (e.g. Suldo et al., 2008). Results from epidemiological studies with adolescents have shown that subjective well-being reports reveal similarities to those of adults (Proctor et al., 2009). Similar to findings of adult studies, life satisfaction appears to be a relatively stable construct during adolescence (Suldo, 2004) and adolescents report relatively high levels of life satisfaction. For instance, Huebner, Drane & Valois (2000) found that 73% of 5,545 students sampled in grades 9-12 reported life satisfaction ratings in the “mostly satisfied” to “delighted” range. However, research findings also demonstrate that global life satisfaction tends to slightly decline with the onset and progression of adolescence (Casas et al., 2012; Holder, 2012; Proctor et al., 2009). For example, Petito and Cummins (2000) illustrated that well-being decreased with age in an Australian sample of 12-17 year-olds. Later, a decrease of overall life satisfaction with age



was reported in different samples of 12-16 years old adolescents from Catalonia, Spain (Casas, 2011). More recently, adolescent subjective well-being was assessed using different instruments in Argentina, Brazil, Chile, and Spain. The decreasing tendency was also observed with all the instruments used in these countries (Casas et al., 2012). Recent findings from a large European study have identified similar trends (Currie et al., 2012). Furthermore, in the 2009/10 survey of the Health Behaviour in School-aged Children study (the HBSC study) assessing life satisfaction in 11, 13, and 15 years old boys and girls, more than 80% of 11 year-olds reported high life satisfaction in all countries except Romania and Turkey. In thirteen countries, including the Nordic countries and UK, more than 90% of the participants reported high life satisfaction. The proportion of participants who reported high life satisfaction was highest in the Netherlands, and lowest in Eastern European countries. In Argentina, Brazil, Chile, Spain, and Romania, prevalence of high life satisfaction significantly declined between ages 11 and 15 in almost all countries and regions for girls and in some for boys (Holte et al., 2013).

**Gender differences.** Gender differences in well-being have been found to increase during adolescence due to psychosocial and biological-hormonal changes (Piko, 2001). Though studied extensively within the literature, there are contradictory findings regarding gender differences in ratings of life satisfaction among adolescents. Some researchers have found significant differences in levels of life satisfaction, with boys having higher levels of satisfaction than girls (Levin et al., 2012), whereas others have found none (Holte et al., 2013). More specifically, Levin and colleagues (2012) reported gender differences in adolescent mental well-being, with girls experiencing lower levels of well-being than boys. In contrast, in the HBSC study, gender differences were not large at any age and only exceeded 10% in a few countries and regions at age 15. Boys reported a significantly higher prevalence in most countries and regions at age 15, but in fewer than half at age 13. There was less evidence of a significant gender difference at age 11. Affluence was significantly positively associated with high life satisfaction in nearly all countries and regions for boys and girls (Holte et al., 2013). Overall, empirical studies routinely find that boys and girls report comparable levels of global life satisfaction (Huebner et al., 2000). However, findings suggest that despite the lack of gender differences in levels of life satisfaction, boys and girls may differ in the structure of its correlates (Piko & Hamvai, 2010). These inconsistent results may point to the conclusion that in dimensions of life satisfaction the gender effect may differ in different societies and research groups.

**Predictors of life satisfaction in adolescence.** The bulk of research on adolescent well-being has primarily focused on identifying predictors, causes, and correlates of life satisfaction. Researchers have identified several classes of variables (specifically interpersonal, environmental, and intrapersonal factors) that are correlated with adolescent life satisfaction. Literature reveals that life satisfaction in adolescence is influenced by personal factors such as personality traits, temperament, self-esteem and internal control, as well as by family and peer relationships (Forste & Moore, 2012). Some of the internal characteristics showing the highest correlations are personal control, self-efficacy, social interest, school performance, meaningful instrumental behaviors and internalizing and externalizing disorders (Suldo, 2004). Moreover, the quality of adolescents' home and school environments, situational factors (e.g. McCullough, Huebner, & Laughlin, 2000), relationships (e.g. Schwarzer, Knoll, & Rieckmann, 2004), and parenting style (Suldo & Huebner, 2004b) have also been found to influence life satisfaction (Huebner et al., 2004). Other factors associated with life satisfaction in adolescence are culture (e.g. Park & Huebner, 2005), eating disorders and obesity (e.g. Forste & Moore, 2012) and psychopathology, such as depression (e.g. Suldo, 2004). In contrast, most research concludes that demographic variables, such as age, gender, race, socioeconomic status (e.g. Ash & Huebner, 2001; Gilman & Huebner, 2000) and physical health (Langeveld, Koot, & Passchier, 1999) are weakly, if at all, related to life satisfaction during adolescence.

Studies have routinely illustrated that various predictors of life satisfaction are present at different ages. For example, family structure and relationships with parents and school teachers have been identified as important predictors of life satisfaction in childhood and early adolescence (Levin et al., 2012; Suldo et al., 2008), whereas concerns over physical appearance and romantic relationships become critical predictors during later adolescence and early adulthood (Zullig, Huebner, Patton, & Murray, 2009).

In sum, a wide body of interdisciplinary research with adolescents indicates that life satisfaction is associated with several variables. Although cross-sectional and longitudinal research are not able to determine causality between the variables, these methodologies have been successful in at least demonstrating which factors are likely to influence adolescents' life satisfaction given high correlational relationships. However, research on short-term and long-term effects of predictors is limited. Literature reveals that personality traits tend to be relatively stable, whereas the effects of life events are short-term. Thus, it seems reasonable to expect both long-term and short-term effects. Furthermore, additional predictors of life satisfaction should be explored in order to fully understand and capture the true nature of

adolescent well-being and to promote healthy development in youth. Body image, negative emotionality, social support, and life events are among the factors that have been less examined in relation to adolescent life satisfaction. Previous research has generally studied these factors and their effect on life satisfaction separately (see sections below). To my knowledge, no single study has investigated the effects of these factors combined. The present study attempts to partly fill this gap in literature by examining the degree to which body image, negative emotionality, peer support, and life events predict life satisfaction over time.

**Body image.** Body image is a multidimensional construct involving cognitive, affective and behavioral elements that deals with external and objective attributes as well as subjective representations of physical appearance (Cash & Pruzinsky, 2002; Wertheim & Paxton, 2011). Body image evaluation refers to overall satisfaction/dissatisfaction with one's appearance stemming from the discrepancy between or congruence of perceived actual appearance and the ideal (Cash, 2002). It appears that body dissatisfaction continues to increase as children age and develop. Body image studies show that of all age groups, adolescents, girls in particular, have the strongest physical appearance orientation and the most negative self-evaluations of appearance (Bucchianeri, Arikian, Hannan, Eisenberg, & Neumark-Sztainer, 2013; Smith, 2010).

In a study by Davison and McCabe (2006) girls appeared especially cognizant of the social implications of their appearance, reporting greater concern about their bodies than did boys. Numerous studies have shown that many adolescent girls in Western societies are dissatisfied with their bodies, that they wish to be thinner, and tend to overestimate their current size (Clark & Tiggemann, 2008; Grogan, 2008). Body image concerns have been found to relate to weight and shape, facial characteristics, skin appearance, fitness and strength (Wertheim & Paxton, 2011). Longitudinal studies of adolescent girls report that body dissatisfaction tend to increase in early to mid-adolescence (ages 12-15) and that body image appears to be relatively stable over time (Cash & Pruzinsky, 2002; Rosenblum & Lewis, 1999; Wertheim & Paxton, 2011). A smaller amount of research has been conducted on body image in adolescent boys. Nevertheless, studies reveal that the ideal male body shape in Western societies is slender and moderately muscular, and research shows that many boys wish to be stronger, more muscular, faster, and more enduring (Ricciardelli & McCabe, 2011). For boys there has been evidence for both stability and decreases in body dissatisfaction across adolescence (Rosenblum & Lewis, 1999). As opposed to girls who mostly wish to be slimmer, boys who are dissatisfied with their body shape are equally likely

to want to be thinner or larger (Grogan, 2008). Although findings reveal that boys do engage in appearance comparisons, they do so less frequently than girls and with fewer associated negative feelings about their bodies (Jones, 2001).

Adolescence is a period of reflection and awareness of body image, appearance and health that all can influence life satisfaction (Coccia, Darling, Rehm, Cui, & Sathe, 2012). However, few studies have directly connected body image to life satisfaction (Forste & Moore, 2012). Studies examining the relationship between physical appearance and well-being have shown that physical appearance is associated with several aspects that are likely to harm or enhance well-being (Forste & Moore, 2012). Body dissatisfaction have been found to have important implications for adolescents' levels of self-esteem and psychological functioning (Smolak & Levine, 2001), and to contribute to the development of depression during adolescence (Wichstrøm, 1999). Although the majority of such studies have examined body image in relation to well-being in (young) adults, it provides essential information about the impact body image has on adolescent life satisfaction. The subjective sense of satisfaction with one's body is important and previous studies have shown that the emotional health of adolescents is linked to a secure and positive body image (Grogan, 2008; Hogan & Strasburger, 2008). Diener, Diener, and Diener (1995) reported that subjective well-being was only weakly correlated with attractiveness. Similarly, Diener, Wolsic and Fujita (1995) found that among college students there was only a small relation between physical attractiveness and subjective well-being, and that physical attractiveness seemed to only have a marginal effect on life satisfaction. More recent studies have found stronger correlations between body image and life satisfaction. For instance, Forste and Moore (2012) found that perceived feedback from parents, peers, and teachers influenced the life satisfaction of adolescents through self-evaluation. In addition, low body image has been associated with higher rates of depression and lower life satisfaction, and Coccia and colleagues (2012) found that having higher perceptions of health and body image was positively related to the life satisfaction of adolescents. Davison and McCabe (2006) found that although girls were more likely to hold a negative body image than boys, the relationship between overall body image and adolescent well-being was similar for both genders. Forste and Moore (2012) found little difference between boys and girls in terms of the negative relationship between body size and perceptions of self and peers. However, these negative perceptions were more strongly related to low life satisfaction among girls, than among boys. Despite a growing literature on body image and its relation to life satisfaction, a clear picture of the unique trajectories of adolescents' body image over time and its impact on life satisfaction has not yet emerged.

*Body Mass Index (BMI).* Literature reveals that overweight and obesity is associated with negative evaluations of self (Forste & Moore, 2012) and research findings repeatedly point to BMI as a consistent predictor of body dissatisfaction (e.g. Jones, 2004; Lawler & Nixon, 2011). Prior research has demonstrated that individuals with high BMI scores generally wish to become healthier and thinner, whereas individuals with low BMI scores wish to become bigger (Clark & Tiggemann, 2008; Westerberg-Jacobson, Ghaderi, & Edlund, 2011). For instance, a recent cross-sectional study of preadolescent boys and girls in Canada detected a linear association between increases in BMI and increases in dissatisfaction in girls and a curvilinear association between BMI and dissatisfaction in boys (Austin, Haines, & Veugelers, 2009). Similarly, Bucchianeri and colleagues (2013) found that increases in BMI over time was associated with increases in body dissatisfaction. However, in one longitudinal study of adolescent boys and girls, the BMI-body dissatisfaction relationship did not bear out among either group (Bearman, Presnell, Martinez, & Stice, 2006). A small number of studies have shown that individuals' weight status and body mass are closely related to life satisfaction. In a longitudinal study of Australian young women, Ball, Crawford, and Kenardy (2004) found that greater body mass was associated with less satisfaction and reduced aspirations. Coccia and colleagues (2012) reported that adolescents with higher BMI z-scores had a lower self-perceived rating of health, and a lower perception of body image and life satisfaction. Because external pressure to be thin is experienced to a greater extent by females, the negative effect of obesity on life satisfaction tends to be stronger for females than males (Dohnt & Tiggemann, 2006). Further longitudinal evidence is needed to clarify the prospective contribution of body mass to body dissatisfaction and life satisfaction.

*Negative emotionality.* Literature reveals that personality dispositions such as extraversion and neuroticism (the components of positive and negative affect in particular) consistently have been shown to relate to subjective well-being (DeNeve & Cooper, 1998). Personality variables have been found to account for a substantial amount of the variance in subjective well-being (e.g. Emmons & Diener, 1985; Lucas & Diener, 2008) and evidence suggests that young adolescents' temperament, like adult personality, is a predictor of well-being and happiness (Holder, 2012). However, although life satisfaction is influenced by temperamental dispositions, it may not be as stable as temperament (Fujita & Diener, 2005). For the sake of clarity, the term "negative emotionality" will be used when referring to the broad personality dimension of neuroticism/negative affectivity throughout this thesis.

Negative emotionality is a broad temperamental factor that consistently predicts a range of poor psychopathological outcomes. More specifically, research has shown that negative emotionality is a robust predictor of various unfavorable and problematic life outcomes, such as poorer physical and mental health, lower quality of life, and reduced longevity (Diener et al., 2003; Eisenberg et al., 2009; Lahey, 2009). Individuals with higher levels of negative emotionality may be more likely to attend to and interpret the more negative aspects of their environment and consequently report more negativity in their surroundings. Although negative emotionality captures the tendency to experience strong, intense and easily evoked negative emotions, negative emotional expressiveness signals the overt *expression* of negative emotion (Slatcher & Trentacosta, 2012). However, there is evidence that negative emotionality is correlated with life satisfaction as well. For example, Schimmack, Diener, and Oishi (2002) showed that the influence of personality dispositions on life satisfaction was mediated by their influence on an individual's chronic moods. Rigby and Huebner (2005) found that adaptive attributions for good outcomes served to partially mediate the relationship between emotional stability and life satisfaction: i.e. adolescents high in emotional stability were more likely to make adaptive attributions for good outcomes, which in turn lead to increased life satisfaction (Rigby & Huebner, 2005).

To examine the pattern of association between life satisfaction and personality, temperament theories and the "Big Five" personality dimensions have been widely used. Buss and Plomin (1975) developed a theory where temperament was regarded as a subclass of personality traits characterized by appearance during the first year of life, persistence later in life, and a high contribution of heredity. Based on this theory, they developed the Emotionality, Activity, and Sociability Temperament Survey (EAS; Buss & Plomin, 1984). In the EAS survey, "emotionality" is defined as primordial distress, which is assumed to differentiate into fear and anger during the first 6 months of life (Naerde, Røysamb, & Tambs, 2004). Emotionality also refers to the intensity of emotional reactions. Another approach to personality is the Big Five personality dimensions. The Big Five dimensions were derived from analyses of the natural-language terms people used to describe themselves and others (John, Naumann, & Soto, 2008; John & Srivastava, 1999). The factors identified are extraversion, openness, agreeableness, conscientiousness, and neuroticism. "Neuroticism" is comprised of traits such as distress, anxiety, tension, vulnerability and low levels of emotional stability, and is highly correlated with the personality factor "negative affectivity" (Evans & Rothbart, 2007). Similar to adults, neuroticism is negatively correlated with adolescent life satisfaction (Holder, 2012); high scores on neuroticism predict lower life satisfaction.

Adolescence is fraught with physical and psychological changes, including trait level changes in major domains of personality. Studies examining age-related changes in personality traits starting in adolescence have generally found that neuroticism increases in adolescent girls but not boys, depending on age (Costa, Terracciano, & McCrae, 2001; Schissel, Olson, Collins, & Luciana, 2011). Moreover, this finding marks the beginning of a lifelong trend: Women consistently score higher than men on measures of negative affect (Costa et al., 2001). However, some studies (e.g. DiDonato & Berenbaum, 2013) report no gender differences in negative emotionality. These contradictory findings indicate that more research on this topic is needed.

***Social support from peers.*** Social support is a vital protective psychosocial resource and a mechanism that aids successful adolescent development. Social support has been described as relationships that can provide material and interpersonal resources, and as information from others that one is loved and cared for, and part of a network of communication and mutual obligations (Taylor, 2009). Social support also refers to the function and quality of social relationships, such as perceived availability of help or support actually received (Schwarzer et al., 2004). Little attention has been afforded to how specific sources of support differentially predict mental health outcomes in adolescents (Stewart & Suldo, 2011). Such an understanding is needed, in part so that psychologists can make more informed decisions regarding where to focus prevention and intervention efforts. Although little is known about the specific sources of support, research suggests that the need for support from parents and friends can shift across development (Proctor et al., 2009). Parents are one of the main sources of social support during childhood, while relationships with, and social support from, friends become increasingly important in the transition from childhood to adolescence (Rubin, Bukowski, & Parker, 2006).

An additional limitation of the literature involves the paucity of research that relates social support to positive indicators of mental health, such as life satisfaction (Stewart & Suldo, 2011). However, peer relations and the perception of adequate social support from friends have been found to be an essential element of mental health (Proctor et al., 2009; Vitaro, Boivin, & Bukowski, 2009). Supportive peer relations have been found to be important for adolescents' well-being and positive adjustment, and to be associated with lower rates of depression and suicidal ideation (Kerr, Preuss, & King, 2006). Stewart and Suldo (2011) demonstrated that social support from peers was a significant unique predictor of adolescents' life satisfaction. In addition, research has shown that adolescents who have more social

support report higher levels of life satisfaction (Sirgy, 2012). This finding is consistent with the body of research that suggests supportive relationships co-occur with optimal mental health (Suldo & Huebner, 2006). The findings reported by Stewart and Suldo (2011) also suggested that social support may have had a stronger influence on wellness than mental health problems.

Gender differences in social support ratings are contradictory. Piko (2001) found that friends did not play a great role in boys' life satisfaction and that boys benefited more from social support given in their coping processes in relation to their health and well-being than did girls. Moreover, girls have been found to benefit more from their friendships as a correlate with life satisfaction (Piko, 2001). Some researchers (e.g. Rose & Rudolph, 2006) report that girls, compared to boys, are more likely to seek and receive more emotional support, which in turn may contribute to the development of intimate relationships and protect them from developing depressive symptoms. Accordingly, lack of peer support has been shown to be positively associated with increases in depressive symptoms, particularly for girls (Nilsen, Karevold, Røysamb, Gustavson, & Mathiesen, 2013). This is in line with theories of girls being more interpersonal vulnerable than boys (Rose & Rudolph, 2006). Previous Norwegian studies, however, did not reveal gender differences in the amount of received social support (Nilsen et al., 2013; Undheim & Sund, 2005).

***Positive and negative life events.*** Life events are environmental circumstances that produce significant life changes, thus taxing individuals' resources to adapt and return to homeostasis (Dohrenwend, 2006). Life events are generally measured by a count of undesirable events and research distinguishes between major or stressful life events and minor life events. Whereas major life events are viewed as specific types of stressors which often require long-term adaptation (e.g. Park, 2010), daily hassles and uplifts are examples of minor stressors. Several studies have investigated the effect of major life events and explored how people adapt to these (see Luhman, Hofmann, Eid, & Lucas, 2011 for a review). Even though early studies on the effect of life events indicated that life events had no lasting effect on subjective well-being (Frederick & Loewenstein, 1999), longitudinal studies often yield different results. Research has demonstrated that major life events can have short-term and long-term effects on subjective well-being and life satisfaction in adolescence. However, according to Fujita and Diener (2005), the influence of environmental factors on life satisfaction seems to be limited only to individuals with a low level of life satisfaction or with a high reactive temperament. Scholars have also started to acknowledge the role of minor life



events in changes in life satisfaction. For instance, stress from ongoing daily hassles has been found to be harmful for adolescent well-being (Sim, 2000). Interestingly, McCullough and colleagues (2000) found that minor daily events, such as fights with friends, doing poorly on an exam, or enjoying a hobby, contributed unique variance over and above that of major life events (e.g. death of family member or divorce). Ash and Huebner (2001) reported similar findings.

