Dieting Among Adolescent Females in Iceland: Is Dieting Among Adolescent Females in Iceland Associated With Mental Health, Physical Health, Depression, Body Image and Body Mass Index?

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DIETING AMONG ADOLESCENTS GIRLS IN ICELAND

Abstract

The goal of this study was to find out how common dieting is among high school females in Iceland and examine the relationship between dieting and mental health, physical health, depression, body image and body mass index. Available data from ICSRA were used to make this study. Participants were a sample of a big study that was submitted in the fall 2007, in all high schools in Iceland. Participants were 905 in total, 16-19 years of age. Results showed that over half of the females had been on diet during the last 12 months. Dieting was significantly associative with deteriorating mental and physical health, depression, negative body image and higher BMI. The results also indicated that females who had BMI 25 or higher where more likely to diet, than girls who had BMI lower than 25. The purpose of the study was to design a basis for further researches to be able to design appropriate intervention for dieting if needed. Current study is the most extensive research that has been done in Iceland on dieting among high school students.

Keyworlds: dieting, mental health, physical health, depression, body image, BMI

Útdráttur


Efnisorð: megrun, andleg heilsa, líkamleg heilsa, þunglyndi, líkamsímynd, líkamsþyngdarstúðull
Foreword and Acknowledgement

Submitted in partial fulfilment of the requirements of the BSc Psychology degree, Reykjavík University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

The reason I decided to write about dieting is that I have been interested in dieting for a long time. Since I was little, I feel like the females around me have always been dieting and are constantly trying to lose weight, regardless of their weight. It has also been a popular subject to talk about within groups of female friends, for example: how to lose weight in a short time, which pills work best, food doses, mental health while dieting, how to diet the healthy way and how not to diet the healthy way, the best way to exercise and so on. Therefore I wanted to examine dieting frequency among adolescent females statistically, and see if dieting was related to factors like mental and physical health, depression, body image and BMI.

This 18 ECTS units thesis is my final project to BSc degree in psychology, in Reykjavik University. I would like to thank my supervisor Inga Dóra Sigfúsdóttir, for advices and encouragement, as well as Ingibjörg Þórisdóttir. I would also like to thank Svandís Nína Jónsdóttir for statistics advices.
Dieting Among Adolescent Females in Iceland: Is Dieting Among Adolescent Females in Iceland Associated With Mental Health, Physical Health, Depression, Body Image and Body Mass Index?

The most common eating problem in Western societies today is obesity; people tend to overeat and gain weight (Carlson, 2010; Davey, 2008; Koning et al., 2010), but there are also other rising eating problems today that exist in the same societies, and those are eating disorders like anorexia and bulimia. Researches have shown that eating disorders and dieting are quite common, especially among adolescent girls, and it seems like the problem has increased through the years (Davey, 2008; Neumark-Sztainer, Hannan, Story & Perry, 2004; Patton, Selzer, Coffey, Carlin & Wolfe, 1999; Sigurdardottir, Palsson & Þorsteinsdottir, 2008). An Icelandic research from 2008 showed that hospitalization because of eating disorders significantly increased between the period 1983-1995 and 1996-2008 (Sigurdardottir, et al., 2008). Studies have also shown that dieting frequency among adolescent females in high schools in Iceland is about and over 50 % (Danielsdottir, Sigfusdottir and Jakob Smari, 2007; Gudnadottir, Gardarsdottir & Þorsdottir, 2011). International studies have shown similar frequency (Field et al., 2003). The biggest risk factor for eating disorders is dieting (Battle & Brownell, 1996; Danielsdottir, et al., 2007; Patton et al., 1999). Individuals who have a drive for thinness are described as being afraid of becoming fat, comparing with the thin ideal norm and feeling like being thin is very important (Striegel-Moore, Schreiber, Pike, Wilfley & Rodin, 1994).

