

Dear respondent,

University of Tampere's department of public health is carrying out a study on the health of the eighth-grade pupils at the Tampere secondary school. The researchers are MD Seppo Aro, researcher Olavi Paronen and medical specialist Päivi Rantanen.

Last autumn, we asked about your state of health during the autumn term. Now we are asking about certain things related to your health **during this spring term**. At the end of the form, there will be some questions about your lifestyle and school-going.

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

The more carefully you answer, the more useful and reliable the study is.

PUPIL HEALTH SURVEY, SPRING 1982

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____

<p>FIRST, WE ARE ASKING ABOUT YOUR GENERAL HEALTH STATUS DURING THIS SPRING TERM</p>
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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 spring 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 spring term, have you had any other sudden illness or accident?

1 no

2 yes, what? _____

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

1 no

2 yes, for what illness or injury? _____

7. For how many days total have you been absent from school because of an illness or injury during this spring term?

_____ days

8. During this spring term, have you contacted the school nurse or a physician because of an illness or injury?

1 no

2 yes, for what illness or injury? _____

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

	No	Yes
Medicine for headache	1	2
Medicine for menstrual pain (girls)	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 SPRING TERM.

**10. During this spring 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**), you can proceed to question 18.

THESE QUESTIONS CONCERN THE ABOVE SYMPTOMS THAT YOU REPORTED

11. Have you been worried about any of the symptoms you mentioned during the past spring term?

1 no

2 yes, what symptoms? _____

12. Have you discussed the symptoms you reported with your parents during the past spring term?

1 no

2 yes

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

1 no

2 yes

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

1 no

2 yes, what symptoms? _____

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

1 no

2 yes, what symptoms? _____

16. During this spring term, have you contacted the school nurse or a physician because of the symptoms you have reported?

1 no

2 yes, what symptoms? _____

THIS QUESTION IS FOR GIRLS ONLY

17. 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

NEXT, WE ARE ASKING ABOUT YOUR HEIGHT AND WEIGHT

18. When your height was last measured and you were last weighed at school,

what was your height? _____ cm

what was your weight? _____ kg

19. How do you feel about your weight? Do you feel you are

- 1 very overweight
- 2 moderately overweight
- 3 normal weight
- 4 moderately underweight
- 5 very underweight

WE ARE NOW ASKING ABOUT CERTAIN ASPECTS OF YOUR LIFESTYLE

20. Have you ever smoked (tried) tobacco?

- 1 no (you can proceed to question 23)
- 2 yes

21. How many cigarettes, pipes or cigars have you smoked altogether?

- 1 none
- 2 just one
- 3 about 2–50
- 4 over 50

22. Which of the following options best describes your current smoking habits?

- 1 I smoke once a day or more often
- 2 I smoke once a week or more often, but not every day
- 3 I smoke less often than once a week
- 4 I have taken a break
- 5 I do not smoke

23. How often do you do sports or physical exercise during your free time?

(The school physical education class does NOT count.)

- 1 never
- 2 less often than once a month
- 3 1–2 times a month
- 4 about once a week
- 5 several times a week
- 6 approximately every day

24. Have you ever drunk alcoholic beverages (beer, wine, hard liquor etc.)?

- 1 no (you can proceed to question 27)
- 2 yes

25. Which of the following options best describes your current alcohol consumption? Also include the times when you only have a very small amount of alcohol, for example only half a bottle of medium-strength beer or a sip of wine.

I drink alcoholic beverages

- 1 at least once a week
- 2 a couple of times a month
- 3 approximately once a month
- 4 approximately once every couple of months
- 5 a few times a year
- 6 once a year or less
- 7 I do not drink alcoholic beverages at all

26. During the past spring term, have you consumed alcohol so that you have been drunk?

- 1 no
- 2 yes, how many times? _____ times

27. How many cups of coffee do you drink a day on average? Strike through if you do not drink coffee daily.

_____ cups a day

FINALLY, QUESTIONS ABOUT YOUR SCHOOL-GOING

28. In mathematics, do you have

- 1 shortest syllabus
- 2 medium syllabus
- 3 extended syllabus

29. And, in the first foreign language, do you have

- 1 shortest syllabus
- 2 medium syllabus
- 3 extended syllabus

30. What was your grade point average in your school certificate last Christmas?

31. Compared to the class average, was your certificate last Christmas

- 1 much better
- 2 slightly better
- 3 approximately class average
- 4 slightly worse
- 5 much worse

32. On average, how much time do you spend each day with homework at home?

_____ hours

33. Do you plan to continue going to school after elementary school

- 1 at a vocational school
- 2 at an upper secondary school
- 3 at another school or institute
- 4 I will not continue going to school
- 5 cannot say

THANK YOU FOR YOUR HELP!