In general, the experience of positive events has been found to be associated with high life satisfaction (Diener et al., 1999; McCullough et al. 2000), whereas the experience of negative events often is negatively related to life satisfaction (Diener et al., 1999). Research has demonstrated that in comparison to positive life events, negative life events are more prominent in predicting adolescents' life satisfaction (Ash & Huebner, 2001). More specifically, negative life events are generally found to be negatively related to global life satisfaction. In a study by Ho, Cheung, and Cheung (2008) adolescents who experienced more negative events were more likely to have lower life satisfaction, whereas those who experienced less negative events were more likely to have higher life satisfaction. Inconsistent with previous research, they found that positive life events were not significantly related to life satisfaction. Furthermore, life events have typically been found to influence well-being in relation to what is typical for an individual's life (Diener, Lucas, & Scollon, 2006). For instance, Diener and colleagues (2006) suggested that one additional positive event is probably not going to influence life satisfaction in an individual who usually experiences many positive events. In contrast, an increase in the frequency of positive life events in coincidence with a decrease of negative ones may lead to a decrease in depression symptoms (Needles & Abramson, 1990).

Research has provided support for the potential mediating role of life satisfaction between stressful life events and internalizing behavior (see McKnight, Huebner, & Suldo, 2002). Increased life satisfaction has been found to buffer against the negative effects of stress and the development of psychological disorder. For example, Suldo and Huebner (2004a) found that global life satisfaction was moderately stable in adolescents, that initial life satisfaction predicted later externalizing behavior and that in understanding the impact of stressful life events during adolescence, life satisfaction appeared to function as a *mediator* with respect to internalizing behavior and acted as a *moderator* for (i.e. buffer against) externalizing behavior.

## **Theoretical Perspectives**

Research aims to incorporate knowledge of factors associated with life satisfaction into theoretical perspectives that identify causal pathways, including cognitive mediators that may explain how personality and environmental factors affect adolescents' life satisfaction (Huebner et al., 2004). In specific, current models explore how cognitive mediators relate life satisfaction to its correlates, consider developmental differences in adolescent life satisfaction, compare the relative magnitude of the influence of identified correlates on life satisfaction, and explore the casual and/or reciprocal relationships between life satisfaction and its determinants and consequences (Suldo, 2004).

Psychological theories of subjective well-being can be distinguished based on whether they emphasize the bottom-up (external/situational) or top-down (internal traits and processes) effects on life satisfaction (Diener, 1984). Moreover, life satisfaction models appear to be clustered, some focusing on the descriptive processes of life satisfaction, whereas others focus on how individuals decide how happy they are with their lives. Despite this, it seems reasonable to question whether research on adolescent life satisfaction lacks complete theoretical models. To my knowledge, no developed theory or model offers a comprehensive understanding of the short-term and long-term effects various factors have on adolescent life satisfaction. Accordingly, this thesis is not based on one theoretical perspective. Instead, the thesis attempts to integrate several perspectives into one greater perspective. The use of multiple theoretical perspectives to connect, clarify and convey research findings, enables a more comprehensive understanding of adolescent life satisfaction.

## **State of the Field**

This introduction indicates that a great deal is known about life satisfaction and the importance and effect of personal and environmental factors on adolescent well-being. Because happiness is a desirable goal for most individuals, exploring the association between life satisfaction and relational factors, and identifying factors that are likely to predict individual and societal levels of well-being is important. Expanding on previous research is the exploration of causal pathways that may aid in understanding how personality and the environment influence adolescents' life satisfaction (Huebner et al., 2004). Prior research has primarily focused on personality, demographic variables or life events as predictors of life satisfaction. Supplementary research is therefore required to discover specific pathways through which additional factors influence how adolescents perceive their lives. Moreover, in

explaining the relationship between personal and environmental factors and life satisfaction, most theorists have focused on direct effects. As a result, there is less information on indirect effects and whether or not factors are able to predict life satisfaction over time. Longitudinal studies examining the contribution of body image, negative emotionality, social support and life events to life satisfaction are lacking. Few studies, if any, have examined these factors together and incorporated them in a developmental trajectory predicting life satisfaction. The current study seeks to advance the growing database pertaining to life satisfaction during adolescence by examining the short-term and long-term effects of body image, negative emotionality, social support and life events. To my knowledge, this is the first study to investigate the relative contribution of these five factors using a multi-wave longitudinal design to elucidate pathways to life satisfaction in adolescence.

The topic of body image is especially interesting as today's society places such great emphasis on thinness and physical appearance. For example, body image has been studied in relation to specific personality traits such as self-esteem and perfectionism (Cash, 2002), hence, less emphasis has been placed on basic personality traits such as the Big Five (i.e. neuroticism) (Kvalem, Von soest, Roald, & Skolleborg, 2006). High scores on neuroticism predicted negative appearance evaluation in a study by Davis, Claridge and Brewer (1996) and was related to dissatisfaction with facial appearance in a study by Thomas and Goldberg (1995). Others (e.g. Davis, Dionne, & Shuster, 2001; Kvalem et al., 2006) found that women with high scores on neuroticism were more appearance orientated and that neuroticism was significantly related to appearance evaluation. Ganem, de Heer and Morera (2009) evaluated the association between body dissatisfaction and mental health outcomes in a Hispanic sample. Their findings suggested that while neuroticism was the strongest predictor of mental health outcomes, body dissatisfaction could also predict mental health outcomes, including general life satisfaction. Furthermore, researchers often provide evidence for what is known as the bio-psycho-social model. This model suggests that biological factors, such as an individual's actual physical characteristics, together with individual psychological characteristics, social influences and interpersonal interactions all influence the development of body image (Wertheim & Paxton, 2011). Although literature on the prevalence of body dissatisfaction is increasing, researchers have yet to scientifically explore the relationships between body image and broad aspects of young people's lives, such as emotional and interpersonal functioning and mental health (Davison & McCabe, 2006; Ganem et al., 2009). Given its negative health outcomes, it is important to know whether body dissatisfaction tends

to dissipate over time or remain high. Longitudinal examinations are necessary to track the course of adolescents' body image over time and its effect on life satisfaction.

Literature reveals the need for research on adolescents across cultures (Proctor et al., 2009). The majority of past research in this area has occurred within America, with most assessment measures being created and validated among American samples. Thus, the generalization of findings to adolescents from other cultures remains unknown. Research also reveals a lack of longitudinal cross-national comparative research investigating factors associated with life satisfaction and studies examining the relationship between predictors and life satisfaction over time. Complementary research should assess the ability of life satisfaction measures to transcend across cultures and specific groups.

In sum, the identification of life satisfaction predictors and longitudinal relations provides essential information about the promotion of well-being in adolescence and has important implications for the design of preventive actions for maladaptive development.

### **Aims of the Study**

The general aim of the present study is to systematically investigate life satisfaction among a population-based sample of Norwegian adolescents. This will be addressed by exploring the extent to which body image, negative emotionality, social support from peers, and positive and negative life events predict life satisfaction over time and cross-sectionally. Specifically, the study aims to answer the following research questions:

*In what way and to what degree can body image, negative emotionality, social support from peers, and positive and negative life events predict adolescent life satisfaction?*

More specifically, the relationship between body image, negative emotionality, social support and life events at ages 12-13 and 16-17 will be examined, and the extent to which they predict life satisfaction (measured at ages 16-17) will be investigated. Moreover, the following question will be explored: *What are the short-term and long-term effects of these factors on life satisfaction?* Specifically, I will investigate whether self-reports of body image, negative emotionality, social support and/or life events at ages 12-13 can predict life satisfaction four years later, and examine whether factors measured at ages 12-13 have a direct or indirect effect on subsequent life satisfaction.

In addition to this, I will examine one particular relationship in greater detail: *What is the relationship between body image, BMI and life satisfaction?* More specifically, I want to investigate the effect of body image on life satisfaction when BMI is controlled for, and whether body image and BMI, as well as body image and life satisfaction have a curvilinear relationship (i.e. low and high BMI is associated with body dissatisfaction and lower life satisfaction, whereas BMI in the normal range is associated with higher body satisfaction and greater life satisfaction). I assume that individuals with average BMI scores (18.5-24.9) will report greater satisfaction levels than those with BMI scores over or below the average.

Additionally, gender differences and effects will be studied across the research questions.

## Method

### Procedure and Participants

The present study is based on data made available for secondary analysis from the Tracking Opportunities and Problems in Childhood and Adolescence (TOPP) study developed by the Norwegian Institute of Public Health. The TOPP study is a longitudinal, prospective community-based project designed to examine pathways to well-being, good mental health and mental disorders in children and adolescents as well as their families. More specifically, the TOPP study has collected data on conditions in the domestic environment and the characteristics of children and mothers in eight waves (t1-t8). Participants were recruited from 19 health care areas in Eastern Norway. All families visiting a public health clinic for their scheduled 18-month vaccination for the index child were invited to complete a survey questionnaire. Usually, more than 90% of all Norwegian families with children attend a public health program during the first four years of the child's life. Of the 1081 families invited, 939 families (87%) participated in the first wave (t1: 1993). The families were invited to participate at seven later waves (t2-t8) and from ages 12-13 (t5) and onwards the adolescents completed their own questionnaires, sent by mail.

The sample of adolescents in the current study was obtained from the TOPP study and data material consisted of two waves of questionnaire data (t5 and t7). For the sake of simplicity, data collection at t5 (ages 12-13) is referred to as Time 1 (T1), whereas data collection at t7 (ages 16-17) is referred to as Time 2 (T2). The sample included 594 adolescents at T1 and 375 adolescents at T2 ( $N= 153-253$  for boys, and  $N= 216-302$  for girls at T1 and T2). Respectively, 55% and 59% were girls at T1 and T2. At T1 the adolescents attended the 7th (80%) and the 8th (20%) grade at school. At T2 the adolescents attended the first (76%) and the second (24%) year at high school. Three participants attended the 6th grade at T1, and were therefore excluded from the analyses. The 19 health care areas were overall representative of the diversity of social environments in Norway and participants were mainly from ethnic Norwegian families from the middle class.

General ethical guidelines for research have been followed. All participants signed informed consent forms which emphasized confidentiality, and the right to withdraw from the study at any point. All data were treated with confidentiality and analyses were conducted on anonymous data. The data collection was approved by the Data Inspectorate and the Regional Committee for Medical Research Ethics.

## Measures

*Life satisfaction.* Life satisfaction at T2 was measured using the 5-items Satisfaction With Life Scale (SWLS; Diener et al., 1985). This measure records ratings of how an individual views his/her life satisfaction (Diener et al., 1985; Pavot & Diener, 1993) and the 5 statements are: (1) In most ways my life is close to my ideal, (2) The conditions of my life are excellent, (3) I am satisfied with my life, (4) So far I have gotten the important things I want in life, and (5) If I could live my life over, I would change almost nothing. The items were rated on a 0-6 Likert scale (0= Strongly Disagree, 6= Strongly Agree) and a mean score was computed. Cronbach's alpha for this sample was .90 for boys and .89 for girls.

*Body image.* Perceptions of body image at T1 and T2 were measured by an average of the five items that form a subscale of physical appearance in a translated and revised version of the Self- Perception Profile for adolescents (SPPA; Wichstrøm, 1995). This subscale measures how satisfied one is with his or her body and physical appearance. Respondents at T1 rated items on a 1-4 Likert scale (1= very characteristic or typical of yourself, 4= not characteristic or typical of yourself), whereas respondents at T2 rated items on a 0-4 Likert scale (0= not characteristic or typical of yourself, 4= very characteristic or typical of yourself). In order to examine whether body image remained stable or changed over time, the scale measuring body image at T1 was converted into the same range as body image measured at T2. Negative items were reversed and mean scores were computed with high scores reflecting greater body satisfaction. The estimated reliability for body image was  $\alpha = .88$  for boys and  $\alpha = .90$  for girls at T1, and  $\alpha = .91$  for boys, and  $\alpha = .92$  for girls at T2.

*Body Mass Index (BMI) [kg/m<sup>2</sup>]* was based on self-report of weight and height at T2. In general, BMI scores between 18.5 and 25 are in the normal range and indicate a healthy weight. Moreover, BMI scores below 18.5 are in the underweight range, scores between 25 and 30 are in the overweight range, and scores above 30 are in the obese range.

*Negative emotionality.* The subscale "emotionality" from the translated version of the Emotionality, Activity, and Sociability (EAS) Temperament Survey (Buss & Plomin, 1984) was used to measure negative emotionality at T1. Three sub dimensions; anger, distress, and fearfulness, are components of emotionality, and the scale consists of twelve self-descriptive statements, where emotionality is based on items such as "I am known as hot blooded and quick-tempered" (the anger dimension), "I frequently get distressed" (the distress dimension) and "I am easily frightened" (the fearfulness dimension). The subscale has a response scale

ranging from 1= “Not characteristic or typical of yourself” to 5= “Very characteristic or typical of yourself”. Items were reversed and mean scores were computed to the effect that a high score indicated high self-perceived negative emotionality. Cronbach’s alpha at T1 was .74 for boys and .76 for girls, respectively. Negative emotionality at T2 was measured by an average of the eight items that form the subscale “neuroticism” in a translated version of the Big Five Inventory (BFI; John & Srivastava, 1999). The BFI uses short phrases based on the trait adjectives known to be prototypical markers of the Big Five. The subscale “neuroticism” is based on items such as “I worry about things”, “I change my mood a lot”, and “I can be tense” and the response scale is ranging from 1= “Not characteristic or typical of yourself” to 7= “Very characteristic or typical of yourself”. Similarly, items were reversed and mean scores were computed with high scores reflecting greater negative emotionality. Cronbach’s alpha at T2 was .79 for boys and .77 for girls.

*Social support from peers.* Peer support at T1 and T2 was measured by self-reports of three items measuring feelings of attachment, mutual respect, and belonging. Participants responded to items such as “I feel closely attached to my friends” with five response categories ranging from “Totally agree” to “Totally disagree”. The scale, developed by Dalgard, Bjork, and Tambs (1995), was constructed by computing the mean score and is used in several Norwegian studies. Two items were reversed and mean scores were computed to the effect that a high score indicated greater social support from peers. The estimated reliability for social support was  $\alpha = .45$  for boys and  $\alpha = .59$  for girls at T1, and  $\alpha = .71$  for boys and  $\alpha = .67$  for girls at T2.

*Positive and negative life events.* Positive and negative life events were assessed by self-reports of the occurrence of a number of events, pleasurable and unpleasurable, experienced within the last year (Sund, Larsson, & Wichstrøm, 2003). The scale includes items such as “I have made one or more good friends”, and “I have become more popular” (positive life events) and “My parents are divorced or separated”, and “I have been caught for doing something wrong (e.g. stolen something)” (negative life events). However, certain age-appropriate questions only appeared in one of the two questionnaires, and made direct comparisons difficult. Responses were given to one of the following response categories: 0 (1) = “No, did not experience this”, 1 (2) = “Yes, mostly negative” or 2 (3) = “Yes, mostly positive”. For the sake of simplicity these items were divided into two groups, as opposed to the original three. Responses indicating that participants had *not* experienced a given life



event the last year was labeled 0, whereas responses indicating that participants had in fact experienced it within the last year were labeled 1. The majority of responses on the two categories determined whether the life event was regarded positive or negative. Two items, “I have moved” and “I was not selected for the school’s sports team”, were removed from further analysis as responses given on each of them were contradicting. The life event scales are formative, hence, they do not reflect an underlying construct, and are not expected to correlate. Therefore, it is not appropriate to estimate alphas.

### **Statistical Analysis**

All analyses were done with questionnaire data and statistical analyses were conducted with computer software SPSS for Windows Version 20. The significance level of .05 was chosen for all statistical tests unless otherwise specified, and all tests were two-tailed. Generally, life satisfaction was considered the dependent variable whereas body image, negative emotionality, social support from peers, positive life events, and negative life event at T1 *and* T2, BMI and gender were considered independent variables. Descriptive statistical analyses (means and standard deviations), were applied to inform on central tendencies and variations. Correlation analyses were applied to inform on bivariate associations, and gender differences were examined throughout the analyses. Multiple linear regression analysis is a statistical technique that can be used to determine how well a set of variables is able to predict a particular outcome. Multiple regressions provide one with information about a model as a whole and the relative contribution of each of the variables that make up the model (Pallant, 2010). To investigate the relationship between body image, negative emotionality, perceived social support, experienced life events and life satisfaction, several multiple regression analyses were run. Both individual and multiple predictors were used to predict life satisfaction. Hierarchical multiple regression was performed to examine mediation effects. More specifically, the aim of the mediation analysis was to investigate whether body image, negative emotionality, social support and life events at T2 mediated the effect of the corresponding factor at T1 on life satisfaction measured at T2. As mentioned in the introduction, in this thesis, the term effect is used in the sense of statistical effect. Short-term effects refer to concurrent associations or cross-sectional effects whereas long-term effects refer to relations between study variables over a 4 year period. Specifically, the extent to which study variables at ages 12-13 were able to say something about life satisfaction at ages 16-17 was investigated.

## Results

Number of participants, mean scores, standard deviations, range and gender differences in mean are presented in Table 1. As can be seen, the sample was not equally distributed by gender as there were more female than male participants at both time points. Consistent with previous findings (Diener & Diener, 1996; Forste & Moore, 2012), life satisfaction levels in this sample were high. Life satisfaction scores ranged from .20 to 6 (on a 0-6 scale), with the average mean being approximately 4.5 for both genders. Mean scores on body image and social support were in the medium to high range at T1 and T2. These self-perception measures indicate that on average the adolescents rated their looks and the amount of experienced social support as above the mid-point. In contrast, mean scores on negative emotionality were under the mid-point at T1 and T2, indicating that the adolescents rated their emotionality as somewhat below the average. Mean scores on positive life events at T1 and T2 were in the medium to low range, whereas mean scores on negative life events at both time points were in the low range. This indicates a low prevalence of life events experienced within the last year.

