

UNIVERSITY OF TAMPERE
DEPARTMENT OF PUBLIC HEALTH

PUPIL SURVEY, SPRING 1983

This survey is a continuation of the study commenced in 1981 on the state of health and life of adolescents. The researchers are MD Hillevi Aro, researcher Olavi Paronen and MD Päivi Rantanen.

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.

Carefully read each question and respond by circling the number at the most appropriate option. In certain questions, you must write your response in the space allocated for it.

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

Name _____

Address _____

School _____

Class _____

Date of birth ____/____ 19____

Are you

- 1 girl
- 2 boy

FIRST, QUESTIONS ABOUT YOUR HEALTH STATUS

1. 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

2. Do you have any **long-term illness** listed below, or another one?

Answer each item.

Also indicate the age you were when the illness was diagnosed.

	No	Yes	At what age was the illness diagnosed?
Diabetes .....	.....1 .....	.....2	_____ age
Asthma.....	.....1 .....	.....2	_____ age
Allergic rhinitis.....	.....1 .....	.....2	_____ age
Allergic dermatitis.....	.....1 .....	.....2	_____ age
Other allergy.....	.....1 .....	.....2	_____ age
Other dermatitis.....	.....1 .....	.....2	_____ age
Migraine .....	.....1 .....	.....2	_____ age
Other illness.....	.....1 .....	.....2	_____ age
Specify what			
_____			_____ age
_____			_____ age
_____			_____ age

3. What is your current height and weight?

Height _____ cm

Weight _____ kg

4. 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.....

Girls only

5. 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

CHANGES IN LIFE

6. The following is a list of various events that people sometimes undergo.
 On each row, respond whether you have experienced the event presented **during the past year** (that is, after May 1982) or not.

	Have you experienced the event during the past 12 months?	
	No	Yes
Changing homes .....	..... 1 .....	.....2
Birth of a sibling.....	..... 1 .....	.....2
Changing schools .....	..... 1 .....	.....2
Family member falling seriously ill .....	..... 1 .....	.....2
Parent moving away from home .....	..... 1 .....	.....2
Parents' divorce.....	..... 1 .....	.....2
Increased conflict between parents.....	..... 1 .....	.....2
Mother becoming unemployed.....	..... 1 .....	.....2
Father becoming unemployed .....	..... 1 .....	.....2
Death of a family member.....	..... 1 .....	.....2
Death of a grandparent .....	..... 1 .....	.....2
Close friend falling seriously ill.....	..... 1 .....	.....2
Sister or brother moving away from home.....	..... 1 .....	.....2
New stepmother or stepfather.....	..... 1 .....	.....2
Death of a close friend .....	..... 1 .....	.....2
Growing tension in relationship with mother.....	..... 1 .....	.....2
Growing tension in relationship with father.....	..... 1 .....	.....2
Loss of a close friend .....	..... 1 .....	.....2
Violation of law resulting in consequences.....	..... 1 .....	.....2
Personally falling seriously ill.....	..... 1 .....	.....2
End of relationship .....	..... 1 .....	.....2
Increased conflict with a teacher.....	..... 1 .....	.....2
Increased difficulties with classmates .....	..... 1 .....	.....2
Moving away from home .....	..... 1 .....	.....2
Loss of a pet .....	..... 1 .....	.....2

Other events that have been of importance to you:

THESE QUESTIONS APPLY TO YOUR PARENTS

7. Are your parents alive?

- 1 both are alive
- 2 only mother is alive
- 3 only father is alive
- 4 neither is alive

8. Are your parents divorced?

- 1 no
- 2 yes

9. What is your father's current employment situation?

- 1 working outside of the home
- 2 working at home
- 3 unemployed
- 4 retired
- 5 on long-term sick leave
- 6 other, please specify: _____

10. What is your mother's current employment situation?

- 1 working outside of the home
- 2 working at home or housewife
- 3 unemployed
- 4 retired
- 5 on long-term sick leave
- 6 other, please specify: _____

11. What is your father's education?

- 1 primary education or primary education and vocational education
- 2 civic school or civic school and vocational education
- 3 matriculation exam, or matriculation exam and vocational education
- 4 university or higher education degree
- 5 I don't know

12. What is your mother's education?

- 1 primary education or primary education and vocational education
- 2 civic school or civic school and vocational education
- 3 matriculation exam, or matriculation exam and vocational education
- 4 university or higher education degree
- 5 I don't know

QUESTIONS RELATED TO SCHOOL-GOING, FRIENDS AND FREE TIME

13. What is the atmosphere like in your **home class**?

- 1 very good
- 2 fairly good
- 3 neither poor nor good
- 4 fairly poor
- 5 very poor

14. What kind of a relationship do you have with your **teachers**?

Do you get along well

- 1 with everyone
- 2 with most people
- 3 with some people
- 4 with no one

15. What kind of a relationship do you have with your **classmates**?

Do you get along well

- 1 with everyone
- 2 with most people
- 3 with some people
- 4 with no one

16. How many **schoolmates** do you chat with during a normal **school day**?

- 1 with no one
- 2 1–2 schoolmates
- 3 3–5
- 4 6–10
- 5 11–20
- 6 more than 20

17. On average, how much time do you spend **each day** doing homework?

_____ hours

18. Are you satisfied with your performance at school?

- 1 very satisfied
- 2 fairly satisfied
- 3 cannot say
- 4 fairly dissatisfied
- 5 very dissatisfied

19. What was your grade point average of all subjects in your school certificate **last Christmas**?

20. Do you plan to continue going to school after elementary school?

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

21. Do you have hobbies?

List what.

