

SCHOOL HEALTH PROMOTION STUDY 2019: Questionnaire for the 8th and 9th grade in comprehensive school

Welcome to the School Health Promotion study!

- Let others work in peace and ensure that you can complete your form in peace yourself. Do not look at what other people are doing. Focus on your own answers.
- Choose the option that most closely matches your opinion or experience.

All information on this form will be processed in strict confidence. You do not need to give your name at any time. No one except the researchers will ever see this form. Participation is voluntary. Answers will be grouped, not processed individually. Answer all questions honestly.

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

Background information

1. What is your official gender?

- Boy
- Girl

2. Do you feel you are a...

- Boy
- Girl
- Both
- Neither
- It varies

3. In what year were you born?

- 2000 or earlier
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006 or later

4. In what month were you born?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

5. Which grade are you in?

- 8th grade
- 9th grade

School

6. How do you like school at this moment? I like school

- Very much
- Quite a lot
- Fairly little
- Not at all

7. What do you think about your class?

- Fully agree
- Agree
- Disagree
- Fully disagree

It's peaceful to work in my class

The atmosphere in our class is such that I dare to express my opinion freely.

The pupils in my class get along well

8. What do you think about your teachers?

- Fully agree
- Agree
- Disagree
- Fully disagree

Teachers encourage me to express my opinions in class

Teachers are interested in how I am doing

Teachers treat us fairly

9. What possibilities have you had to influence the following things at your school during **this school year**?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

Contributing to lesson arrangements (e.g. working methods)

School work planning (placement of lessons, starting time of the day, examination arrangements etc.)

Design or implementation of activities during recess or break

Drawing up ground rules for the school

Designing or improving outdoor areas at the school

School meals (menus, making the lunch room pleasant, etc.)

Organising theme days, celebrations, excursions or school trip

10. I feel I am an important member of

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

My classroom community

My school community

11. How do you feel about recesses and breaks?

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

I am frightened of recesses or of going to recess

I feel lonely at recesses

I would like to have more organised programme at recesses

12. Are you experiencing difficulties in any of the following things at school?

- Not at all
- Fairly little
- Quite a lot
- Very much

Following the teaching in class

Doing homework or other school tasks

Preparing for exams

Performing tasks that require writing

Performing tasks that require reading

Performing tasks that require calculation

Oral presentations

Answering in class

Using devices used for studying (digital technology or software)

13. Have any of the following things bothered you at your school during **this school year**?

- Not at all
- Some
- A lot

Too hot inside

Too cold inside

Stuffy air (bad indoor air)

Unpleasant odour

Crowded classroom

Noise

Lighting too bright or too dim

Uncomfortable chairs, desks or other furniture

Poor facilities (toilets, changing rooms, showers)

14. During **this school year**, how often have you experienced the following?

- Not at all
- A few times in the year
- Every month
- Every week
- Daily or almost daily

Being late

Being absent without permission, skipping school

Absences due to illness

15. Have you had any of the following feelings relating to school work?

- Hardly ever
- A few times a month
- A few days a week
- Almost daily

I feel overwhelmed by school work

It feels like my studies have no meaning

I feel inadequate at my studies

16. Where do you primarily want to go to study after comprehensive school?

Choose one alternative

- Upper secondary school or vocational education and training
- Additional instruction (grade 10)
- Preparatory training for vocational education and training or general upper secondary school
- I do not intend to study any more
- Don't know

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.

17. How often have you been bullied at school during **this semester**?

- Several times a week
- About once a week
- Less frequently
- Not at all

18. How often have you participated in bullying other pupils during **this semester**?

- Several times a week
- About once a week
- Less frequently
- Not at all

If you have not been bullied and have not participated in bullying at school during this semester, go to question 21.

