

SCHOOL HEALTH PROMOTION STUDY 2019: Questionnaire for guardian of a child in the 4th and 5th grade in comprehensive school

Welcome to the School Health Promotion study!

The responses will be used for improving the services for children and families, developing your school's operations, and scientific research purposes. The information will be stored at the National Institute for Health and Welfare.

Background details of a child in grade 4 or 5

1. In which grade is the child on behalf of whom you are answering this questionnaire?

- 4th grade
- 5th grade

2. Gender of the child

- Boy
- Girl
- Other

The child at school

The three levels of support for learning and school attendance are general, intensified and special support. A pupil may only receive support provided at one of these levels at a time.

3. Does the child receive support for learning and school work?

- General support, including occasional remedial teaching, differentiation, part-time special needs teaching
- Intensified support, including continuous and regular remedial teaching, part-time special needs teaching
- Special support, studies in an ordinary class
- Special support, studies in a small group
- None of the above
- Don't know

4. How do you feel about the work of the class teacher and the functioning of the school?

- Fully agree
- Agree
- Neither agree nor disagree
- Disagree
- Fully disagree

The teacher supports the child's strengths

I trust the way the teacher works with the child

It is easy for me to contact the teacher if necessary

I am satisfied with the cooperation between the home and the school at the moment

Bullying

In this questionnaire, bullying refers to the harassment of a pupil by another pupil or a group of pupils either verbally or physically. Teasing a pupil **repeatedly** in ways he or she does not like is also considered bullying. An argument between two roughly **equal** pupils is not considered bullying.

5. Has the child been bullied at school during **this semester**?

- No
- Sometimes
- Often
- Don't know

6. Has the child bullied or participated in bullying other pupils during **this semester**?

- No
- Sometimes
- Often
- Don't know

If there has been no bullying, you may go to question 8.

7. In which ways has the school included you in settling the case involving the bullying of your child during **this semester**?

- Enough
- More or less enough
- Average
- Not quite enough
- Not enough

I have been informed on the bullying situations

I have been included in the processing of the matter

My views were listened to

I have received support for processing the case with my child

The child's health and functional capacity

8. How would you rate the child's health in general?

- Very good
- Fairly good
- Average
- Fairly bad or very bad

9. Does the child have a chronic illness or health problem diagnosed by a physician?

- No
- Yes

10. Is the child restricted from participating in activities common to children of his/her age because of a health problem?

- Seriously restricted
- Restricted, but not seriously
- Not restricted at all (go to question 12)

11. Have these restrictions existed for at least the past **six months**?

- Yes
- No

12. Compare the child to other children of the same age. Which of the following does the child find easy or difficult?

- No difficulties
- Some difficulty
- A lot of difficulty
- Cannot do at all

Does the child have difficulty seeing (if he/she wears glasses or contact lenses, evaluate his/her vision while wearing them)?

Does the child have difficulty hearing people's voices (if he/she uses a hearing aid, evaluate his/her hearing with his/her hearing aid on)?

Does the child have difficulty walking about 500 m, for example once around a sports field?

Does the child have difficulty with self-care, such as eating or putting on his/her shoes?

When the child speaks, does he/she have difficulty being understood by people outside the family?

13. Compare the child to other children of the same age. Which of the following does the child find easy or difficult?

- No difficulties
- Some difficulty
- A lot of difficulty
- Cannot do at all

Does the child have difficulty learning things?

Does the child have difficulty remembering things?

Does the child have difficulty concentrating on an activity that he/she enjoys doing?

Does the child have difficulty accepting changes in his/her routine?

Does the child have difficulty controlling his/her behaviour?

Does the child have difficulty making friends?

