

The Finnish Student Health and Wellbeing Survey (KOTT)

Thank you for participating in the Student Health Survey (KOTT), and welcome!

Responding to the survey questions will take around 20 minutes. When you submit your answers, you will automatically take part in the prize draw. We will be in touch with the winners by 15 May 2021 via email.

You don't need to answer all the questions at once. You can save your answers and continue taking the survey later:

- If you want to pause taking the survey and continue later, press 'Continue later'.
- You can pick up where you left off by clicking the link in your email.
- When you're finished, press "Submit".

Thank you for your responses!

More information about the survey:

www.thl.fi/kott

e-mail: kott-info@thl.fi

I have read the privacy notice concerning the survey and received sufficient information on the survey and its data collection, as well as the handling, merging, and delivery of the data. By taking this survey, I give permission to my personal data being handled in accordance with the privacy notice.

Coronavirus epidemic

1. Has the coronavirus epidemic or the subsequent restrictive measures affected your studies?

- It has made studying significantly more difficult
- It has made studying slightly more difficult
- It has not made studying more difficult or easier
- It has made studying slightly easier
- It has made studying significantly easier
- Cannot say

2. Has the coronavirus pandemic negatively affected your financial situation?

- very much
- quite a lot
- to some extent
- A little
- not at all

3. Have the coronavirus pandemic or the subsequent restrictive measures affected your everyday life?

If the list includes things that are not a part of your life at all, select "Not applicable".

	No influence	Yes, decreased	Yes, increased	Not applicable
Keeping in touch with friends and relatives				
Contact with fellow students				
Feeling lonely				
Feeling optimistic about the future				
Substance Use				
Sleeping difficulties, nightmares				
Workload required for studies				

Health status

4. How would you describe your state of health at present?

- good
- fairly good
- average
- fairly poor
- poor

5. Do you have any longstanding illness or health problem?

- yes
- no

6. Are you limited because of a health problem in activities people usually do?

- severely limited
- limited but not severely
- not limited at all → *You can proceed to question 8*

7. Have you been limited for at least the past 6 months?

- yes
- no

8. Have you had any of the following illnesses or ailments in the past 12 months?

- depression
- anxiety disorder (panic disorder, fear of social situations, etc.)
- anorexia
- bulimia
- other kind of eating disorder (e.g. binge eating disorder, or, BED)
- substance use disorder or substance addiction
- other kind of mental health problem
- none of the above-mentioned illnesses

9. Do you have a diagnosed learning disability, or some kind of an illness or injury that affects your learning? Which one?

- no
- dyslexia
- other kind of learning disability (e.g. difficulty in mathematics, perception, or language)
- neuropsychiatric disorder (ADHD, autism, Asperger's)
- physical disability
- sensory impairment (sight or hearing)
- other, please specify?

10. How tall are you? ___ cm, please round to nearest centimeter

11. How much do you weigh? ___ kg, please round to nearest kilogramme.

If you are pregnant, please input your pre-pregnancy weight.

12. How do you feel about your weight? Do you feel you are:

- severely underweight
- moderately underweight
- normal weight
- moderately overweight
- severely overweight

13. Next, we will ask you questions about your relationship with your body, and food. With each statement, please assess whether or not it describes your current situation.

	no	yes
Do you ever make yourself sick because you feel uncomfortably full?		
Do you worry you have lost control over how much you eat?		
Have you recently lost more than 6 kilograms in a three month period?		
Do you believe yourself to be fat when others say you are too thin?		
Would you say that food dominates your life?		

14. Over the past 4 weeks, for how much of the time have you felt...

Please choose one alternative on each line.

	all the time	most of the time	a good bit of the time	some of the time	a little of the time	not at all
very nervous						
in such a low mood that nothing could cheer you up						
calm and peaceful						
downhearted and sad						
happy						

15. Have you recently been able to concentrate on what you're doing?

- better than usual
- same as usual
- less than usual
- much less than usual

16. Have you recently lost much sleep over worry?

- not at all
- no more than usual
- rather more than usual
- much more than usual

17. Have you recently felt that you are playing a useful part in things?

- more so than usual
- same as usual
- less so than usual
- much less than usual

18. Have you recently felt capable of making decisions about things?

- more so than usual
- same as usual
- less so than usual
- much less than usual

19. Have you recently felt constantly under strain?

- not at all
- no more than usual
- rather more than usual
- much more than usual