19. Have you told any adult at your school about bullying at the school during **this semester**?

- Yes
- No (go to question 21)

20. What has happened since you reported the bullying?

- The bullying stopped
- There is less bullying now
- The bullying continued as before
- The bullying got worse
- Don't know

Health

21. How is your health in general?

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

22. Height and weight (in integers)

Height _____ cm

Weight _____ kg

23. In the last **six months**, have you experienced any of the following symptoms, and how often?

- Seldom or never
- Approximately once a month
- Approximately once a week
- Almost daily

Neck or shoulder pain

Lower back pain

Stomach ache

Trouble falling asleep or waking up during the night

Headache

Tiredness or dizziness

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

- No
- Yes

25. Which of the following do you find easy or difficult?

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

Do you have difficulty seeing (if you wear glasses or contact lenses, evaluate your vision while wearing them)?

Do you have difficulty hearing people's voices (if you use a hearing aid, evaluate your hearing with your hearing aid on)

Do you have difficulty walking about 500 m, for example once around a sports field?

Do you have difficulty with self-care, such as eating or putting on your shoes?

When you speak, do you have difficulty being understood by people outside your family?

26. Which of the following do you find easy or difficult?

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

Do you have difficulty learning things?

Do you have difficulty remembering things?

Do you have difficulty concentrating on an activity that you enjoy doing?

Do you have difficulty accepting changes in your routine?

Do you have difficulty controlling your behaviour?

Do you have difficulty making friends?

Mood

27. Over the **last 2 weeks**, how often have you been bothered by the following problems?

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling nervous, anxious or on edge

Not being able to stop or control worrying

Worrying too much about different things

Trouble relaxing

Being so restless that it is hard to sit still

Becoming easily annoyed or irritable

Feeling afraid as if something awful might happen

Little interest in or little pleasure from doing various things

Low spirits, depression, feeling of hopelessness

28. Below you will find a number of claims about different features of your moods. Select one option in each group of sentences that best describes the way you feel at the moment.

- I do not feel sad.
 - I feel blue or sad.
 - I am blue or sad all the time and I can't snap out of it.
 - I am so sad or unhappy that I can't stand it.
-
- I am not particularly pessimistic or discouraged about the future.
 - I feel discouraged about the future.
 - I feel I have nothing to look forward to.
 - I feel that the future is hopeless and that things cannot improve.
-
- I get as much satisfaction out of things as I used to.
 - I don't enjoy things the way I used to.
 - I don't get real satisfaction out of anything anymore.
 - I am dissatisfied or bored with everything.
-
- I don't feel particularly guilty.
 - I feel guilty a good part of the time.
 - I feel quite guilty most of the time.
 - I feel guilty all of the time.

- I don't feel disappointed in myself.
- I am disappointed in myself.
- I am disgusted with myself.
- I hate myself.

- I make decisions about as well as I ever could.
- I put off making decisions more than I used to.
- I have greater difficulty in making decisions more than I used to.
- I can't make decisions at all anymore

29. Have you been worried about your mood during the past **12 months**?

- No (go to question 31)
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

30. Have you received support and help concerning your mood during the past **12 months**?

- Yes, a lot
- Yes, some
- No, but I would have needed it
- I have not needed any help

From your school's adults (teacher, school health nurse, physician, psychologist, social worker)

From services outside the school (health centre, mental health services, youth services, etc.)

From your own parents

From friends and relatives

Friends

31. At the moment, do you have a close friend with whom you can talk confidentially about almost everything concerning yourself?

- I do not have any close friends
- I have one close friend
- I have two close friends
- I have several close friends

32. Do you ever feel lonely?

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

Dating and sexual health

33. Which of the following best describes your sexual orientation at this moment?

- Straight
- Bisexual or pansexual
- Gay
- None of the above
- Don't know

34. Are you dating at this moment?

- No (go to question 36)
- Yes

35. How do the following things describe your current dating?

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

In can be fully myself in my relationship with my partner

I am happy with my body

My partner appreciates my body

I can trust my partner fully

We talk to each other respectfully

We are able to express closeness and love for each other in our relationship

36. Have you ever had sexual intercourse (vaginal or anal intercourse)?

- No (go to question 38)
- Yes

37. What did you use for contraception the last time you had sexual intercourse?
You may choose several options.

- Condom
- Birth control pills, contraceptive ring or contraceptive patch
- Hormonal IUD
- Emergency contraception after intercourse
- Some other method
- Nothing
- Don't know

