

# Health questionnaire for 5th grade pupils

## Dear 5th grade pupil,

You will soon have an extensive health examination in school health care. An extensive health examination means that you will meet both a school health nurse and a doctor. Your parents are also invited to the examination.

This questionnaire is used to collect information on the issues discussed at the examination in advance. Your personal opinion of these matters is highly valuable.

Therefore, it is important that you fill out this questionnaire. Based on your responses, the school health nurse and doctor will know how they can best help you feel well. You may also express your wishes for the examination.

Filling out the form and answering each individual question is voluntary. The information you give will only be available to school health care. In the examination, the answers you have given will be talked about with you and your parents.

Name _____	
Class _____	Date of filling out the form _____ . _____ . _____






Do you feel healthy?  
 yes     maybe     no, because \_\_\_\_\_

How do you take care of yourself? Explain what makes you feel good, energetic and healthy.

\_\_\_\_\_

\_\_\_\_\_

How do you typically feel at school? Choose the alternative that best applies to you.

				
<input type="checkbox"/> I am very often happy and in a good mood.	<input type="checkbox"/> I am quite often happy and in a good mood.	<input type="checkbox"/> I feel happy and sad equally often.	<input type="checkbox"/> I often feel sad and miserable.	<input type="checkbox"/> I almost always feel sad and miserable.

• Do you enjoy eating school meals?	<input type="checkbox"/> yes	<input type="checkbox"/> sometimes	<input type="checkbox"/> no
• Do you have friends at school?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe	<input type="checkbox"/> no
• Have you been bullied at school?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe	<input type="checkbox"/> no
• Have you noticed bullying in your class?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe	<input type="checkbox"/> no
• Have you ever bullied others?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe	<input type="checkbox"/> no

What school grade (4–10) would you give to

- peacefulness to work in your class \_\_\_\_\_
- atmosphere, or school spirit, in your class \_\_\_\_\_

What kinds of things do you engage in during your free time – after school and on weekends?

\_\_\_\_\_

\_\_\_\_\_

• Do you have friends in your free time?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe	<input type="checkbox"/> no
• Have you been bullied in your free time?	<input type="checkbox"/> yes	<input type="checkbox"/> maybe	<input type="checkbox"/> no

How much time do you spend looking at your mobile phone or other screens (tablet, computer, gaming system, TV, etc.)?

on school days \_\_\_\_\_ hours per day

on weekends \_\_\_\_\_ hours per day

Have you seen something on the screens that still bothers you (for example, sex or violence)?

yes       maybe       no

Have you ever used or experimented with tobacco, snus, alcohol or some other substance?

yes       maybe       no

What sorts of things and changes related to puberty have you noticed in yourself?

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How do you typically feel at home? Choose the alternative that best applies to you.



I am very often happy and in a good mood.



I am quite often happy and in a good mood.



I feel happy and sad equally often.



I often feel sad and miserable.



I almost always feel sad and miserable.

Who are your family members?

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What do you like most about your family?

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Does your family have rules that apply to you? (Such as the time you must come home, time you must go to bed, times when you may play video games, rules about homework, household chores or other issues.)

yes       maybe       no

Have you agreed on the rules together?

yes       maybe       no

What will happen if you break the rules?

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Are you worried or scared about something at the moment? Think about yourself, your friends, school, home and the future. Please specify.

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What happy things are there in your life right now?

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What wishes do you have related to the health examination? What would you like to talk about? Is there something you are nervous about in the examination?

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**THANK YOU FOR YOUR RESPONSES!**