There is a significant gender difference in the frequency of dieting. Girls are much more likely than boys to go on a diet, and to develop eating disorder as a consequence of dieting (Anderson & Bulik, 2004; Danielsdottir, et al., 2007; McCabe & Ricciardelli, 2005; Neumark-Sztainer, Wall, Story & Standish, 2012). There are probably a few interacting factors that cause this increasing frequency of eating disorders. In Western societies there is a
major social pressure for girls to be fit and the benchmark is high (Aronson, Wilson & Akert, 2007). Dramatic lifestyle changes (because of improved economic conditions) have also developed through the last decades and the improved economic conditions have caused a redundancy of food in those societies (as well as increase in food intake), lifestyle diseases like obesity have appeared. A strong conflict can occur between the food intake and the pressure to be fit, and the conflict can lead to dieting and eating disorder (Battle & Brownell, 1996; Jonsdottir & Forsteinsdottir, 2006). Men and women learn through society what is considered attractive at each time. Cultural messages for women today say "thin" (Aronson et al., 2007). Females usually want to be quite thin, but males tend to want to have shape and be muscular (Kelley, Naufeld & Musher-Eizenman, 2010; McCabe & Ricciardelli, 2005). The cultural standards for the ideal body are changeable and differ between societies. The ideal body in Western societies has been multiple through decades for both men and women, but the pressure has been more for women. Being thin has been in and out of fashion, the ideal body in the forties and fifties for example, was heavier and less muscle toned than it is today (Arason, et al., 2007). High cultural standards on the body, can lead to negative body image\(^1\) and increasing body dissatisfaction (Derenne & Beresin, 2006). Body dissatisfaction is one of the largest predictor for dieting behavior (Heatherton, 1993; Wiederman & Pryor, 1999; Gudnadottir, et al., 2011) and it also predicts for low self esteem and depression (Rierdan & Koff, 1997; Tomori & Rus-Makocec, 2000). Studies have also shown that girls, who have drive for thinness and who diet frequently, are more likely to smoke (French, Perry, Leon & Fulkerson, 1994); have worse mental health (Ackard, Crollnb & Kearney-Cooke, 2002);

\(^1\) Body image is the perception, feeling and thought that an individual has about his own body (Gorgan, 2006)
believe that it is better to be thin (regardless of their weight) (Gudnadottir et al., 2011); show fear of being unable to control their weight; show disturbed eating habits or have eating disorders (French et al., 1995), and also being overweight (Gudnadottir et al., 2011; Striegel-Moore et al., 1994). Various studies indicate that dieters are more likely to have higher BMI\(^2\) than non-dieters and increase their BMI (Gillen, Markey & Markey, 2012; Heatherton, 1993; Neumark-Sztainer, Wall, Story & Standish, 2012; Savage, Hoffman & Birch, 2009). Studies have shown that individuals, who are overweight (and also underweight), are considered to have worse physical health than individuals who are normal (Swallen, Reither, Haas & Meier, 2005). BMI has certain cutoff points; individuals are considered underweight if their BMI is less than 18, 50, normal weight if BMI is 18, 50 - 24, 99, overweight if 25 or more and obese if 30 or higher (World Health Organization, 2006). Individuals who are overweight and obese are at more risk for heart disease, diabetes and more (Pi-Sunyer, 2002; Reaven, 2003).

**Previous Studies About Dieting Frequency**

Previous Icelandic studies that have focused on dieting frequency among adolescent girls have shown that dieting is frequent. An Icelandic study from the year 2007 showed that about 50% of all girls in adolescent classes in primary schools in Iceland had been on a diet for some time (Danielsdottir, et al., 2007). A new Icelandic study, examining 303 female high school students, also showed that more than 50% of the females who answered the

\(^2\) BMI stands for Body Mass Index and is a number used to measure people’s body fat. The numbers are standard and generally accepted and used worldwide to indicate whether an individual is in normal weight, underweight, overweight or obese (World Health Organization, 2006).
survey were dissatisfied with their body and claimed to limit their food intake (although, most of the females were underweight) (Gudnadottir et al., 2011). International studies that look at dieting among adolescent girls have shown similar frequency as Icelandic studies: That is, dieting is generally common among adolescents (in Western societies), especially among young females (Field et al., 2003). In the current research, frequency of dieting will be examined as well as the relationship between dieting and mental health, physical health, depression, body image and body mass index. High school females were particularly chosen for the study, because numbers of researches have shown that dieting in general is much more common among females than men (Anderson & Bulik, 2004; McCabe & Ricciardelli, 2005; Neumark-Sztainer et.al, 2012). Dieting among adolescents has been studied worldwide through the years, but there is still lack of studies in that area in Iceland. Current research is the most extensive research that has been done in Iceland on dieting among high school students, and it is also the first research that examines correlation between dieting and mental health, physical health, depression and body image among Icelandic high school students (as far as I know). It is important to examine the correlation of dieting and various factors (like the factors mentioned above) for further researches, to be able to design an appropriate intervention if needed. Hopefully, this research will bring a new angle to the subject dieting frequency and factors related to dieting among adolescents. Available data from Icelandic Centre for Social Research and Analysis (ICSRA) were used in the study. The survey focused on various factors in adolescent’s life (Kristjansson, Gudmundsdottir, Palsdottir, Sigfusdottir & Sigfusson, 2008). Only factors related to current study were used; factors related to weight, height, dieting, mental health and more. Questionnaires used can be seen in appendix (pp. 23). The research questions are as follows:

1) Is dieting common among adolescent girls in Iceland?
2) Is dieting among adolescent girls in Iceland associated with mental health, physical health, body image, depression and body mass index?