38. Have you had other types of sex besides intercourse (vaginal or anal intercourse)?

- No (go to question 40)
- Yes

39. How many sexual partners have you had in your life?

40. Do you need one of the following?

- Yes
- No
- Don't know

An opportunity to talk to somebody about relationships and sexuality

More information about the body

More information about the possibility of getting pregnant

Free condoms

Cheaper methods of contraception

More information about sexually transmitted diseases

More information about how to order a chlamydia test

Clinics providing tests and advice that are open at weekends or in the evenings

41. Have you had experiences of sexual approaches from or interaction with an adult or a person who was at least five years older than you at the time it happened?

- Yes
- No (go to question 45)

We would now like to ask about your experience in detail. If you have had sexual experiences with several persons who are at least 5 years older than you, answer the questions concerning what happened with the first person.

42. What happened? *You may select several options.*

- A request or proposal for a sexual act
- Fondling
- Displaying of genitals
- Touching of genitals
- Imitated or actual intercourse

43. What age were you when this happened or started to happen? My age was about

_____ years

44. What age was the other person when this happened or started to happen? Their age was about

_____ years

Brushing your teeth

45. How often do you brush your teeth?

- Never
- Less often than once a week
- At least once a week, but not every day
- Once a day
- More than once a day

Meals

46. How often do you have the following meals during **a school week**?

- On 5 days
- On 3–4 days
- On 1–2 days
- Never

Breakfast

School lunch

Sleeping

47. At what time do you usually go to bed? *Please give an answer to both parts of the question.*

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

48. At what time do you 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

Physical exercise

49. During **your spare time**, how many hours per week do you usually engage in physical exercise that causes shortness of breath and sweating?

- None
- About 0.5 hours
- About 1 hour
- About 2 to 3 hours
- About 4 to 6 hours
- About 7 hours or more

50. How often do you take exercise or participate in sports led by an instructor or on your own initiative **in your leisure time**?

- Almost daily
- Every week
- Every month
- Less frequently
- Never

In instructor-led classes, training sessions or competitions/matches organised by a club or an organisation

On my own initiative

In this questionnaire, physical exercise is any activity that increases your heart rate and causes shortness of breath for a while, for example in sports activities, playing games with friends, on the way to or from school, at recess or in PE class. Examples of physical exercise include brisk walking, running and cycling.

51. Think about all the moving around you have done over the past **7 days**. On how many days have you been on the move for at least one hour per day?

- On 0 days
- On 1 day
- On 2 days
- On 3 days
- On 4 days
- On 5 days
- On 6 days
- On 7 days

Smoking and other intoxicants

52. If one of your best friends were to offer you any of these, would you use it?
Please give an answer for each item.

- Certainly not
- Probably not
- Probably yes
- Certainly yes

Smoking

Snuff

E-cigarettes

53. Do you think it is likely that you will use any of the following during the next **12 months**? *Please give an answer for each item.*

- Certainly not
- Probably not
- Probably yes
- Certainly yes

Smoking

Snuff

E-cigarettes

54. How many cigarettes, pipefuls and cigars have you smoked altogether?

- None (go to question 56)
- Just one (go to question 56)
- About 2–50
- More than 50

55. Which of the following alternatives best describes your **current smoking habits**?

- I smoke once a day or more often
- I smoke once a week or more often, but not every day
- I smoke less often than once a week
- I have quit smoking (temporarily or permanently)

56. Have you ever used any of these?

- Not at all
- 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

Snuff

Water pipe (hookah/shisha)

57. Do you smoke e-cigarettes that contain the following substances? *Please give an answer for each item.*

- Not at all
- 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

Nicotine

Tobacco flavours

Other flavourings (e.g. fruit)

Other

58. Where did you get the tobacco products that you have used in the **past 30 days**? *Please give an answer to both parts of the question.*

Cigarettes

Snuff

- I have not used any in the past 30 days
- I bought them at a shop myself
- I bought them myself at a mini market (kiosk) or petrol station
- I bought them myself at a restaurant or bar
- I bought them myself on a ship or abroad
- I ordered them online
- I got them through the social media
- Parents or older siblings got them or offered them
- I took them from home without permission
- My friends got them or offered them
- Another adult or an unknown person got them or offered them
- Other