20. Have you recently felt you couldn't overcome your difficulties?

- not at all
- no more than usual
- rather more than usual
- much more than usual

21. Have you recently been able to enjoy your normal day to day activities?

- more so than usual
- same as usual
- less so than usual
- much less than usual

22. Have you recently been able to face up to your problems?

- more so than usual
- same as usual
- less so than usual
- much less than usual

23. Have you recently been feeling unhappy or depressed?

- not at all
- no more than usual
- rather more than usual
- much more than usual

24. Have you recently been losing confidence in yourself?

- not at all
- no more than usual
- rather more than usual
- much more than usual

25. Have you recently been thinking of yourself as a worthless person?

- not at all
- no more than usual
- rather more than usual
- much more than usual

26. Have you recently been feeling reasonably happy, all things considered?

- more so than usual
- same as usual
- less so than usual
- much less than usual

Oral health

27. Would you consider the current condition of your teeth, and the overall health of your mouth to be:

- good
- fairly good
- average
- fairly poor
- poor

28. Have you had toothache or other tooth-related problems in the last 12 months?

- no
- yes

29. Do you experience pain in your temples, jaw joints, face, or jaws at least once a week?

- no
- yes

30. Do you experience pain at least once a week when you open your mouth, or chew?

- no
- yes

31. Do you grit your teeth, or bite them together forcefully (when you are not eating)?

- no
- yes, only during the night
- yes, only during the day
- yes, both during the day and the night
- not sure

32. How often do you brush your teeth using fluoride toothpaste?

- less frequently than once a day
- once a day
- more than once a day

33. Do you floss, or use other means to clean between your teeth?

- not at all
- sometimes
- 2-3 times a week
- yes, daily

34. How often do you usually use the following products?

	3 or more times per day	1-2 times per day	2-5 times a week	Less frequently	Never
Coffee or tea with sugar, or other drinks containing sugar (juice, soda, hot chocolate)					
Chocolate, or other sweets					
Chewing gum, or xylitol tablets					

35. Do you usually go to the dentist?

- regularly for a check-up
- only when you have toothache or some other trouble
- never

36. Do you think you are currently needing dental treatment?

- no
- yes

37. Do you find dental treatment to be scary?

- not at all
- to some extent
- very much

Health care services

Student health care: Until the end of 2020, students in universities of applied sciences primarily used the student health care services provided by their place of study. Starting from 1 January 2021, both university students and students in universities of applied sciences use services provided by FSHS.

Other service providers: include health care services provided by occupational health care, the private sector, special health care, or the Finnish Defence Forces.

38. Which health care provider's services have you used the most in the last 12 months?

- YTHS, or, the Finnish Student Health Service or student health care services provided by the municipality
- Other health care services provided by the municipality (e.g. maternity and child health clinic, dental care)
- Occupational health care services
- Services provided by a private health service provider
- Specialised medical care services

39. If you are a university of applied sciences student, have you used FSHS services during this year?

- yes
- no

40. What are the reasons you have used health care services not provided by the Finnish Student Health Service / the student health care services of the municipality in the last 12 months?

You may choose one or more options

- I have not used other services
- I have needed help in a place that doesn't have student health care services
- I have needed help outside of regular business hours
- I have have a doctor-patient relationship elsewhere
- The student health care services don't offer the service I need
- It has taken too long for me to get an appointment at the student health care services
- I haven't been satisfied with the student health care services
- I have been unaware of the existence of student health care services
- Other reason, please specify?

41. Do you feel you have received enough of the following services provided by the Finnish Student Health Service / the student health care services of the municipality in the past 12 months?

