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## School Health Promotion study 2017

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You are participating in the School Health Promotion study. This study is conducted by the National Institute for Health and Welfare. There are questions about your health, welfare and school on this form.

Your answers are important. There are no 'right' or 'wrong' answers. All answers will be kept confidential. You do not need to give your name at any time. No one will know how you answered the questions.

Participation is voluntary. Answer all questions honestly.

There are also questions about your welfare and the welfare of your family in a survey given to guardians. The researchers will be able to connect your answers to your guardian's answers on the basis of the user IDs, but your answers will never be shown for example to your teachers or your guardians.

After you enter your answers, the forms will be sealed in an envelope in your class and then sent to the National Institute for Health and Welfare. The information will be used for instance for improving services, improving the operation of your school and for scientific research. The information will be stored at the National Institute for Health and Welfare.

**Please read the instructions carefully.**

**The next page is about the survey for guardians. Please tear out that page and give it to your guardians, according to your teacher's instructions.**

If you are bothered by any of the questions or subjects on the form, talk about them to your guardian, teacher, school nurse or other adult.

The information gathering is managed by Senior Researcher Nina Halme (firstname.lastname@thl.fi, tel. 029 524 7270). Further information on the survey: [www.thl.fi/shpstudy](http://www.thl.fi/shpstudy), Researcher Hanne Kivimäki (tel. 029 524 7281), Researcher Pauliina Luopa (tel. 029 524 6008) and Researcher Rika Rajala (tel. 029 524 7408).

March 2017

Johanna Lammi-Taskula  
Head of the Children, Adolescents and Families unit  
National Institute for Health and Welfare

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### INSTRUCTIONS FOR RESPONDING

- Use a pencil or a ballpoint pen.
- Answer the questions by ticking the boxes. Example:

**How do you like school at the moment? I like school**

- Very much  
 Quite a lot  
 Just a little  
 Not at all

- If you want to change your answer, do not use an eraser, rather colour in the entire box that you first ticked and then tick the box next to the correct answer. Example:

- Incorrect  
 Correct



## Dear guardian of a pupil in 4th or 5th grade!

You have already been informed by the school that the class in which your child is will be participating in the School Health Promotion study. This study includes a survey for guardians. This study is conducted by the National Institute for Health and Welfare.

The target group of the School Health Promotion study comprises pupils in 4th and 5th grades and their guardians; pupils in 8th and 9th grades; and 1st year and 2nd year students in upper secondary school and at vocational education institutions.

Your answers are important. By responding, you will inform us of the health and welfare of your child and your family, and also your own, and on services. You can answer in Finnish, Swedish, English, Russian or Northern Sami. The findings of the survey will be used for instance to improve local services for children and families, to improve operations of the school and for scientific research.

**The survey is anonymous and confidential. Your answers cannot be connected to your personal details or those of your child, and no outsider will ever see your answers.** Your answers will not be shown to school personnel, for instance. Participation is voluntary. Your answers can be linked to your child's answers through the user IDs, but individual respondents cannot be identified.

You may fill in the form alone or with your spouse. We recommend that you use a computer or tablet to fill in the form, not a phone. **Please respond by 28 April 2017.**

### Instructions for guardian's responses

Go online and go to [www.thl.fi/kouluterveys17](http://www.thl.fi/kouluterveys17)

USER ID

PASSWORD

YOU CAN ONLY USE THE USER ID ONCE

If you are bothered by the questions or subjects on the form, please discuss them with a friend or family member, your child's teacher or a health care professional.

The information gathering is managed by Senior Researcher Nina Halme (firstname.lastname@thl.fi, tel. 029 524 7270). Further information on the survey: [www.thl.fi/shpstudy](http://www.thl.fi/shpstudy), Researcher Hanne Kivimäki (tel. 029 524 7281), Researcher Pauliina Luopa (tel. 029 524 6008) and Researcher Rika Rajala (tel. 029 524 7408).

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Head of the Children, Adolescents and Families unit  
National Institute for Health and Welfare



## Background information

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### 1. What is your gender?