59. Where did you get the e-cigarettes or e-cigarette accessories that you have used in the **past 30 days**? *Please give an answer for all items.*

E-cigarettes

E-liquid nicotine

Other liquids

- I have not used any in the past 30 days
- I bought them at a shop myself
- I bought them myself at a mini market (kiosk) or petrol station
- I bought them myself at a restaurant or bar
- I bought them myself on a ship or abroad
- I ordered them online
- I got them through the social media
- Parents or older siblings got them or offered them
- I took them from home without permission
- My friends got them or offered them
- Another adult or an unknown person got them or offered them
- Other

60. What do you think about the warnings on tobacco product packages you have seen in the **past six months**?

- I have not seen a tobacco product package
- I have not noticed the warnings
- The warnings made me think about quitting smoking
- The warnings made me think about never starting smoking
- They did not make me think about anything much

61. During your life, have your parents smoked?

Mother

Father

Other parent

- Never smoked
- Used to smoke but has quit
- Smokes nowadays
- Don't know

62. On the whole, how often do you consume alcohol, a half-bottle of beer or more, for example?

- Once a week or more often
- A couple of times a month
- About once a month
- Less frequently
- I do not drink alcoholic beverages (go to question 65)

63. How often do you consume alcohol until you are **heavily drunk**?

- Once a week or more often
- About 1 to 2 times a month
- Less frequently
- Never

64. How did you get the alcoholic beverages you consumed last time?

- Yes
- No

I bought them at Alko myself

I bought them at a shop myself

I bought them myself at a mini market (kiosk) or petrol station

I bought them myself at a restaurant or bar

I bought them myself on a ship or abroad

My father or mother got them or offered them

Older siblings got them or offered them

I took them from home without permission

My friends got them or offered them

Another adult or an unknown person got them or offered them

65. In your opinion, does one of your parents consume too much alcohol?

- No (go to question 67)
- Yes

66. Has this caused you harm?

- No
- Yes

67. Have you ever tried or used the following substances?

- Never
- Once
- 2 to 4 times
- 5 times or more

Marijuana or hashish (cannabis)

Sniffing a narcotic substance (glue, butane, etc.) to become intoxicated

Drugs (sedatives, sleeping pills, painkillers) or alcohol and drugs combined to become intoxicated

Ecstasy, amphetamines, Subutex, heroin, cocaine, LSD, gamma or similar narcotic substances

A narcotic substance that you did not know what it was

68. Consider the **past 30 days**. During this period, how many times have you used the narcotic substances mentioned in the previous question?

- Not at all
- Once
- 2 to 4 times
- 5 times or more

Marijuana or hashish (cannabis)

Another of the narcotic substances mentioned in the previous question

69. In your opinion, what opportunities does a person your age have to obtain narcotics, such as marijuana or hashish (cannabis), where you live?

- Very easy
- Fairly easy
- Fairly difficult
- Very difficult
- Don't know

70. People have differing views on what is acceptable and what is not. Do you find the following acceptable for people of your age?

- Yes
- No
- Don't know

Smoking

Using snuff

Smoking e-cigarettes

Consuming small amounts of alcohol

Consuming alcohol enough to get drunk

Smoking marijuana (cannabis)

Accidents

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

- No, never
- Once
- Twice or more often

During recess

During PE class

During some other class

During a work experience period (TET)

On my way to or from school

72. During **this school year**, have you had an accident **not** on a school day and **not** on your 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 operating a motor vehicle or as a passenger

When riding a bicycle

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

In sports at a sports club or at a hobby

At home or in the garden

At work or at the workplace

In other leisure time

73. During **this school year**, have you had an accident while intoxicated that has required the medical attention of a physician, public health nurse or nurse?

