

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.

Background information

1. What is your gender?

- Boy
- Girl

2. In what year were you born?

- 1998 or earlier
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004 or later

3. In what month were you born?

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

4. Which grade are you in?

- 8th grade
- 9th grade

School

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

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

6. How important do your parents consider your going to school?

- Very important
- Important
- Fairly important
- Not very important
- Not at all important

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

My teachers expect too much from me

Teachers treat us fairly

9. How easy is it to be yourself at your school?

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

10. 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

11. During **this school year**, have you participated in any of the following?

- Yes
- No

Voted in the election of a class representative or a student board election

Participated in the work of the student board (stood as a candidate or been a member)

Participated in the work of a local or regional youth council, the Children's Parliament, the Youth Forum, etc.

Participated in political activities

12. How do you feel about recesses and breaks?

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

Recesses are refreshing for me

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

13. 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)

14. 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)

15. 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

16. 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 that my studies have no meaning

I feel inadequate at my studies

17. How often have you had the following feelings relating to your school work?

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

At school I am full of energy

I am excited about school

I am immersed in school

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

Choose one alternative

- Upper secondary school
- Vocational education (vocational school, apprenticeship training)
- Vocational education including upper secondary school courses
- 10th grade
- 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.

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

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

20. 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 24.

21. If during **this semester** you have been bullied at school, or you have participated in the bullying of others at school, what did this involve?

- Yes
- No

Name-calling, humiliation or offensive teasing

Being ignored or excluded from a circle of friends

Being hit, kicked or shoved

Being told lies about to other pupils with intent to hurt

Having money or things stolen, or things broken

Being threatened or forced into doing something the victim did not want to do

Being abused with degrading expressions or gestures

Being abused online or via mobile phone: messages, phone calls, images

Something else

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

- Yes
- No (go to question 24)

23. 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

24. Have you been bullied because of the following things during **this semester**, whether **at school or in leisure time**?

- Yes
- No

Appearance (weight, height, body shape, etc.)

Gender (girlish boy, boyish girl, being called a 'homo' etc.)

Skin colour, language, foreign origin, Roma origin, Sámi origin

Disability

Family (parents, poverty, place of residence, etc.)

Religion

Health

25. How is your health in general?

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

26. Height and weight (in integers)

Height _____ cm

Weight _____ kg

27. Do you feel you are a...

- Boy
- Girl
- Both
- Neither
- It varies

28. 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

Stuffy nose or runny nose

Dry or sore throat

Cough

Dry or watery eyes

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

- No
- Yes

30. Do you have difficulty...

- Not difficult at all
- A little difficult
- Very difficult
- I cannot do it at all

Seeing (if you wear eyeglasses or contact lenses, evaluate your vision while wearing them)

Hearing (if you use a hearing aid, evaluate your hearing with your hearing aid on)

Walking a distance of about 500 m, e.g. once around a sports field (if you use an assistive device, evaluate your mobility while using that device)

Remembering things

Learning new things

Concentrating on something that you enjoy doing

Mood

31. How often have you experienced the following problems during the **two weeks** preceding this questionnaire?

- Not at all
- On several days
- On most days
- Practically every day

Feelings of nervousness, anguish or tension

A feeling of anxiety that cannot be dispelled or controlled

Worrying too much about all sorts of things

Having difficulty relaxing

Being so restless that it is hard to keep still

Being easily annoyed or irritated

Fearing that something terrible may happen

Little interest in or little pleasure from doing various things

Low spirits, depression, feeling of hopelessness

32. The following are statements about feelings and thoughts. Please select the option that best describes your feelings during the past **two weeks**.

- Never
- Rarely
- Occasionally
- Often
- All the time

Statement about feeling optimistic

Statement about feeling useful

Statement about feeling relaxed

Statement about dealing with problems

Statement about clarity of thought

Statement about feeling closeness

Statement about the ability to make decisions

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

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

- No (go to question 35)
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

34. 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

From professionals online

Friends

35. 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

36. Do you ever feel lonely?

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

Dating and sexual health

37. Have you ever had a crush or been in love?

- Yes, with a girl or girls
- Yes, with a boy or boys
- Yes, both with a girl or girls and with a boy or boys
- No
- Can't say

38. Are you dating at this moment?

- No (go to question 40)
- Yes

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

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

We can speak freely about our feelings to one another

We have physical or sexual intimacy

40. Have you ever had sexual intercourse?

- No (go to question 42)
- Yes

41. What did you use for contraception during your latest sexual intercourse?

Please enter an answer for both.