Table 1  
*Descriptives and Gender Differences of the Study Variables*

<i>Predictors of LS</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>Boys</i>	<i>Girls</i>
<b>Time 1 (12-13 years)</b>						
Body image	547	3.14	.71	1 – 4	3.27	3.04**
Negative emotionality	562	2.47	.50	1 – 5	2.40	2.53**
Social support	549	3.46	.28	1 – 5	3.41	3.49**
Positive life events	510	3.51	1.38	0 – 7	3.49	3.54
Negative life events	524	1.15	1.27	0 – 7	1.14	1.17
<b>Time 2 (16-17 years)</b>						
Body image	373	2.37	1	0 – 4	2.73	2.15**
Negative emotionality	369	3.36	1.06	1 – 7	2.87	3.69**
Social support	372	4.05	.82	1 – 5	4.05	4.09
Positive life events	363	1.75	1.12	0 – 5	1.73	1.82
Negative life events	365	.89	1.08	0 – 8	.71	.99*
BMI	358	21.46	2.86	17 – 34	21.73	21.16
Life satisfaction	366	4.50	1.16	0 – 6	4.56	4.43

Notes:

$N = 369$ – $554$  for the total sample;  $N = 153$ – $253$  for boys, and  $N = 216$ – $302$  for girls.

Significant gender differences are marked with \* $p < .05$  and \*\* $p < .01$

Negative emotionality and life events at T1 and T2 are measured with different scales/questions and are therefore not directly comparable.

Gender differences were examined throughout the analyses. Similar to prior findings (e.g. Holte et al., 2013; Huebner, 1991), no gender differences were found in levels of life satisfaction. As shown in Table 1, relative to girls, boys reported significantly higher levels of body satisfaction at T1 and T2 (all  $p$ 's<.01). Girls in the present sample reported higher levels of social support at T1 ( $p$ <.01) than did boys, but not at T2. In addition, self-reports indicated that compared to boys, girls had experienced significantly more negative life events within the last year at T2, but not at T1.

In order to address the primary research question regarding the relationship between body image, negative emotionality, social support, and life events at T1 and T2, their short-term and long-term effects, and the extent to which they predict life satisfaction, correlation analyses, paired-samples t-tests and multiple linear regression analyses were applied.

### **Correlations between Study Variables**

Table 2 presents the bivariate correlations between all the study variables. Correlations are not divided by gender and only statistically significant correlations are commented below.

#### *Body image*

Body image at T1 was weakly correlated with negative emotionality, social support, and negative life events (all  $p$ 's<.01) measured at the same time point. Body image scores at T1 correlated .46 ( $p$ <.01) with body image at T2 and was moderately correlated with negative emotionality and life satisfaction, and weakly correlated with social support (all  $p$ 's<.01) at T2. Similarly, body image measured at T2 was substantially correlated with negative emotionality and life satisfaction, and weakly correlated with social support, as well as negative life events (all  $p$ 's<.01) and positive life events ( $p$ <.05) at the same time point.

#### *Negative emotionality*

Correlations between negative emotionality at T1 and all study variables at T1 and T2 were weak, but significant. Negative emotionality at T1 correlated .35 ( $p$ <.01) with the same variable four years later, and negative emotionality at T2 was weakly correlated with social support and negative life events, and substantially correlated with life satisfaction (all  $p$ 's<.01) at T2.

*Social support from peers*

Social support measured at T1 was weakly correlated with body image and negative emotionality at T1 ( $p < .01$ ), and body image, negative emotionality, life satisfaction ( $p < .05$ ) and social support ( $p < .01$ ) at T2. Additionally, social support measured at T2 was weakly correlated with body image ( $p < .01$ ), negative emotionality and negative life events ( $p < .05$ ), and moderately correlated with life satisfaction ( $p < .01$ ) at T2.

*Positive and negative life events*

Positive life events measured at T1 were weakly correlated with negative emotionality and negative life events ( $p$ 's  $< .01$ ) at T1, as well as social support and negative life events ( $p$ 's  $< .05$ ) at T2. Positive life events correlated .25 ( $p < .01$ ) with the same variable four years later. In addition, positive life events measured at T2 were moderately correlated with negative life events ( $p < .01$ ) and weakly correlated with life satisfaction ( $p < .05$ ) at the same time point.

Negative life events at T1, on the other hand, was weakly correlated with body image and negative emotionality, and moderately correlated with positive life events (all  $p$ 's  $< .01$ ) at T1. Moreover, correlations between negative emotionality at T1 and social support ( $p < .05$ ), positive life events, and negative life events ( $p$ 's  $< .01$ ) at T2 were also weak. Negative life events measured at T2 were weakly to moderately correlated with body image, negative emotionality, positive life events (all  $p$ 's  $< .01$ ) and social support ( $p < .05$ ) at T2.

*Life satisfaction*

Life satisfaction measured at T2 was moderately to substantially correlated with body image at T1 and T2, as well as negative emotionality and social support at T2 (all  $p$ 's  $< .01$ ). Negative emotionality and social support at T1 were weakly correlated ( $p$ 's  $< .05$ ) with life satisfaction measured four years later. Similarly, correlations between life satisfaction and positive life events ( $p < .05$ ) and negative life events ( $p < .01$ ) were also weak.

In sum, this study found that body image, negative emotionality and social support were the most robust correlates of adolescent life satisfaction.

Table 2  
Correlations between Life Satisfaction and the Study Variables

Predictors of Life Satisfaction	1	2	3	4	5	6	7	8	9	10	11
<b>Time 1 (12-13 years)</b>											
1. Body image	-										
2. Negative emotionality	-.27**	-									
3. Social support	.20**	-.21**	-								
4. Positive life events	.01	-.13**	.08	-							
5. Negative life events	-.21**	.17**	-.07	.31**	-						
<b>Time 2 (16-17 years)</b>											
6. Body image	.46**	-.16**	.14*	.08	-.10	-					
7. Negative emotionality	-.41**	.35**	-.14*	-.07	.10	-.52**	-				
8. Social support	.21**	-.14*	.18**	.12*	-.12*	.29**	-.26**	-			
9. Positive life events	.08	.01	.06	.25**	.18**	.12*	-.01	.09	-		
10. Negative life events	-.08	.18**	-.09	.12*	.27**	-.15**	.29**	-.11*	.30**	-	
11. Life satisfaction	.32**	-.12*	.12*	.02	-.09	.46**	.50**	.35**	.14*	-.18**	-

\*\*  $p < .01$ , \*  $p < .05$

### Stability and Change from T1 to T2

As discussed, several study variables were measured with different scales or questions at T1 and T2, thereby complicating direct comparisons of each factor. As a result, the exploration of increases or decreases in scores on negative emotionality and life events from T1 to T2 was not possible. However, paired-samples t-tests were conducted to examine whether body image levels and the amount of social support changed or remained stable across adolescence. Findings revealed that there was a statistically significant decrease in body image scores for both genders from T1 ( $M = 3.07$ ,  $SD = .89$  for boys and  $M = 2.71$ ,  $SD = .97$  for girls) to T2 ( $M = 2.74$ ,  $SD = .92$  for boys and  $M = 2.12$ ,  $SD = .95$  for girls),  $t(127) = 4.02$  for boys and  $t(190) = 7.61$  for girls,  $p < .01$ . The mean decrease in body image scores for boys was .33 with a 95% confidence interval ranging from .17 to .49, whereas the mean decrease in body image scores for girls was .58 with a 95% confidence interval ranging from .43 to .73. The results also revealed a significant increase in social support scores for both genders from T1 ( $M = 3.43$ ,  $SD = .27$  for boys and  $M = 3.47$ ,  $SD = .29$  for girls) to T2 ( $M = 4.04$ ,  $SD = .83$  for boys and  $M = 4.10$ ,  $SD = .77$  for girls),  $t(126) = 8.59$  for boys, and  $t(190) = 11.19$ ,  $p < .01$ . The mean increase on social support scores was .62 with a 95% confidence interval ranging from .47 to .76 for boys, and .63 with a 95% confidence interval ranging from .52 to .75 for girls. These findings (illustrated in Figure 1 and Figure 2 below) are in line with prior research findings (e.g. Bucchianeri et al., 2013; Rosenblum & Lewis, 1999).

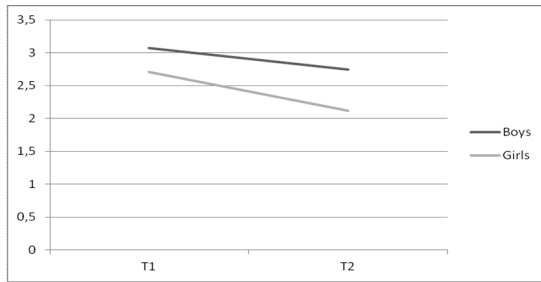


Figure 1: Changes in body image from T1 to T2

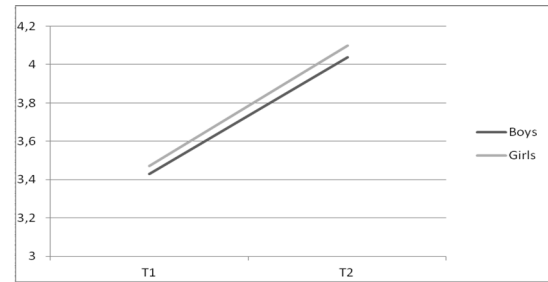


Figure 2: Changes in social support from T1 to T2

### Short-term and Long-term Effects of Life Satisfaction

Short-term and long-term effects of body image, negative emotionality, social support and life events and the extent to which they predicted life satisfaction over time were examined. Table 3 shows unadjusted basic effects of the study variables and their effect on life satisfaction when factors at T1, T2 and T1 and T2 simultaneously, are mutually controlled for. For boys, body image, negative emotionality and social support at T1 and T2 had unadjusted basic effects on life satisfaction. For girls, however, only body image at T1 had a significant effect on life satisfaction, whereas all factors at T2 had unadjusted basic effects on life satisfaction. Block1 shows the effects of each factor at T1 when other factors at T1 are controlled for. As shown in Table 3, when all factors at T1 were controlled for, the significant effect of body image, negative emotionality and social support disappeared for boys. For girls, the significant effect of body image at T1 remained. As can be seen in Block2, the effect of body image and negative emotionality at T2 decreased, whereas the significant effect of social support at T2 disappeared for boys when all factors at T2 were controlled for. Similarly, for girls the effect of body image, negative emotionality and social support decreased when all factors at T2 were controlled for. Block3 shows the effect each factor had on life satisfaction when all factors at T1 and T2 were mutually controlled for. It is evident that factors measured at T1 alone had no significant effect on life satisfaction, and changes in effect sizes were relatively small. Despite small changes in the estimates, the results showed that the effect of body image at T2 decreased, whereas the effect of negative emotionality at T2 increased for both genders. Furthermore, social support had a significant effect on life satisfaction for girls, but not for boys when all factors were controlled for. These results suggest that it is an individual's temperament/personality and his or her perception of own appearance that seems to have the greatest effects on life satisfaction. For girls, the amount of experienced social support from peers was of particular significance as well. Positive and negative life events did not have significant effects on life satisfaction at any time point when other factors were controlled for.

Table 3

*Effects From Predictors: Unadjusted, Mutually Controlled For at T1 and T2*

<i>Boys</i>	<i>Unadjusted</i>	<i>Block1</i>	<i>Block2</i>	<i>Block3</i>
<b>Time 1 (12-13 years)</b>				
1. Body image	0.25**	0.16		-0.01
2. Negative emotionality	-0.23**	-0.19		-0.07
3. Social support	0.19*	0.10		0.01
4. Positive life events	-0.02	-0.09		-0.13
5. Negative life events	-0.09	-0.03		-0.03
<b>Time 2 (16-17 years)</b>				
6. Body image	0.44**		0.25**	0.22*
7. Negative emotionality	-0.47**		-0.29**	-0.39**
8. Social support	0.26**		0.12	0.09
9. Positive life events	0.12		0.09	0.12
10. Negative life events	-0.13		-0.11	-0.07
<i>Girls</i>	<i>Unadjusted</i>	<i>Block1</i>	<i>Block2</i>	<i>Block3</i>
<b>Time 1 (12-13 years)</b>				
1. Body image	0.36**	0.37**		0.07
2. Negative emotionality	-0.04	0.04		0.09
3. Social support	0.09	0.05		-0.01
4. Positive life events	0.06	0.13		0.02
5. Negative life events	-0.08	-0.08		-0.01
<b>Time 2 (16-17 years)</b>				
6. Body image	0.49**		0.26**	0.19*
7. Negative emotionality	-0.52**		-0.33**	-0.39**
8. Social support	0.47**		0.22**	0.21**
9. Positive life events	0.17*		0.08	0.05
10. Negative life events	-0.20**		-0.03	-0.01

\*\*  $p < .01$ , \*  $p < .05$ 

Notes:

Unadjusted: basic effects from all predictors (single regressions)

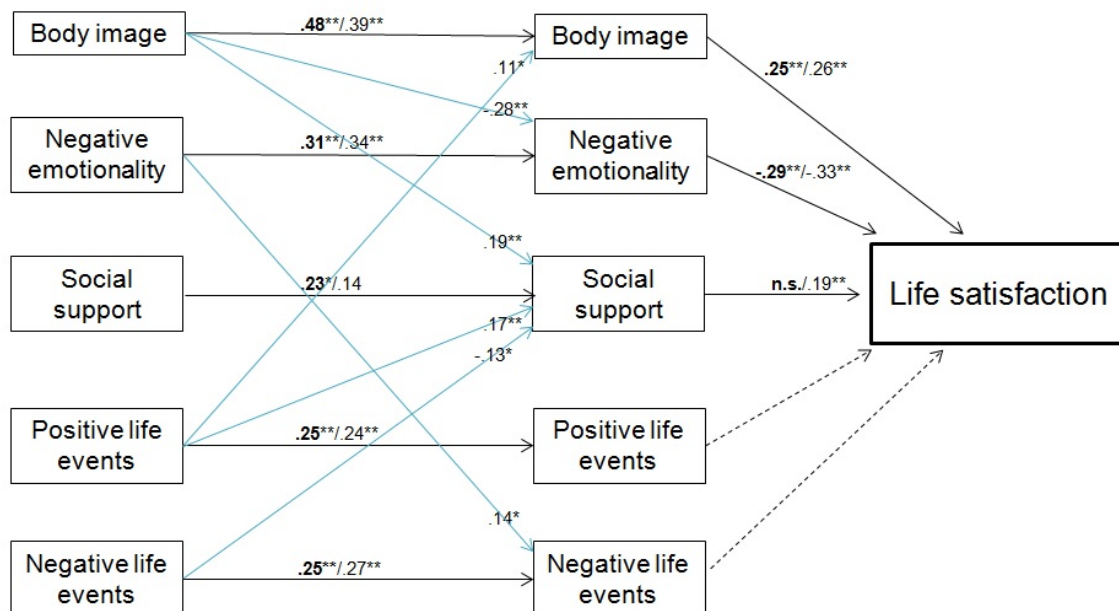
Block1: all predictors from T1 mutually controlled for

Block2: all predictors from T2 mutually controlled for

Block3: all predictors mutually controlled for

Figure 3 presents the short-term and long-term effects of each factor at T2 (which corresponds to Block2 in Table 3) and shows stability across time, divided by gender. Based on correlation analyses between factors at T1 and T2, and multiple regression analyses between factors at T2 and life satisfaction, this study found that long-term effects were mediated through short-term effects. More specifically, the findings demonstrated that factors at T1 alone had no direct effect on life satisfaction four years later. However, factors measured at T1 were highly correlated with the corresponding factor at T2, which proved to have a direct effect on adolescent life satisfaction. Accordingly, factors at T1 were found to indirectly influence life satisfaction as their effects were mediated through factors at T2.

The current study also investigated whether cross effects between predictors at T1 and T2 were present. Regression analyses where the T1 level of the outcome variables was controlled for were conducted, and the results are presented in Figure 3. Findings revealed that body image at T1 predicted change in negative emotionality and social support at T2. More specifically, greater body satisfaction was associated with emotional stability and more social support, even when negative emotionality and social support was controlled for at T1. Negative emotionality at T1 was found to predict change in negative life events at T2. Specifically, high scores on negative emotionality predicted an increase in the occurrence of negative life events. Findings also showed that the occurrence of positive life events predicted greater body satisfaction.



Notes

\*\*  $p < .01$ , \*  $p < .05$

Boys = bold numbers

Dotted line = non significant (n.s.)

Colored line = cross effects

Figure 3: Stability across time, associations with life satisfaction (beta values) and cross effects



Finally, both positive and negative life events at T1 predicted change in social support at T2. The more positive life events an individual experienced within the last year, the more social support he or she received. In contrast, the occurrence of negative life events predicted a decrease in social support. The cross effects were not divided by gender. Instead, gender was included as an independent variable when examining cross effects between factors at the two time points. Gender was found to have a strong and unique effect on body image (.26,  $p < .01$ ) and negative emotionality (.33,  $p < .01$ ) when the variance of the other factors were controlled for.

### The Relationship between Body Image, BMI and Life Satisfaction

Minimum BMI for boys were 16.19, whereas maximum BMI was 31.56, ( $M = 21.73$ ). In contrast, minimum BMI for girls were 14.20 and maximum BMI was 31.25 ( $M = 21.16$ ). The mean BMI scores were similar to BMI means documented in previous studies (e.g. Barker & Galambos, 2003; Mellor et al., 2013). I assumed that individuals with average BMI scores (18.5-24.9) would report greater body satisfaction and higher life satisfaction. To test this, an analysis of the curvilinear relationships between BMI and body image as well as life satisfaction was conducted. As shown in Figure 4, a curvilinear relationship between BMI and body image was apparent. Body satisfaction was higher for those with BMI scores somewhat below the mean. The turning-point, at which the relationship changed from positive to negative, was identified as the point on the BMI-scale where the derivative of the regression equation equaled zero. More specifically, the results illustrated that boys were most satisfied with their bodies when their BMI was 20.5, whereas girls were estimated as most satisfied when their BMI was 15.9.

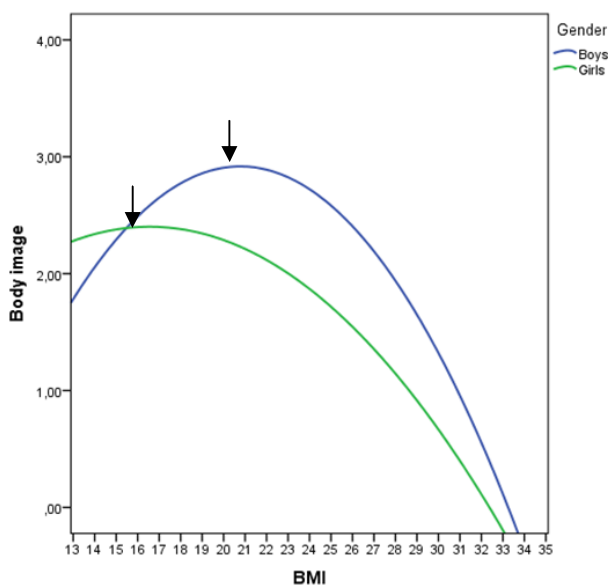


Figure 4: The relationship between BMI and body image

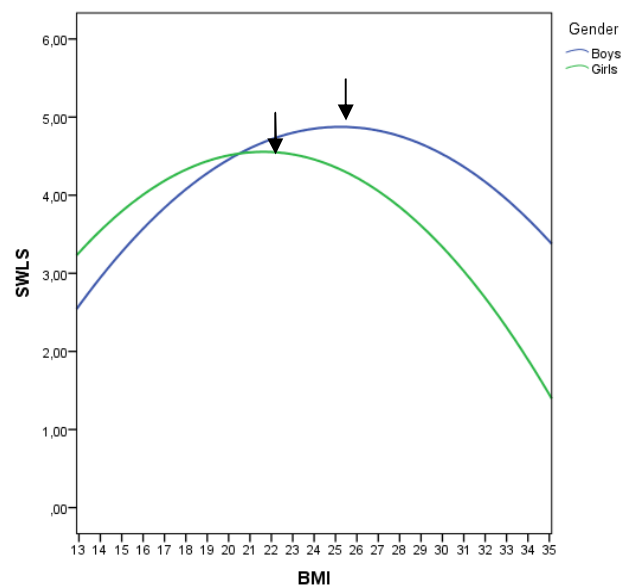


Figure 5: The relationship between BMI and life satisfaction (measured by SWLS)

Figure 5 presents relations between BMI and life satisfaction, and reveals a similar relationship in the sense that it is curvilinear. However, preferred BMI appears to be above the average for life satisfaction, and below the average for body satisfaction. In relation to life satisfaction, boys' ideal BMI score was 25.8, while girls' ideal score was 22.1. These results indicate that boys and girls were more satisfied with their lives when their BMI was fairly higher than the mean score.

