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Expert Opinion Article

Exploring the Intersection of Birth Order, Body Image and Quality of Life: A Psychological Perspective

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Abstract

The purpose of this research study is to find out the association between Birth order, Body Image and Quality of Life. There is a lot of research on birth order, life satisfaction and self- esteem, but there is not much research done to find specifically if birth order has an impact on the quality of life of adolescents related to their body image issues. This paper aims to cover this research gap and help understand if birth order has an influence on the well-being of adolescents.

The Participants for this study included 165 adolescents in the age group of 15-18 years. The tools used for the study are KIDSCREEN-52 (Child and Adolescent version) and THE MULTIDIMENSIONAL BODY-SELF RELATIONS QUESTIONNAIRE (MBSRQ-AS) along with the demographic details. The responses are analysed using JASP tool. The findings do not suggest a correlation between the variables studied; however, this research highlights different factors that significantly affect the quality of life of adolescents.

Key words: Body image, Birth order, Adolescents, Quality of life, Body shape, Physical appearance

Introduction

1.1 Body image

Adolescence is a period that goes through lot of changes physically and mentally. These pubertal changes in their body influence their perception towards how they look and whether they feel satisfied with their body. This perception about self can create positive and negative thinking about their body thereby leading to body image issues.

Other than self, there are many other factors that influence body image perception like cultural and social factors and standards set by social media. Increased pressure from parents to look a certain way also increases body dissatisfaction (Kaur N. et al, 2023). Studies have suggested that girls tend to be more self-conscious regarding their weight and body type as compared to boys, which not only affects their self-esteem but can also lead to many other psychological issues (Kaur N. et al, 2023).

A study done in March 2023 to find out how teenagers perceive their body, self-worth and their eating patterns revealed that image about their body and looks was affected by family pressure, peer pressure, social media and celebrity influence. It also explained that females had higher body image dissatisfaction as compared to males (Kaur N. et al, 2023).

Another study on male and female preferences related to the way they feel about their physical appearance and feelings of self-worth in young teenagers examined 169 ninth grade male and females to find out teenage males are more confident about their looks and body than young teenage females. The relationship between self-concept and body image was also studied. The results concluded that males had positive body image as compared to females but no significant gender differences were found out between self-image about one's body and self-regard correlations (Koff E., et al., 1990).

A study was done in Bangkok to find out what affects the opinion about self-appearance in adolescents. This study exhibits the most important to least important place of origin that can be responsible for adolescent's self- perception about their bodies and looks which can be newspapers, media, social pressure, family, fashion developments, being aware of self, one's gender and physical fitness. (Thianthai C.2006)

1.2 Quality of Life

Quality of life (QoL) for adolescents is when they feel happy and satisfied with themselves. Having an optimistic view of oneself, supportive parents and peers is important for them to have a good quality of life. In absence of these factors adolescents quality of life is greatly affected (Helseth S. et al, 2010). QoL has become an important and relevant topic in adolescent's life at it measures their psychological as well as physiological well-being (Puente L.L., et al, 2020). Increasing trends in

fashion and emphasis on physical attractiveness is making teenagers preoccupied with their physique due to which many issues are faced by adolescents (Sharma S., 2017). Negative body image leads to anxiety whereas body image boosts self - confidence. Hence this self- perception about their body influences their self-beliefs which further influence their quality of life (Sharma S., 2017).

In a study where QoL for adolescents between age 12-18 years in care organization for youth, it was found QoL scores were high for adolescents for autonomy, financial stability and individual growth. Gender and contextual discrepancies are highlighted, and the study clarified a number of specific areas that need special attention in an attempt to enhance lifestyle, life satisfaction and overall subjective well-being of teenagers on regular occasions (Swerts C. et al., 2023).

A study was done to find out the association between parental attachment, positive aspects of body image and body image quality of life among adolescents with eating disorders. The findings concluded that body appreciation was related positively with quality of life. It also explained significant relation between secure attachment and body appreciation (Herrero L. I. et al, (2020).