14. How typical are the following for the child?

- Never
- Rarely
- Often
- Very often

Having a short temper

Bursts of anger and fits of rage

Easily irritated

Taunts and mocks other children

Disputes and argues with other children

Annoys and disturbs other children

Acts without thinking

The child's lifestyle

15. How often **in the weekdays of the previous week (5 days)** did the child have the following meals?

- On 5 days
- On 3-4 days
- On 1-2 days
- Not once
- Don't know

Breakfast

Lunch

Supper

Evening snack

Snacks

16. At what time does the child usually go to bed? *Please give an answer to both items.*

On weekdays

On weekends

- At about 19.00 or earlier
- At about 19.30
- At about 20.00
- At about 20.30
- At about 21.00
- At about 21.30
- At about 22.00
- At about 22.30
- At about 23:00
- At about 23:30
- At about midnight
- At about 00.30
- At about 01.00
- At about 01.30
- At about 02.00
- At about 02.30
- At about 03.00
- At about 03.30
- At about 04.00 or later
- Don't know

17. At what time does the child usually wake up? *Please give an answer to both parts of the question.*

On weekdays

On weekends

- At about 05.00 or earlier
- At about 05.30
- At about 06.00
- At about 06.30
- At about 07.00
- At about 07.30
- At about 08.00
- At about 08.30
- At about 09.00
- At about 09.30
- At about 10.00
- At about 10.30
- At about 11.00
- At about 11.30
- At about 12.00
- At about 12.30
- At about 13.00 or later
- Don't know

18. How often do you usually...

- Very often
- Often
- Sometimes
- Rarely
- Never

Encourage the child to exercise or to engage in sports

Discuss exercise or sports with the child

Engage in exercise or sports with the child

Give the child a ride to an exercise facility or a sports pastime

19. How often during the past **12 months** has the child...

- Never
- Once or twice
- Occasionally or more frequently
- Don't know

Smoked or used snuff

Consumed alcohol

Accidents

20. During **this school year**, has the child had an accident **at school or on the way to or from school** that has required the medical attention of a physician, public health nurse or nurse?

- No, never
- Once
- Twice or more often

During recess

During PE class

During some other class

On the way to or from school

21. During **this school year**, has the child had an accident **not** during school hours and **not** on the way to or from school that has required the medical attention of a physician, public health nurse or nurse?

- No, never
- Once
- Twice or more often

While as a passenger in a motor vehicle

When riding a bicycle

When walking (e.g. being hit or run over by a car)

In sports at a sports club or in leisure recreation

At home or in the garden

In other leisure time

Sexual health

22. Have you discussed the following things with the child?

- Yes
- No
- No, but I intend to

Puberty and sexual development

Moods and emotional swings

Having a crush and dating

Pregnancy

Venereal diseases and how to prevent them

Pornography

What to do in case of sexual abuse or harassment

Violence

23. How many times during the past **12 months** did you, the child's other parent, your spouse or your ex-spouse do the following?

- Never
- 1-2 times
- 3 or more times
- It has happened, but I do not remember how many times

Refused to talk to the child for a long time

Verbally abused the child, for example called him/her names

Humiliated or embarrassed the child

Threatened to abandon the child or leave the child alone

Thrown, hit or kicked things (e.g. slammed doors) in front of the child

Locked the child up

Threatened the child with violence

24. How many times during the past **12 months** did you, the child's other parent, your spouse or your ex-spouse do the following?

- Never
- 1-2 times
- 3 or more times
- It has happened, but I do not remember how many times

Grabbed the child so hard that it hurt

Pushed or shaken the child angrily

Pulled the child's hair

Slapped the child

Hit the child with their fist or an object

Kicked the child

Otherwise hurt the child physically

If you answered 'never' to all items in questions 23 and 24, you can go to question 26.

25. Have you received support and help in the case involving violence against a child in the past **12 months**?

- Did not need
- Yes, I received adequate help
- I received help but it was not adequate
- I would have needed help but did not get it
- I would have needed help but I did not bring it up

From school (teacher, school social worker, school psychologist, school nurse, school doctor, etc.)

From a nurse, a public health nurse etc. (at a health station, a hospital, or similar)

From a doctor (for instance, at a health station or a hospital)

From a social worker, a family worker etc.