The relationship between deviations from mean BMI score and life satisfaction can be seen in Figure 6. The association between deviation in BMI scores and life satisfaction was  $\beta = -.25$  ( $p < .01$ ) for boys, indicating an independent predictive effect of BMI on life satisfaction, even when body image was controlled for. In contrast, for girls, BMI had no significant effect ( $\beta = -.12$ ) on life satisfaction when body image was controlled for. Associations between body image and life satisfaction were  $\beta = .41$  for boys and  $\beta = .48$  for girls ( $p$ 's  $< .01$ ), suggesting that even when BMI was controlled for, body image had an independent effect on life satisfaction. These results suggest that an individual's subjective experience or perception of his or her own body accounted for more than actual weight/BMI.

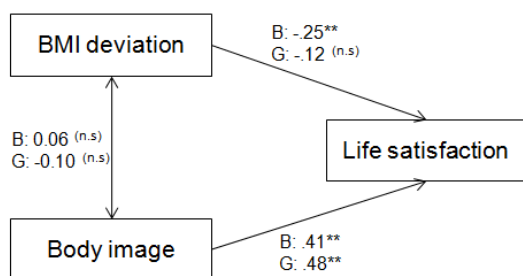


Figure 6: The relationship between BMI, body image and life satisfaction

## Discussion

The overall purpose of the study was to examine in what way and to what degree body image, negative emotionality, social support from peers and positive and negative life events could predict adolescent life satisfaction. Specifically, the relationship between the study variables and their short-term and long-term effects on life satisfaction were investigated. This was examined in a representative population-based sample of Norwegian adolescents using a variety of approaches in order to more thoroughly expose relationships. The study also explored gender differences. The principal findings showed that body image, negative emotionality and social support predicted life satisfaction, whereas life events did not.

### Summary of Major Findings

The present study found that Norwegian adolescents appeared to be relatively satisfied with their lives. According to Diener, individuals who score in the same range as the current sample ( $M = 4.5$  on the 0-6 Likert scale used to measure life satisfaction in this study, which equals 5,5 on a 1-7 scale and 27,5 on a 5-35 scale) like their lives and feel that life overall is good. Of course their lives are not perfect, but for most people in this high-scoring range, life is enjoyable, and the major domains of life are going well. The finding of generally high life satisfaction among this age group supports findings from other adolescent samples (Huebner, 1991) and is consistent with previous research with adults (Proctor et al., 2009). In this study, no significant gender differences in self-reported measures of life satisfaction were found. This is in accordance with recent research findings reporting small gender differences at ages 11, 13 and 15 (see the HBSC study in Currie et al., 2012). Mean scores on body image and social support were in the mid- to high range at T1 and T2, and suggests that the adolescents rated their looks and the amount of social support available as just above the mid-point. In contrast, mean scores on negative emotionality and positive life events at T1 and T2 were in the mid- to low range, and mean scores on negative life events at T1 and T2 were in the low range. This implies that the adolescents rated their emotionality as just below the mid-point, and might indicate a low prevalence of life events experienced within the last year.

Body image reports revealed that although boys and girls in the present study rated their looks as just above the mid-point, they were more or less dissatisfied with their bodies. In concurrence with past research (e.g. Clark & Tiggemann, 2008; Jones, 2001), girls reported significantly lower levels of body satisfaction at both time points, relative to boys. Girls have generally been found to have the strongest physical appearance orientation and to be especially cognizant of the social implications of their appearance (Bucchianeri et al., 2013;

Davison & McCabe, 2006). This is not surprising as several factors (i.e. the society, media, parents and peers), have shown to have greater impact on girls' body image development than that of boys (Cash & Pruzinsky, 2002). However, research on this association has been inconsistent and some have found little difference between genders in terms of body image (Davison & McCabe, 2006; Forste & Moore, 2012). Despite this, the current study's findings illustrates the importance of improving adolescents' body images, particularly that of girls.

In terms of negative emotionality, findings from the current study support and confirm prior research findings. Both genders rated their emotionality as slightly below the mid-point, and this implies that the adolescents experienced relatively low levels of negative emotional states and feelings such as anxiety, anger, guilt, and depression. Compared to boys, girls had a significantly higher tendency to attend to and interpret the more negative aspects of their environment and to experience strong, intense and easily evoked negative emotions. This is in line with previous findings from studies reporting higher scores on measures on negative emotionality for girls (Costa et al., 2001; Schissel et al., 2011). Can one explanation for this general finding be that girls experience greater hormonal changes in adolescence than do boys? Perhaps the hormonal shifts of puberty make girls more susceptible to negative affect or mood instability, compared to boys (Levine & Smolak, 2006). The current finding may also reflect some aspect of the sex roles imposed by society. It seems reasonable to assume that expectations from the mass media, community norms and adult role models (i.e. parents and teachers) often are somewhat more extensive for girls. For example, it appears as if though girls, to a greater extent than boys, are expected to provide care and support, take responsibility, and perform well in different aspects of life. If girls interpret and internalize the sex roles imposed by society and fail to accomplish what they believe is expected, they are likely to feel inadequate and unsuccessful. If this is the case, the finding that girls generally report higher scores on negative emotionality seems plausible.

As with body image and negative emotionality, social support ratings demonstrated that adolescents were more or less satisfied with the function and quality of social relationships, the perceived availability of help or support actually received. Relative to boys, girls reported significantly higher levels of social support at T1, but not at T2. One possible interpretation of this difference between boys and girls might be that girls are more vulnerable for interpersonal stress during adolescence, giving them a stronger need for social skills and support to manage stress. Findings have suggested that adolescent girls, compared to boys, are more interpersonally vulnerable because of increased social expectations, which supports this vulnerability hypothesis (Cyranowski, Frank, Young, & Shear, 2000). The finding that girls

reported higher levels of social support is in contrast to theories and findings suggesting that girls experience more interpersonal stressors compared to boys in North American studies (e.g. Rose & Rudolph, 2006). However, these findings are well in line with former Norwegian studies (e.g. Undheim & Sund, 2005) and may be indicative of the characteristics in the Nordic culture. Interventions should be directed towards the universal importance of social support for both genders in adolescence to promote life satisfaction.

Self-reported measures on life events demonstrated that the reported prevalence of life events (both positive and negative) experienced within the last year was low. This finding is not surprising as the majority of questions concerning the experience of positive or negative life events were related to extraordinary life events (such as the death of a loved one, being assaulted, parents getting divorced or remarried, and finally getting something you have wanted for a very long time) which are unlikely to occur often. It is also possible that some of the adolescents failed to report life events they actually had experienced because they could not remember exactly when it occurred or because they did not consider the event “important” enough. Compared to boys, self-reports indicated that girls had experienced significantly more negative life events within the last year at T2, but not at T1. Perhaps this can be understood in terms of girls’ self-reports on negative emotionality: increasing with age, girls in the present study tended to attend to and interpret the more negative aspects of their environment. It is not unlikely that this could result in an increased perception of events as negative and greater memory for the occurrence of such events. However, it is also likely that girls in fact *had* experienced more negative life events than boys.

### **The associations between predictors and life satisfaction**

An important aim of the study was to examine the relationship between body image, negative emotionality, social support, and life events at T1 and T2, and adolescent life satisfaction. As can be seen in Table 2, all predictors at T1 were highly correlated with the corresponding predictor at T2. Hence, the relationship between each predictor, except social support, at ages 12-13 and 16-17 was strong. Body image measured at T1 and T2, as well as negative emotionality and social support measured at T2, was found to be the strongest correlates of adolescent life satisfaction. Although important, the finding that negative emotionality had a great impact on life satisfaction is not surprising. Prior research has demonstrated that high scores on negative emotionality consistently predict a range of poor psychopathological outcomes, and lower life satisfaction (Eisenberg et al., 2009; Lahey, 2009). In contrast, the finding that body image and social support were significantly related to

adolescent life satisfaction has not yet been well-established in life satisfaction research. As discussed, few studies have directly linked body image and life satisfaction. However, research has demonstrated that physical appearance is associated with aspects that are likely to harm or enhance well-being (Forste & Moore, 2012). Research has also shown that good social relations have been found to be important predictors of life satisfaction among adults (Helliwell & Putnam, 2005). This indicates that some life satisfaction predictors are common for adolescents and adults. Supplemental research on additional factors associated with life satisfaction is needed as factors that have been less examined in relation to life satisfaction appear to be as influential as the more well-established ones. Moreover, this knowledge is of great value for those who work to promote well-being in adolescence as they can develop or improve designs of health promotion and preventive actions.

In this study, body satisfaction decreased for both genders from T1 to T2. Of particular interest is the finding that boys reported a similar reduction in body image from ages 12-13 to ages 16-17 as did girls, even though their body satisfaction remained higher overall. Are boys becoming increasingly concerned with their appearance due to societal influences? Is this indicative of a new trend among adolescent boys? In order to compare body image at T1 and T2, the original response category at T1 was transformed into the scale used at T2. This is not preferable as minor changes in responses may occur. Despite this, the findings of the present study illustrate the importance of improving adolescents' body images and focusing promotion and prevention measures at both boys and girls. Due to different measures of negative emotionality at T1 and T2, an exploration of increases or decreases in scores on negative emotionality was not possible. However, based on each measure's range and mean scores on negative emotionality at the two time points, it is reasonable to assume that no drastic changes were evident. Direct comparisons of social support at the two time points illustrated an increase in peer support for both genders from T1 to T2. This increase may be due to adolescents' psychosocial development: over a four year period cognitive, social and emotional skills develop, and this may in turn lead to improved interpersonal functioning. As positive and negative life events were assessed with somewhat different questions at T1 and T2, an exploration of increases or decreases in the amount of experienced life events was not possible. For future research on the occurrence of life events, it would be preferable to use the same measures and response ranges.

The cross effects between factors at T1 and T2 were interesting. However, the finding that body satisfaction was associated with lower scores on negative emotionality was not unexpected. Given that body image was found to be among the strongest predictors of life satisfaction, it seems

reasonable to assume that an individual who is satisfied with his appearance is relatively emotionally stable. Similarly, the finding that body satisfaction predicted an increase in social support is interesting, but not surprising. Individuals with positive body images tend to be more confident, happy and cheerful than those with negative ones (Cash & Pruzinsky, 2002), and are likely to have greater social networks, thereby receiving more peer support. The finding that high scores on negative emotionality predicted an increase in the occurrence of negative life events was not unexpected as negative emotionality is a robust predictor of various unfavorable and problematic life outcomes (Diener et al., 2003; Eisenberg et al., 2009; Lahey, 2009). However, as negative emotionality has been found to be strongly associated with life satisfaction, prevention measures should be focused at this particular problem in order to prevent it from becoming a vicious circle. Finally, the results revealed that the occurrence of positive life events increased body satisfaction and social support, whereas the occurrence of negative life events predicted a decrease in social support. The experience of positive life events is likely to influence general well-being and satisfaction levels. It seems sensible to assume that the more satisfied and happy individuals are, the more positively they view their selves and their bodies. Similarly, individuals who have experienced positive life events may appear more sociable and are therefore likely to provide and receive more social support. Negative life events, on the other hand, may be harmful for an individual's well-being. Peer relations and the perception of adequate social support from friends have been found to be an essential element of mental health (Proctor et al., 2009; Vitaro et al. 2009). Hence, social support from peers is crucial after having experienced a negative event. These results illustrate the importance of encouraging adolescents to seek and offer social support to peers, especially when times are tough. Furthermore, as the cross effects were not divided by gender, gender was found to have a significant and unique effect on body image and negative emotionality. This might be explained by the finding that gender differences in mean scores on body image and negative emotionality were statistically significant.

### **Effects of predictors on life satisfaction**

Another essential aspect was to explore the short-term and long-term effects of body image, negative emotionality, social support and life events and the extent to which they were able to predict life satisfaction. As longitudinal designs are not able to measure causality, the word "effect" is used in the sense of statistical effect. When factors at T1 and T2 were controlled for, the long-term effects of each factor on life satisfaction generally decreased or disappeared. For instance, the long-term effect of body image decreased for both boys and girls when all factors

were mutually controlled for. In contrast to previous research, positive and negative life events, on the other hand, did not have significant effects on life satisfaction at any time point when the other variables were controlled for. One particularly important finding was that long-term effects were mediated through short-term effects. In other words, as all factors at T1 and T2 were mutually controlled for, factors at T1 alone had no significant effect on life satisfaction. Nonetheless, by being mediated through their corresponding factor at T2, body image, negative emotionality, and social support (only for girls) at T1 indirectly influenced life satisfaction. These results indicate long-term relationships between body image (one's perception of own appearance), negative emotionality (one's temperament/personality), the amount of experienced social support from peers, and life satisfaction. However, it should be noted that the relation between factors at T2 (i.e. body image and life satisfaction) could go either way. Although life satisfaction is viewed as the dependent variable throughout this thesis, there is no evidence for causal direction. Theoretically, other causal mechanisms are likely to occur. These findings also support the idea that certain factors measured at ages 12-13 are able to predict life satisfaction four years later. Few previous studies, if any, have reported similar findings. Thus, the significance of these findings should not be ignored. These results have implications for the design of intervention measures and contribute to the growing database pertaining to life satisfaction.

### **The relationship between body image, BMI and life satisfaction**

The final aim was to investigate the relationship between body image, BMI and life satisfaction. The study detected inverse U-shaped associations between body dissatisfaction and BMI and between life satisfaction and BMI for both genders. For instance, body satisfaction was higher for those with BMI scores somewhat below the mean. More specifically, the results illustrated that boys were most satisfied with their body when their BMI was 20.5, whereas girls were most satisfied with their body when their BMI was 15.9. This finding is of particular importance as BMI scores below 18.5 are considered underweight. It is somewhat disturbing that 16-17 year-old girls reported that they want to be underweight, as being underweight is closely associated with multiple health risks. These results emphasize the importance of promoting a healthy body image, particularly for girls. Nonetheless, this curvilinear association between body image dissatisfaction and BMI is in line with previous research findings (Austin et al., 2009; Calzo et al., 2012). Moreover, gender patterns in body dissatisfaction and weight and shape concern may intensify across adolescence as youth identify with adult ideals of physical attractiveness (Wichstrøm, 1999).



The results of the present study support gender intensification theory in that dissatisfaction and weight and shape concerns increase with age.

Although low BMI scores indicated positive body images for participants in this study, it did not necessarily indicate high life satisfaction. In terms of life satisfaction, results demonstrated that boys and girls were somewhat more satisfied with their lives if their BMI was fairly higher than the mean score. This finding is especially interesting as no such association has been found prior to this study. One possible explanation for this finding may be that adolescents who strive to achieve an ideal body image (thereby attaining low BMI scores), focus all their energy on denying themselves guilty pleasures (such as eating whatever they want, and lying on the couch instead of exercising). Consequently, they are satisfied with their bodies, but not with life overall. Adolescents who are able to relax, do what they want and simply just enjoy life may not necessarily be very satisfied with their bodies, but they are more satisfied with their lives in general.

Traditionally, the negative relationship between body image and life satisfaction has been stronger for girls than boys because the external pressure to be thin is experienced to a greater extent by girls (Dohnt & Tiggemann, 2006). In this study, however, the effects of body image appeared to be similar for boys and girls. This finding might be indicative of a change in society and youth culture; boys are becoming increasingly concerned with their weight and appearance, and want to look good. Contrary to the general understanding, both boys and girls experience negative perceptions and evaluations, and equally associate these perceptions with reduced life satisfaction or overall well-being. This may provide a key area for intervention in terms of improving the well-being of youth.

The current study also found that BMI had an independent predictive effect on life satisfaction for boys, even when body image was controlled for. In contrast, among girls, BMI had no significant effect on life satisfaction when body image was controlled for. In addition, even when BMI was controlled for, body image had an independent effect on life satisfaction. This suggests that it is an individual's subjective perception of his or her own body/appearance, not actual weight, that has the greatest impact on well-being. Furthermore, this new knowledge is of practical importance for health care providers and has important implications for the design of health promotion and prevention measures. Beyond contributing novel information about how the associations among body dissatisfaction, BMI concerns and life satisfaction evolve across adolescence, these findings have important developmental, clinical, and public health implications for assessing and preventing risk for disordered weight control behaviors, and the promotion of well-being.

### **Reliability and Validity**

Reliability and validity are important for gaining accurate measurements and trustworthy knowledge. Reliability refers to the accuracy of a measurement instrument or to the extent that some attribute is measured in a systematic and repeatable way (Walsh & Betz, 2001). The most commonly used measure of reliability is the Cronbach's alpha, an estimate of the internal consistency of test scores that ranges from 0.0 and 1.0. Ideally, the Cronbach alpha coefficient of a scale should be above .7, but Cronbach alpha values are quite sensitive to the number of items in the scale (Pallant, 2010). The measures used in this study had low to high internal consistency. The study used the well-established SWLS as a measure of life satisfaction and the SWLS show good internal consistency, strong internal reliability and moderate temporal stability (Pavot & Diener, 1993). In this study, life satisfaction had Cronbach's alpha's .89 and .90. Consistent with previous findings (e.g. Wichstrøm, 1995; Naerde et al., 2004) body image and negative emotionality also had high internal consistency ( $\alpha = .74 - .92$ ). The peer support scale displayed low internal reliability (i.e., how consistently each item measures the same underlying construct in a scale), with Cronbach's alpha's between .45 and .71. However, the scale consisted of few items (less than 10), and this has been demonstrated to affect internal reliability negatively (Pallant, 2010). Findings from previous research using the peer support scale (Dalgard et al., 1995) suggest that it is a valid instrument regardless of the low internal reliability score. The scales measuring positive and negative life events consisted of different age-appropriate questions at T1 and T2, and were therefore not internally consistent. Low Cronbach's alphas indicate that life events do not represent one underlying phenomenon. Nevertheless, they were useful in providing information about the occurrence and effects of events.