In a study done to find out if life satisfaction of adolescents is affected due to weight and perceived body image, the findings revealed that life dissatisfaction in males was associated with thin body perception and fat body perception in girls (Jolanta Z. et al, 2012)

In a study to find if fat, stout children and teens have good quality of life, the results explained that many variables are responsible for the quality of life like perception about self, body ache, bullying, the kind of food consumed, screen time, workout, involvement of parents in their child's growth and development. This study has provided good understanding of "quality of life" in order to treat childhood and adolescent obesity effectively (Buttitta M. et al, 2013).

1.3 Birth Order

The biological position of an individual in respect to their siblings within their family of origin is referred to as their birth order. Firstborn/oldest, middle, youngest, and only are the birth order categories. For the purposes of this study, participants are divided into three categories: only children, later born children, and middle and younger children (Udell et al, 2004). Numerous studies have established the birth order effects; however, it remains controversial, to how far the birth order effects are crucial in determining its effects on various other factors (Sulloway J. F., 2007).

The best way to understand the environmental factors influencing birth order differences is to think of them as reflections of distinct principles: Disparities in parental involvement, effects of the dominance hierarchy, dividing family spheres of influence, Children's inclination to try and differentiate themselves from one another. The birth-order effects that follow are predicted in somewhat different ways by each of these four mechanisms (Sulloway J. F., 2007).

According to Hertwig et al., 2002, many studies have explained the theoretical perspectives related to birth order and parental involvement ((Sulloway J. F., 2007).

An investigation done by Lindert, 1977, explained about the total hours of child care given to the child up to 18 years of age. It was also revealed that in families with more than 2 children, middleborns get less care as compared to firstborns and lastborn (Sulloway J. F., 2007).

Another study done on 1903 Philippine household by Horton, 1998, concluded that younger siblings have less height and weight owing to less nutritional status of younger siblings as compared to older siblings (Sulloway J. F., 2007).

A study was conducted to find out emotional maturity and general well- being of only born, first born and last born adolescents. The findings concluded that there is significant difference in the emotional maturity and general well-being as per the birth order. (Joy M. et al., 2018)

Another study where the researcher tried to find out if subjective well-being of adolescents was affected by birth order concluded through research findings that in terms of birth order, there was no discernible difference in the adolescents' overall subjective well-being score, but two factors—the friendship satisfaction factor and the school satisfaction factor—have quite different birth orders (Jie Y. et al., 2018)

Birth order in children comes with a dependency on parent's attention and time investment towards them which can not only create sibling competition but also influences personality, patterns of motivation and attitudes in general (Sulloway J. F., 2007). First-born children feel ignored and threatened by the birth of their sibling which creates lot of confusion in their minds (Srivastava

N., et al, 2021). This can affect their perceived quality of life, however, everyone's perspective on high and low quality of life depends on how the situation is viewed and interpreted ((Srivastava N., et al, 2021). This paper ties to find out if birth order is responsible for good quality of life among young teens.

Positive physical self-worth was associated with good sibling relationship and negative self- worth was found with poor sibling relationship which was found in a study done on middle – class adolescent sibling dyads. However, changes could be seen according to the order of birth, how brother or sisters feel about themselves physically and sexual orientation (Francka A. B., et al, 2019).

Research Methodology Operational Definitions of the concepts used in the paper:
Body image refers to our thinking and attitude towards the way we look but it not only depends upon one's emotions and perception about self but is also influenced and affected by cultural and societal expectations.
Quality of life is how much one feels good and bad about their life in terms of their health, lifestyle, interpersonal relationships; happy or sad emotions about how one view themselves in terms of their looks, professional life and overall personal satisfaction.
The term "birth order" describes the relative order of a child's birth to their siblings. As an illustration, the eldest child is the first, and the middle child may be the second or third.

Variables:
In this study we are studying the effect of birth order, which act as an independent variable, on teenagers QoL (quality of life) and issues related to their body image, which then becomes a dependent variable.

Hypotheses:
H1- Body image and Quality of life are significantly correlated. H0- No correlation is between Body image and Quality of life. H1- Birth order and Body image are significantly correlated.
H0- No significant correlation is between Birth order and Body image. H1- Birth order and QoL are significantly correlated.
H0- No significant correlation is between Birth order and QoL.

Sample:
The study population comprised of adolescent population in the age group of 15-18 years of age, from which a sample of 165 adolescents were taken.

Sampling method:
Convenience Sample method was employed in the survey. The research methods used in this study are non-experimental, correlational research methods.