From other services (including the police, a shelter)

From a professional in a telephone or online service

Professionally organised peer support

Your spouse

From friends and relatives

Getting help and services

26. Have you attended the child's health examination at school during **this school year**?

- Yes
- No (go to question 28)

27. How were the following things at the child's health examination during **this school year**?

- Fully agree
- Agree
- Neither agree nor disagree
- Disagree
- Fully disagree

Issues that are important to me were addressed

My views were listened to

The whole family's welfare was discussed

I received enough support for parenting

I was able to talk about my situation honestly

28. Do you find that the child has received enough of the following services provided by the school and student welfare services in the past **12 months**?

- Has not needed them
- Has used the service and it was adequate
- Has used the service but it was not adequate
- Would have needed the service but did not get it
- Would have needed the service but I have not brought it up

Services of the school health nurse (other than a health examination)

Services of the school physician (other than a health examination)

Services of the school psychologist

Services of the school social worker

Special needs teacher

29. Do you find that the child has received enough of the following services in the past **12 months**?

- Has not needed them
- Has used the service and it was adequate
- Has used the service but it was not adequate
- Would have needed the service but did not get it
- Would have needed the service but I have not brought it up

Dental care, oral health care (other than a dental examination)

Services provided by a doctor or a nurse at a health centre

Services provided by a private practitioner (other than vouchers)

Speech therapy, occupational therapy, physical therapy or nutritional therapy

Ophthalmologist/optician

Child guidance clinics and family counselling clinics

Child psychiatry

Paediatrician

Pediatric neurologist

Other medical specialist

Technical aids, or aids for disabled persons

Support family or support person

30. Does the child have a private insurance policy that covers private medical appointments?

- Yes
- No

31. How often has the child used the following services in leisure time during the past **12 months**?

- Almost daily
- Every week
- Every month
- Less frequently
- Never
- The service is not available

Recreation facilities (jogging tracks, school yards, playgrounds, etc.)

Supervised children's exercise (at a sports club, etc.)

Supervised art activity for children (including visual arts, music, architecture, crafts, theatre, literary art)

Clubs (scouts, 4H, cooking, crafts, etc.)

Cultural services for children (e.g. library, concerts, theatres)

Youth work (youth club, youth café, etc.)

Family and housing

32. How does the child live? *Select the option that best describes the situation.*

- In a shared home with parents
- Roughly for the same length of time with both parents who do not live together, for example in alternative weeks
- Mainly lives with one parent, stays with other parent from time to time, for example at weekends
- With one parent
- With grandparents or other relatives, without parents
- In a foster family
- At a children's home, a youth home or a reform school
- In a family home
- In a dormitory
- None of the above

33. Which of the following describe the child's family? *You can select more than one answer.*

- The child has one parent
- The child has two parents
- The child has more than two parents
- The child has no parents, or has no contact with the parents
- The child's parents are divorced
- The child lives in a blended family
- The child lives in a rainbow family
- There are twins, triplets or quadruplets in the child's family
- The child is adopted

34. How many children aged under 18 are living with your family in total?

_____ **living with the family full time**

_____ **living with the family part time**

35. Are the children living with your family? *Select all alternatives that describe your situation.*

- Your and your current spouse's child/ren
- Your child/ren (also the children who live with your family part time)
- Your spouse's child/ren (also the children who live with your family part time)
- Foster child/ren
- Special needs child/ren

36. In what country were the child, the child's mother and the child's father born? *Please enter an answer for all of them.*

The child

Child's mother

Child's father

- Finland
- Sweden
- Estonia
- Russia or the former Soviet Union
- Former Yugoslavia
- Other European country
- Somalia
- Iraq
- Iran
- Afghanistan
- China
- Thailand
- Vietnam
- Other country

37. How long have you lived in Finland?

Child

Child's mother

Child's father

- Always
- More than 10 years, but not always
- 5-10 years
- 1-4 years
- Less than 1 year