- No, never
- Once
- Twice or more often

Harassment and violence

Physical violence

74. During the past **12 months**, have you experienced any of the following?

- Yes
- No

Someone stole or attempted to steal something from you by using violence or threats of violence

Someone stole something from you otherwise

Someone threatened to harm you physically

Someone attacked you physically (hitting, kicking, or by using a weapon)

Sexual harassment and violence

You have the right to decide how you want to be touched. If somebody has touched you in a way that you find confusing or upsetting or forced you to touch them, it is important that you tell an adult you can trust. For example, you can tell your teacher or the school nurse.

75. Have you experienced inappropriate sexual proposals or harassment during the past **12 months**?

- Yes
- No

On the phone or online

At school

In your hobbies

In the street, at a shopping centre or in another public space

In your home, in another person's home or in another private space

If you answered 'no' to all items in the previous question, you can go to question 77.

76. Who harassed you sexually in the manner described in the previous question in the last **12 months**? *You may select several persons.*

- A friend or other child/adolescent you know
- An adult in your family (mother, stepmother, father, stepfather, someone your parent is dating)
- Foster family mother or father
- Sibling (sister, brother, half-sister, half-brother)
- Other relative (grandparent, aunt, uncle, cousin)
- Instructor or carer at a family care home or a child welfare institution
- Teacher or other adult at your school
- Coach at a hobby, instructor or similar
- Stranger
- Other person

77. Have you experienced any of the following during the past **12 months**?

- Yes
- No

Being forced to undress

Unwanted touching of intimate parts of the body

Being pressured or coerced into sexual intercourse or other sexual acts

Being offered money, goods or intoxicants in exchange for sex

If you answered 'no' to all items in the previous question, you can go to question 79.

78. Who subjected you to the sexual violence described in the previous question in the last **12 months**? *You may select several persons.*

- A friend or other child/adolescent you know
- An adult in your family (mother, stepmother, father, stepfather, someone your parent is dating)
- Foster family mother or father
- Sibling (sister, brother, half-sister, half-brother)
- Other relative (grandparent, aunt, uncle, cousin)
- Instructor or carer at a family care home or a child welfare institution
- Teacher or other adult at your school
- Coach at a hobby, instructor or similar
- Stranger
- Other person

79. Have you told an adult you can trust about the harassment or sexual violence you experienced in the last **12 months**?

- Yes
- No
- I have not experienced harassment or violence (go to question 81)

80. Have you received support and help concerning the sexual harassment or violence you have experienced during the past **12 months**?

- Yes, a lot
- Yes, some
- No, but I would have needed it
- I have not needed any help

From your school's adults (teacher, school health nurse, physician, psychologist, social worker)

From services outside the school (health centre, police, child welfare services, etc.)

From your own parents

From friends and relatives

Violence in the family

In these questions parents mean, for example, your mother or stepmother, father or stepfather, adopted parents, foster family parents or instructors at a child welfare institution.

81. Did your parent for long periods of time not provide **you** with enough food or drink, clean clothes, or a clean and warm place to live?

- Never
- Once or twice in my life
- Several times in my life

82. Did a parent swear at **you**, insult **you**, humiliate **you**, threaten **you** or make **you** feel unwanted?

- Never
- Once or twice in my life
- Several times in my life

83. Has one of your parents done any of the following **to you** in the past **12 months**?

- No
- 1 to 2 times
- 3 times or more
- They have but I cannot remember the number of times

Refused to talk to you for a long time

Verbally abused you, for example called you names

Humiliated or embarrassed you

Threatened to abandon you or leave you alone

Thrown, hit or kicked things (e.g. slammed doors)

Locked you up

Threatened you with violence

If you answered 'no' to all items in the previous question, you can go to question 85.

84. Who has done the things described in the previous question **to you** in the past **12 months**? *You may select several persons.*

- Mother or stepmother
- Father or stepfather
- Foster family mother
- Foster family father
- Instructor or carer at a family care home or a child welfare institution
- Other parent or guardian

85. And have you personally seen or heard someone in your family doing one of the following **to another member of your family** in the past **12 months**?

- Yes
- No

Refused to talk to them for a long time

Verbally abused them, for example called them names

Humiliated or embarrassed them

Threatened to abandon them or leave them alone

Thrown, hit or kicked things (e.g. slammed doors)

Locked them up

Threatened them with violence

In these questions parents mean, for example, your mother or stepmother, father or stepfather, adopted parents, foster family parents or instructors at a child welfare institution.