Tools:
1. KIDSCREEN-52 (Child and Adolescent version) – This tool is created by several European pediatric researchers**.** This instrument is useful in understanding life quality of sick and heathy teenagers and children. Ten dimensions are measured by KIDSCREEN 52 which are: Psychological Well-being); Moods & Emotions; Self-Perception ; Autonomy ; Parent Relations & Home Life ; Social Support & Peers ; School Environment; Social Acceptance(Bullying); and Financial Resources (THE KIDSCREEN Group, 2006).. Internal consistency is between .76 (Social acceptance) and .89 (Financial support). Test- retest reliability range between .56 and.77 at a 2 week interval. Convergent and discriminant validity was shown using Children with Special Health Care Needs Screener for Parents, CSHCN) and mental health (Strength and Difficulties Questionnaire, SDQ). (THE KIDSCREEN Group, 2006).

2. THE MULTIDIMENSIONAL BODY-SELF RELATIONS QUESTIONNAIRE (MBSRQ-AS) - Thomas F. Cash 1990, developed this tool. It is a34 item instrument and is a shorter questionnaire of MBSRQ. This instrument consists of subscales: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and the BASS (The Body Areas Satisfaction Scale) (Swami V. et al, 2019). MBSRQ-AS can be used in English speaking samples. There is adequate internal consistency with Cronbach Alpha coefficient as ≥ .74, in women ≥ .70 in men). Convergent, divergent and discriminant Validity is also in place as it shows its scores with US participants as given by Cash 2000. (Swami V. et al, 2019).

Procedure:
The data was collected using the survey method by administering standardised and structured questionnaire to 165 adolescents male and females. The responses were collected and analysed and these scores were then used for further statistical analysis using JASP tool.

Results:

Table 1-Descriptive Statistics:

	Body Image	QOL
Valid	165	165
Missing	0	0
Mean	113.948	185.157
95% CI Std. Mean Upper	114.018	189.772
95% CI Std. Mean Lower	109.435	179.461
Std. Deviation	15.225	34.255
Shapiro-Wilk	0.991	0.972
P-value of Shapiro-Wilk	0.334	0.001
Minimum	68.000	92.000
Maximum	169.000	252.000

The descriptive statistics to study relationship between Body image and QoL were computed based on a sample size of 165 participants, with no missing data reported for any of the variables.
For the Body image Scale, the mean score was 111.727 with a standard deviation of

15.225. Before conducting a correlational test, Shapiro-Wilk test was conducted to check the normality of the data. The Shapiro-Wilk test indicated a p-value of 0.334,suggesting that the Body image Scale scores follow a normal distribution. Regarding the Quality of life (QoL), the mean score was 184.616 with a standard deviation of 34.255. The Shapiro-Wilk test provided a p-value of 0.001, which shows that the Quality of life scores were normally distributed.
In brief, the descriptive statistics provide a thorough overview of the central tendency and variability of the scores across the two variables and suggest the normality of the collated data.

Table 2-Correlation between QoL, Birth order and Body Image:

Variable		Body Image	QOL	Birth Order
1. Body Image	Pearson's r	-		
	P-value	-		
2. QOL	Pearson's r	0.162	-	
	P-value	0.034	-	
3. Birth Order	Pearson's r	-0.036	-0.066	-
	P-value	0.649	0.400	-

*P<.05, **P<.01, ***P<.001

Since the data is distributed normally Pearson's Correlation is used to find out the Correlation. The results showed Pearson r value of 0.162 indicating a weak correlation between body image and QoL, as value below 0.3 suggest minimal or no correlation. Additionally, the P-value was found to be 0.034, which exceeds the conventional significance threshold of 0.05. This indicates that correlation between body image and QoL is not statistically significant. Similarly, Pearson's r value of -0.036 and P-value of 0.649 and Pearson's r value of -0.066 and P-value of 0.400 indicate weak negative significant correlation between Birth order and Body image and Birth order and QoL respectively.
Therefore we conclude that is no significant correlation found between body image and quality of life, birth order and body image, birth order and quality of life in this adolescent population.