22. On average, how much time do you spend each day watching TV?

_____ hours

23. How often, **outside of school**, do you spend time with your friends or pals?

- 1 daily
- 2 almost every day
- 3 two or three days a week
- 4 about once a week
- 5 less often

24. How many close friends do you have?

- 1 none
- 2 one or two
- 3 3–5
- 4 several

25. Have you ever gone steady with someone?

- 1 no
- 2 yes

26. What is the longest time that you have gone steady with one person?

1 I have not gone steady with anyone

27. Are you currently going steady with someone?

- 1 no
- 2 yes

28. If you have a major personal problem, will you tell anyone about your difficulties?

(Circle one option only.)

- 1 I do not want to tell anyone
- 2 I have no one to tell
- 3 I will mostly tell my peers, my friends or my siblings
- 4 I will mostly tell my parents
- 5 I will tell some things to my parents, some to people of my age
- 6 other, please specify: _____

29. Which of the following options best describes your current alcohol consumption?

Also take into account the times when you have had very small amounts of alcohol.

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

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

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

31. 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

ASSESSMENTS OF SELF AND THE FAMILY

32. The following contains various statements related to you and your parents (or corresponding). **For each statement, circle one option according to how well the statement in your opinion applies to you and your situation in life.** Respond according to the first option that comes to mind.

	Does not apply at all	Does not apply very well	Applies to some extent	Applies rather well	Applies completely
I believe in myself and my possibilities .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel insecure in the company of others.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel the atmosphere at home is good.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I wish I were different .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I do not dare to express my own opinions in company .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I have clear plans for the future.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I spend my free time mostly with my family .	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I am plagued by feelings of inferiority.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I often quarrel with my mother.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I often quarrel with my father.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel that others have it much easier getting friends than I.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
Usually my parents trust me .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I am uncertain about my future .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
Surely I am so boring that no one really feels comfortable with me.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
My hobbies take up almost all of my free time.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I often feel that my mother does not understand me.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I often feel that my father does not understand me.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
In my opinion, I have many good qualities ....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....

	Does not apply at all	Does not apply very well	Applies to some extent	Applies rather well	Applies completely
My parents let me decide about my own affairs	1.....	2.....	3.....	4.....	5.....
I desperately feel that I am lacking self- confidence	1.....	2.....	3.....	4.....	5.....
My parents have a lot of mutual problems	1.....	2.....	3.....	4.....	5.....
I feel relaxed even in strange company	1.....	2.....	3.....	4.....	5.....
I often feel that I am different than my parents would wish	1.....	2.....	3.....	4.....	5.....
I can do what others can	1.....	2.....	3.....	4.....	5.....
My parents are not interested in my opinions	1.....	2.....	3.....	4.....	5.....
My parents wish I was more successful at school	1.....	2.....	3.....	4.....	5.....
I like talking so much that I enjoy talking even with complete strangers	1.....	2.....	3.....	4.....	5.....
I have friends that my parents do not approve of	1.....	2.....	3.....	4.....	5.....
I am often unsatisfied with myself	1.....	2.....	3.....	4.....	5.....
My mother is close to me	1.....	2.....	3.....	4.....	5.....
My father is close to me	1.....	2.....	3.....	4.....	5.....
I make even dull company lively	1.....	2.....	3.....	4.....	5.....

WHAT AM I LIKE?

33. Each of us has a certain image of ourselves. We ask that you use the words below to describe how you consider yourself. In a sense, the words are each other's opposites and represent extremes of a certain quality.

There are five lines between each word **On the lines between the words, mark an X for the word you consider applicable to or descriptive of you – the better the suitability, the closer to the word you mark the X**

Examples:

cheerful ___ ___ ___ ___ X sad

This way you indicate that you are mostly sad.

blond ___ X ___ ___ ___ dark

This way you indicate that you are more blond than dark.

Answer openly, indicating how you truly consider yourself. Do not respond according to how you would like to be or how others may think you are. **Work quickly and do not get too stuck on the details.** Be brave to use even the extremes, and indicate an X the centre only if both qualities are equally well or poorly descriptive of you.

skilled	___	___	___	___	___	less skilled
likes to boss others	___	___	___	___	___	likes to obey others
calm	___	___	___	___	___	changeable, moody
tense	___	___	___	___	___	relaxed
easily agitated	___	___	___	___	___	keeping my calm
driven by emotion	___	___	___	___	___	factual
talented	___	___	___	___	___	only average
persistent, energetic	___	___	___	___	___	leaving things unfinished
acting based on emotion and feeling	___	___	___	___	___	acting based on consideration and reason
concerned, often mellow	___	___	___	___	___	carefree, brisk
likes to obey instructions from others	___	___	___	___	___	likes to take charge of things
worries about things in advance	___	___	___	___	___	brave, does not worry in advance
industrious, persevering	___	___	___	___	___	tiring
not very intelligent	___	___	___	___	___	very intelligent
impulsive, impatient	___	___	___	___	___	steady, patient
leading	___	___	___	___	___	leadable
persevering	___	___	___	___	___	easily tiring
likes to dream	___	___	___	___	___	always sticks to the facts
likes own appearance	___	___	___	___	___	does not like own appearance
attractive	___	___	___	___	___	unattractive
popular	___	___	___	___	___	not very popular

FINALLY, WE ARE ASKING ABOUT YOUR WORRIES AND WISHES

34. What kinds of things worry you?

1. _____

2. _____

3. _____

35. And if you could have three wishes, what would you wish?

1. _____

2. _____

3. _____

THANK YOU FOR YOUR CO-OPERATION!