86. Did a parent hit, beat, kick or physically try to hurt **you** in any way?

- Never
- Once or twice in my life
- Several times in my life

87. Has one of your parents done any of the following **to you** in the past **12 months**?

- No
- 1 to 2 times
- 3 times or more
- They have but I cannot remember the number of times

Grabbed you so hard that it hurt

Pushed or shaken you angrily

Pulled your hair

Slapped you

Hit you with their fist or an object

Kicked you

Otherwise hurt you physically

If you answered 'no' to all items in the previous question, you can go to question 89.

88. Who has done the things described in the previous question **to you** in the past **12 months**? *You may select several persons.*

- Mother or stepmother
- Father or stepfather
- Foster family mother
- Foster family father
- Instructor or carer at a family care home or a child welfare institution
- Other parent or guardian

89. And have you personally seen or heard someone in your family doing one of the following **to another member of your family** in the past **12 months**?

- Yes
- No

Grabbed them so hard that it hurt

Pushed or shaken them angrily

Pulled their hair

Slapped them

Hit them with their fist or with an object

Kicked them

Otherwise hurt them physically

90. Have you reported the mental or physical violence you have experienced in your family during the past **12 months** to an adult you trust?

- Yes
- No
- I have not experienced violence in my family (go to question 92)

91. Have you received help and support regarding the violence you have experienced in your family in the past **12 months**?

- Yes, a lot
- Yes, some
- No, but I would have needed it
- I have not needed any help

From your school's adults (teacher, school health nurse, physician, psychologist, social worker)

From services outside the school (health centre, police, child welfare services, etc.)

From your own parents

From friends and relatives

If you have experienced harassment or violence, it is very important that you tell an adult. For example, you can talk to your teacher or the school nurse. You can also call the helpline for children and young people maintained by the Mannerheim League for Child Welfare, or Victim Support Finland.

Getting help and services

The school health nurse and physician regularly conduct medical examinations on pupils. Usually the school health nurse invites pupils to examinations or books them an appointment. Pupils may also visit the school health nurse or physician as needed.

92. During **this school year**, have you visited your school's nurse, physician, social worker or psychologist?

- No, there was no need for it
- No, I tried but could not get an appointment
- Yes, 1–2 times
- Yes, 3–5 times
- Yes, more than 5 times

School health nurse, other than for a regular checkup

Physician, other than for a regular checkup

Social worker

Psychologist

93. During **this school year**, how easy has it been to get an appointment with your school's nurse, physician, social worker or psychologist?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

School health nurse, other than for a regular checkup

Physician, other than for a regular checkup

Social worker

Psychologist

94. When did you last have a **health examination** provided by school health care?
Select one option for both school health nurse and physician.

- Lower-level comprehensive school
- 7th grade
- 8th grade
- 9th grade
- Don't know

School health nurse

School physician

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

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

Issues that are important to me were addressed

My views were listened to

Things about my home were discussed

I was able to talk about my situation honestly

96. Is there an adult at your school with whom you can talk about things that are worrying you if necessary?

- No
- Yes
- Don't know

97. During **this school year**, have you been given support and help for your wellbeing by the following adults at your school?

- Yes, a lot
- Yes, some
- No, but I would have needed it
- I have not needed any help

School health nurse

Physician

Psychologist

Social worker

Teacher

Other adult at your school

Family and housing

98. Where do you live? *Select the option that best describes your situation.*

- In a shared home with my parents (go to question 100)
- I live roughly for the same length of time with both parents, who do not live together, for example in alternative weeks (go to question 100)
- I mainly live with one of my parents and stay with the other parent from time to time, for example at weekends (go to question 100)
- With one of my parents (go to question 100)
- I live with my grandparents or other relatives, without my parents
- I live in a foster family (go to question 100)
- At a children's home, a youth home or a reform school (go to question 100)
- I live in a family home (go to question 100)
- In a dormitory (go to question 100)
- None of the above (go to question 100)

99. Why are you living with your grandparents or other relatives?

- A social worker has told me where to live
- For other reasons
- Cannot say

100. Which of the following describe your family? *You can select more than one answer.*

- I have one parent
- I have two parents
- I have more than two parents
- I have no parents, or I have no contact with my parents
- My parents are divorced
- I live in a blended family
- I live in a rainbow family
- There are twins, triplets or quadruplets in my family
- I am adopted

101. Are you helping or caring for a family member or some other person close to you who has, for example, a serious illness or an injury or who is very old?