38. How often the following is true for you? Reply with your child in the 4th or 5th grade in mind.

- Never
- Rarely
- Sometimes
- Often
- Always

I have fun with my child

I feel close to my child

I try and see things from my child's perspective

I find it difficult to settle my child when he or she is upset

I am worried about my coping as a parent

I feel inadequate as a parent

I usually agree with the child's other guardian about how to bring up the child

Questions concerning the respondent

39. Are you the 4th or 5th grader's

- Mother
- Stepmother
- Father
- Stepfather
- Other guardian
- Foster parent or fosterfamily care provider
- Named nurse or foster care institution employee

40. What is your gender?

- Male
- Female
- Other

41. Birth year of respondent. *Enter your answers in 4 numerals.*

The respondent's health

42. How is your health in general?

- Very good
- Fairly good
- Average
- Fairly bad or very bad

43. Do you have a chronic illness or health problem diagnosed by a physician?

- No
- Yes

44. Are you restricted from participating in common activities by a health problem?

- Seriously restricted
- Restricted, but not seriously
- Not restricted at all (go to question 46)

45. Have these restrictions existed for at least the past **six months**?

- Yes
- No

46. Over the past **4 weeks**, for how much of the time have you felt:

- All of 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

47. Do you ever feel lonely?

- Never
- Very rarely
- Sometimes
- Fairly often
- All the time

48. Over the past **12 months**, have you ever had a period of two weeks or more when for most of the time you have felt:

- No
- Yes

Down, melancholy or depressed

That you have lost your interest in most things that usually give you pleasure (hobbies, work, and other doings)

The respondent's lifestyle

49. How often do you engage in leisure exercise for a period of at least 30 minutes after which you are at least slightly out of breath and sweating?

- Daily
- 4-6 times a week
- 3 times a week
- 2 times a week
- Once a week
- 2-3 times a month
- A few times a year or less often
- I cannot exercise because of an illness or injury

50. Have you ever used any of the following?

- Never
- I have tried it once or twice
- I use it now and then
- I use it every day
- I used to use it, but I quit

Cigarettes

Snuff

E-cigarettes

51. How often do you consume alcoholic beverages? Include the times when you only had a small amount, e.g. a bottle of medium beer or a sip of wine. *Please choose the alternative that best fits your situation.*

- Never (go to question 54)
- Monthly or less
- 2 to 4 times a month
- 2–3 times a week
- 4 or more times a week

One unit of alcohol is equal to:

- 1 bottle (33 cl) of medium beer or cider /
- 1 glass (12 cl) of table wine /
- 1 small glass (8 cl) of fortified wine /
- 1 restaurant measure (4 cl) of spirits

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

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

Examples

- 0.5 l ('pint') of medium beer or cider = 1.5 units
- 0.5 l ('pint') of A beer or strong cider = 2 units
- 0.75 l bottle of table wine (12%) = 6 units
- 0.5 l bottle of spirits = 13 units

53. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

54. Have you used cannabis (hashish, marijuana) or some other narcotic during the past **12 months**? *You may select more than one alternative.*

- No
- Yes, cannabis
- Yes, another narcotic

Violence

55. Have you experienced the following in your relationship during the past **12 months**?

- No
- Yes
- I have not been in a relationship over the past 12 months

Physical violence (including kicking, hitting)

Mental violence (including threats, verbal abuse, humiliation, pressure)

Sexual violence (including being forced into sexual acts)

Financial violence (including being prevented from making decisions about the family's financial affairs or shopping on your own)

56. Have you received support and help in the case involving violence against you in the past **12 months**?

- I haven't needed
- Yes, I received adequate help
- I received help but it was not adequate
- I would have needed help but did not get it
- I would have needed help but I did not bring it up

From a nurse, a public health nurse etc.

From a school doctor

From a social worker, a family worker etc.

From other services (including the police, a shelter)

From a professional in a telephone or online service

Professionally organised peer support

Your spouse

From friends and relatives

If you do not feel safe at home or if you would like to talk about these issues to someone, contact Nollalinja helpline (telephone: 080 005 005), a shelter (www.thl.fi/turvakotipalvelut) or a public health nurse.