- Boy  
 Girl

### 2. Which grade are you in?

- 4th grade  
 5th grade

## School

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### 3. How do you like school at the moment? I like school

- Very much  
 Quite a lot  
 Fairly little  
 Not at all

### 4. Is it peaceful in your class?

- Often  
 Sometimes  
 Never

### 5. When something is talked about in class, do you dare express your opinion?

- Often  
 Sometimes  
 Never

### 6. Do the pupils in your class get along together?

- Often  
 Sometimes  
 Never

### 7. How well do you get along with your schoolmates?

- Well  
 Fairly well  
 Poorly

### 8. How well do you get along with your teachers?

- Well  
 Fairly well  
 Poorly



**9. Are teachers interested in how you are doing?**

- Often  
 Sometimes  
 Never

**10. How much have you been involved in planning the following things during this school year?**

	A lot	Some	Not at all
Ground rules for the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities at recess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outdoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School festivities, events and excursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. What do you feel about recesses and breaks?**

	Agree	Neither agree nor disagree	Disagree
Recesses are refreshing for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am frightened of recesses or of going to recess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel lonely at recesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to have more organised programme at recesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Do you have difficulties in reading?**

- Not at all  
 Some  
 A lot

**13. Do you have difficulties with counting?**

- Not at all  
 Some  
 A lot

**14. Do you have difficulties with writing?**

- Not at all  
 Some  
 A lot

**15. Have any of the following things bothered you at your school during this school year?**

	Not at all	Some	A lot
Too hot inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too cold inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stuffy air (poor indoor air)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpleasant odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramped classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting too bright or too dim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncomfortable chairs, desks or other furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor toilets, changing rooms, showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16. At school**

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
I like being at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often excited about school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no point in going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot cope at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. During this school year, have you had an accident at school or on your way to or from school that has required the medical attention of a physician, nurse or school health nurse?**

	No, never	Once	Twice or more often
During recess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During PE class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During some other class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On my way to or from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Bullying

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In this questionnaire, bullying refers to the harassment of a pupil by another pupil or a group of pupils either verbally or physically. Teasing a pupil **repeatedly** in ways he or she does not like is also considered bullying. An argument between two roughly **equal** pupils is not considered bullying.

**18. How often have you been bullied at school during this semester?**

- Several times a week
- About once a week
- Less frequently
- Not at all

**19. How often have you participated in bullying other pupils during this semester?**

- Several times a week
- About once a week
- Less frequently
- Not at all

If you have not been bullied and have not participated in bullying at school during this semester, go to question 22.

**20. Have you told any adult at your school about bullying at the school during this semester?**

- Yes
- No (go to question 22)

**21. What has happened since you reported the bullying?**

- The bullying stopped
- There is less bullying now
- The bullying continued as before
- The bullying got worse
- Don't know



**22. Have you been bullied because of the following things during this semester, whether at school or in leisure time?**

	Yes	No
Appearance (weight, height, body shape, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Gender (girlish boy, boyish girl, being called a 'homo' etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Skin colour, language, foreign origin, Roma origin, Sámi origin	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>
Family (parents, poverty, place of residence, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>

**Health**

**23. How is your health in general?**

- Very good  
 Fairly good  
 Average  
 Fairly bad or very bad

**24. Have you had any of the following symptoms during this school year?**

	Not at all	Sometimes	Often
Neck or shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling asleep, or waking up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25. Have you had any of the following symptoms during this school year?**

	Not at all	Sometimes	Often
Stuffy nose or cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry or sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry or runny eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Mood

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### 26. How do you feel at school?

- I often feel happy
- I sometimes feel happy and sometimes feel sad
- I often feel sad

### 27. How do you feel at home?

- I often feel happy
- I sometimes feel happy and sometimes feel sad
- I often feel sad

### 28. Think about the last two weeks. How true are the following statements for you?

	Very true	Occasionally true	Not true
I was desperate or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not enjoy anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was so tired that I just sat there doing nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was difficult to think properly or to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that nobody likes me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought that I could never be as good as the other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Friends

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### 29. How many good friends do you have?

- None
- One
- Two or more

### 30. Do you ever feel lonely?

- Not at all
- Sometimes
- Often

## Brushing your teeth

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### 31. How often do you brush your teeth?

- Twice a day or more often
- Once a day
- Less frequently than once a day



## Meals

**32. Do you eat fresh or cooked vegetables (other than potatoes) every day?**

- Yes  
 No

**33. Do you eat fruit or berries every day?**

- Yes  
 No

**34. How often do you have breakfast during the school week?**

- On 5 mornings  
 On 3–4 mornings  
 On 1–2 mornings  
 Never

**35. How often do you have the following at school meals during a school week?**

	On 5 days	On 3–4 days	1–2 days	Never
Main course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad or shredded fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk or buttermilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Physical exercise

In this questionnaire, physical exercise is any activity that increases your heart rate and causes shortness of breath for a while, for example in sports activities, playing games with friends, on the way to or from school, at recess or in PE class.