Myself

My partner

- Condom
- Birth control pills, contraceptive ring or contraceptive patch
- Some other method
- Nothing
- Don't know

42. How do you feel about the following things concerning yourself?

- Easy
- Difficult
- Not relevant for me

Making an appointment with a physician or public health nurse to discuss your sexual health

Buying condoms

Using condoms when having sex

Brushing your teeth

43. 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

44. How often have you eaten the following foods over the **past week** (7 days)?

- Never
- On 1–2 days
- On 3–5 days
- On 6–7 days

Fruit or berries

Fresh or cooked vegetables (other than potatoes)

Sweets or chocolate

Sugar-sweetened soft drinks or juice with added sugar

Diet drinks or juice with no added sugar

Energy drinks

45. How often does your family have an evening meal together during **a school week**? (most of the family and at least one parent)

- On five days
- On 3–4 days
- On 1–2 days
- Less frequently

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

Supper

Evening snack

Snacks

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

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

Main course

Salad or shredded fresh vegetables

Milk or buttermilk

Bread

Sleeping

48. 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 21.00 or earlier
- 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 or later

49. At what time do you usually wake up? *Please give an answer to both parts of the question*

On weekdays

On weekends

- At about 06.00 or earlier
- 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 or later

Physical exercise

50. 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

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

52. How many hours per day **during your leisure time** do you usually spend sitting down (watching TV, using the computer, talking on a mobile phone, travelling in a car or by bus, sitting talking or eating, doing homework, etc.)?

On weekdays outside school hours

On free days

- Less than 2 hours a day
- About 2 hours a day
- About 3 hours a day
- About 4 hours a day
- About 5 hours a day
- About 6 hours a day
- About 7 hours a day or more

Smoking and other intoxicants

53. 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

54. 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

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

- None (go to question 57)
- Just one (go to question 57)
- About 2–50
- More than 50

56. 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)

57. 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)

58. 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

59. 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

60. 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

61. 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

62. During your life, have your parents smoked?

Mother

Father

Other parent

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

63. 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 66)

64. How often do you consume alcohol in order to get **heavily drunk**?

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

65. 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

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

- No (go to question 68)
- Yes

67. Has this caused you harm?

- No
- Yes

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

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

Marijuana or hasch (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

69. 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

70. 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

71. 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

72. 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

73. 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

74. 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?

- Not once
- Once
- Twice or more often

Harassment and violence

75. 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 online, on the phone or in person to harm you physically

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

You have the right to determine how you are touched. No one has the right to touch your private areas without your permission (e.g. the area covered by your swimsuit). If someone has touched you in a nasty or improper way or forced you to touch them, it is not your fault. Never keep this kind of touching a secret, even if you are told to. If you answer 'yes' to any of the following, it is very important that you also talk about it to an adult you trust.

76. 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 78.

77. Who has or have done the things described above to you? *You may choose several persons.*

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

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

- Yes
- No

Being bullied, called names or criticised concerning your body or your sexuality

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 80.

79. Who has or have done the things described above to you? *You may choose several persons.*

- A friend or other child/adolescent you know
- An adult in your family (mother, stepmother, father, stepfather, someone your parent is dating)
- Sibling (sister, brother, half-sister, half-brother)
- Other relative (grandparent, aunt, uncle, cousin)
- Teacher or other adult at your school
- Leisure activity coach, instructor or similar
- Stranger
- Other person

80. Have you reported the harassment or violence you have experienced during the past **12 months** to an adult you trust?

- Yes
- No (go to question 82)

81. Have you received support and help concerning the 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

From professionals online

82. Have your parents done any of the following to you during the past **12 months**?

- Yes
- No

Sulked or refused to talk to you

Abused you verbally or called you names

Thrown or kicked things (e.g. slamming doors)

Threatened to hit or whip you

Shoved or shook you violently

Pulled your hair, snapped you with a finger or slapped you

Punched you, hit you with an object or kicked you

Otherwise treated you violently

83. Have you seen or heard anyone other than yourself doing any of the following to any member of your family during the past **12 months**?

- Yes
- No

Sulked or refused to talk to them

Abused them verbally or called them names

Threatened them with violence

Shoved or shook them violently

Pulled their hair, snapped them with a finger or slapped them

Punched them, hit them with an object or kicked them

Otherwise treated them violently

If you answered 'no' to all items in the previous two questions, you can go to question 86.