- This situation or need for help does not concern my family
- A few times in the year
- Every month
- Every week
- Daily or almost daily

102. What is the highest educational level your parents have achieved?

Mother

Father

Other parent

- Comprehensive school or equivalent
- Upper secondary school, high school or vocational education institution
- Occupational studies in addition to upper secondary school, high school or vocational education institution
- University, university of applied sciences or other higher education institution

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

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

104. In which country were you and your parents born? *Please enter an answer for all of you.*

You yourself

Mother

Father

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

105. How long have you lived in Finland?

- All my life
- More than 10 years, but not always
- 5–10 years
- 1–4 years
- Less than 1 year

106. Can you talk about things that concern you with your parents?

- Hardly ever
- Occasionally
- Fairly often
- Often

Satisfaction with life in general

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

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

108. 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

Leisure time

In the following question, 'online' is used broadly to refer to the use of any applications, games, films or programmes available on various devices (phone, tablet, computer, TV). Social media and online services also come under 'online'.

109. How often have you experienced the following?

- Very often
- Fairly often
- Not very often
- Never

I have tried spending less time online, but I have failed

I should spend more time with my family, friends or homework, but I spend all my time online

I have found that I was online even though I did not really feel like it

I have felt anxious when I do not get online

I have failed to eat or sleep because of being online

Gambling means games in which players **win or lose money**. Gambling includes betting, slot machines, scratch cards, online gaming (such as online poker) and private card games for money.

110. How often do you gamble?

- On 6–7 days a week
- On 3–5 days a week
- On 1–2 days a week
- Less often than once a week
- Less often than once a month
- I have not gambled during the past year

111. How often do you do the following things **outside of school hours**?

- Almost daily
- Every week
- Every month
- Less frequently
- Never

I take exercise or participate in sports

I sing, play an instrument or compose

I participate in drama, circus or dance

I draw, paint or take photographs

Reading books for your own pleasure

I write poems or stories

I go to the cinema, theatre, concerts or exhibitions

I do needlework, carpentry or crafts or repair machinery or equipment

I do coding or programming

I play games with a smartphone, tablet, computer or other similar device

I make animations, videos or films

I publish media content, for example by blogging, vlogging or YouTubeing

I care for a pet or a domestic animal

I participate in the activities of a club, association or organisation, including the scouts, the 4H club, volunteer firefighters, volunteering, parish activities

A regular hobby of some other kind

Engaging in arts and culture includes drawing, writing and coding or going to the theatre, festivals or a circus or visiting a museum. Listening to music, reading books, taking photographs and making videos are also engaging in arts and culture.

112. How often do you engage in art or cultural activities led by an instructor or on your own initiative **in your leisure time**?

- Almost daily
- Every week
- Every month
- Less frequently
- Never

In instructor-led classes, for example at an art institution or school club

On my own initiative

113. Think about all of your art and cultural activities in the past **7 days**. On how many days have you engaged in artistic or cultural activities for at least one hour a day?

- On 0 days
- On 1 day
- On 2 days
- On 3 days
- On 4 days
- On 5 days
- On 6 days
- On 7 days

114. Select the option that best describes your opinion. By *'home 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 young people are organised in my home district

There are enough leisure spaces for young people in my home district

I know about leisure opportunities in my home district

Leisure activities suitable for me are too far away

Leisure activities that interest me are too expensive

Please answer the remaining questions if you live with relatives, in a foster family or a family care home, or at a child welfare institution.

115. How old were you when you went to live with your relatives, a foster family, a family care home or a children's home **for the first time**?