Getting help and services

57. Have you had enough information about student welfare services?

- Enough
- More or less enough
- Average
- Not quite enough
- Not enough

Services provided by a school nurse

Services provided by a school doctor

Services provided by a school social worker

Services provided by a school psychologist

58. Is there someone at the school with whom you can talk about things related to the child that are worrying you, if necessary?

- Yes
- No

59. Select the option that best describes your opinion. *By 'your district' we mean the residential area that you live in, or the community or municipality you live in.*

- Fully agree
- Agree
- Neither agree nor disagree
- Disagree
- Fully disagree

Interesting leisure activities for children are organised in my district

I know about leisure opportunities for children in my home district

Leisure activities suitable for children are too far away

Leisure activities that interest the child are too expensive

Everyday life and life management

60. How satisfied are you with your life at the moment?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

61. How well do your family's daily routines typically run?

- Well
- Fairly well
- Neither well nor poorly
- Rather poorly
- Poorly

If you are not in an intimate relationship, you can go to question 63.

62. How happy are you with the different aspects of your intimate relationship?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

Mutual respect

Amount of time spent together

Doing things together

Talking openly

Being understood

Sex

Division of labour in household chores

Division of labour in child care

Feeling of togetherness

Work

63. What is your level of basic education?

- Less than comprehensive school
- Comprehensive school
- Matriculation examination (upper secondary school)

64. What is the highest degree or qualification you have completed after basic education?

- No vocational education or training
- No more than an occupational course or on-the-job training
- Vocational qualification or specialist vocational qualification
- Bachelor's or Master's degree from a university or a university of applied sciences
- Doctorate or Licentiate

65. At the moment, are you principally? *You can select more than one answer.*

- A wage-earner employed by someone else
- A hired employee
- Self-employed (sole trader, self-employed, freelancer, grant beneficiary)
- Self-employed with employees
- A student
- In the military or in alternative civilian service
- On parental leave (on maternity, paternity or parental leave or receiving a child home care allowance)
- Unemployed or laid off. *Respond by writing a number, for example 3.*
The duration of the current period in months
_____ **months**
- Not in working life for other reasons (for example, because of a long-term illness)
- Other

If you are not in working life at the moment, you can go to question 67.

66. Are the following statements about home and work accurate for you?

- Completely accurate
- Somewhat accurate
- Somewhat inaccurate
- Completely inaccurate
- Don't know or not applicable

When I come home, I stop thinking about my work

I feel I am neglecting domestic issues because of my work

I sometimes neglect my family when I am wholly absorbed in my work

I often find it difficult to concentrate on my work because of domestic issues

I have more energy to be with the children when I also go to work

I often have to extend my working day to finish my work

I have to do more overtime than I would like

My working times are sufficiently flexible to meet my family's needs

Financial situation

67. How would you rate your family's financial situation?

- Very good
- Fairly good
- Moderate
- Fairly poor
- Very poor

68. 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

Not visited a doctor because you did not have any money

69. Has your family received income support during the last **12 months**?

- No
- Yes, for less than 4 months
- Yes, for 4–9 months
- Yes, for 10–12 months

Inclusion

70. To what extent do you agree or disagree with the following statements? *For each statement, please select the alternative that best describes your personal experience.*

- Fully agree
- Agree
- Neither agree nor disagree
- Disagree
- Fully disagree

I feel that what I do every day is significant

I get positive feedback on what I do

I belong to a group or community that is important for me

Other people need me

I can influence the course of my life

I feel that my life has purpose

I can strive for things that are important for me

I get help when I really need it

I feel trusted

I can influence some things in my living environment

71. I feel I am an important member of

- Fully agree
- Agree
- Neither agree nor disagree
- Disagree
- Fully disagree

My immediate family

My extended family

The group of people in my hobby

The online community I visit most

My group of friends

My workplace or study community

Thank you for completing this questionnaire!

You may give feedback on the questionnaire if you wish: _____