84. 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 (go to question 86)

85. Have you received help and support concerning the violence you have experienced in your family 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

From professionals online

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.

86. 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

87. 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

88. 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

89. Was either of your parents with you at the health examination?

- Yes, in 7th grade
- Yes, in 8th grade
- Yes, in 9th grade
- No
- Don't know

90. 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

Matters concerning the pupil are sometimes discussed at meetings attended by more than one professional (e.g. school social worker, psychologist, teacher, school health nurse or professionals from outside the school). The pupil is included in the meetings, and often also his or her guardians.

91. Have matters concerning you been discussed in the meeting described above during **this school year**?

- Don't know (go to question 93)
- No (go to question 93)
- Yes

92. Which matters were discussed in the meeting? *You may select more than one alternative*

- Health problems (illness, mood, etc.)
- Lifestyle habits (eating, fatigue, intoxicant use, etc.)
- Domestic and family problems (relationship with parent(s), divorce, violence, illness or death of a family member, etc.)
- Peer relationships (bullying, loneliness, problems with relationships, etc.)
- School absences
- Learning or learning difficulties
- Breaking school rules
- Further studies and career choice
- Some other topic

93. Is there someone with whom you can talk about things that are worrying you if necessary?

- Yes
- No (go to question 95)

94. Please specify: *You may select more than one alternative*

- My own parent(s)
- Friend or other person close to me
- An adult at the school (teacher, school health nurse, physician, psychologist, social worker)
- Other professional (youth worker, physician, nurse, police officer, social worker, etc.)
- A professional online

95. 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

96. Do you live with both your parents in one home?

- Yes (go to question 99)
- No

97. Who are the adults you live with?

- I live with my parents in turns, they don't live together (go to question 99)
- Only one parent (go to question 99)
- I do not live with my parents

98. If you do not live with your parents, where do you live?

- I live with my grandparents or other relatives, without my parents
- I live in a foster family
- I live in a child welfare institution
- I live in a family home
- I live in a dormitory
- None of the above

99. 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 have one home
- I have two or more homes
- I live in a blended family
- I live in a rainbow family
- There are twins, triplets or quadruplets in my family
- I am adopted

100. 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

101. During the past **12 months**, have your parents been unemployed or laid-off?

- No
- Yes, one of my parents
- Yes, two or more of my parents

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

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

103. 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

104. 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

105. Do you identify yourself as a member of any of the following cultures?

- Yes
- No

Sámi

Roma

Finnish-Swedish

106. I feel I am an important member of

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

My immediate family

My extended family

My group of friends

The group of people in my hobby

The online community I visit most

My classroom community

My school community

Finnish society

107. Have any of the following changes occurred in your life during **this school year**?

- Yes
- No

Changing schools

Parents' divorce

Forming of a blended family

Birth of a sibling

Own serious illness, injury, etc.

Serious illness or death of a family member or other person close to you

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

- Hardly ever
- Occasionally
- Fairly often
- Often

109. Our family spends enough time together.

- Fully agree
- I agree
- Neither agree nor disagree
- I disagree
- Fully disagree

Satisfaction with life in general

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

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

111. To what extent do the following statements reflect your own feelings **at the moment?**

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

I feel that my life has meaning and purpose

I feel I have value

I am able to make decisions concerning my life

I can do what I feel is important

I feel my life is well under my control

I feel that I am coping

If I get into trouble, I can usually work out a solution

I know whom to turn to if I am having a difficult time

Leisure time

112. How much time do you usually spend on the following things on a weekday?

- Not at all
- About 1 hour or less
- About 2 hours
- About 3 hours
- About 4 hours
- About 5 hours or more

Spending time in social media or playing games on a computer, phone, console or other device

Watching TV programmes, video clips or films

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'.

113. 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.

114. 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

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

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

Sports or exercise at your own initiative

Supervised sports or exercise at classes, practice, competitions or matches organised by a club or an association

Participation in another club, association or organisation such as the scouts, 4H, volunteer firefighters, local parish, etc.

Singing, playing an instrument or acting

Writing, drawing, painting, photography or video photography

Needlework, carpentry, crafts or repair of machinery or equipment

Following the news on TV, in newspapers or online

Taking care of a pet or domestic animal or enjoying nature

Reading books for your own pleasure

A regular hobby of some other kind

116. Are you working in paid employment on afternoons, nights or weekends alongside school?

- No (go to question 118)
- Yes

117. Yes, during the week I usually work

- 1–5 hours
- 6–10 hours
- More than 10 hours

118. 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

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 _____