

Dear respondent,

University of Tampere's department of public health is carrying out a study on the health of young people. The research group consists of medical specialist Päivi Rantanen, MD Seppo Aro and researcher Olavi Paronen.

In the first phase of the study, a class survey will be conducted among all students at grade 8 in secondary schools in Tampere. In the future, we will contact certain adolescents and their parents who responded to the survey. This is why we are asking for your name and address.

All information on the form will be processed with complete confidentiality. The information you provide will not be known to the teachers, the school nurse or your parents.

RESPONSE INSTRUCTIONS

Respond to the questions by circling the number at the correct option or the option that feels most appropriate. In certain questions, you must write your response in the space allocated for it. **Read the entire question first and then mark your answer. For each question, select only one option.**

School _____

Class _____

Name _____

Address _____

1. Gender

- 1 girl
- 2 boy

2. **Date of birth** _____/_____/19_____

FIRST, WE ARE ASKING ABOUT YOUR GENERAL HEALTH STATUS DURING THIS AUTUMN TERM

3. What do you think about your health status? Is it, at present

- 1 very good
- 2 fairly good
- 3 satisfactory
- 4 fairly poor
- 5 very poor

4. **During this autumn term, have you had any respiratory infections (e.g., flu, cold, angina, tonsillitis, sinusitis, cough or sore throat)?**

- 1 never
- 2 once
- 3 twice
- 4 three times or more

5. And, during this autumn term, have you had any other sudden illness or accident?

1 no

2 yes, what? _____

6. When you compare yourself to other young people of the same age, is your state of health, in your opinion

1 much worse than that of others

2 somewhat worse than that of others

3 on average, as good as that of others

4 somewhat better than that of others

5 much better than that of others

7. Do you have a long-term illness or health problem, defect or injury?

1 no

2 yes, what kind of an illness, defect or injury? _____

8. If you have a long-term illness, defect or injury, does it hamper your everyday life?

1 no

2 yes, briefly explain? _____

9. During this autumn term, have you been absent from school because of an illness or injury?

1 no

2 yes, for what illness or injury? _____

**10. During this autumn term, have you contacted one of the following because of an illness or injury?
School nurse?**

- 1 no
 - 2 yes, for what illness or injury? _____
- _____

School physician?

- 1 no
 - 2 yes, for what illness or injury? _____
- _____

Other physician?

- 1 no
 - 2 yes, for what illness or injury? _____
- _____

11. During this autumn term, have you been to a hospital as an inpatient?

- 1 no
 - 2 yes, for what illness or injury? _____
- _____
- _____

12. During this autumn term, have you used one of the following medications? Answer each item.

	No	Yes
Medicine for headache	1	2
Medicine for menstrual pain	1	2
Painkiller or fever medication for other ailments.....	1	2
Antibiotics (e.g., penicillin)	1	2
Cough medicine.....	1	2
Rhinitis medicine.....	1	2
Medicine for stomach problems	1	2
Sleeping pill or calming medicine.....	1	2
Vitamin supplements.....	1	2
Iron medicine.....	1	2
Other medicine	1	2

Specify what? _____

THE FOLLOWING QUESTIONS APPLY TO CERTAIN SYMPTOMS OR AILMENTS THAT YOU MAY HAVE EXPERIENCED DURING THIS PAST AUTUMN TERM.

13. During this autumn term, have you experienced any of the following symptoms, and how often? Circle the most appropriate option on each row.

	Not at all	Occasionally	Quite often	Often or continuously
Stomach ache.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Poor appetite.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Headache .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Apathy or lack of energy .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Trouble falling asleep or waking up during the night.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Nausea or vomiting.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Tension or nervousness .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Feeling dizzy .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Trembling hands.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Nightmares .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Diarrhoea or irregular digestion .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Tiredness or dizziness.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Abundant sweating without physical strain.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Heartburn or acid reflux .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Irritation or outbursts of anger.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Trouble breathing or sensation of anxiety without physical strain.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Palpitation or irregular heartbeat .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4

If you have not had any of the above symptoms (you have circled **number one for each symptom**), girls proceed to question 22 and boys to 23.

THESE QUESTIONS CONCERN THE ABOVE SYMPTOMS THAT YOU REPORTED

14. Have you been worried about any of the symptoms you mentioned during the past autumn term?

- 1 no
- 2 yes, what symptoms? _____
- _____
- _____

15. Have you discussed the symptoms you reported with your parents during the past autumn term?

- 1 no
- 2 yes

16. And have your parents been worried about the symptoms you reported?

- 1 no
- 2 yes

17. Have you been absent from school because of the symptoms you reported during the past autumn term?

- 1 no
- 2 yes, what symptoms? _____

18. Have you used any medication during the past autumn term because of the symptoms you reported? Medicine used for treating the flu does not count.

- 1 no
- 2 yes, what symptoms? _____

19. During this autumn term, have you contacted one of the following because of the symptoms you reported?

School nurse?

- 1 no
- 2 yes, what symptoms? _____

School physician?

- 1 no
- 2 yes, what symptoms? _____

Other physician?

1 no

2 yes, what symptoms? _____

20. Have there been certain particular factors in your life during the past autumn term that you think are the reason for the symptoms you reported?

1 no

2 yes, what kinds of factors? _____

THE NEXT TWO QUESTIONS ARE FOR GIRLS

21. Do some of the symptoms you reported, in your opinion, occur only during your period or are they connected to the menstrual cycle?

1 no

2 yes, what symptoms? _____

3 I have not got my period yet

22. At what age did you have your first period?

At the age of _____

1 I have not got my period yet

THESE QUESTIONS ARE FOR EVERYONE

23. Do you know your current height?

1 no

2 Yes, my height is _____ cm

24. Do you know your current weight?

1 no

2 Yes, my weight is _____ kg

FINALLY, A FEW QUESTIONS ABOUT YOUR FAMILY

25. Do you live with your parents?

- 1 yes
- 2 no, with whom do you live? _____

26. Now questions about your parents or guardian. Does your family have

- 1 mother and father
- 2 mother and stepfather
- 3 father and stepmother
- 4 only mother or only father
- 5 another guardian, who? _____

27. What is the profession or occupation of your father or stepfather? Indicate the name of the profession or occupation as precisely as possible, e.g., machine engineer, upper secondary school teacher, student.

- 1 My family does not have a father or stepfather

28. What is the profession or occupation of your mother or stepmother? Indicate the name of the profession or occupation as precisely as possible, e.g., office worker, shopkeeper, housewife.

- 1 My family does not have a mother or stepmother

29. How many older and younger sisters and brothers do you have?

_____ older sisters or brothers

_____ younger sisters or brothers

30. Do you have a twin sister or brother?

- 1 no
- 2 yes