The hypotheses are as follows:

1) Dieting is common among Icelandic adolescent girls.

2) Dieting is associated with negative body image.

3) Dieting is associated with deteriorating physical health.

4) Dieting is associated with deteriorating mental health.

5) Dieting is associated with depression.

6) Dieting is not associated with BMI.

Method

Data were used from a population survey from ICSRA called Young people 2007 – survey among students in Icelandic high schools. The data contained answers from 2,000 random participants from a population dataset of 11,229 individuals. The focus of the questionnaires was about life among adolescents in Iceland. Only factors related to the study were examined.

Participants

Participants in the study were a sample of female high school students from all high schools in Iceland. Females on the age 16 – 19 were particularly chosen (M = 17.3; SD = 1.1). Participants were 905 in total; the survey was only submitted for students in day school. The sample was population based.
Measurements

Questionnaires were used for measurements in current study. The questionnaires have been developed for years, first by employees of Rannsóknastofa uppeldis- og menntamála (Research laboratory for upbringing and education) in cooperation with Menntamálaráðuneyti (Department for Education) and later on by the employees of ICSRA. The questionnaire contained 127 questions in total. Likert-scale was used mostly for answer possibilities in the survey, to increase the validity of the questions (Kristjansson et.al, 2008). The questionnaire for current study contained 22 questions in total. Statistics in the present study were calculated in the software SPSS. Statistical approaches that were used were bivariate correlation and independent t-test. Tables were made in the program Excel.

Research design

The variables in the study are described below:

Dieting

Dieting was measured with the following question: Have you been on a diet during the last 12 months? The answer possibilities were 0= "never", 1= "once", 2= "twice or three times", 3= "four to six times" and 4= "seven times or more".

Depression

Depression was measured with ten questions. The questions were combined into one scale; the value of the scale was 0-30. Participants were asked how often they noticed indisposition or discomfort during the last 30 days, and were asked to rank following statements: You were sad or had little interest in doing things, You had little appetite, You felt lonely, You cried easily or wanted to cry, You had hard time sleeping or falling asleep, You felt sad or blue, You weren’t excited in doing anything, You were slow or had low energy,
You were hopeless about the future, and You considered committing suicide. The answer possibilities were 0 = "Almost never", 1= "Seldom", 2= "Sometimes" and 3= "Often".

*Mental Health*

Mental health was measured with the following question: How good is your mental health? The answer possibilities were: 0 = "Very good", 1 = "Good", 2 = "Reasonable" and 3 = "Bad".

*Physical health*

Participants physical health was measured with the following question: How good is your physical health? The answer possibilities were: 0 = "Very good", 1 = "Good" 2 = "Reasonable" and 3 = "Bad".

*Body image*

Body image was measured with five questions. The questions were combined into one scale; the value of the scale was 0-15. Participants were asked to rank following statements: When I think about how I will look like in the future...I’m satisfied, I usually feel ugly or unattractive, I’m satisfied with my body, I’m happy with the physical changes that have taken place during the last years, I feel strong and healthy. The answer possibilities for all of the statements (except the statement "I usually feel ugly or unattractive ") were: 0= "Describes me very well", 1= "Describes me pretty well", 2= "Doesn’t describe me well enough", and 3= "Doesn’t describe me at all". The answer possibilities for the statement: I usually feel ugly or unattractive, were reversed into opposite, 0= "Doesn’t describe me at all", 1= "Doesn’t describe me well enough", 2= "Describes me pretty well", and 3= "Describes me very well". The answer possibilities for this statement were reversed to get consistency for statistical processing.
Body mass index

BMI was measured by asking participants to write down their weight and height. BMI was calculated by dividing weight in kilograms by the square of the height in meters. According to international BMI cutoff points, individuals are considered underweight if BMI is less than 18.5, normal weight if BMI is 18.5 - 24.9, overweight if 25 or more and obese if 30 or higher (World Health Organization, 2006). Participants in current study were defined into two groups; normal or underweight if their BMI was 24.9 or lower and overweight or obese if their BMI was 25 or higher. The value of the statements were 0= Normal or underweight and 1= Overweight or obese.

