Finnish institute for health and welfare

# Preliminary information questionnaire for student health care on the upper secondary level

**Dear student,**

Welcome to the student health examination. During the examination, you will meet a public health nurse and, if necessary, a doctor.

This preliminary information questionnaire is used to collect information on the issues that will be discussed at the examination. Your own view of these issues is valuable and therefore your answers are important. You may also express your wishes for the examination.

Filling in the form and answering individual questions is voluntary and takes approximately 5-15 minutes. The topics included in this form are discussed at the health examination and you will have an opportunity to give more details on your answers. 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. Student health care documents are part of the wellbeing services county's patient register.

The Finnish Institute for Health and Welfare is responsible for the content of the preliminary information questionnaire.

## Personal information

| | |
|---|---|
| Last name | |
| First names | |
| Personal identity code | |
| Gender<br>☐ female ☐ male ☐ other | |
| Email | Phone number |
| Address | |
| Municipality of residence | Country of birth |
| Preferred language<br>☐ Finnish<br>☐ Swedish<br>☐ English<br>☐ Other | |

## Close relative or other contact person

| | |
|---|---|
| Last and first name | |
| ☐ close relative ☐ other contact person, person's relationship with the respondent? | |
| Phone number | |

## Studies

Current educational institution

☐ upper secondary vocational education and training
name of educational institution and field _____

☐ general upper secondary school
name of educational institution

How do you feel that your studies have started?

☐ well ☐ fairly well ☐ poorly

Have you studied somewhere else after basic education?

☐ no ☐ yes, what?

## Health

How do you feel about your health?

Have you been diagnosed with something that makes your studies difficult, such as dyslexia, difficulty in learning or concentration?

☐ no ☐ yes, what?

Have you been diagnosed with a permanent or long-term (physical or mental) illness or disability?

☐ no ☐ yes, what?

Do you have any allergies?

☐ no ☐ yes, what and how do you take them into account? _____

Do you use some medicinal products regularly or when necessary (including contraceptives, natural products and food supplements such as vitamin D)?

☐ no ☐ yes, what?

Do you have persistent or repeated physical symptoms?

☐ no ☐ yes, what?

Do you have persistent or repeated mental symptoms, such as fatigue, anxiety, panic symptoms or nervousness?

☐ no ☐ yes, what?

During the past month, have you often been bothered by feeling down, depressed, or hopeless?

☐ no ☐ yes

Have you been worried about having little interest or pleasure in doing things during the past month?

☐ no ☐ yes

I have questions about my sexual orientation or gender identity.

☐ no ☐ yes

I would like to discuss contraception or sexually transmitted diseases.

☐ no ☐ yes, what?

## Health habits

What kind of diet do you have?

- ☐ omnivore
- ☐ vegetarian
- ☐ vegetarian + dairy products and/or egg
- ☐ vegetarian + fish
- ☐ vegan
- ☐ other, please specify

Do you have symptoms or issues related to dental or oral health?

☐ no ☐ yes, what?

When was the last time you had a dental check-up?

☐ 0-2 years ago ☐ more than 2 years ago ☐ more than 4 years ago

How often do you brush your teeth using fluoride toothpaste?

☐ twice a day ☐ once a day ☐ less often

How do you feel about your weight?

- ☐ I am happy with my weight.
- ☐ I am too thin.
- ☐ I am too fat.
- ☐ I don't know.

On weekdays, I sleep between _____ - _____ o'clock, and on weekends between _____ - _____ o'clock.

Do you have trouble sleeping (e.g. difficulty falling asleep or you often wake up at night)?

☐ no ☐ yes

How often do you exercise in such a way that you get moderately out of breath (e.g. coming to the educational institution or a hobby)?

- ☐ daily or almost daily
- ☐ 1-3 times a week
- ☐ less often
- ☐ not at all

Think about the time you spend on the Internet, social media or in front of the TV or your gaming habits. Has it affected, for example, your relationships, thoughts, sleep, circadian rhythm or your studies?

☐ no ☐ sometimes ☐ often

| My substance use habits | I do not use | I have tried / use occasionally | I use it | people I know use it |
|---|---|---|---|---|
| tobacco | | | | |
| e-cigarettes | | | | |
| snus (Swedish type moist snuff) | | | | |
| alcohol | | | | |
| cannabis | | | | |
| other drugs and prescription drugs for intoxication purposes | | | | |

If you use alcohol, please also answer the questions below.

How often do you consume beer, wine or other alcoholic beverages? Also include the times when you only have a small amount, e.g. a bottle of medium-strength beer or a sip of wine?

- ☐ never
- ☐ about once a month or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 times a week or more

How many drinks containing alcohol do you have on a typical day when you are drinking? One serving means one bottle of medium strength beer or cider, one glass of wine (12 cl) or a restaurant portion (4 cl) of strong alcohol.

- ☐ 1–2 servings
- ☐ 3–4 servings
- ☐ 5–6 servings
- ☐ 7–9 servings
- ☐ 10 or more

How often have you had six or more drinks on one occasion?

- ☐ never
- ☐ less than once a month
- ☐ once a month
- ☐ once a week
- ☐ daily or almost daily

## Relationships

Do you feel lonely?

☐ yes ☐ no

Do you have someone you can talk to about important things?

☐ yes ☐ no

| Have you experienced any of the following? | no | yes | yes, in the last 6 months |
|---|---|---|---|
| bullying | | | |
| violence | | | |
| serious accident | | | |
| sexual harassment, pressuring or violence | | | |
| conflicts in a romantic relationship | | | |
| conflicts between family members | | | |
| serious illness or death of a loved one | | | |
| substance abuse by a loved one | | | |

## Conclusion

Are you hoping to get to the health examination by a public health nurse as soon as possible?

☐ no urgent need ☐ yes

Do you have something related to health or well-being that you would like to discuss during the health check-up?

☐ yes, what? _____

☐ no

| Date | Signature |
|---|---|
| | |