Validity refers to whether we measure what we think we are measuring, implying the validation of knowledge, not of tests. Construct validity, in specific, refer to the measurement procedure as a whole, and the main question is whether the construct measure what is actually intended to be measured (Pallant, 2010). Moreover, the construct validity is explored by investigating its relationship with other constructs. The high validity of the SWLS measure is documented in several studies (e.g. Pavot & Diener, 1993; 2008). Body image was measured using a translated and revised version of the "physical appearance" subscale in Harter's Self-Perception Profile for adolescents (SPPA; Wichstrøm, 1995), which has been found to have better convergent validity, and better factorial validity than the original version. Negative emotionality at T1 was measured using the subscale "emotionality" from the translated version of the Emotionality, Activity, and Sociability (EAS) Temperament Survey (Buss &

Plomin, 1984). This subscale has acceptable psychometric properties (Naerde et al., 2004). Negative emotionality at T2 was measured by the “neuroticism” subscale in a translated version of the Big Five Inventory (BFI; John & Srivastava, 1999), which has been found to have high validity. The peer-support scale has acceptable validity and is commonly used in other published studies (Dalgard et al., 1995). The measures of life events involve a retrospective judgment of the experiences of positive and negative life events during the past 12 months. Previous research has found life event scales to be valid.

### **Strengths and Limitations**

Strengths of this study include the longitudinal study methodology, the population-based sample and the unique grouping of predictive factors. First, in contrast to previous studies on life satisfaction, which often are cross-sectional, this study is based on longitudinal data. Longitudinal designs are among the most powerful designs available for the evaluation of theories about human behavior and experience. Longitudinal studies enable an exploration of associations between influential factors and life satisfaction and may be well suited to bring forward knowledge that informs prevention work and early intervention. By measuring a phenomenon over time, researchers have the possibility to investigate early signs of psychopathology and the nature of particular relations, e.g. identify factors that predict well-adjusted versus maladjusted development in children and adolescents. However, although factors were measured at two time points, satisfaction with life was only measured at T2. Thus, it was not possible to measure life satisfaction over time.

Second, the data used in this study was taken from a large population-based sample. Participants were followed over a 4 year period, as opposed to time-limited and targeted studies using convenience-based samples followed for a limited time. Even though using population-based data involves large data sets that are costly to obtain, population-based studies have numerous important strengths. Among these is the ability to sample a large group of diverse people that reflect the overall population to a greater extent than targeted samples.

Third, no previous study has, to my knowledge, investigated the relationship between adolescents’ body image, negative emotionality, social support from peers, and positive and negative life events and the extent to which they predict life satisfaction. This new composition of factors contributes to elucidate pathways to life satisfaction and enables a broader understanding of how different factors influence each other and predict how adolescents perceive their lives. This new knowledge may be of great use for parents,

teachers, and others who aim to promote well-being in youth as it may guide and direct them in their work with adolescents.

Although large-scale, longitudinal studies that use nationally representative samples provide a powerful method for investigating life satisfaction, they have limitations. The most important limitation is concerned with the fact that I was unable to study life satisfaction over time. As noted, life satisfaction was only measured at T2 as the SWLS was not included in the questionnaire given to the participants at T1. Ideally it should have been possible to measure life satisfaction at T1 as well as T2, as changes in reports of life satisfaction through adolescence are important indicators of the well-being of youth.

Among the most noteworthy limitations are the measures that can be included in such studies. Because large-scale longitudinal studies are extremely expensive to conduct, the measures that are included must be as short as possible. These measures often consist of a small set of items that are not as internally consistent as would typically be expected. However, the variables measured in this study showed satisfactory to high internal consistency and should therefore not limit the conclusions that can be drawn from these data. Furthermore, this study used different measures, Likert scales and/or different items to examine body image, negative emotionality, and life events. Consequently, direct comparisons of the variables investigated were not possible and their predictive effects may be somewhat deceptive. Although direct comparisons of each factor was difficult, the present findings have been successful in at least demonstrating which factors are likely to influence adolescents' life satisfaction given high correlational relationships. Another limitation is concerned with the positive and negative life events measured. As life event items were rather extraordinary, few adolescents reported having experienced them within the last year. Given such low prevalence, one might question whether these factors are valid predictors of adolescent life satisfaction. Although not significant predictors of life satisfaction, life event measures were included in the study as they were related to the remaining study variables.

Finally, the patterns of drop-outs in the current sample propose caution in generalizing the findings to the general adolescent population. Larger samples are more accurate and reliable as they more closely approximate the population. However, attrition rates as high as 40–60% is not uncommon in longitudinal studies and only systematic non-random drop-outs represent a problem (van der Kamp & Bijleveld, 1998 in Nilsen et al., 2012).

### **Future Directions and Implications**

Research on life satisfaction among youth is important for several reasons. First, knowledge of the predictors, components, and effects of adolescents' life satisfaction is important in its own right. Second, the development of age-appropriate life satisfaction instruments opens up the possibility of programmatic research into the assessment and enhancement of well-being, and the improvement of life satisfaction in adolescence. The results of the current study have important implications for understanding the psychosocial context, assessment, and promotion of life satisfaction. Implications for mental health professionals involve both prevention and intervention efforts aimed at strengthening factors known to relate to adolescents' life satisfaction. As noted by prominent positive psychologists (cf. Diener, 2000; Seligman & Csikszentmihalyi, 2000), efforts to improve adolescents' lives should focus on developing strengths, facilitating positive responses to adversity, and strengthening the important institutions in their lives. Moreover, research suggests that prevention programs for adolescents aged 12-17 can have a positive short-term effect on knowledge of cultural determinants, body image, and healthy attitudes. However, achievement of long-term behavioral changes and full prevention effects remains an elusive goal (Cash & Pruzinsky, 2002).

Given that it is difficult to change an adolescent's temperament/personality, future prevention, promotion and intervention programs should concentrate on body image and social support from peers as important predictors of adolescent life satisfaction. Forming one's body image is a complex process, but efforts should be made in order to prevent increasing levels of body dissatisfaction. It is a well-established finding that overweight/obese and underweight adolescents are at risk for body dissatisfaction. However, this study found that it is an individual's perception of own appearance that determines how satisfied/dissatisfied he or she is with his or her body, not weight in itself. Greater levels of body satisfaction have been found to have protective effects against the development of disordered weight control behaviors and weight gain (Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006) and school-based interventions indicate that body satisfaction may be modified successfully (Levine & Smolak, 2006). The current study's findings also highlight the importance of supportive social relationships in cultivating complete mental health within students. Psychologists, social workers and teachers are among those who have a unique opportunity to promote such positive, supportive relationships within the school setting. They should aim to provide recommendations (and potentially, ongoing support via trainings, observations, and feedback) for increasing body image satisfaction and social support within

classrooms and/or identified target peer groups in which body image or support was perceived to be low. Such interventions can occur at either the universal (e.g. school), secondary (e.g. targeted classroom or peer group), or tertiary (e.g. individual student's needs and perceptions) levels of a multitiered service delivery model. Although adopting a positive psychology framework in order to promote adolescent wellbeing is a complex and multifaceted task, it is a worthy and important endeavor for the twenty-first century!

The findings from the current study indicate some directions for further research. Future studies should continue to examine interpersonal and environmental factors that are likely to be significant predictors of life satisfaction and to investigate the possible interaction of environmental and genetic mechanisms involved in the association between predictors and life satisfaction. Future studies should also continue to examine gender differences in life satisfaction research. The inconsistency of findings indicates that the gender effect may differ in different societies and research groups. Thus, additional research may contribute to the understanding of gender effects on life satisfaction. Moreover, the results provide powerful evidence regarding the need for preventive interventions for body dissatisfaction and promotion interventions for social support, and when to time such interventions. In addition, research findings are not necessarily equivalent across nations. Replications of previous studies and additional research on factors associated with life satisfaction is therefore of great significance. Further research is needed to confirm the complex relationships between body image, negative emotionality, social support from peers, positive and negative life events and adolescent life satisfaction.

### **Conclusion**

The present study is one of few in an emerging field in psychological research investigating adolescent life satisfaction with methodologically sound approaches. The study highlights the importance of including both intrapersonal and environmental factors in understanding adolescents' life satisfaction. Moreover, it provides new insight into the complex relationship between short-term and long-term predictors of life satisfaction. The current study adds to previous research by providing empirically based results of the mediating role of short-term effects on life satisfaction. We now know that certain factors, such as body image, negative emotionality and social support, measured at ages 12-13 can tell us something about life satisfaction four years later, as their long-term effects were mediated through their short-term effects. It is possible that some of the factors examined failed to significantly influence life satisfaction due to low reliability of the scales. Nevertheless, this study is one of the first to investigate these cross-concept effects longitudinally, and the discovery of their interrelatedness, as well as their ability to predict future life satisfaction, is an important finding.

The findings of this study also highlight the need to focus future promotion and prevention measures at specific personality traits, such as negative emotionality, as well as body image and social support. Knowing the effects of body image, negative emotionality and social support on life satisfaction is important for parents, teachers, social workers, psychologists, researchers and others who work to promote well-being in adolescence, as they aim to improve individual satisfaction and happiness levels. This study, thus, adds to the knowledge on adolescents' personality traits, body esteem, and peer relations, providing unique data from a cultural context with a long tradition of striving towards gender equality.

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## Spørreskjema for 12-13 åringer

Tildelt nr.... 

## DEG SELV OG FAMILIEN DIN

I det følgende vil det komme mange ulike spørsmål. Prøv å svare på alt selv om du ikke er helt sikker, eller synes utsagnet virker rart.

Først kommer noen spørsmål om deg selv og familien du bor i:

9 Er du jente eller gutt?

1  Jente 2  Gutt

10 Hvilken klasse går du i?

1  6.klasse  
2  7.klasse

11 Er du født i Norge?

1  Ja  
2  Nei

12 Hvis nei, hvor mange år har du bodd i Norge?

i .....år

Hvor kommer dine foreldre fra?

13 Mor:  Norge, Annet land, som er: .....14 Far:  Norge, Annet land, som er: .....

15 Er du adoptert?

1  Ja 2  Nei

16 Hvilke voksne bor du sammen med nå?

- 1  Mor og far  
2  Bare mor  
3  Bare far  
4  Mor/far og ny samboer eller ektefelle  
5  Omtrent like mye hos mor og far  
6  Besteforeldre, andre slektninger  
7  Fosterforeldre eller annet

17 Hvis du ikke bor sammen med begge foreldrene dine, hvor ofte treffer du den som du ikke bor sammen med?

- 1  En eller flere ganger i uken  
2  En eller flere ganger i måneden  
3  En eller flere ganger i halvåret  
4  Sjeldnere

18 Er dette ofte nok?

- 1  For sjelden  
2  Passelig  
3  For ofte



## BOOMRÅDE OG NABOER

Nå vil vi vite litt om stedet der du bor og om naboene dine:

	1	2	3	4
	Alltid	Som oftest	Noen ganger	Sjelden eller aldri
19 Føler du at du hører til der du bor nå?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Føler du deg trygg i det området hvor du bor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAMMA STEMOR PAPPA STEFAR BESTEMOR

BORTE...

	1	2	3	4
	Ingen	1 eller 2	3 eller 4	5 eller flere
21				
22				
23				
24				

HJEMME...



## HVORDAN DU OPPLEVER DEG SELV OG HVORDAN DU HAR DET

Her er noen beskrivelser av hvordan folk kan oppleve seg selv og hvordan de kan ha det. Kryss av slik det stemmer for deg: *(Husk å sette ett kryss på hver linje.)*

	5	4	3	2	1
	Stemmer veldig godt	Stemmer ganske godt	Stemmer av og til	Stemmer ganske dårlig	Stemmer veldig dårlig
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					

HVA SKAL JEG FINNE PÅ NÅ...

		5	4	3	2	1
		Stemmer veldig godt	Stemmer ganske godt	Stemmer av og til	Stemmer ganske dårlig	Stemmer veldig dårlig
40	Jeg gjør mange ting hele tiden					
41	Vanlige hendelser plager og bekymrer meg					
42	Jeg føler meg ofte usikker					
43	Jeg har problemer med å gjøre ting ferdig					
44	Jeg er veldig sosial					
45	Det er mange ting som irriterer meg					
46	Når jeg blir skremt får jeg nesten panikk					
47	Jeg vil heller jobbe sammen med andre enn å jobbe alene					
48	Jeg reagerer sterkt når andre ikke liker det jeg gjør					
49	Jeg blir fort oppskaket					
50	Det tar lang tid før jeg blir trygg på fremmede					
51	Jeg føler meg ofte fylt av energi					
52	Det skal mye til for å gjøre meg sint					
53	Jeg er mindre engstelig for ting enn mine jevnaldrende					
54	Jeg stoler raskt på fremmede					
55	Jeg blir sint selv om jeg bare får litt kritikk					
56	Jeg skifter lett fra en aktivitet til en annen, uten å bli ferdig med det jeg holdt på med først					
57	Jeg synes at mennesker er mer spennende enn noe annet					
58	Jeg skriker eller freser til andre når jeg er sint					
59	Jeg blir ute av meg hvis jeg ikke finner det jeg leter etter					

DET ER KLART JEG KAN



Her kommer noen spørsmål om rastløshet og konsentrasjon. Hvor godt synes du beskrivelsene nedenfor stemmer med hvordan du vanligvis er?

Tenk på de siste seks månedene:

		1	2	3	4
		Stemmer svært godt	Stemmer nokså godt	Stemmer nokså dårlig	Stemmer svært dårlig
60	Jeg er rastløs. Jeg kan ikke være lenge i ro				
61	Jeg er stadig urolig eller i bevegelse				
62	Jeg blir lett forstyrret				
63	Jeg tenker meg om før jeg handler (gjør noe)				
64	Jeg fullfører oppgaver. Jeg er god til å konsentrere meg				

HÅ KKE TID





Her er en liste over forskjellige plagsomme følelser og tanker man av og til kan ha. Tenk på de to siste ukene og kryss av for om du har følt eller tenkt noe av det som står nedenfor:

*(sett ett kryss på hver linje.)*

	1 Stemmer	2 Stemmer noen ganger	3 Stemmer ikke
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			

RES...HUFF...SUKK



Barn og ungdommer kan være engstelige i perioder. Tenk på hvordan du har hatt det de siste månedene, og kryss av slik at det passer for deg:

	1 Stemmer ikke	2 Stemmer sjelden	3 Stemmer noen ganger	4 Stemmer alltid
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				

MEI — MEI — MEI

	1 Stemmer ikke	2 Stemmer sjelden	3 Stemmer noen ganger	4 Stemmer alltid
87				
88				
89				
90				
91				
92				
93				

HVA HVIS OM AT ....

## BRUDD PÅ REGLER

Her er det listet opp handlinger som har å gjøre med brudd på regler i hjem, skole og samfunn. Noen gjelder ting som er ulovlige eller på grensen til det ulovlige, men som mange likevel gjør.

Har du vært med på, eller gjort noe av det følgende - i løpet av de siste 12 månedene?

(Husk å sette et kryss for hver linje:)

	1 Har ikke skjedd	2 Skjedd 1 gang	3 Skjedd 2-3 ganger	4 Skjedd 4-10 ganger	5 Skjedd mer enn 10 ganger
94					
95					
96					
97					
98					
99					
100					
101					

...JEG?  
REGELBLIND

		1	2	3	4	5
		Har ikke skjedd	Skjedd 1 gang	Skjedd 2-3 ganger	Skjedd 4-10 ganger	Skjedd mer enn 10 ganger
102	Med vilje ødelagt stoler, bord, pulter, eller andre ting som tilhører skolen din					
103	Klort eller lugget noen					
104	Med vilje ødelagt seter på buss, kino, eller andre steder					
105	Stjålet ting fra noens lomme eller veske, når eieren ikke var tilstede					
106	Oppholdt deg på andre steder enn du har lov til					
107	Brutt deg inn i en butikk, hus eller leilighet, for å stjele noe					
108	Vært ute mye senere på kvelden eller natten enn du har lov til					



		1	2	3	4	5
		Har ikke skjedd	Skjedd 1 gang	Skjedd 2-3 ganger	Skjedd 4-10 ganger	Skjedd mer enn 10 ganger
109	Truet med å slå eller skade noen					
110	Vært i slåsskamp på skolen eller andre steder					
111	Slått eller sparket noen					
112	Truet eller tvunget noen til å gi deg penger eller andre ting					
113	Hatt med deg våpen (kniv, balltre eller liknende) eller gjenstander du tenkte kunne brukes som våpen, på skolen eller andre steder					

Å BRYTES....  
 TIL FOR Å  
 REGLER  
 Æ'KKE

		1	2	3	4	5
		Har ikke skjedd	Skjedd 1 gang	Skjedd 2-3 ganger	Skjedd 4-10 ganger	Skjedd mer enn 10 ganger
114	Vært i slåsskamp hvor du har brukt våpen (kniv, balltre) eller andre gjenstander					
115	Vært i kontakt med politiet på grunn av noe ulovlig du har gjort					



Her er det listet opp noen beskrivelser av hvordan mennesker kan være mot hverandre. Hvor godt passer disse beskrivelsene på deg?

		1	2	3	4
		Stemmer ikke	Stemmer sjelden	Stemmer ofte	Stemmer alltid
116	Jeg pleier ikke å sladre eller snakke om andre bak deres rygg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Når jeg misliker noen, forsøker jeg å få andre til å mislike han/henne også	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Når jeg er sinna på noen, overser jeg dem og snakker ikke til dem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	Av og til forteller jeg sladder om personer jeg ikke liker videre til andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Når jeg ikke liker en person, viser jeg det ved å erte eller plage han/henne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		1	2	3	4	5
		alle	5-6 kvelder	3-4 kvelder	1-2 kvelder	ingen
121	Hvor mange kvelder i uken er du vanligvis hjemme?					



Tenk på de vennene du har som er viktige for deg, når du krysser av på disse spørsmålene. Gjør disse vennene noe av det som står beskrevet nedenfor?

		1	2	3
		Ingen	En venn	Flere venner
122	Røyker fast			
123	Drikker alkohol omtrent så ofte som 1 gang i uka			
124	Har prøvd hasj			
125	Vært i kontakt med politiet på grunn av noe ulovlig de har gjort			

## MOBBING OG PLAGING

Vi kaller det mobbing eller plaging når et eller flere barn/ungdommer (sammen) er uvennlige eller ubehagelige mot et barn/en ungdom som ikke lett kan ta igjen. Det kan være å dytte, slå eller sparke. Det er også mobbing når et barn blir ertet eller blir stengt ute fra å være sammen med de andre.

Dette skoleåret, hvor ofte har du:

	0 Aldri	1 Nå og da	2 Ukentlig	3 Daglig
126 Mobbet / plaget andre ved å erte dem?				
127 Mobbet / plaget andre ved å isolere eller stenge dem ute?				
128 Mobbet / plaget andre ved å slå, sparke eller dytte dem?				