Procedure

The survey was sent to all high schools in the fall of 2007. Teachers got special instructions with the survey and submitted it to students. Questionnaires were handed to the high school students in classroom. The teacher was permitted to assist and direct if needed and the students were asked to answer truthfully and by their best conscience. The survey was anonymous, in order to secure and prevents any tracing back to the participating individuals (Kristjansson et.al, 2008). ICSRA took care of data collection, as mentioned earlier.

Results

About half (53.3%) of the participants in the study had been on a diet, once or more during the last twelve months. The response rate of the dieting question was high; most of the participants answered the question (99.4%). The mean score on the dieting scale was $M = 1.30$. The descriptive findings of this study are presented in table 1, which shows frequency, mean, standard deviation, range and alpha of the variables. As can be seen, the response rates for all variables in the study were high. The alpha of the segmental scales met assumptions for
reliability, the alpha needs to be 0.70 or higher to be considered reasonable (Field, 2009). The alpha for body image was 0.79, and for depression 0.89. Participants who answered the BMI question were 852 in total. Most participants had BMI under 25, participants who had BMI 25 or higher were 20% in total.

Table 1

Descriptive statistics for main study variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>905</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>905</td>
<td>17.27</td>
<td>1.10</td>
<td>16-19</td>
<td></td>
</tr>
<tr>
<td>Body image</td>
<td>894</td>
<td>6.12</td>
<td>3.13</td>
<td>0-15</td>
<td>0.79</td>
</tr>
<tr>
<td>Dieting</td>
<td>901</td>
<td>1.13</td>
<td>1.32</td>
<td>0-4</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>900</td>
<td>1.00</td>
<td>0.80</td>
<td>0-3</td>
<td></td>
</tr>
<tr>
<td>health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>901</td>
<td>1.02</td>
<td>0.84</td>
<td>0-3</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>881</td>
<td>8.53</td>
<td>6.91</td>
<td>0-30</td>
<td>0.89</td>
</tr>
<tr>
<td>BMI -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above 25</td>
<td>181</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 25</td>
<td>671</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intercorrelations for study variables are presented in table 2. Findings showed that dieting was significantly positively associated with all variables, the correlation between dieting and body image was highest $r = 0.304$. Findings also indicated that body image and depression were highly related $r = 0.406$, as well as body image and mental health $r = 0.489$. Physical health was highly related to mental health $r = 0.492$, and also with body image $r = 0.513$. 
Table 2

*Correlation among study variables*

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Mental health</th>
<th>Physical health</th>
<th>Dieting</th>
<th>BMI</th>
<th>Body image</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>0.595**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>0.359**</td>
<td>0.497**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dieting</td>
<td>0.277**</td>
<td>0.230**</td>
<td>0.151**</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>0.056</td>
<td>0.118**</td>
<td>0.230**</td>
<td>0.220**</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Body image</td>
<td>0.415**</td>
<td>0.490**</td>
<td>0.517**</td>
<td>0.317**</td>
<td>0.261**</td>
<td>1.000</td>
</tr>
</tbody>
</table>

* p < 0.05 (2-tailed). ** p < 0.01 (2-tailed).

An independent sample t-test was conducted to compare dieting frequency among girls with BMI 25 or higher and girls with BMI lower than 25. There was a difference in scores for girls who had higher BMI than 25 (M = 1.64, SD = 1.39) and for girls who had lower BMI than 25 (M = 0.96, SD = 1.24), conditions; t (10.3) = 6.56, p = 0.001.
Discussion

The results show that frequency of dieting among adolescent females in Iceland, in the year 2007 was quite high. About half of the participants had been on a diet for one time or more during the last twelve months. Previous Icelandic studies, as well as more resents, have shown similar frequency in dieting among adolescents (Danielsdottir, et al., 2007; Gudnadottir et al., 2011). In a study from 2011, among high school students, it was stated that more than half of the females claimed to have limited their food intake (Gudnadottir et al., 2011). This evidence suggests that dieting is probably still quite frequent. All variables in the current study were positively associated with dieting. Dieting is associated with higher BMI, deteriorating physical health and mental health, depression, and negative body image. The results show that there is a relationship between dieting frequency and BMI, the more frequently participants went on a diet, the more likely they were to have higher BMI. Participants who had higher BMI were also more likely to have deteriorating physical health. The results are consistent with previous studies, which have shown that individuals who frequently diet are more likely to be overweight and also more likely to have an increased BMI as a consequence of dieting (Gudnadottir et al., 2011; Gillen et al., 2012; Heatherton, 1993; Neumark-Sztainer et al., 2012; Savage et al., 2009; Striegel-Moore et al., 1994).

