Finnish institute for health and welfare

Health questionnaire for 8th grade pupils

Dear 8th grade pupil,

You will soon have an extensive health examination in school health care. You will meet a school health nurse and a school physician at the examination. This questionnaire is used to collect information on the issues discussed at the examination in advance. Your personal view of the matters included in this form is highly valuable. Therefore, it is important that you fill out this questionnaire. You may also express your wishes for the examination.

Filling out the form and answering each individual question is voluntary. The topics included in this form are discussed at the examination and you will have an opportunity to give more details on your answers. The information you give is confidential and will only be available to school health care. Your parents will only be informed about the issues with your permission. However, if it appears that your growth and development are at risk, the school health care has a legal obligation to report child welfare services of this worry.

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.

You can read the form on a computer at **thl.fi/opiskeluhuollon-lomakkeet**. You cannot fill out this form on a computer.

Pupil

Name	
Class	Telephone number

School and leisure time

I find going to school	☐ pleasant	☐ it is OK	☐ unpleasant
I find learning	☐ easy	☐ sometimes difficult	☐ difficult
I find doing homework	☐ easy	☐ sometimes difficult	☐ difficult

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

peacefulness to work in your class _____ atmosphere, or school spirit, in your class _____ ?

I get along with my teachers	☐ yes	☐ it varies	☐ no
I am nervous or scared at school	☐ no	☐ yes, about what? _____	

I have friends

• at school	☐ yes	☐ too few	☐ no
• during my leisure time	☐ yes	☐ too few	☐ no

How have you planned to continue your studies after comprehensive school?

How do you spend your free time? (alone/together with friends/family or with recreational activities)

My curfew during school days at _____ and weekends at _____ .

I spend time on a mobile phone, computer, TV, gaming console and other screen

- on school days around _____ hours per day.
- on weekends and holidays around _____ hours per day.

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

☐ no ☐ maybe ☐ yes

Think about all the places where you spend your life (school, home, leisure time, online etc.) when responding to the following questions.

• Have you been bullied?	☐ no	☐ maybe	☐ yes
• Have you noticed that someone else is being bullied?	☐ no	☐ maybe	☐ yes
• Have you bullied someone?	☐ no	☐ maybe	☐ yes
• Have you encountered sexual harassment?	☐ no	☐ maybe	☐ yes
• Have you encountered violence or threat of violence?	☐ no	☐ maybe	☐ yes

Health and health habits

Do you feel healthy? ☐ yes ☐ not sure

☐ no, because _____

Do you have some long-term illness or ailment?

☐ no ☐ yes, please tell which one and how it is treated, e.g. medication

I am now the client or have previously been a client of

☐ an outpatient clinic in child psychiatry
☐ a child guidance and family counselling clinic
☐ an outpatient clinic in youth psychiatry
☐ a school social worker
☐ a school psychologist
☐ other, please specify _____

Do you have any allergies? ☐ no ☐ yes, which? _____

Do you have a special diet? ☐ no ☐ yes, which? _____

During the past year, have you suffered from	no	sometimes	often
headache			
stomach pain			
pain under physical strain			
back, shoulder or neck pain			
skin rash			
sleeping difficulties			
melancholy, lower mood or depression			
anxiety, nervousness or fears			
irritation or bouts of anger			
difficulty concentrating			
hostility, attacking others			
some other issue, please specify _____			

Have you had an accident within the previous year?

☐ no ☐ yes, please specify _____

Have you ever lost consciousness while lying down or under physical strain?

☐ no ☐ yes

My opinion about my height and weight

On a daily basis, I eat

☐ breakfast ☐ school meal, lunch ☐ dinner ☐ snacks ☐ bedtime snack

My 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

I use a vitamin D supplement ☐ daily ☐ occasionally ☐ never

daily dose _____ micrograms

I sleep on weekdays at _____ - _____ and weekends at _____ - _____

My exercise habits (in addition to physical education at school)

How do you look after your teeth?

My intoxicant use	**I do not use**	**I do not use, but have tried**	**I use it occasionally**	**I use**	**my circle of friends uses**
tobacco					
e-cigarettes					
snus (Swedish type moist snuff)					
alcohol					
drugs (cannabis etc.)					
other, please specify					

Answer the questions in this section to the extent they apply to you.

Questions about periods

Have your period started? ☐ yes ☐ no The age you were when your period started _____ years

Do you have a regular menstrual cycle? ☐ yes ☐ no Cycle length _____ days (from the first day of your period to the start of the next one)

Do you have menstrual pain? ☐ yes ☐ no Duration of bleeding _____ days

Questions about foreskin and testicles

Do you have a tight foreskin? ☐ yes ☐ no

Do you have two testicles? ☐ yes ☐ no

Do your testicles considerably differ in size? ☐ yes ☐ no

These questions are for everyone.

Issues related to dating apply to my situation. ☐ yes ☐ no

Issues related to contraception apply to my situation. ☐ yes ☐ no

I have been thinking about sexual maturity. ☐ yes ☐ no

I have been thinking about sexual orientation or gender identity. ☐ yes ☐ no

Home and family

My family members include

My relationship with my parents is ☐ very good ☐ good ☐ moderate ☐ poor

What do you do or how do you spend time with your parents?

What is the cause of arguments between you and your parents or what do you disagree about?

I can talk about my issues and worries with
☐ my parents ☐ my sibling ☐ my friend ☐ someone else ☐ no one

In recent times, the following changes have occurred in my life:
☐ moving house
☐ parents' separation/divorce
☐ parent's new cohabitation or marriage
☐ illness of a loved one
☐ death of a loved one
☐ birth of a sibling or a sibling moving away
☐ no changes
☐ other, please specify

Your family's matters also affect your welfare. In your family, do you	**yes**	**sometimes/ maybe**	**no**
spend enough time together			
typically share what has happened during the day			
eat a meal together every day			
typically give encouragement and positive feedback			
share household chores			
have agreed on shared rules			
have fair consequences for breaking the rules			
have a safe and generally amicable atmosphere			
have long-term illness (physical or mental)			
have worries caused by intoxicant use			
have problems or conflicts between family members			
have a threat of violence or violent behaviour			

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

What about yourself and your life are you satisfied with right now?

Your wishes related to the health examination

Date	Signature of the person who filled out the form