MEG...  
HVORFOR

Dette skoleåret, hvor ofte har du:

	0 Aldri	1 Nå og da	2 Ukentlig	3 Daglig
129 Blitt mobbet / plaget ved å bli ertet?				
130 Blitt mobbet / plaget ved å ikke få være sammen med de andre, blitt isolert eller stengt ute?				
131 Blitt mobbet/plaget ved å bli slått, sparket eller dyttet?				

## KROPPEN DIN

Du er nå i en alder da kroppen din kan ha begynt å forandre seg og bli mer lik kroppen til en voksen. Her er noen spørsmål om forandringer som skjer med ungdommer i din alder:

132 Har du kommet i puberteten? 1  Nei 2  Ja 3  Vet ikke

133 Når du ser på deg selv nå, mener du at du er tidligere eller senere fysisk moden enn andre på din alder?

- 1  Mye tidligere
- 2  Noe tidligere
- 3  Som hos andre
- 4  Noe senere
- 5  Mye senere

134 Hvis du vil endre på kroppen din, hva kunne du tenke deg å endre på? (Sett maks to kryss)

- 1  Jeg vil ikke endre noe
- 2  Bli slankere
- 3  Legge på meg
- 4  Få større muskler
- 5  Komme i bedre form
- 7  Andre ting

OVERLEPPA?  
DUN PÅ  
KORP?



## Her er vi opptatt av å få vite litt om helsen din:

135 Plages du ofte med smerter i kroppen? (utenom evt. menstruasjonssmerter): 1  Nei 2  Ja

**Hvis nei**, hopp over det følgende. **Hvis ja**, prøv å angi hvor ofte du har vondt:

	1	2	3
Hvor ofte har du vondt i:	Daglig eller nesten daglig	1 – 3 ganger pr. uke	1 - 3 ganger pr. måned
136 Hodet:			
137 Magen:			
138 Ryggen:			
139 Armer/ben:			
140 Andre steder, hvor:.....			

Når alt kommer til alt, hvor fornøyd er du med utseendet ditt? Kryss av for hvor godt utsagnene nedenfor stemmer for deg:

*(Husk å krysse av for hver linje)*

	1	2	3	4
	Stemmer svært godt	Stemmer nokså godt	Stemmer nokså dårlig	Stemmer svært dårlig
141 Jeg er ikke fornøyd med utseendet mitt				
142 Jeg ønsker at kroppen min var annerledes				
143 Jeg ønsker at jeg så annerledes ut				
144 Jeg synes jeg ser bra ut				
145 Jeg liker utseendet mitt veldig godt				

146 Har du noen gang prøvd å slanke deg? (Sett bare ett kryss)

1  Nei, aldri 2  Ja, tidligere 3  Ja, hele tiden

Hvis du svarte **ja** på forrige spørsmål, hva har du gjort for å slanke deg? (Sett ett kryss for hver linje)

	1	2	3	4
	Aldri	Sjelden	Oftre	Alltid
147 Jeg spiser mindre				
148 Jeg faster				
149 Jeg trener mer				
150 Jeg kaster opp				
151 Jeg tar mettende eller sult-dempende midler (pulver, piller ol.)				

152 Hva synes du om vekten din? (Sett bare ett kryss):

- 1  Vekta er ok
- 2  Veier litt for mye
- 3  Veier alt for mye
- 4  Veier litt for lite
- 5  Veier alt for lite

153 Har du vært behandlet for spiseforstyrrelser? (Sett bare ett kryss):

- 1  Nei
- 2  Nei, men jeg burde vært
- 3  Ja

AUAUAU...AU

YESS!

DRØMMEKROPP...



## LIVSSTIL OG TRENING

Nå kommer noen spørsmål om hvordan du vanligvis lever. Først vil vi vite litt om mat og deretter om rusmidler:

	1	2	3	4
	Flere ganger pr. dag	Flere ganger pr. uke	2 – 4 pr. måned	Sjelden eller aldri
154	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Røyker du ?

157

1  Har aldri røykt    2  Har prøvd    3  Røyker av og til    4  Røyker daglig

	1	2	3	4	5
	Nei, aldri	1 gang	2-5 ganger	6-10 ganger	Mer enn 10 ganger
158	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Her kommer noen spørsmål om fysisk trening:

163 Utenom skoletid, hvor mange ganger driver du idrett eller mosjonerer så mye at du blir svett?

- 1  Hver dag
- 2  3-6 ganger i uken
- 3  1-2 ganger i uken
- 4  1-3 ganger i måneden
- 5  Sjelden eller aldri

164 Hvis du trener regelmessig, er noe av treningen organisert gjennom idrettslag, turnforening, svømmeklubb, ridesentre, fotballag, og liknende?

- 1  Ja, all treningen
- 2  Ja, ganske mye av den
- 3  Ja, noe av den
- 4  Nei

MÅ HA DET MÅ HA DET MÅ HA DET MÅ HA DET

# \* FORHOLD TIL VENNER OG ANDRE

Nedenfor følger en rekke setninger som i større eller mindre grad beskriver hvordan du er nå for tiden. Vi ber deg om å krysse av for hvor godt beskrivelsene passer for deg. (Husk å sette kryss på alle linjene.)

	1	2	3	4	5
	Aldri	Sjelden	Av og til	Ofte	Svært ofte
165	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

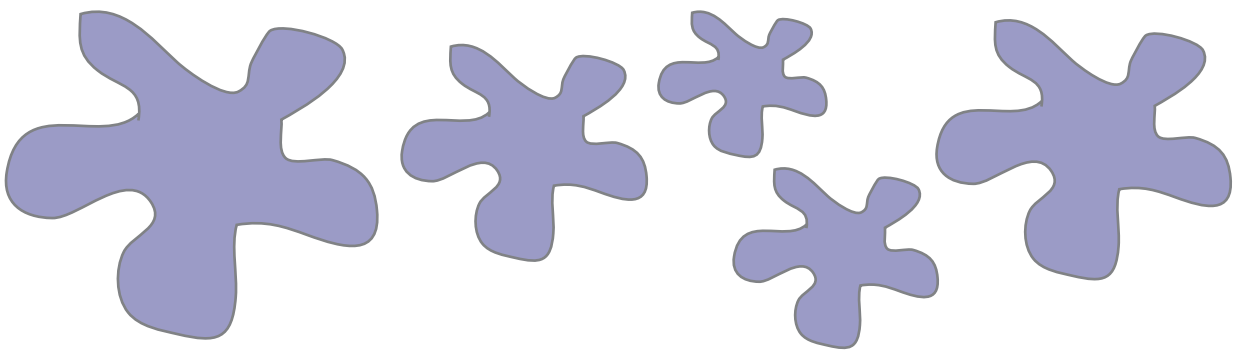


	1	2	3	4	5
	Aldri	Sjelden	Av og til	Ofte	Svært ofte
173	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HVORDAN ER JEG... EGGENTLIG?



		1	2	3	4	5
		Aldri	Sjelden	Av og til	Ofte	Svært ofte
181	Jeg sier ifra når jeg mener at regler er urettferdige					
182	Jeg avslutter krangler med mine foreldre på en rolig måte					
183	Jeg spør om vennene mine kan hjelpe meg når jeg har problemer					
184	Jeg gjør leksene ferdig til tiden					
185	Jeg følger med når læreren underviser					
186	Jeg blir ferdig med arbeidsoppgaver i klassen når jeg skal					
187	Jeg spør om klassekameratene mine vil være med på det jeg driver med					
188	Jeg snakker i en hyggelig tone når vi diskuterer noe i klassen					
189	Jeg synes det er ganske vanskelig å få venner					
190	Andre ungdommer har vanskelig for å like meg					



 Når folk beskriver **vennene sine**, bruker de ofte setninger som nedenfor. Hvordan stemmer disse beskrivelsene for deg? (Kryss av for hvor enig du er i setningen)

	1	2	3	4	5
	Helt enig	Litt enig	Både og	Litt uenig	Helt uenig
191	Jeg føler meg nær knyttet til mine venner				
192	Vennene mine hører på meningene mine				
193	Det hender at jeg føler meg utenfor selv blant venner				

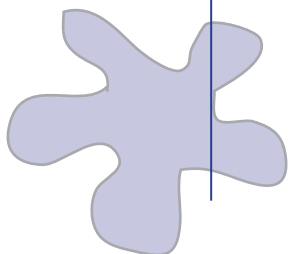
194 Hvor mange dager i uken er du vanligvis sammen med venner utenom skoletiden (ikke ta med organiserte aktiviteter)

- 1  Ingen dager
- 2  1-2 dager
- 3  3-4 dager
- 4  5-6 dager
- 5  Hver dag

195 Når du er sammen med venner/kamerater, er du da som oftest sammen med:

(Her kan du krysse av for flere)

- 1  En eller to faste
- 2  Forskjellige venner fra klassen
- 3  En gjeng som holder sammen
- 4  Venner som er mer enn to år eldre enn meg
- 5  Nokså tilfeldig hvem jeg treffer på
- 6  Er ikke så ofte sammen med venner
- 7  Annet



Når du er sammen med andre i din aldersgruppe, hvor er det vanlig at dere oppholder dere? (Husk å sett kryss på hver linje)

	1 Ofte	2 Noen ganger	3 Sjelden	4 Aldri
196	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
197	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
198	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

204 Har du kjæreste?

- 1  Ja, jeg har kjæreste nå
- 2  Nei, men jeg har hatt tidligere
- 3  Nei, jeg har aldri hatt kjæreste

205 Er du forelsket i noen nå for tiden?

- 1  Nei
- 2  Ja, i en gutt
- 3  Ja, i en jente
- 4  Usikker

206 Har dere kjæredyr hjemme?

- 1  Nei
- 2  Ja

KUUNULTI SER DEG HOS LAM



## OM SKOLEN

Nå vil vi vite litt om hvordan du har det på skolen. Hvordan greier du deg i disse fagene i forhold til de andre i klassen din?

		1 Mye dårligere	2 Litt dårligere	3 Middels	4 Litt bedre	5 Mye bedre
207	Norsk					
208	Gymnastikk					
209	Engelsk					
210	Samfunnsfag (naturfag, historie)					
211	Formingsfag					
212	Matematikk					
213	Alt i alt, når du tenker på skolen, hvordan synes du selv at du klarer deg faglig:					

ABC.....123



Her kommer det noen spørsmål om hvordan det var for deg å lære å lese, skrive og regne:

		1 Veldig lett	2 Ganske lett	3 Ganske vanskelig	4 Veldig vanskelig
214	I hvilken grad synes du at det å lære å lese har vært				
215	I hvilken grad synes du at det å lære å skrive har vært:				
216	I hvilken grad synes du at det å lære å regne har vært:				

456.....XYZ

Har lærere sagt at du har, eller har hatt, lese- og skrivevansker (sett bare ett kryss)?

217	1 <input type="checkbox"/> Ja, store	2 <input type="checkbox"/> Ja, middels	3 <input type="checkbox"/> Ja, lette	4 <input type="checkbox"/> Nei
-----	--------------------------------------	--	--------------------------------------	--------------------------------



Noen ungdommer synes lærerne gir dem mye støtte og oppmerksomhet, mens andre synes de får mye mindre av dette. Hvordan er dette for deg?

		1 Stemmer svært godt	2 Stemmer nokså godt	3 Stemmer nokså dårlig	4 Stemmer svært dårlig
218	Lærerne legger vekt på meningene mine				
219	Lærerne mine setter pris på meg				
220	Lærerne hjelper meg når jeg trenger det				



# FORHOLD TIL FORELDRENE DINE

Her kommer en del utsagn om hvordan ungdom kan ha det sammen med foreldrene sine. Les beskrivelsene nedenfor, og kryss av for hvor ofte du synes du har det slik i din familie: **(Husk ett kryss for hver linje)**

	1	2	3	4
	Aldri	Av og til	Ofte	Nesten hele tiden
221 Foreldrene mine forstår meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222 Foreldrene mine avbryter meg før jeg er ferdig med å fortelle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
223 Jeg behandler andre mennesker med mer respekt enn jeg behandler foreldrene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
224 Jeg kommer godt overens med foreldrene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
225 Foreldrene mine liker meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226 Det virker som at jeg irriterer foreldrene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
227 Foreldrene mine stoler ikke på at jeg kan ta egne avgjørelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228 Jeg liker foreldrene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
229 Jeg føler meg knyttet til foreldrene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
230 Foreldrene mine blir sinte på meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
231 Foreldrene mine kritiserer meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
232 Foreldrene mine irriterer meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
233 Jeg og foreldrene mine misforstår hverandre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234 Foreldrene mine sårer meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
235 Foreldrene mine og jeg krangler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
236 Foreldrene mine slår meg i sinne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
237 En gang iblant er jeg virkelig redd for foreldrene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERE FATTER INGENTING!



Her kommer noen flere utsagn om hvordan ungdom kan oppleve at foreldrene er mot dem. Kryss av for hvor godt du synes dette stemmer for deg:

	1	2
	Stemmer vanligvis	Stemmer vanligvis ikke
<b>Tenk på moren din:</b>		
238 Jeg kan stole på at hun hjelper meg hvis jeg har problemer		
239 Hun oppmuntrer meg alltid til å gjøre mitt beste		
240 Hun oppmuntrer meg til å ta egne valg		
241 Hun hjelper meg med skolearbeidet hvis det er noe jeg ikke forstår		
242 Når hun vil jeg skal gjøre noe, forklarer hun hvorfor		

Tenk på faren din:		1 Stemmer vanligvis	2 Stemmer vanligvis ikke
243	Jeg kan stole på at han hjelper meg hvis jeg har problemer		
244	Han oppmuntrer meg alltid til å gjøre mitt beste		
245	Han oppmuntrer meg til å ta egne valg		
246	Han hjelper meg med skolearbeidet hvis det er noe jeg ikke forstår		
247	Når han vil jeg skal gjøre noe, forklarer han hvorfor		

### Hvor ofte hender dette i familien din:

		1 Nesten aldri	2 Noen ganger i måneden	3 Noen ganger i uken	4 Nesten hver dag
248	Foreldrene mine bruker tid på å snakke med meg				
249	Familien min gjør noe morsomt sammen				

### Her er vi opptatt av hvilke innetider du har:

		1 Til kl.20:00	2 20:00-21:00	3 21:00-22:00	4 22:00-23:00	5 Til etter kl.23:00
250	Hva er det seneste du kan være ute på hverdager (mandag til torsdag)					
251	Hva er det seneste du kan være ute i helgen (fredag og lørdag)					

### Her er vi opptatt av hvor mye foreldrene dine prøver å få vite, og hvor mye de faktisk vet, om fritiden din

		1 Prøver ikke å få vite	2 Prøver litt å få vite	3 Prøver mye å få vite
252	Hvor du er om kvelden			
253	Hva du gjør i fritiden			
254	Hvor du vanligvis er etter skoletid			
255	Hvem du er sammen med			

1      2      3

Vet ikke noe      Vet litt      Vet mye

		1 Prøver ikke å få vite	2 Prøver litt å få vite	3 Prøver mye å få vite
256	Hvor du er om kvelden			
257	Hva du gjør i fritiden			
258	Hvor du vanligvis er etter skoletid			
259	Hvem du er sammen med			

1      2      3

Vet ikke noe      Vet litt      Vet mye

*Hvor mye prøver foreldrene dine å få vite:*

*Hvor mye vet foreldrene dine virkelig om:*

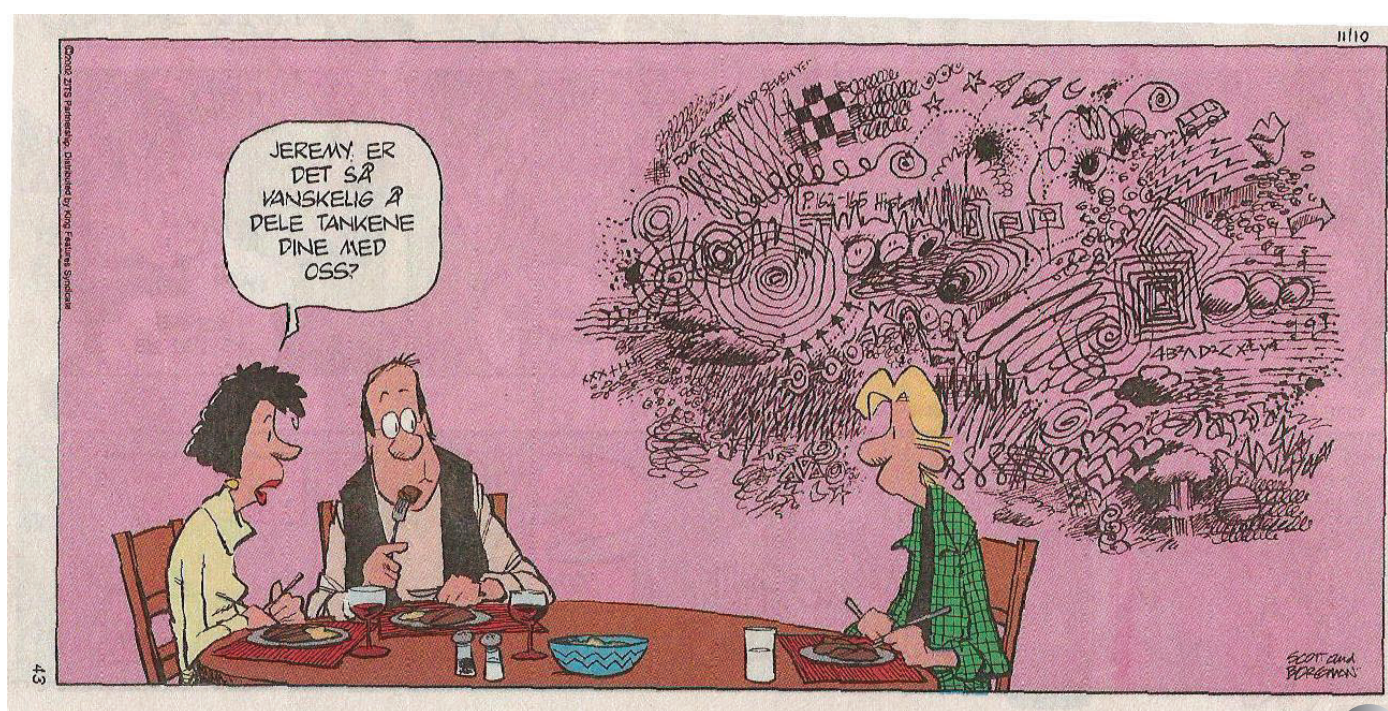
## Har noe av det følgende hendt med deg den siste måneden?

	1	2	3	4	5
	Ikke hendt	Hendt en gang	Hendt noen ganger	Hendt mange ganger	Hender stort sett alltid
260	At foreldrene dine ikke har hatt peiling på hvor du har holdt til om kvelden?				
	Nei	Svært få ganger denne måneden	Noen ganger denne måneden	Minst en gang i uken	Flere ganger i uken
261	At foreldre dine har tatt kontakt med foreldrene til vennene dine, for å sjekke hvor du er og hva du gjør?				