Gaining weight is considered to have negative effect on physical health for individuals who are already too heavy. Those individuals are in more risk for heart disease, diabetes and more (Pi-Sunyer, 2002; Reaven, 2003). Results also showed that the more frequently participants went on a diet, the more likely they were to have deteriorating mental health and depression. This is also consistent with previous studies (Ackard et al., 2002). The last factor that was examined was body image. Results showed a direct relationship between dieting and dissatisfaction with own body. Numbers of studies have indicated that being dissatisfied with
own body predicts for dieting (Gudnadottir, et al., 2011; Heatherton, 1993; Wiederman & Pryor, 1999). The strongest relationship in the study was between dieting and body image.

It is necessary to keep in mind that dieting is only correlated with the factors above, and it cannot be claimed that dieting causes these factors (effects from third variable is possible). The aim of the study was solely to examine dieting frequency among adolescent females and to find out if dieting is correlated with those factors, as well as examine the difference of dieting frequency between females who are normal and underweight and those who are overweight and obese.

Results of present study support the first five hypotheses, but are inconsistent with the last one. The first hypothesis indicated that dieting is common among adolescent high school females. Results indicate that dieting prevalence was high among participants, and over half of the females had been on a diet once or more during the last twelve months. The next four hypotheses stated that dieting was associative with negative body image, deteriorating physical health, deteriorating mental health and depression. The results were also consistent with all four of them. All variables were significantly associated with dieting. The last hypothesis states that dieting is not associated with BMI. Results show that there is difference in the frequency of dieting between girls who had BMI 25 or higher and BMI less than 25. Although results did not support this hypothesis, it was consistent with previous researches, stating that dieting is associated with BMI and females that diet more frequently have higher BMI than females who have not been on a diet (Gillen et al., 2012; Heatherton, 1993; Neumark-Sztainer et al., 2012; Savage et al., 2009).

Additionally the study showed that the more deteriorating mental and physical health of participants, the more likely they were to suffer from a level of depression. The more deteriorating body image participants had, the more likely they were to be depressed and the
higher BMI participants had, the more likely they were to have deteriorating physical and mental health. Studies have shown that individuals, who are overweight (and also underweight), are considered to have worse physical health than individuals who are normal weight (Swallen et al., 2005).

The results give useful clues of the effects of dieting for further researches. Dieting is an important subject to pay attention to, because dieting can have various effects, and it is for example the main risk factor for eating disorders (Battle and Brownell, 1996; Danielsdottir et al., 2007; Patton et al., 1999). Eating disorders have been increasing over the years and to be able to address the problem and implement prevention it is necessary to look at the risk factor. An important step is taken for further studies by analyzing the factors that correlate with dieting behavior. The information is a good basis for future studies. Future studies should focus on examining further causality between dieting and correlated factors. In sequel of further studies, appropriate interventions can be designed to prevent dieting. The problem is complex and there are many aspects that need to be considered. There are for example conflicts between the cultural standards and the increase in food intake in Western societies, which can be hard to solve, but those factors are perhaps the most important thing to look at when it comes to designing an intervention. The cultural standards are high (there is a huge pressure on individuals to be fit) (Aronson et al., 2007), and overweight is common; both of these factors are considered to promote dieting (Battle & Brownell, 1996; Jonsdottir & Porsteinsdottir, 2006). A step in the right direction would probably be taken if effective ways to change the cultural standards, as well as effective ways to encourage healthy eating and exercise could be found. If individuals do not have the drive for being thinner and are happy with their bodies, it evidently prevents problems that are caused by dieting. However, although dieting is considered to have various negative effects on health, it is also necessary
to remember that weight loss can also have positive effects on health, especially among overweight people (Gregg et al., 2004; Reaven, 2003).