**36. Think about all the moving around you have done over the past 7 days. On how many days have you been on the move for at least one hour per day?**

- On 0 days  
 On 1 day  
 On 2 days  
 On 3 days  
 On 4 days  
 On 5 days  
 On 6 days  
 On 7 days



## Smoking and other intoxicants

37. If one of your best friends were to offer you any of these, would you use it? Please give an answer for each item.

	I do not know what that is	Certainly not	Probably not	Probably yes	Certainly yes
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Do you think it is likely that you will use any of the following during this or the next school year? Please give an answer for each item.

	I do not know what that is	Certainly not	Probably not	Probably yes	Certainly yes
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Have you ever used any of these?

	Never	I have tried it once or twice	I use it now and then
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Have you ever tasted or drunk an alcoholic beverage, such as beer or cider?

- No, I have not  
 I have tasted a little  
 I have drunk it several times

41. In your opinion, does either of your parents consume too much alcohol?

- No (go to question 43)  
 Yes

42. Has this caused you harm?

- No  
 Yes



**43. Do you know any children or adolescents who have tried to or use drugs?**

- No  
 Yes

**44. Have you ever been offered any drugs?**

- No  
 Yes

### Harassment and violence

**45. During the past 12 months, have you experienced any of the following?**

	Yes	No
Someone stole or attempted to steal something from you by using violence or threats of violence	<input type="checkbox"/>	<input type="checkbox"/>
Someone stole something from you otherwise	<input type="checkbox"/>	<input type="checkbox"/>
Someone threatened online, on the phone or in person to harm you physically	<input type="checkbox"/>	<input type="checkbox"/>
Someone attacked you physically (hitting, kicking, or by using a weapon)	<input type="checkbox"/>	<input type="checkbox"/>

You have the right to determine how you are touched. No one has the right to touch your private areas without your permission (e.g. the area covered by your swimsuit). If someone has touched you in a nasty or improper way or forced you to touch them, it is not your fault. Never keep this kind of touching a secret, even if you are told to. If you answer 'yes' to any of the following, it is very important that you also talk about it to an adult you trust.

**46. Have you experienced any of the following during the past 12 months?**

	Yes	No
Inappropriate or uncomfortable comments on your body	<input type="checkbox"/>	<input type="checkbox"/>
Sexually inappropriate messages or showing of sexually inappropriate videos and images	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate, uncomfortable or scary touching of your intimate areas (e.g. areas covered by your swimsuit)	<input type="checkbox"/>	<input type="checkbox"/>
Someone forcing you to touch their private areas (e.g. areas covered by their swimsuit)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'no' to all items in the previous question, you can go to question 49.





**47. Who has or have done the things described above to you?** You may choose several persons.

- A friend or other child/adolescent you know
- An adult in your family (mother, stepmother, father, stepfather, someone your parent is dating)
- Sibling (sister, brother, half-sister, half-brother)
- Other relative (grandparent, aunt, uncle, cousin)
- Teacher or other adult at your school
- Coach at a hobby, instructor or similar
- Stranger
- Other person

**48. Have you reported the harassment or violence you have experienced during the past 12 months to an adult you trust?**

- Yes
- No

**49. Have your parents done any of the following to you during the past 12 months?**

	Yes	No
Sulked or refused to talk to you	<input type="checkbox"/>	<input type="checkbox"/>
Abused you verbally or called you names	<input type="checkbox"/>	<input type="checkbox"/>
Thrown or kicked things (e.g. slamming doors)	<input type="checkbox"/>	<input type="checkbox"/>
Threatened to hit or whip you	<input type="checkbox"/>	<input type="checkbox"/>
Shoved or shook you violently	<input type="checkbox"/>	<input type="checkbox"/>
Pulled your hair, snapped you with a finger or slapped you	<input type="checkbox"/>	<input type="checkbox"/>
Punched you, hit you with an object or kicked you	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise treated you violently	<input type="checkbox"/>	<input type="checkbox"/>

**50. Have you seen or heard anyone other than yourself doing any of the following to any member of your family during the past 12 months?**

	Yes	No
Sulked or refused to talk to them	<input type="checkbox"/>	<input type="checkbox"/>
Abused them verbally or called them names	<input type="checkbox"/>	<input type="checkbox"/>
Threatened them with violence	<input type="checkbox"/>	<input type="checkbox"/>
Shoved or shook them violently	<input type="checkbox"/>	<input type="checkbox"/>
Pulled their hair, snapped them with a finger or slapped them	<input type="checkbox"/>	<input type="checkbox"/>
Punched them, hit them with an object or kicked them	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise treated them violently	<input type="checkbox"/>	<input type="checkbox"/>



## Getting help and services

**51. How many times have you visited the school nurse during this school year?**

- Never  
 Once  
 2–3 times  
 4 or more times

The school health nurse and physician regularly conduct medical examinations on pupils. Usually the school nurse invites pupils to examinations or books them an appointment.