Når foreldre oppdrar barna sine kan de gjøre det på flere ulike måter. Les setningene nedenfor, og kryss av for hvor ofte foreldrene dine gjør det følgende:

	1	2	3	4	5
	Aldri	Nesten aldri	Av og til	Ofte	Nesten alltid
262	Sier noe pent til deg eller roser deg når du har gjort noe bra				
263	Belønner deg ekstra når du oppfører deg pent				
264	Viser at de liker det når du har gjort noe i huset				
265	Truer med å gi deg straff, men gjør det ikke likevel				
266	Gir opp å få deg til å gjøre som de sier, fordi det blir så mye mas				
267	Har bestemt seg for å gi deg en straff, men du får dem til å la det være				
268	Varierer straffen du får etter hvilket humør de er i				





## DIN VANLIGE MÅTE Å REAGERE PÅ

Tenk deg at du har et problem eller at det skjer noe du tenker mye på. Angi hvor ofte du isåfall reagerer på de måtene som står beskrevet under.

(Husk å krysse av på alle linjene.)

		1 Sjelden eller aldri	2 Av og til	3 Ofte	4 Nesten hele tiden
269	Jeg prøver bare å glemme det ved å tenke på noe annet; gjøre noe annet				
270	Jeg prøver å unngå andre mennesker; holder følelsene mine for meg selv				
271	Jeg prøver å se det positive i situasjonen; tenke på noe godt som kan komme ut av den				
272	Jeg innser at jeg selv er skyld i problemet og bebreider meg selv				
273	Jeg mener at andre er skyld i problemet og bebreider dem				
274	Jeg tenker på mulige måter å se på situasjonen på; prøver aktivt å løse problemet				
275	Jeg snakker om hvordan jeg føler meg; gråter, skriker, blir sint og kaster ting				
276	Jeg forsøker å roe meg ned ved å snakke til meg selv, be, gå en tur eller bare slappe av				
277	Jeg oppsøker venner, familie og andre for å få støtte og hjelp				
278	Jeg bare aksepterer problemet fordi jeg vet at det er lite jeg kan gjøre med det				
279	Jeg prøver å forestille meg at dette aldri har hendt; drømmer om at ting hadde vært annerledes				

DA?

SÅ

...OG

...

...

...

...



## BELASTNINGER

Nå vil vi vite noe om ulike belastninger. Vi har listet opp ting som mange barn/unge opplever, og lurer på om du har opplevd noe av det følgende.

Tenk på det siste året (og sett ett kryss på hver linje):

		1 Sjelden eller aldri	2 Av og til	3 Ganske ofte	4 Svært ofte
280	Foreldrene mine er for mye borte hjemmefra (pga. jobb eller annet)				
281	Jeg har for mye ansvar hjemme (for småsøsken, husarbeid eller lignende)				
282	Jeg hører at foreldrene mine kranbler				
283	Foreldrene mine sloss med hverandre				

	1 Sjelden eller aldri	2 Av og til	3 Ganske ofte	4 Svært ofte
284 Familien min har hatt økonomiske problemer som har gått utover meg				
285 Jeg har hatt problemer fordi jeg kommer fra et annet land (annen kultur)				
286 Jeg har blitt utstøtt fra vennene mine og miljøet				
Jeg er bekymret fordi:				
287 - en av mine nærmeste bruker for mye alkohol				
288 - en av mine nærmeste er lei seg og oppgitt				
289 - en av mine nærmeste er engstelig eller redd				
290 - en av mine venner/ søsken er i alvorlige vanskeligheter				
291 - jeg er blitt alvorlig syk/ alvorlig skadet				
292 - min mor, far eller søsken er alvorlig syk/ alvorlig skadet				
293 - jeg tenker på krig og terror				

VA' KKE SÅ ILLE...



## GODE OG VONDE HENDELSER

Vi er nå interessert i å få vite noe om hva slags hendelser du har opplevd **det siste året**. Kryss av for om du har opplevd noen av hendelsene som er listet opp under, og eventuelt om du opplevde hendelsen som 'mest vondt' eller 'mest godt' (sett ett kryss på hver linje):

	1 Nei, ikke opplevd	2 Ja, mest vondt	3 Ja, mest godt
294 Jeg har flyttet			
295 Jeg har fått en eller flere nye venner			
296 Foreldrene mine er blitt skilt eller separert			
297 Jeg er blitt frastjålet noe verdifullt			
298 Jeg er blitt overfalt eller lignende			
299 Jeg er blitt tatt for å ha gjort noe galt (stjålet noe eller lignende)			
300 Jeg er blitt mer populær			
301 Jeg <u>er ikke</u> blitt tatt ut til idrettslaget, konkurranser/ kamper, teatergruppe eller lignende			
302 Jeg <u>er blitt</u> tatt ut til idrettslaget, konkurranser /kamper, teatergruppe eller lignende			
303 En av foreldrene mine har giftet seg på nytt/ fått ny samboer			
304 Jeg har fått en ny aktivitet å drive med på fritiden			
305 Noen jeg var glad i er død (slekting, god venn)			
306 Faren eller moren min har mistet jobben			

... KJIPT... EHH.. BRA... HUH?



	1 Nei, ikke opplevd	2 Ja, mest vondt	3 Ja, mest godt
307			
308			
309			

## \* DATA OG MOBILTELEFON

Tilslutt kommer noen spørsmål om bruk av PC, internett, digitale spill og mobiltelefon:

	1 Aldri eller nesten aldri	2 1-3 dager pr. måned	3 En dag i uken	4 Daglig/ flere dager i uken	5 Flere timer om dagen
310					
311					
312					
313					

314 Har du mobiltelefon? 1  Ja 2  Nei

Hvis du har mobiltelefon, svar på disse spørsmålene. Hvis du ikke har, kan du la det være.

	1 0	2 1-2	3 3-5	4 6-10	5 11-20	6 Over 20
315						
316						
317						
318						



!!!  
TAKK  
TUSEN  
TUSEN

## Spørreskjema til ungdom på 16-17 år - syvende runde av prosjektet "TRIVSEL OG OPPVEKST"

Tildelt nr:

Kan vi få lov å ta kontakt om to år for å spørre deg om du da vil ha lyst å fylle ut et lignende skjema?

1  Ja0  Nei

### DEG SELV OG FAMILIEN DIN

9 Er du jente eller gutt?

1  Jente0  Gutt

10 Hvem bor du sammen med nå? (Her kan du krysse av på flere)

11  Mor og far12  Bare mor13  Bare far14  Mor/far med ny samboer eller ektefelle15  Bor omtrent like mye hos mor og far16  Besteforeldre, andre slektninger17  Fosterforeldre eller annet18  Har flyttet ut / bor alene

18 Hvis du ikke bor sammen med begge foreldrene dine, hvor ofte treffer du den som du ikke bor sammen med?

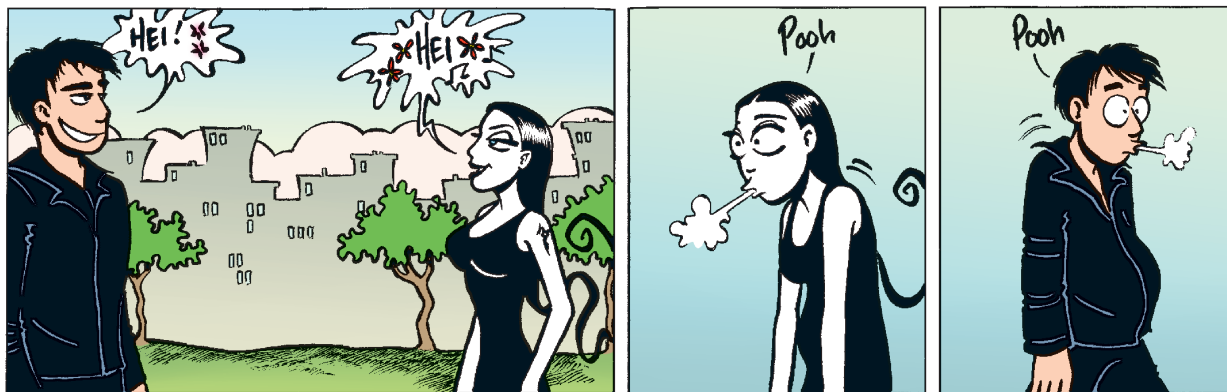
1  En eller flere ganger i uken2  En eller flere ganger i måneden3  En eller flere ganger i halvåret4  Sjeldnere

19 Er dette ofte nok?

1  For sjelden2  Passelig3  For ofte

Nå vil vi vite litt om stedet der du bor og om naboene dine:

	3	2	1	0
	Alltid	Som oftest	Noen ganger	Sjelden eller aldri
20 Føler du at du hører til der du bor nå?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Føler du deg trygg i det området hvor du bor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Er du sammen med venner som bor i nabolaget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## OPPFATNINGER OM DEG SELV OG LIVET DITT

Nå ønsker vi å få vite hvor fornøyd du er med livet ditt, slik som det er i dag. Kryss av om du er enig eller uenig i de følgende påstander (*sett kun ett kryss for hver linje*):

	0	1	2	3	4	5	6
	Svært uenig	Uenig	Litt uenig	Verken eller	Litt enig	Enig	Svært enig
23	På de fleste måter er livet mitt nær idealet mitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Mine livsforhold er utmerkede	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Jeg er tilfreds med livet mitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Så langt har jeg fått de viktige tingene jeg ønsker i livet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Hvis jeg kunne leve livet på nytt, ville jeg nesten ikke forandret på noe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Hvor riktige er påstandene under for deg?

(*sett ett kryss for hver linje*):

	0	1	2	3	
	Ikke riktig	Litt riktig	Nesten riktig	Helt riktig	
28	Jeg klarer alltid å løse vanskelige problemer hvis jeg prøver hardt nok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Hvis noen motarbeider meg, så kan jeg finne måter og veier for å få det som jeg vil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Hvis jeg har et problem og står helt fast, så finner jeg vanligvis en vei ut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Jeg føler meg trygg på at jeg ville kunne takle uventede hendelser på en effektiv måte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Jeg beholder roen når jeg møter vanskeligheter, fordi jeg stoler på mine evner til å mestre/få til ting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor godt synes du beskrivelsene nedenfor stemmer med hvordan du vanligvis er?  
 Tenk på de siste 6 månedene:

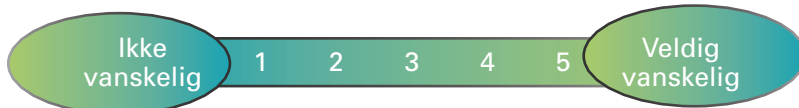
		2	1	0
		Stemmer helt	Stemmer noen ganger	Stemmer ikke
33	Jeg er rastløs. Jeg kan ikke være lenge i ro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Jeg er stadig urolig eller i bevegelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Jeg blir lett forstyrret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Jeg tenker meg om før jeg handler (gjør noe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Jeg fullfører oppgaver. Jeg er god til å konsentrere meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HVORDAN HAR DU DET? .....

Nedenfor følger en rekke setninger som i større eller mindre grad beskriver hvordan du er nå for tiden. Vi ber deg om å krysse av for hvor godt beskrivelsene passer på deg, selv om mange av spørsmålene ligner hverandre (*sett kun ett kryss på hver linje*).

		0	1	2	3	4
		Stemmer svært dårlig	Stemmer ganske dårlig	Stemmer litt	Stemmer ganske godt	Stemmer veldig godt
38	Jeg har mange venner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Jeg ønsker at jeg så annerledes ut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Jeg liker ikke den måten jeg lever livet mitt på	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Jeg føler at jevnaldrende godtar meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Jeg ønsker at kroppen min var annerledes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Jeg synes det er ganske vanskelig å få venner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Jeg er stort sett fornøyd med meg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Andre ungdommer har vanskelig for å like meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Jeg liker utseendet mitt veldig godt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Jeg liker meg selv slik jeg er	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Jeg er svært fornøyd med hvordan jeg er	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Jeg er ikke fornøyd med utseendet mitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Jeg er populær blant jevnaldrende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Jeg synes jeg ser bra ut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Jeg er ofte skuffet over meg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvilke områder opplever du som vanskelig for deg nå for tiden (sett *en ring* rundt et tall for å indikere hvor enig du er i utsagnet):



53	Forholdet til foreldrene dine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Forholdet til venner eller andre personer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Parforhold, kjæreste eller forelskelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Opplevelse av egen kropp eller utseende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Forholdet til tobakk, alkohol eller rus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Skolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Tanker om noe vondt som har skjedd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Tanker om noe vondt som kan skje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PLAGSOMME FØLELSER OG TANKER . . . . .

Her følger en liste over forskjellige følelser og tanker man av og til kan ha. Tenk på de to siste ukene og kryss av for hvor ofte du har følt eller tenkt noe av det som står nedenfor (*sett kun ett kryss på hver linje*):

		2	1	0
		Stemmer	Stemmer noen ganger	Stemmer ikke
61	Jeg var lei meg eller ulykkelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Jeg følte meg så trøtt at jeg bare ble sittende uten å gjøre noen ting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Jeg var veldig rastløs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Jeg var ikke glad for noe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Jeg følte meg lite verdt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Jeg gråt mye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Jeg tenkte at livet ikke var verdt å leve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Jeg synes det var vanskelig å tenke klart eller konsentrere meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Jeg hatet meg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Jeg tenkte at jeg aldri kunne bli så god som andre ungdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Jeg følte meg ensom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Jeg tenkte at ingen egentlig var glad i meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Jeg følte meg som et dårlig menneske	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		2	1	0
		Stemmer	Stemmer noen ganger	Stemmer ikke
74	Jeg syntes jeg gjorde alt galt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Jeg tenkte at fremtiden ikke hadde noe positivt å by meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	Jeg tenkte på å ta livet mitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Les gjennom alle utsagnene og kryss av for å vise i hvor stor grad du føler at utsagnet passer for deg **den siste uken**. Det er ingen svar som er riktige eller gale.

		0	1	2	3
		Passer ikke i det hele tatt	Passer til en viss grad, eller noe av tiden	Passer godt, eller en god del av tiden	Passer best, eller mesteparten av tiden
77	Jeg merket at jeg var tørr i munnen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Jeg hadde puste vansker (f.eks. pustet altfor fort, eller ble andpusten uten fysisk anstrengelse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Jeg følte meg skjelven (f.eks. følte at bena kom til å gi etter under meg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Jeg opplevde situasjoner som gjorde meg så engstelig at jeg ble utrolig lettet når de var over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Jeg følte at jeg kom til å besvime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	Jeg svettet mye (f.eks. i hendene) uten at det var varmt og uten fysisk anstrengelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Jeg følte meg redd uten å ha særlig grunn til det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Jeg hadde problemer med å svelge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Jeg var oppmerksom på hjerterytmen min uten at jeg hadde vært i fysisk aktivitet (f.eks. følelse av økt hjerterytme, eller at hjertet hoppet over et slag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Jeg følte at jeg var nær ved å få panikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Jeg var redd for at selv en enkel, triviell oppgave kunne bringe meg ut av fatning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Jeg var livredd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Jeg bekymret meg for å komme opp i situasjoner der jeg kunne få panikk og dumme meg ut	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	Jeg skalv ofte (f.eks på hendene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Jeg unngikk aktiviteter hvor jeg var i sentrum for andres oppmerksomhet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Jeg unngikk å gjøre ting eller snakke til andre av redsel for å bli flau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OM SKOLE OG FRITID .....

93 **Hvilken klasse går du i?**

1  1. klasse videregående skole

2  2. klasse videregående skole

3  Annet \_\_\_\_\_

94 **Hvilken linje/skoletype?**

1  allmennfaglig/økonomi/administrasjon

2  idrettsfag

3  musikk, dans og drama

4  yrkesskole

**Hva var de siste karakterene du fikk på karakterkortet i de følgende fagene, og i hvilket klassetrinn gikk du da?**

95  Norsk 96 Trinn: \_\_\_\_\_

97  Kroppsøving 98 Trinn: \_\_\_\_\_

99  Engelsk 100 Trinn: \_\_\_\_\_

101  Samfunnsfag/  
Naturfag 102 Trinn: \_\_\_\_\_

103  MATEMATIKK 104 Trinn: \_\_\_\_\_

**Noen lærere gir mye støtte, andre gir lite. Hvordan er lærerne ovenfor deg?**  
(Sett en ring rundt et tall for å indikere hvor enig du er i utsagnet)

		1	2	3	4	5		
105	Lærerne legger vekt på meningene mine	Helt enig	1	2	3	4	5	Helt uenig
106	Lærerne mine setter pris på meg	Helt enig	1	2	3	4	5	Helt uenig
107	Lærerne hjelper meg når jeg trenger det	Helt enig	1	2	3	4	5	Helt uenig

**Hvor ofte har du gjort følgende i løpet av den siste uken?**

	0	1	2	3	4	
	Ingen ganger	1 - 2 ganger	3 - 4 ganger	5 - 6 ganger	Hver dag	
108	Vært sammen med venner, utenom skoletid og organiserte aktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Trent - i idrettslag, helsestudio, eller på egenhånd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	Vært på møte, øving eller lignende i forening/lag (f.eks. kor, korps, fritidsklubb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte har du gjort følgende i løpet av **de 3 siste månedene?**

		0	1	2	3	4
		Ingen ganger	1 – 2 ganger	3-10 ganger	11-30 ganger	Mer enn 30 ganger
111	Vært på fest hjemme hos noen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	Vært på diskotek/utested eller liknende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FORHOLD TIL VENNER OG FORELDRE .....