	I have not needed it	I would have needed, but did not receive the service	I have used, the service was inadequate	I have used, the service was adequate
mental health services (nurse, GP, psychologist, psychiatrist)				
oral health services (dentist, oral hygienist)				
other health care or nursing services (nurse, physician, physiotherapist)				

42. Think back on your experiences with the health care services provided by the Finnish Student Health Service / the student health care services of the municipality during the last 12 months. How did the following aspects work out in your case?

	always	most of the time	sometimes	never
I was able to contact the place of care smoothly				
my treatment started quickly enough				
I was examined without undue delay (e.g. laboratory tests, X-ray)				
my privacy was respected in the examinations and treatments				
the treatment was beneficial for me				
my problem was handled smoothly and information was transferred between professionals				

Kela's rehabilitation services for students in need of support to finish their education: NUOTTI coaching, Vocational rehabilitation assessment, Support for education and training as rehabilitation, Assistive devices needed for studies, Neuropsychological rehabilitation, Rehabilitative psychotherapy, Rehabilitative courses for persons with different illnesses and conditions, Intensive medical rehabilitation therapies and individual rehabilitation.

43. Do you know any rehabilitation services intended to support your ability to study?

- yes
- no

44. Do you need any rehabilitation services intended to support your ability to study?

- no
- yes, but I haven't received any
- yes, and I have received some

Exercise, nutrition and sleep

45. How much exercise do you get in a week in the course of your studies, work, commute, and spare time?

Think about the past 12 months. Take all regular, weekly physical exertion in consideration. You can write your answer on several lines if necessary.

- hardly any regular weekly exercise → *You can proceed to question 47*
- low-intensity aerobic exercise (= does not make you sweat or get out of breath, e.g. walking leisurely)
__days a week __hours a week and __minutes a week
- moderate-intensity aerobic exercise (= makes you sweat a bit and/or get slightly out of breath, e.g. Walking briskly)
__days a week __hours a week and __minutes a week
- high-intensity aerobic exercise (= makes you sweat a lot and/or get out of breath, e.g. jogging or running)
__days a week __hours a week and __minutes a week

46. On how many days during an ordinary week do you engage in exercise that maintains or develops muscle tone? E.g. exercising at a gym, home exercises, fitness classes, ball games and racked sports, or physically strenuous household chores. If you do not engage in any exercise, please write '0'.

__days a week

47. Who is/are the organiser(s) of your physical education activity?

You can choose one or more options

- I don't participate in physical education activity
- physical education activity organised by the university/university of applied sciences, a students' union, or a student organisation or association
- sports club
- commercial physical education services
- municipal physical education services
- I exercise on my own

48. How many hours per day do you normally sit?

Mark 0, if not at all.

	hours	minutes
during the workday in office or equivalent		
at home while watching TV, or using the computer, or smart device		
during transportation		
sitting down for other reasons		

49. How many times per week do you usually eat at a student restaurant or purchase a student meal to go?

- on 4-7 days → *You can proceed to question 51*
- on 1-3 days
- less often

50. I don't eat at a student restaurant or purchase student meals to go, because...

(You can choose one or more options)

- the student restaurant I use is closed due to corona
- I currently live in a municipality in which student meals are not available
- I avoid student restaurants due to the coronavirus epidemic
- I study remotely, and don't go to a student restaurant to eat or take a meal to go
- I am at work and don't go to a student restaurant to eat or take a meal to go
- the opening hours don't work for me
- the lines are long, or the dining area is restless and noisy
- the meal is too expensive
- I don't like the taste of the food
- I don't think the food is nutritious enough
- I don't think there is enough focus on how ethical the ingredients are, what their effects on the climate are, or where they come from
- I do not always have company in the restaurant and I do not want to eat alone

51. Which of the following options best describes your diet?

- omnivore
- vegetarian (incl. dairy or eggs)
- vegan (no animal-based products of any kind)
- none of the above

52. On how many days per week do you eat the following meals or snacks?

	I don't eat at all	on 1 to 2 weekdays	on 3 to 4 weekdays	every weekday
breakfast				
lunch				
afternoon snack				
dinner				
evening snack				
other snacks				

53. How often have you eaten vegetables (not including potatoes) in the last 7 days?

- not at all
- on 1 to 2 days
- on 3 to 5 days
- on 6 to 7 days
- several times a day

54. How often have you eaten fruit or berries in the last 7 days?

- not at all
- on 1 to 2 days
- on 3 to 5 days
- on 6 to 7 days
- several times a day

55. At what time do you usually go to bed?

Please give an answer to both parts of the question.

	At about 21.00 or earlier	At about 21.30	At about 22	At about 22.30	At about 23	At about 23.30	At about midnight	At about 00.30	At about 01	At about 01.30 or later
On weekdays										
On weekends										

56. At what time do you usually wake up?

Please give an answer to both parts of the question.