**52. During this school year, have you had a health examination with the school nurse or physician?**

- Yes  
 No (go to question 55)  
 Don't know (go to question 55)

**53. Was either of your parents with you at the health examination during this school year?**

- Yes  
 No

**54. How were the following things at your health examination during this school year?**

	Agree	Neither agree nor disagree	Disagree
Issues that are important to me were addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My views were listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things about my home were discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to talk about my situation honestly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**55. During this school year, have you visited the school social worker?**

- No  
 Yes  
 Don't know

**56. During this school year, have you visited the school psychologist?**

- No  
 Yes  
 Don't know

**57. Is there an adult at your school with whom you can talk about things that are worrying you if necessary?**

- No  
 Yes  
 Don't know



## Family and housing

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### 58. Do you live with both your parents in one home?

- Yes (go to question 61)  
 No

### 59. Who are the adults you live with?

- I live with my parents in turns, they don't live together (go to question 61)  
 Only one parent (go to question 61)  
 I do not live with my parents

### 60. If you do not live with your parents, where do you live?

- I live with my grandparents or other relatives, without my parents  
 I live in a foster family  
 I live in a child welfare institution  
 I live in a family home  
 None of the above

### 61. In which country were you and your parents born? Please enter an answer for all of you.

	You yourself	Mother	Father
Finland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russia or the former Soviet Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former Yugoslavia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other European country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afghanistan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thailand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**62. How long have you lived in Finland?**

- More than 10 years, or all my life  
 5–10 years  
 1–4 years  
 Less than 1 year

**63. Do you identify yourself as a member of any of the following cultures?**

	Yes	No
Sámi	<input type="checkbox"/>	<input type="checkbox"/>
Roma	<input type="checkbox"/>	<input type="checkbox"/>
Finnish-Swedish	<input type="checkbox"/>	<input type="checkbox"/>

**64. I feel I am an important member of**

	Agree	Neither agree nor disagree	Disagree
My immediate family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My group of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The group of people in my hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The online community I visit most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classroom community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**65. Have any of the following changes occurred in your life during this school year?**

	Yes	No
Changing schools	<input type="checkbox"/>	<input type="checkbox"/>
Parents' divorce	<input type="checkbox"/>	<input type="checkbox"/>
Forming of a blended family	<input type="checkbox"/>	<input type="checkbox"/>
Birth of a sibling	<input type="checkbox"/>	<input type="checkbox"/>
Own serious illness, injury, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Serious illness or death of a family member or other person close to you	<input type="checkbox"/>	<input type="checkbox"/>



**66. Can you talk about things that concern you with your parents?**

- Hardly ever
- Occasionally
- Fairly often
- Often

**67. How often do the following happen to you?**

	Often	Sometimes	Not at all
You talk with your parents about your day at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you go out, you agree when you will come home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your parents talk to your friends when they meet them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your parents support and encourage you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**68. Our family spends enough time together.**

- Agree
- Neither agree nor disagree
- Disagree

**Satisfaction with life in general**

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**69. How satisfied are you with your life at the moment?**

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**Leisure time**

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**70. How often do you do the following things after a day at school?**

	On 5–6 days a week	On 3-4 days per week	On 1–2 days a week	Less frequently
Meet friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend some time with a hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend many hours alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





In the following question, 'online' is used broadly to refer to the use of any applications, games, films or programmes available on various devices (phone, tablet, computer, TV). Social media and online services also come under 'online'.

**71. How often have you experienced the following?**

	Very often	Fairly often	Not very often	Never
I have tried spending less time online, but I have failed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I should spend more time with my family, friends or homework, but I spend all my time online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have found that I was online even though I did not really feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt anxious when I do not get online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have failed to eat or sleep because of being online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!**

If anything in this questionnaire troubles you, please talk about it to your parents or some other adult you know. You can also contact your teacher, nurse, or your school psychologist or social worker.