Discussion

The possible effects of birth order on adolescents' perception about their body and QoL (quality of life) were investigated in this study. Our results did not support our initial hypothesis that birth order would be correlated with these characteristics. To be more precise, we discovered no discernible relationship between birth order and quality of life, body image and quality of life, or birth order and body image. According to these findings, adolescents between the ages of 15 and 18 may not be significantly influenced by their birth order in terms of how they view themselves and their general well-being.
This study demonstrates the variety of influences

affecting teenagers' perceptions of their bodies and their quality of life. Parental attention and care, relationships between siblings, and nutritional status were found to be more important factors in teenage well-being. For example, how well parents relate to their children and the emotional support they receive can have a significant impact on how teenagers see themselves and their life. In a similar vein, healthy sibling relationships promote resilience and self-worth, which improves the quality of life. This can be understood with the studies done as reiterating from the literature review-

A research study done to explain child care given to the siblings in families with more than two children explained that middleborns get less care as compared to firsborns and lastborns(Sulloway J. F., 2007).

Another study highlighted that younger siblings have less height and weight owing to less nutritional status of younger siblings as compared to older siblings (Sulloway J. F., 2007).

A study revealed that positive physical self-worth was seen in adolescents with good sibling relationship however differences could be seen with birth order and gender (Francka A. B., et al, 2019).

Furthermore, it's critical to understand that factors other than physical attributes like birth order can influence one's perception of their body. Peer interactions, cultural expectations, and media representations are just a few of the many influences that have an impact on adolescents and form their self-image and sense of quality of life. A study revealed that though birth order did not show much effect on the subjective well-being of the adolescents but two factors—the friendship satisfaction factor and the school satisfaction factor—have quite different birth orders (Jie Y. et al., 2018)

The fact that well-being is complex suggests that important aspects of teenage development may be missed if birth order or body image concerns are the only things on one's mind.

Thus, although birth order may have theoretical ramifications, our research indicates that adolescents in this age group do not experience a substantial influence on their standard of life and good or bad opinion about their looks. In the future, a wider range of psychological, social, and environmental aspects should be taken into account as researchers examine many

influences on the well-being of adolescents. Through this approach, a more thorough comprehension of various elements influencing teenagers' body image and quality of life may be attained, which will ultimately lead to the development of more efficient support networks and interventions.

Limitations of the study

The results may not be as broadly applicable as they may be because of the imbalanced male- to-female ratio in our sample. Gender disparities have a big impact on how people view their bodies and their overall life quality. In order to enquire possible disparities during interactions between male and female adolescents' birth order, body image, and quality of life, future study should aim for a more equitable representation of genders.

Teenagers between the ages of 15 and 18 were the primary focus of this investigation. The results may not apply to younger or older populations, despite the fact that this age range is crucial for understanding developmental changes. Future research with a larger age range may offer a more comprehensive understanding of these problems.

Future research could create more awareness and improve our ability to comprehend how birth order, body image, and quality of life are related to each other in various circumstances by incorporating a larger population.

With an insight of these constraints, future studies can expand on these results by considering gender variations and additional variables, leading to a more thorough comprehension of the connections between adolescent quality of life, birth order, and body image.

Practical Implications

This study which showed no discernible relationship between birth order, QoL (quality of life), and body image, has a number of significant practical ramifications.

The findings imply that connections with parents and siblings display a great influence on teen’s to have a good life quality between the ages of 15 and 18 than birth order alone. This emphasizes that it is imperative for parents and older siblings to have a close, caring relationships with their teenagers. Birth order can have negative impacts that can be mitigated, but they can also be beneficial if family dynamics are understood.

Parents and other caregivers can better understand the special difficulties that teenagers experience by using the insightful information provided by the study. Understanding the importance of sibling relationships and parental attention in their children's development, parents and other caregivers can implement measures to improve family dynamics and encourage adolescents to have healthier self-perceptions. Emphasizing open communication and emotional support, parents should be encouraged to cultivate beneficial interactions within the family. For all siblings, this

can improve their QoL and body image while mitigating any potential detrimental effects of birth order.

The absence of statistically meaningful correlations between the factors under investigation motivates future researchers to investigate additional areas that could impact teenagers' subjective well-being. Researching elements like peer connections, cultural contexts, and social media effects could lead to a more thorough knowledge of the development of adolescents.