	At about 06.00 or earlier	At about 06.30	At about 7	At about 7.30	At about 8	At about 8.30	At about 9	At about 9.30	At about 10	At about 10.30 or later
On weekdays										
On weekends										

57. Do you feel tired during the day?

- every day or almost every day
- on 3 to 5 days a week
- on 1 to 2 days a week
- less often than once a week
- less often than once a month, or never

Tobacco, alcohol and drugs

58. Do you use, or have you previously used tobacco products?

	not at all	I have previously, but I have quit	yes, less often than once a week	yes, weekly, but not every day	yes, daily
cigarettes					
snuff					
waterpipe (shisha)					
other tobacco products, what?					

59. Do you use e-cigarettes that contain the following substances?

	not at all	I have tried it	yes, occasionally	yes, daily
Nicotine				
Tobacco flavours				
Other flavourings				
Some other substance, please specify?				

60. Have you drunk alcoholic beverages over the past 12 months?

- no → *You can proceed to question 64*
- yes

61. How often do you consume beer, wine or other alcoholic beverages?

Also include the times when you only had a small amount, e.g. a bottle of medium-strength beer or a sip of wine.

- never
- around once a month or less
- 2–4 times a month
- 2–3 times a week
- 4 or more times a week

62. How many drinks containing alcohol do you have on a typical day when you are drinking?

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

ONE ALCOHOL PORTION IS:

1 bottle or can (33cl) of medium strength beer, cider, long drink or cider,

1 glass (12cl) of regular wine or

1 small glass (8cl) of fortified wine or

a standard drink (4cl) of strong spirits.

63. 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

64. Have you ever tried or used a drug, medication, or a combination of medications and alcohol to get inebriated?

- never → *You can proceed to question 66*
- yes

65. Have you used at least once in the last 12 months:

	no	yes	how many times?
cannabis			
ecstasy			
amphetamine or methamphetamine			
cocaine			
other drug, please specify:			
medications and alcohol together			
medications with the intention of getting inebriated, please specify:			

Studies

66. Choose the option that best describes your relationship with your studies in the past month.

	Strongly disagree	Disagree	Partially disagree	Partially agree	Agree	Strongly agree
I feel like I'm drowning under the amount of work associated with my studies						
I feel apathetic about my studies, and often think about dropping out						
I often feel inadequate as a student						
I often sleep poorly due to my studies weighing on my mind						
I feel like I'm losing interest in my studies						
I often wonder if my studies matter at all						
I worry about my studies even in my spare time						
I used to have higher expectations for myself in regard to my studies						
The pressure of my studies are causing trouble in my relationships						
I feel full of energy when I'm studying						
I feel excited about my studies						
I am completely immersed in my studies						

Internet use and gambling

67. Do you think you have a problem with any of the following things?

You may choose one or more options

- Social media (Facebook, Instagram, Twitter, or similar)
- Online gaming (e.g. Counter-Strike, PUBG, Candy Crush Saga)
- Online porn
- Shopping online
- I don't have a problem with any of these

68. How often...

	never	seldom	sometimes	often	very often
do you find it difficult to stop using the internet when you are online?					
do others (e.g. partner, friends, parents, children) say you should use the internet less?					
are you short of sleep because of the internet?					
do you neglect your daily obligations (school, work or family life) because you prefer to go on the internet?					
do you go on the internet when you are feeling down?					

Next, we are going to ask you about gambling. Gambling games include the lottery, scratch-off tickets, slot machines, and betting. These are games you can also play online.

69. Have you gambled in the last 12 months?

- no → *You can proceed to question 72*
- yes

70. How often have you gambled in the last 12 months?

- less than once a month
- monthly
- weekly
- almost daily

71. In the past 12 months, have you felt that gambling might be a problem for you?

- never
- sometimes
- often
- very often

Living conditions

72. Which living arrangement best describes yours?

- I live alone
- I live with a partner and/or child(ren)
- I live in a shared flat
- I live in a shared household, with a joint lease agreement
- I live in a shared household, with a separate lease agreement
- I live with my parents
- other, please specify?