Når folk beskriver vennene sine, bruker de ofte setninger som nedenfor. Hvordan stemmer disse beskrivelsene for deg? (Sett en **ring** rundt et tall for å indikere hvor enig du er i utsagnet)

			1	2	3	4	5	
113	<b>Jeg føler meg nært knyttet til mine venner</b>	<b>Helt enig</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Helt uenig</b>
114	<b>Vennene mine hører på meningene mine</b>	<b>Helt enig</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Helt uenig</b>
115	<b>Det hender at jeg føler meg utenfor selv blant venner</b>	<b>Helt enig</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Helt uenig</b>

Her kommer noen flere utsagn om hvordan ungdom kan oppleve at foreldrene er mot dem. Kryss av for hvor godt du synes dette stemmer for deg:

		0	1	2	3	4
	<b>Tenk på moren din:</b>	Nesten aldri	Sjelden	Av og til	Ofte	Nesten alltid
116	Jeg kan stole på at hun hjelper meg hvis jeg har problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Hun oppmuntrer meg alltid til å gjøre mitt beste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Hun hjelper meg med skolearbeidet hvis det er noe jeg ikke forstår	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		0	1	2	3	4
	<b>Tenk på faren din:</b>	Nesten aldri	Sjelden	Av og til	Ofte	Nesten alltid
119	Jeg kan stole på at han hjelper meg hvis jeg har problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Han oppmuntrer meg alltid til å gjøre mitt beste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Han hjelper meg med skolearbeidet hvis det er noe jeg ikke forstår	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# RØYKING OG ALKOHOL



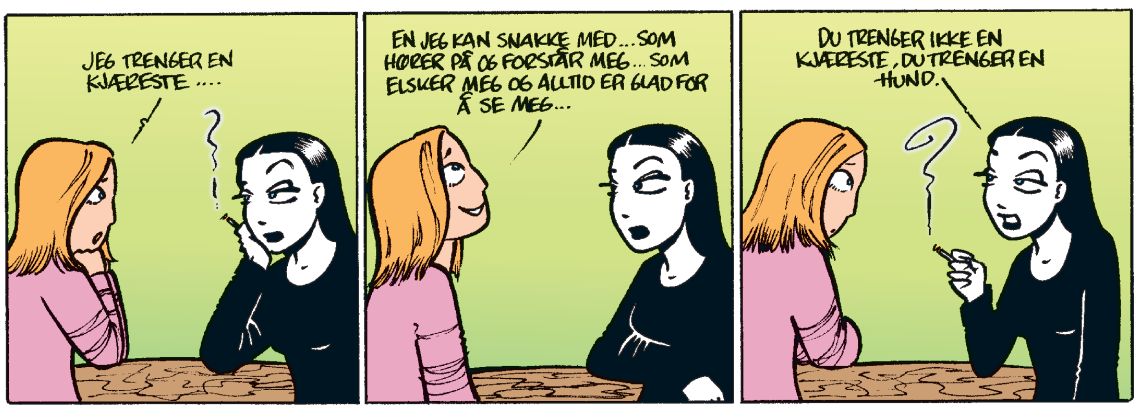
## 122 Røyker du?

- 0  Har aldri røkt
- 1  Har prøvd
- 2  Har røkt tidligere, men har sluttet nå
- 3  Røyker av og til
- 4  Røyker daglig ca  sigaretter



	0	1	2	3	4	5	6
	Ikke i løpet av det siste året	Sjeldnere enn en gang i mnd.	Omtrent en gang i mnd.	2 - 3 ganger i mnd.	Omtrent en gang i uken	2 - 4 ganger i uken	Hver dag eller nesten hver dag
123	Omtrent hvor ofte drikker du noen form for alkohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	Omtrent hvor mange ganger i året drikker du så mye alkohol at det tilsvarer 5 flasker øl, en flaske vin, en halv flaske hetvin, eller en kvart flaske brennevin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0	1	2	3	4	5
	Drikker ikke	1-2	3-4	5-6	7-9	10 eller flere
125	<b>Hvor mange alkoholenheter tar du på en typisk drikkedag?</b> (En alkoholenhet er en halvliter pils, ett glass rødvin, eller en drink)					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Hvor ofte har du i løpet av det siste år...		0	1	2	3	4
		Aldri	Sjeldnere enn månedlig	Noen ganger i måneden	Noen ganger i uken	Daglig el. nesten daglig
126	- ikke vært i stand til å stoppe og drikke etter at du hadde begynt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	- unnlatt å gjøre ting fordi du hadde drukket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	- trengt en drink om morgenen for å komme i gang etter sterk drikking dagen før?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	- hatt skyldfølelse eller samvittighetsnag på grunn av drikking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	- ikke husket hva som hendte kvelden før på grunn av drikking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		0	1	2
		Nei	Ja - men ikke i løpet av siste år	Ja - i løpet av siste år
131	Har du eller noen annen blitt skadet som følge av din drikking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132	Har en slektning eller venn eller lege (eller annen helsearbeider) engstet seg over drikkingen din, eller antydnet at du burde redusere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tenk på vennene du har som er viktige for deg når du krysser av på disse spørsmålene. Gjør disse vennene noe av det som står beskrevet nedenfor?

		0	1	2
		Ingen	En venn	Flere venner
133	Drikker alkohol omtrent så ofte som 1 gang i uka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134	Har prøvd hasj, marihuana eller andre ulovlige rusmidler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135	Havner ofte i slåsskamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136	Gjør ulovlige handlinger (som tyveri, hæverk eller annet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BRUDD PÅ REGLER

Her er det listet opp handlinger som har å gjøre med brudd på regler i hjem, skole og samfunn. Noen gjelder ting som er ulovlige eller på grensen til det ulovlige, men som mange likevel gjør. Har du vært med på eller gjort noe av det følgende – i løpet av de siste 12 månedene?  
(Husk å sette **ett kryss** for hver linje)

		0	1	2	3	4
		Ikke gjort det	1 gang	2-3 ganger	4-10 ganger	Mer enn 10 ganger
137	Lurt deg fra å betale på kino, kafè, buss, tog eller liknende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	Tatt penger fra noen i familien din uten å ha lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	0	1	2	3	4
	Ikke gjort det	1 gang	2-3 ganger	4-10 ganger	Mer enn 10 ganger
139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MOBBING OG PLAGING .....

Vi kaller det mobbing eller plaging når en eller flere ungdommer (sammen) er uvennlige eller ubehagelige mot en ungdom som ikke lett kan ta igjen. Det kan være å dytte, slå eller sparke. Det er også mobbing når man blir ertet eller blir stengt ute fra å være sammen med de andre.

	0	1	2	3
	Aldri	Nå og da	Ukentlig	Daglig
149	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## KROPPEN DIN – HELSE OG FORNØYDHET .....

152 Hvordan anser du helsen din å være for tiden?

0	<input type="checkbox"/>	Dårlig	1	<input type="checkbox"/>	Ikke helt god	2	<input type="checkbox"/>	Ok	3	<input type="checkbox"/>	God	4	<input type="checkbox"/>	Svært god
---	--------------------------	--------	---	--------------------------	---------------	---	--------------------------	----	---	--------------------------	-----	---	--------------------------	-----------

Tenk på det siste året: Hvor ofte har du vondt i: (inkl. idrettsskader)

	0	1	2	3	4
	Aldri	Noen ganger i året	1-3 ganger pr. måned	1 – 3 ganger pr. uke	Daglig eller nesten daglig
153	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Har du i løpet av det siste året fått behandling (eller blitt henvist) for noen av de følgende problemene? (Du kan krysse av flere steder dersom det er relevant)

	1	0
	Ja	Nei
157	<input type="checkbox"/>	<input type="checkbox"/>
158	<input type="checkbox"/>	<input type="checkbox"/>
159	<input type="checkbox"/>	<input type="checkbox"/>
160	<input type="checkbox"/>	<input type="checkbox"/>
161	<input type="checkbox"/>	<input type="checkbox"/>
162	<input type="checkbox"/>	<input type="checkbox"/>
163	<input type="checkbox"/>	<input type="checkbox"/>
164	<input type="checkbox"/>	<input type="checkbox"/>

165 En alvorlig, kronisk lidelse, nevnen hvilken: \_\_\_\_\_

166 Når du ser på deg selv nå, mener du at du er tidligere eller senere fysisk moden enn andre på din alder?

0  Mye tidligere

1  Noe tidligere

2  Som hos andre

3  Noe senere

4  Mye senere

**Bare for jenter:**

Når fikk du menstruasjon?

168 Alder \_\_\_\_\_

169  Ikke fått ennå

167 Har du kjæreste for tiden?

0  Ja, jeg har kjæreste

1  Nei, men jeg har hatt tidligere

2  Nei, jeg har aldri hatt kjæreste

170 Hvilken seksuell legning har du?

1  Heterofil

2  Homofil

3  Bifil

4  Usikker

171 **Har du noen gang hatt samleie?** 0  Nei 1  Ja

**Hvis ja:**

172 Hvor gammel var du første gang?  (år)

173 Hvor mange har du hatt samleie med?  (antall)

174 Sist du hadde samleie, brukte dere da prevensjon? 1  Ja 0  Nei

175 **Hvis ja, hva brukte dere?**

3  P-piller 2  Kondom 1  Annet

## SPISEVANER OG SLANKING

176 **Hvor mye veier du?** Ca  kg 177 **Hvor høy er du?** Ca  cm

Nedenfor er en del utsagn om mat og spisevaner. Kryss av for hva som passer for deg.

	3	2	1	0
	Nesten alltid	Ofte	Sjelden	Nesten aldri
178	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

190 **Har du noen gang prøvd å slanke deg?** 0  Nei 1  Ja

191 **Har du prøvd å slanke deg i løpet av de siste 12 månedene?** 0  Nei 1  Ja

Hvis du har prøvd å slanke deg de siste 12 månedene, hva har du gjort for å slanke deg? (Sett kun *ett kryss* for hver linje)

		0	1	2	3
		Aldri	Sjelden	Ofte	Alltid
192	Jeg spiser mindre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193	Jeg faster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194	Jeg trener mer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195	Jeg kaster opp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196	Jeg tar mettende eller sult-dempende midler (pulver, piller ol.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

197

**Hva synes du om vekten din?**  
(Sett bare *ett kryss*)

4  Vekta er ok

3  Veier litt for mye

2  Veier alt for mye

1  Veier litt for lite

0  Veier alt for lite

Hvis du vil endre på kroppen din, hva kunne du tenke deg å endre på? (Sett *maks to kryss*)

198  Jeg vil ikke endre noe

199  Bli slankere

200  Legge på meg

201  Få større muskler

202  Komme i bedre form

203  Andre ting

## GODE OG VONDE HENDELSER.....

Kryss av for om du har opplevd noen av hendelsene som er listet opp nedfor i løpet av det siste året (sett *ett kryss* på hver linje):

		0	1	2
		Nei, ikke opplevd	Ja, mest vondt	Ja, mest godt
204	Foreldrene mine er blitt skilt eller separert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205	Jeg har blitt slått ned, overfalt eller grovt ydmyket	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
206	Jeg har blitt voldtatt eller utsatt for seksuelt overgrep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
207	Jeg har blitt tatt for å ha gjort noe galt (stjålet noe eller lignende)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
208	Jeg har blitt tatt ut til idrettslaget, konkurranser /kamper, skoleteater e.l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		0	1	2
		Nei, ikke opplevd	Ja, mest vondt	Ja, mest godt
209	En av foreldrene mine har giftet seg på nytt/ fått ny samboer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
210	Jeg har fått en ny aktivitet å drive med på fritiden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211	Noen jeg var glad i er død (slektning, god venn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
212	Faren eller moren min har mistet jobben	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
213	Jeg har fått/ skaffet meg noe jeg har ønsket meg lenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
214	Jeg har mistet kjæledyret mitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
215	Jeg har opplevd noe fint som jeg ikke vil si til noen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
216	Jeg har opplevd noe leit som jeg ikke vil si til noen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BELASTNINGER

Nedenfor har vi listet opp ting som mange ungdommer kan oppleve. Tenk på det siste året og kryss av for hvor ofte du har opplevd noe av det følgende.

(Sett **ett kryss** på hver linje.)

		0	1	2	3
		Sjelden eller aldri	Av og til	Ganske ofte	Svært ofte
217	Foreldrene mine er for mye borte hjemmefra (pga. arbeid eller annet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218	Jeg har for mye ansvar hjemme (for småsøsken, husarbeid eller lignende)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219	En eller begge foreldrene mine prøver å kontrollere alt jeg gjør	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220	Jeg hører at foreldrene mine krangler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221	Foreldrene mine slåss med hverandre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222	Familien min har hatt økonomiske problemer som har gått utover meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
223	Jeg har blitt utstøtt fra vennene mine og miljøet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Jeg er bekymret fordi:</b>					
224	En av mine nærmeste bruker for mye alkohol, piller eller andre rusmidler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
225	En av mine nærmeste er lei seg og oppgitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226	En av mine nærmeste er engstelig eller redd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
227	En av mine venner/ søsken er i alvorlige vanskeligheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228	Mor, far eller søsken er alvorlig syk/ alvorlig skadet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

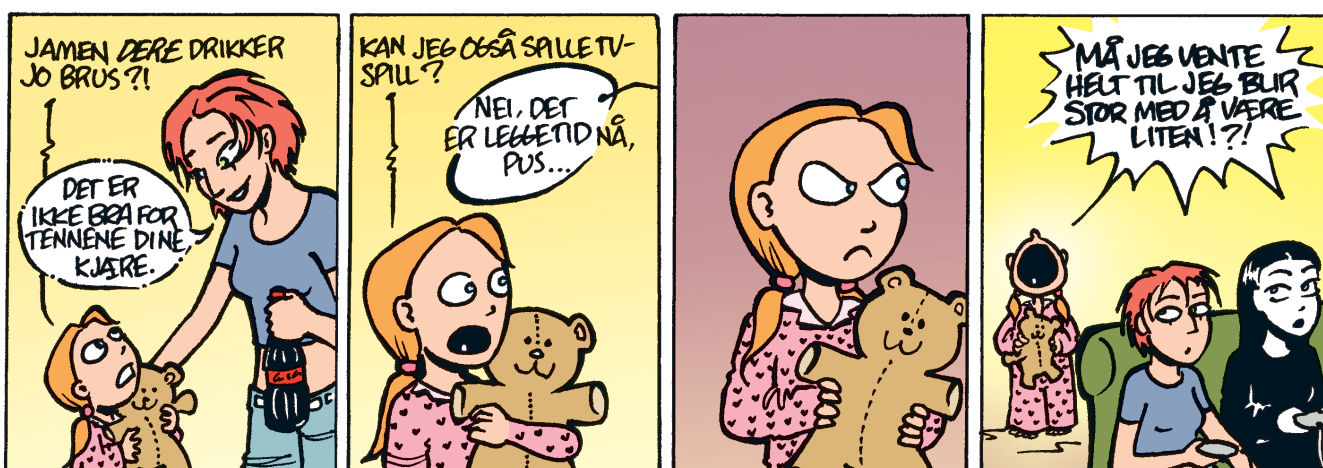
# HVORDAN OPPLEVER DU DEG SELV SOM PERSON

Her er et sett av kjennetegn som kan stemme, eller ikke stemme, for deg. Sett en sirkel rundt [ett av tallene](#) for å vise i hvor stor grad du synes utsagnet passer for deg

Jeg ser meg selv som en som...		Passer ikke	1	2	3	4	5	6	7	Passer helt
229	Er pratsom		1	2	3	4	5	6	7	
230	Har en tendens til å finne feil ved andre		1	2	3	4	5	6	7	
231	Gjør en grundig jobb		1	2	3	4	5	6	7	
232	Er deprimert, nedstemt		1	2	3	4	5	6	7	
233	Er original, kommer med nye ideer		1	2	3	4	5	6	7	
234	Er reservert		1	2	3	4	5	6	7	
235	Er hjelpsom og uegoistisk overfor andre		1	2	3	4	5	6	7	
236	Kan være uforsiktig		1	2	3	4	5	6	7	
237	Er avslappet, takler stress godt		1	2	3	4	5	6	7	
238	Er nysgjerrig på mange ting		1	2	3	4	5	6	7	
239	Er full av energi		1	2	3	4	5	6	7	
240	Starter krangler med andre		1	2	3	4	5	6	7	
241	Er pålitelig i arbeidet mitt		1	2	3	4	5	6	7	
242	Kan være anspent		1	2	3	4	5	6	7	
243	Er skarpsindig, tenker dypt		1	2	3	4	5	6	7	
244	Skaper mye entusiasme		1	2	3	4	5	6	7	
245	Er tilgivende av natur		1	2	3	4	5	6	7	
246	Har en tendens til å være uorganisert		1	2	3	4	5	6	7	
247	Bekymrer meg mye		1	2	3	4	5	6	7	
248	Har livlig fantasi		1	2	3	4	5	6	7	
249	Har en tendens til å være stille av meg		1	2	3	4	5	6	7	
250	Er generelt tillitsfull		1	2	3	4	5	6	7	
251	Har en tendens til å være lat		1	2	3	4	5	6	7	
252	Er følelsesmessig stabil, ikke lett opprørt		1	2	3	4	5	6	7	



Jeg ser meg selv som en som...		Passer ikke	1	2	3	4	5	6	7	Passer helt
253	Er oppfinnsom		1	2	3	4	5	6	7	
254	Har en selvsikker personlighet		1	2	3	4	5	6	7	
255	Kan være kald og fjern		1	2	3	4	5	6	7	
256	Står på til oppgavene er gjennomført		1	2	3	4	5	6	7	
257	Kan være humørsyk		1	2	3	4	5	6	7	
258	Setter pris på skjønnhet og kunst		1	2	3	4	5	6	7	
259	Kan være sjenert og hemmet		1	2	3	4	5	6	7	



Jeg ser meg selv som en som...		Passer ikke	1	2	3	4	5	6	7	Passer helt
260	Er hensynsfull og vennlig overfor de fleste		1	2	3	4	5	6	7	
261	Gjør ting effektivt		1	2	3	4	5	6	7	
262	Beholder roen i spente situasjoner		1	2	3	4	5	6	7	
263	Foretrekker rutinearbeid		1	2	3	4	5	6	7	
264	Er utadvendt og sosial		1	2	3	4	5	6	7	
265	Er noen ganger uhøflig mot andre		1	2	3	4	5	6	7	
266	Legger planer og gjennomfører dem		1	2	3	4	5	6	7	
267	Blir lett nervøs		1	2	3	4	5	6	7	
268	Liker å reflektere, leke med ideer		1	2	3	4	5	6	7	
269	Har få kunstneriske interesser		1	2	3	4	5	6	7	

Jeg ser meg selv som en som...		Passer ikke	1	2	3	4	5	6	7	Passer helt
270	Liker å samarbeide med andre		1	2	3	4	5	6	7	
271	Bli lett distraheret		1	2	3	4	5	6	7	
272	Har god kunnskap om kunst, musikk eller litteratur		1	2	3	4	5	6	7	

## DATA OG MOBILTELEFON.....

Tilslutt kommer noen spørsmål om bruk av PC, internett, digitale spill og mobiltelefon:

	0	1	2	3	4	5
	Vanligvis ikke	Mindre enn 1 time	1 - 2 timer	3 - 4 timer	5-6 timer	7 timer eller mer
273	Hvor mange timer sitter du vanligvis foran PCen på en hverdag, utenom skolen?					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor lang tid bruker du vanligvis når du gjør følgende i løpet av en hverdag (ikke lørdag/søndag) utenom skolen?

	0	1	2	3	4	5
	Vanligvis ikke	Mindre enn 1 time	1 - 2 timer	3 - 4 timer	5-6 timer	7 timer eller mer
274	Ser på TV/DVD/video					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
275	Spiller PC-spill/TV-spill? (X-box/Playstation o.l.)					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
276	Skriver eller leser e-post					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
277	Chatter med andre på nettet (inkl.MSN)					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvis du har mobiltelefon, kan du svare på disse spørsmålene.

	0	1	2	3	4	5
	0	1-2	3-5	6-10	11-20	Over 20
278	Omtrent hvor mange tekstmeldinger sendte du i går?					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
279	Omtrent hvor mange mennesker hadde du kontakt med via mobiltelefonen i går (samtaler/SMS)?					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TUSEN TAKK**  
**FOR AT DU HAR TATT DEG TID TIL Å FYLLE UT**  
**SPØRRESKJEMAET!**

Tegneseriestriper er gjengitt med tillatelse fra Strand Comics as.