The findings of this study may help educators, counselors, and legislators create initiatives that support teenagers' positive life skills and general wellbeing. Teens' quality of life can be greatly improved by programs that foster strong family ties, emotional literacy, and resilience-building.

Adolescents can embrace the beneficial features of their birth order, despite any perceived drawbacks, with the support of stakeholders who focus on improving their skills and capacities. In the end, this can contribute to enhanced general well-being by encouraging and promoting a positive outlook towards one's body and higher self-worth.

Conclusion

This research revealed that among teenagers between the ages of 15 and 18, birth order had no discernible contribution on their QoL (quality of life) and body image. Still, the findings show that a single component cannot adequately account for the way youngsters see themselves and their overall wellbeing. Although birth order has a significant impact on adolescents' lives, other factors, like parental care and attention, also have a moderating effect.

Consequently, it is critical that parents and other adults who care for teenagers understand the variety of circumstances that affect their quality of life. They can lessen any possible negative impacts of birth order and boost teenagers' overall well-being and healthier self-image by building solid relationships and offering the required emotional support. Better developmental outcomes for young people traversing this crucial era of life may ultimately result from this understanding.

Data Availability Statement

The data supporting the findings of this study are not publicly available due to restrictions on sharing. However, the data can be accessed via the following link:

https://docs.google.com/spreadsheets/d/1-p6e9WmCElfuWUXcls--zERCbnnileEOQafmDJBbdvc/edit?resourcekey=&gid=2118833607#gid=2118833607 To obtain access, please contact the authors directly.

Disclosures and Declarations

We, hereby attest that the study titled " Exploring the Intersection of Birth Order, Body Image and Quality of Life: A Psychological Perspective" is our original work and not been previously published elsewhere in any form or language. The data collected for this study has been kept confidential and has not been shared with anyone. At no point in the research procedure were humans or animals harmed physically or psychologically. Moreover, the participants received no encouragement. Consent was taken from each participant before participating. We declare that this study complies with the strictest ethical guidelines and demonstrates our commitment to intellectual inquiry and academic honesty.

Declaration of conflicts of interest

Author Manisha Wahi has declared no conflicts of interest Author Dr. Dipal Patel has declared no conflicts of interest Author Hetanshi Bhatt has declared no conflicts of interest Author Harsh Jain has declared no conflicts of interest

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee. As there was no clinical or non- clinical experimental trial was performed of any of the participants; approval committee permission is not applicable for this study.

Informed consent

Informed consent was obtained from all individual participants included in the study

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Appendix

i) THE MULTIDIMENSIONAL BODY-SELF RELATIONS QUESTIONNAIRE-AS (Cash, T. F., 1990).

(Cabling, M. J. P. (Uploader). https://www.scribd.com/document/539639341/Self-Report- Questionnaire-MULTIDIMENSIONAL-BODY-SELF-RELATIONS-QUESTIONNAIRE

ii) KIDSCREEN-52

(The KIDSCREEN Group ,2006).

I. DEMOGRAPHIC PROFILE

Name: _____ **Sex:** _____ **Age:** _____

Strand & Section: _____ **Learning Modality (please check): ONLINE** _____ **OFFLINE:** _____

Height: Weight: _____ **Body Mass Index (BMI):** _____ **Average Family Income:** _____

II. QUESTIONNAIRE

THE MULTIDIMENSIONAL BODY-SELF RELATIONS QUESTIONNAIRE (MBSRQ)

(Cash, T. F., 1990). Got from (https://www.scribd.com/document/539639341/Self-Report- Questionnaire-MULTIDIMENSIONAL-BODY-SELF-RELATIONS-QUESTIONNAIRE

The following pages contain a series of statements about how people might think, feel, or behave. In order to complete the questionnaire, read each statement carefully and decide how much it pertains to you personally. Using a scale like the one below, indicate your answer by HIGHLIGHTING the number that correspond your answer for each item.

1. APPEARANCE EVALUATION (7 ITEMS)

Instructions: Using the scale below, please HIGHLIGHT or tick mark the number that best matches your agreement with the following statements.