73. How well have you managed financially in the last 12 months?

- very well
- well
- I have managed, by living frugally
- I have felt stretched and unsure financially

74. Have you within the past 12 months ever:

	no	yes
feared that you will run out of food before you can get money to buy more?		
been unable to buy medicines because you did not have any money		

75. Have you taken out any payday loans, or consumer loans?

- I have not
- Yes, and I had no difficulty paying them back
- Yes, but I had difficulty paying them back

76. Do you work alongside your studies during the academic year (not including the summer break)?

- no → *You can proceed to question 80*
- yes

77. Is your work:

- full-time work (30 hours per week or more)
- part-time work (under 30 hours per week)
- casual jobs (short, irregular working periods that last under a month)

78. Do you feel that working alongside your studies:

- slows down your studies
- speeds up your studies
- neither slows down nor speeds up your studies
- not sure

79. To what extent do you agree with the following statements?

Think about this academic year.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
I couldn't afford to study without working					
I work so I can get experience					
I work because I need to financially support someone else (children, spouse, parents, etc.)					
I consider myself a worker first, and student second					

Social relations

80. Do you feel part of any group related to your studies?

(e.g. class, study group, student organization or association, department/unit, etc.)

- no
- yes
- not sure

81. Do you ever feel lonely?

- never
- very rarely
- sometimes
- fairly often
- all the time

82. Please estimate how you would expect to receive help from the following when you need help or support.

You may choose one or more alternatives on each line.

	spouse, partner	other next of kin	close friend	fellow student	other person close to you	no one
Who do you believe truly cares about you, whatever may happen?						
Who will provide practical help for you when you need it?						
With whom can you share everyday joys and cares?						

83. Are you in a relationship?

- no
- yes

84. Which of the following options best describes your sexual orientation?

- heterosexual
- bisexual
- gay
- lesbian
- other, please specify?
- none of above

85. What kind of contraception do you use, or have used in the last 12 months?

Choose also the ones your partner uses. You may choose one or more options

- contraceptive pills (including the mini pill)
- a vaginal ring or a contraceptive patch
- a loop
- condoms
- emergency contraception ('morning-after pill')
- some other method of contraception
- none, because I haven't needed to
- none, even though I should have

Experiences with bullying

Bullying refers to a person repeatedly becoming the victim of verbal or physical abuse, and/or discrimination by a person or a group of people, without being able to change the way they are being treated.

86. During your university studies, have you ever:

	never	occasionally	often
felt like another student or a group of students were bullying you?			
felt like a member of staff or a group of staff members were bullying you?			
bullied another student or other students?			
bullied another member of staff or a group of staff members?			

Reconciling work and family life

87. Would you like to have children in the future? When?

- no
- yes, I am, or my partner is, currently pregnant
- yes, within a year
- yes, 2–4 years from now
- yes, in 5–9 years
- yes, in more than 10 years
- not sure
- other, please specify?

If you or your partner don't have child or children, you can proceed to question 89.

88. How did having a child impact your life?

How much do you agree or disagree with each of the following statements?

	fully agree	agree	disagree	fully disagree	don't know or not applicable
My relationship with my spouse/partner improved					
My financial situation worsened					
It became harder for me to study					
It became harder for me to make progress with my studies					
It became harder for me to finish my studies					
It became harder for me to do that interest me					
Having a child had a positive impact on my relationship and social life					
Having a child had a negative impact on the health of myself or my partner					

If you are pregnant, or your partner is, you can skip this part and move on to submitting your survey answers by clicking on "Submit"

89. How much impact would you say the following things have on you not wanting to, or feeling like you can not have a child at this moment?

Please choose one option from each line.

	Not at all	Slightly	To some extent	Significantly
We / I already have a suitable number of children				
The health of myself or my partner				
My studies not being finished				
Uncertain job situation				
I am too young, or I don't feel mature enough				
Coping as a parent				
I don't think I'm suitable for parenthood				
Financial situation				
Combining studies or work and family life				
Insufficient social network or loneliness				
I don't want to commit myself to the care of small children (yet/anymore)				
Insufficient support from society				
Worries about climate change and the planet's ecological carrying capacity				
The situation of my intimate relationship				
I want to pursue my job/career				
I don't think Finland is a child-friendly country				
Other reason				