Finnish institute for health and welfare

Background information questionnaire for a health examination for the parents of 5th grade pupils

Your child will soon have a health examination in school health care. The extensive health examination for 5th grade pupils includes discussing the health and welfare of the child and her or his entire family. We will also consider issues related to the child's school attendance and leisure time. We invite parents to participate in the child's extensive health examination. Your participation is very important.

We wish that you fill out this form and return it according to the instructions given. When a child lives in two homes, both homes can fill out separate forms. While the questionnaire has been planned to be filled out by parents, you may also discuss with your child when considering your answers.

We will discuss the topics of the form during the examination. Your replies help us target the health examination based on your family's needs and wishes. Your child will also fill out a separate form related to the health examination.

Filling out the form and answering each individual question is voluntary. The information you provide is confidential and subject to the secrecy provisions of health care. Information regarding the health examination will be entered in patient documents, after which this form will be destroyed. School health care documents are part of the wellbeing services county's patient register.

If you want to print out additional copies of the form or read it electronically, you can find it at **thl.fi/opiskeluhuollon-lomakkeet**. The form is not available to fill in electronically.

Pupil

Name	Class
Personal identity code	Language(s) used at home

Parents/guardians

Name	Telephone number where you can be reached during the day
Name	Telephone number where you can be reached during the day

The child lives

- ☐ with two parents
- ☐ with one parent
- ☐ alternating residence
- ☐ other arrangement, please specify

Changes in the family structure after the child started school

- ☐ no changes
- ☐ separated/divorced in _____
  - ☐ joint custody
  - ☐ single parent
- ☐ new cohabitation relationship/marriage in _____
- ☐ other _____

Visiting / alternating residence arrangements if the parents live separately

Does your child have siblings?

☐ no ☐ yes, first names and years of birth

Other persons belonging to the family or same household

Child's health and wellbeing

How would you assess your child's current health? ☐ good ☐ average ☐ poor

Does your child have some long-term (physical or mental) symptom, illness or disability?
☐ no ☐ yes, please specify _____

Care provider, and current treatments and limitations

_____

_____

- allergy ☐ no ☐ yes _____
- special diet ☐ no ☐ yes _____
- medication in use ☐ no ☐ yes _____

During the past year, has your child repeatedly suffered from

- tiredness or sleeping difficulties ☐ no ☐ yes _____
- timidity or tension ☐ no ☐ yes _____
- violent behaviour, aggressiveness ☐ no ☐ yes _____
- restlessness, difficulties concentrating ☐ no ☐ yes _____
- fears, anxiety ☐ no ☐ yes _____
- melancholy, isolation from others ☐ no ☐ yes _____
- bedtime or daytime wetting ☐ no ☐ yes _____
- pain under physical strain ☐ no ☐ yes _____
- other symptoms, ailments or pains ☐ no ☐ yes _____
- accidents ☐ no ☐ yes _____

Has your child ever lost consciousness while lying down or under physical strain? ☐ no ☐ yes

Does your child's family have any history of sudden deaths at the age of under 50 or hereditary or recurring illnesses?
☐ no ☐ yes, please specify

Have you noticed any changes related to puberty in your child? Please specify.

_____

Have you discussed puberty with your child?
☐ no ☐ yes, which themes?

_____

Health habits

Our child

- **sleeps** on school days at _____ - _____, around _____ hours.
  on weekends at _____ - _____, around _____ hours.
- **engages in physical activity** each day around _____ hours (physical education classes, getting to and from school, outdoor activities, hobbies)
- **screen time** on school days _____ hours/day (mobile phone, computer, gaming consoles, TV etc.)
  on weekends _____ hours/day

Do you know what your child does online and on social media? ☐ yes ☐ no

Our family's eating habits

what is good _____

what should be developed _____

Our child's meals	on school days	on weekends
• breakfast	☐	☐
• school meal/lunch	☐	☐
• afternoon snack	☐	☐
• dinner	☐	☐
• bedtime snack	☐	☐

Our child's diet includes

- milk or so-called plant-based milk or products made from these ☐ yes ☐ no
  please specify _____
- vegetables and/or fruits ☐ yes ☐ no
- meat ☐ yes ☐ no
- fish ☐ yes ☐ no

Our child uses a vitamin D supplement ☐ daily ☐ occasionally ☐ never

daily dose _____ micrograms

Use of tobacco products and intoxicants in our family

- tobacco ☐ no ☐ yes _____
- snus (Swedish type moist snuff) ☐ no ☐ yes _____
- alcohol ☐ no ☐ yes _____
- drugs ☐ no ☐ yes _____

Have you talked about tobacco, snus and intoxicants with your child? ☐ yes ☐ no

Personal hygiene

How often does your child brush her/his teeth?

How does your child take care of her/his personal hygiene? (showering, changing clothes etc.)

School

How is your child's school attendance and homework going?

What are your child's strengths at school?

Is your child's learning supported? (remedial teaching, small group, special needs education, etc.)

☐ no ☐ yes, please specify

Is your child seeing/has your child been seeing a school social worker or a school psychologist?

☐ no ☐ yes, why? _____

How do you feel the cooperation between home and school is going?

Does your child enjoy attending school?	☐ yes	☐ I don't know	☐ no
Does your child have friends at school?	☐ yes	☐ I don't know	☐ no
Is your child being bullied at school?	☐ yes	☐ I don't know	☐ no
Has your child been involved in bullying anyone at school?	☐ yes	☐ I don't know	☐ no

Leisure time

What does your child do during her/his leisure time? (alone/together with friends/family or in hobbies)

Our child's curfew is at _____ on school days and at _____ on weekends.

Does your child have friends during leisure time?	☐ yes	☐ I don't know	☐ no
Do you know any of your child's friends?	☐ yes		☐ no
Is your child being bullied during leisure time?	☐ yes	☐ I don't know	☐ no
Has your child been involved in bullying anyone during leisure time?	☐ yes	☐ I don't know	☐ no
Do you know where and with whom your child spends her/his leisure time?	☐ yes		☐ no

Family

Does your family spend enough time together? ☐ yes ☐ no

How do you spend it?

Our family

- tends to give encouragement and positive feedback ☐ yes ☐ no
- shares household chores ☐ yes ☐ no
- is safe for everyone and has a generally amicable atmosphere ☐ yes ☐ no
- tends to share what has happened during the day ☐ yes ☐ no
- has agreed on rules together ☐ yes ☐ no
- eats a meal together every day ☐ yes ☐ no

How does your family solve situations where a child has broken agreed rules or is misbehaving?

Do you feel you need help in matters concerning your child's upbringing?

☐ no

☐ yes, what kind of help?

☐ we are already receiving/have received support, from whom? (e.g. a child guidance and family counselling clinic)

All worries, issues taking up resources and changes in the family affect the pupil's welfare and coping at school. In your family, is there

- long-term illnesses (physical or mental) ☐ no ☐ yes
- difficulties coping, exhaustion or depression ☐ no ☐ yes
- insecurity or violence ☐ no ☐ yes
- issues related to use of intoxicants or addiction ☐ no ☐ yes
- problems in relationships between family members ☐ no ☐ yes
- financial worries ☐ no ☐ yes
- grief or losses ☐ no ☐ yes
- some other current issues, please specify

Who supports you in making your family's daily life run smoothly if necessary?

☐ grandparents ☐ ex-spouse ☐ neighbours ☐ friends

☐ no one ☐ others

Your family's strengths

What about your child delights you?

Your wishes for the health examination

Date	Signature of the person(s) who filled out the form

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