	Definitely Disagree	**Mostly Disagre e**	**Neither Agree Nor Disagree**	**Mostly Agree**	**Definitel y Agree**
I am sexually attractive.	1	2	3	4	5
I like my looks just the way they are.	1	2	3	4	5
Most people would consider me good looking.	1	2	3	4	5
I like the way I look without my clothes on.	1	2	3	4	5
I like the way my clothes fit me.	1	2	3	4	5
I dislike my physique.	1	2	3	4	5
I am physically unattractive.	1	2	3	4	5

2. APPEARANCE ORIENTATION (12) ITEMS

Instructions: Using the scale below, HIGHLIGHT or tick mark the number that best matches your agreement with the following statements.

	Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree
Before going out in public, I always notice how I look.	1	2	3	4	5
I am careful to buy clothes that will make me look my best.	1	2	3	4	5
I check my appearance in a mirror whenever I can.	1	2	3	4	5
Before going out, I usually spend a lot of time getting ready.	1	2	3	4	5

It is important that I always look good.	1	2	3	4	5
I use very few grooming products.	1	2	3	4	5
I am self-conscious if my grooming isn't right.	1	2	3	4	5
I usually wear whatever is handy without caring how it looks.	1	2	3	4	5
I don't care what people think about my appearance.	1	2	3	4	5
I take special care with my hair grooming.	1	2	3	4	5
I never think about my appearance.	1	2	3	4	5
I am always trying to improve my physical appearance.	1	2	3	4	5

3. SELF-CLASSIFIED WEIGHT (2 ITEMS)

Instructions: Using the scale below, please HIGHLIGHT or tick mark the number that best matches your agreement with the following statements

	Very Underweight	Somewhat Underweight	Normal Weight	Somewhat Overweight	Very Overweight
I think I am.	1	2	3	4	5
From looking at me, most other people would think I am.	1	2	3	4	5

4. OVER WEIGHT PREOCCUPATION (4 ITEMS)

Instructions: Using the scale below, please HIGHLIGHT or tick mark the number that best matches your agreement with the following statements

	Definitely Disagree 1	Mostly Disagree 2	Neither AgreeNor Disagree 3	Mostly Agree 4	Definitely Agree 5
Fat anxiety	1	2	3	4	5
Weight vigilance	1	2	3	4	5
Dieting	1	2	3	4	5
Eating Restraints	1	2	3	4	5

5. BODY AREA SATISFACTION (09 ITEMS)

Instructions: Using the scale below, please HIGHLIGHT or tick mark the number that best matches your agreement with the following statement

	Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied
Face (facial features, complexion)	1	2	3	4	5
Hair (colour, thickness, texture)	1	2	3	4	5
Lower torso (buttocks, hips, thighs, legs)	1	2	3	4	5
Mid torso (waist, stomach)	1	2	3	4	5

Upper torso (chest or breasts, shoulders, arms)	1	2	3	4	5
Muscle tone	1	2	3	4	5
Weight	1	2	3	4	5
Height	1	2	3	4	5
Overall appearance	1	2	3	4	5

Please check that you have responded to every statement
Scoring of MBSRQ-AS (Cash, T. F.,1990)
(THOMAS F. CASH, PH.D)
There are some items that needs to be (*reverse scored) which are marked as follows-

Appearance Evaluation	**Appearance Orientation**	**Body Areas Satisfaction**	**Overweight Preoccupation**	**Self -Classified weight**
3	**1**	**26**	**4**	**24**
5	**2**	**27**	**8**	**25**
9	**6**	**28**	**22**	
12	**7**	**29**	**22**	
15	**10**	**30**	**23**	
18-*	**11-***	**31**		
19-*	**13**	**32**		
	14-*	**33**		
	16-*	**34**		
	17			
	20-*			
	21			

Reverse Scoring of MBSRQ-AS means that 1 becomes 5, 2 becomes 4, 4 becomes 2 and 5 becomes 1. The other way is to use the formulae below, where the reverse scored item is scored as 6 minus the response value. The items are numbered from B1 to B34.

Codes	Alternate way to calculate
APPEVAL	(B3+B5+B9+B12+B15-B18-B19+12)/7.
APPOR	(B1+B2+B6+B7+B10+B13+B17+B21-B11-B14-B16-B20+24)/12.
BASS	(B26+B27+B28+B29+B30+B31+B32+B33+B34)/9
OWPREOC	(B4+B8+B22+B23)/4.
WTCLASS	(B24+B25)/2

(From Manual Cash, T. F., 1990)

KIDSCREEN-52
From Manual- (The KIDSCREEN Group 2006).