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- I don't know or can't remember

116. Sometimes children and young people move around for different reasons. In how many foster families or institutions have you lived in your life? *Also include the place where you live now.*

- 1
- 2
- 3
- 4
- 5
- 6 or more
- Don't know

117. For how many years have you lived in the foster family or institution where you are **living at the moment**?

- Less than 1 year
- 1–3 years
- 4–6 years
- Seven years or more
- Don't know

Client plan negotiations are conducted to agree on matters concerning you with your social worker and the adults looking after you.

118. Have you taken part in client plan negotiations in the past **12 months**?

- Yes
- No, I have not had one (go to question 120)
- No, I did not want to take part (go to question 120)
- I don't know what it is (go to question 120)

119. Think about your latest client plan negotiation. To what extent were the following true for you?

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

Issues that are important to me were addressed

My views were listened to

Things about my home were discussed

I was able to talk about my situation honestly

Your personal child welfare social worker looks after all the matters associated with your placement. They prepare or make any decisions on your placement (including client plans). The social worker is not the same as your personal counsellor.

120. Do you know who your social worker is **at the moment**?

- Yes
- No

121. Have you met your personal social worker in the past **12 months**?

- Yes
- No
- I did not want to meet them
- I do not have a social worker

122. Have you met your personal social worker **privately** in the past **12 months**?

- Yes
- No
- I did not want to meet them
- I do not have a social worker

123. Have you experienced any of the following in your current foster family or institution in the past **12 months**?

- Yes
- No

Restrictions of your contacts

Restraining

Restrictions of your freedom of mobility

Having been denied food as a punishment

A group punishment (everyone is punished because one or a few people have broken the rules)

Being punished without knowing why

124. Sometimes children and young people feel they are being treated particularly badly or unfairly. Do you know who could help you if you were treated in this way?

- Yes
- No

125. How do you feel about living in your current foster family or institution?

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

I feel safe

This feels like a good place for me to live in

I am treated fairly

I can observe values that are important for me (including culture, religion, worldview)

126. What kind of possibilities have you had to influence the following in your current foster family or institution in the past **12 months**?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

Drawing up the common rules

Everyday life, including meals and leisure time

127. Are there other children or young people in your current foster family or institution?

- Yes
- No (go to question 131)

128. Has another **child or young person** living in your current foster family or institution done some of the following to you in the past **12 months**?

- Not at all
- A few times in the year
- Every month
- Every week
- Daily or almost daily

Called you nasty names, made you a laughing stock or teased you in a hurtful way

Deliberately provoked or annoyed you

Ignored or excluded you

Spread lies about you among other children or young people to hurt you

Taken your money or possessions or broken your things

Threatened you or forced you to do something you did not want to do

Shut or locked you up by force

Hit, kicked or pushed you

Done something else upsetting

If you answered 'no' to all items in the previous question, you can go to question 131.

129. Have you told some adult you can trust about your experiences of being bullied or treated violently by another child or young person in the past **12 months**?

- Yes
- No (go to question 131)

130. What happened after you reported being bullied or treated violently by another child or young person?

- The bullying or violence has stopped
- There is less bullying or violence
- The bullying or violence has continued as before
- There is more bullying or violence
- Don't know

131. Do you keep in touch with the following persons **by meeting** them? *This question means persons with whom you are not living at the moment.*

- Yes, too often
- Yes, suitably often
- Yes, but too seldom
- Never, because I don't want to meet them
- Never, for other reasons
- I do not have any

Mother

Father

The sister or brother closest to you

Other relative that you are close to, including a grandparent or a godparent

Your closest friend or mate

132. Do you keep in touch with the following persons **by other means** besides meeting them, for example by calling or messaging? *This question means persons with whom you are not living at the moment.*

- Yes, too often
- Yes, suitably often
- Yes, but too seldom
- Never, because I don't want to contact them
- Never, for other reasons
- I do not have any

Mother

Father

The sister or brother closest to you

Other relative that you are close to, including a grandparent or a godparent

Your closest friend or mate

Thank you for completing this questionnaire!

If anything in this questionnaire troubles you, please talk about it to your parents or some other adult you know. You can also contact your teacher, school health nurse, or your school psychologist or social worker.

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