Limitations of the study are that all answers from participants are based on self evaluation, but all the same self evaluations are widely used in studies (Neumark-Sztainer et al., 2012; Tomori et al., 2000). Another limitation is that BMI was used to indicate whether individuals were considered normal or underweight, and overweight or obesity. BMI has certain limitations, because the index does not take in count difference in muscle mass or difference in bone structure (Davey, 2008; Freedman & Sherry, 2009), but the numbers are standard and generally accepted and used worldwide to indicate whether an individual is in normal weight, underweight, overweight or obese (World Health Organization, 2006). BMI cutoff points used in the study are also for adults, so the frequency of participants who are overweight could be underestimated, because the BMI for adolescents differ a little bit. Third limitation is that dieting was only measured with one question, and the concept "dieting" can probably be confused with healthy lifestyle (eating healthy and exercising) in some cases. There is perhaps a fine line between the two concepts. The last limitation worth mentioning is that the data for the study were from 2007, so the study illustrates how dieting frequency was five years ago and which factors were related to dieting then. It can’t be claimed that the status today is the same.
Acknowledgments

DIETING AMONG ADOLESCENTS GIRLS IN ICELAND

References


Appendix

1. Ert þú strákur eða stelpa?

☐ Strákur  ☐ Stelpa

2. Hvad ár eftir þú fædd(ur)?

☐ 1993  ☐ 1987
☐ 1992  ☐ 1986
☐ 1991  ☐ 1985
☐ 1990  ☐ 1984
☐ 1989  ☐ 1983
☐ 1988  ☐ annað, árið 19 ________

43. Hversu vel eiga eftirfarandi fullyrðingar við um þig?
(Merktu í EINN reit í HVERJUM líð)

<table>
<thead>
<tr>
<th>Lýsir mér mjög vel</th>
<th>Lýsir mér nokkuð vel</th>
<th>Lýsir mér ekki nógu vel</th>
<th>Lýsir mér alls ekki</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Þegar ég hugsa um hvernig ég mun líta út í framtíðinni er ég ánægð(ur)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Mér finnst ég oftast vera ófrið(ur) og óaðlaðandi</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Ég er ánægð(ur) með líkama minn</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Ég er ánægð(ur) með þer líkamlegu breytingar sem att hafla sér stað líja mér undanfænin ár</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Mér finnst ég vera sterk(ur) og hraust(ur)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
46. Hversu oft varðst þú var/vör við eftirfarandi vanliðan eða því áhuga að gesta hluti
(Merktu í EINN reit í HVERJUM lóð)

m) Þú varst leið(ur) eða hafðir litinn
   áhuga á að gesta hluti
   ☐  ☐  ☐  ☐  ☐

n) Þú hafðir litla máttarplast
   ☐  ☐  ☐  ☐  ☐

o) Þér fannst þú einumbaða
   ☐  ☐  ☐  ☐  ☐

p) Þú græst auðveldlega eða
   langaði til að gesta
   ☐  ☐  ☐  ☐  ☐

q) Þú áttir erfið með að sofna eða
   halda þér sofandi
   ☐  ☐  ☐  ☐  ☐

r) Þú varst niðurbergin(n)
   eða dapur/dópur
   ☐  ☐  ☐  ☐  ☐

s) Þú varst ekki spennt(ur) fyrir
   að gesta锅炉 hvíðer
   ☐  ☐  ☐  ☐  ☐

t) Þér fannst þú vera hægfaran
   eða hafá litinn mátt
   ☐  ☐  ☐  ☐  ☐

u) Þér fannst framtíður vonlaus
   ☐  ☐  ☐  ☐  ☐

v) Þú lugsadir um að styttja þér aldur
   ☐  ☐  ☐  ☐  ☐

56. Hversu góð er líkamleg heilsa þín? (Merktu aðeins í EINN reit)

    Mjög góð  ☐  Góð  ☐  Sæmileg  ☐  Léleg  ☐

57. Hversu góð er andleg heilsa þín? (Merktu aðeins í EINN reit)

    Mjög góð  ☐  Góð  ☐  Sæmileg  ☐  Léleg  ☐

60. Hefur þú faríð í meguru sl. 12 mánudir? (Merktu aðeins í EINN reit)

    Nei, aldræi  ☐  Já, 1 sinni  ☐  Já, 2-3 sinnum  ☐  Já, 4-6 sinnum  ☐  7 sinnum eða oftar  ☐

63. Hver er þyngd þín í kilógræmmum? (Þyngd í heilum kilóum. Ekki nota aukastað)
   (Skrifaðu svarið í reitina héð að neda, settu aðeins einn töluðaf í hverum reit)

   Svar: ☐ ☐ ☐ kilógræm
64. Hver er hæð þín í sentimetrum?
(Skrifaðu svar þá í reitina hér að neðan, settu aðeins einn tölustaf í hvern reit)
Svar: [ ] [ ] [ ] sentimetrar