Hello,
How are you? How do you feel? This is what we would like you to tell us.
Please read every question carefully. What answer comes to your mind first? Choose the box that fits your answer best and cross it.

Remember: This is not a test so there are no wrong answers. It is important that you answer all the questions and also that we can see your marks clearly. When you think of your answer please try to remember the last week.
You do not have to show your answers to anybody. Also, nobody who knows you will look at your questionnaire once you have finished it.

Thinking about Last Week-

1. Physical Activities and Health
Thinking about last week-
1. In general, how would you say your health is?
a. Excellent
b. Very good
c. Good
d. Fair
e. Poor
2. Have you felt fit and well?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
3. Have you been physically active (e.g. running, climbing, biking)?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
4. Have you been able to run well?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
5. Have you felt full energy?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Feelings
Thinking about last week-
1. Has your life been enjoyable?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
2. Have you felt pleased that you are alive?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
3. Have you felt satisfied with your life?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
4. Have you been in a good mood?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Have you felt cheerful?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
6. Have you had fun?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
3. General Mood
1. Have you felt that you do everything badly?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Have you felt sad?
a. Never
b. Seldom
c. Quite oftenVery often
d. Always
3. Have you felt so bad that you didn't want to do anything?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
4. Have you felt that everything in your life goes wrong?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Have you felt fed up?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
6. Have you felt lonely?
a. Never

b. Seldom
c. Quite often
d. Very often
e. Always
7. Have you felt under pressure?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
4. About Yourself
1. Have you been happy with the way you are?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Have you been happy with your clothes?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
3. Have you been worried about the way you look?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
4. Have you felt jealous of the way other girls and boys look?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Would you like to change something about your body?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Free Tim
1. Have you had enough time for yourself?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Have you been able to do the things that you want to do in your free time?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
3. Have you had enough opportunity to be outside?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
4. Have you had enough time to meet friends?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Have you been able to choose what to do in your free time?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
6. Family and Home Life
1. Have your parent(s) understood you?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
2. Have you felt loved by your parent(s)?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
3. Have you been happy at home?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
4. Have you parent(s) had enough time for you?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Have your parent(s) treated you fairly
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
6. Have you been able to talk to your parent(s) when you wanted to?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
7. Money Matters
1. Have you had enough money to do the same

things as your friends?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Have you had enough money for your expenses?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
3. Do you have enough money to do things with your friends?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely

8. Friends
1. Have you spent time with your friends?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Have you done things with other boys and girls?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
3. Have you had fun with your friends?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
4. Have you and your friends helped each other?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Have you been able to talk about everything with your friends?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
6. Have you been able to rely on your friends?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always

9. School and Learning
1. Have you been happy at school?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
2. Have you got on well at school?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
3. Have you been satisfied with your teachers?
a. Not at all
b. Slightly
c. Moderately
d. Very
e. Extremely
4. Have you been able to pay attention?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
5. Have you enjoyed going to school?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
6. Have you got along well with your teachers
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always

10. Bullying
1. Have you been afraid of other girls and boys?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
2. Have other girls and boys made fun of you?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always
3. Have other girls and boys bullied you?
a. Never
b. Seldom
c. Quite often
d. Very often
e. Always

Adolescent Version

Scoring-KIDSCREEN-52

From Manual- (The KIDSCREEN Group 2006).

Items in KIDSCREEN version are based on the presumption of uniformity and homogenization of objects and people. Elements of KIDSCREEN versions satisfy the requirement for adequate scores. They can therefore be graded using Rasch scales.

T-values are generated from the Rasch scale scores in order to improve the interpretive relevance.

KIDSCREEN items can be scored in two ways:

a. The first option can be considered if data is used manually or some software is required.

b. The second option is used when a statistical software package is used like SPSS Recoding negatively formed objects is the initial step for both options. Since the majority of the items have positive formulations and the scoring is concordant, the more the score the better is the HRQoL, but some statements are framed in a negative way because of which scoring has to be done again. (Sieberger R.U.et al, 2008)