

## SCHOOL HEALTH PROMOTION STUDY 2021: Questionnaire for the 4th and 5th grade in comprehensive school

# Welcome to the School Health Promotion study!

Please take the time to respond to this School Health Promotion study.  
Taking the survey is voluntary.

Instructions for respondents:

- Choose the option that most closely matches your opinion or experience.
- Give your honest answers to all the questions.
- Make sure that you are able to fill in the survey in a peaceful environment. Let others also fill in their survey in peace.
- Concentrate on giving your own answers. Don't look at what answers others are giving.
- Finally, press the "Submit answers" button and close the browser.

We will not ask you to give your name. No one is allowed to know what answers you have given.

All answers will be processed confidentially.

Based on the responses, services for children, young people and families can be improved and the activities of schools can be developed.

The responses received are also used for scientific studies.

The information will be stored at the Finnish Institute for Health and Welfare.

## Background information

### 1. What is your official gender?

- Boy
- Girl

### 2. Which grade are you in?

- 4th grade
- 5th grade

### 3. Where are you filling in this survey?

- During contact teaching at school
- During distance teaching

## School

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

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

5. Is it peaceful in your class?

- Often
- Sometimes
- Never

6. When something is talked about in class, do you dare express your opinion?

- Often
- Sometimes
- Never

7. Do the pupils in your class get along together?

- Often
- Sometimes
- Never

8. How well do you get along with your schoolmates?

- Well
- Fairly well
- Poorly

9. How well do you get along with your teachers?

- Well
- Fairly well
- Poorly

10. Are teachers interested in how you are doing?

- Often
- Sometimes
- Never

In the following question, bullying means a situation where a teacher or other member of staff repeatedly makes a student feel bad with their words and actions. Bullying does not include, however, dealing with a student's disruptive behaviour or failure to do the tasks that were given.

11. Have any of the teachers or other adults at your school bullied you during **this school year**?

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

12. How much have you been involved in planning the following things during **this school year**?

- A lot
- Some
- Not at all

**Ground rules for the school**

**Activities at recess**

**School outdoor areas**

**School meals**

**School festivities, events and excursions**

**Content of lessons**

13. I feel I am an important member of

- Agree
- Neither agree nor disagree
- Disagree

**Classroom community**

**School community**

14. What do you feel about recesses and breaks?

- Agree
- Neither agree nor disagree
- 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**

15. Do you have difficulties in reading?

- Not at all
- Some
- A lot

16. Do you have difficulties with counting?

- Not at all
- Some
- A lot

17. Do you have difficulties with writing?

- Not at all
- Some
- A lot

18. Have you had any of the following feelings relating to schoolwork?

- Never
- Sometimes
- Often

**I feel overwhelmed by schoolwork**

**I sleep poorly because of different school matters**

**I feel like I'm losing interest in school**

**I'm wondering whether my schoolwork has any meaning**

**I feel that I can't do my schoolwork as well as before**

19. How often have you had the following feelings relating to your schoolwork?

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

**When I wake up in the morning, it feels good to think of starting schoolwork**

**I am enthusiastic about my schoolwork**

**When I am doing schoolwork, I forget everything around me**

20. 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, public health nurse or nurse?

- No, never
- Once
- Twice or more often

**During recess**

**During PE class**

**During some other class**

**On my way to or from school**

## 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.

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

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

22. 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 25.

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

- Yes
- No (go to question 25)

24. 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

25. How is your health in general?

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

## Mental well-being

26. Think about the last **two weeks**. How true are the following statements for you?

- Very true
- Occasionally true
- Not true

**I was desperate or unhappy**

**I did not enjoy anything**

**I was so tired that I just sat there doing nothing**

**It was difficult to think properly or to concentrate**

**I thought that nobody likes me**

**I thought that I could never be as good as the other kids**

27. Listed below are some sentences that describe different kinds of feelings and sensations. Select from the options the one which best describes your experiences over the **last three months**.

- Never or hardly ever
- Sometimes or some
- Often or always

**I get scared if I sleep away from home**

**I am nervous**

**I am scared to go to school**

**When I get frightened, I feel dizzy**

**I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well**

28. Select from the following statements the option which matches what you feel and think.

- Fully agree
- Agree
- Disagree
- Fully disagree

**I feel that I'm a person of worth, at least on an equal plane with others**

**I feel that I have a number of good qualities**

**I am able to do things as well as most other people**

**I take a positive attitude toward myself**

**On the whole, I am satisfied with myself**

If you are concerned about something to do with your well-being, it is important that you talk about it with either your parents or the school nurse. You can also use the helpline and chat service for children and young people provided by the Mannerheim League for Child Welfare.

## Friends

29. How many good friends do you have?

- None
- One
- Two or more

30. Do you ever feel lonely?

- Not at all
- Sometimes
- Often

## Brushing your teeth

31. How often do you brush your teeth?

- Twice a day or more often
- Once a day
- Less frequently than once a day

## Meals

32. How often do you have breakfast during the **school week**?

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

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

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

**Main course**

**Salad or shredded fresh vegetables**

**Milk or buttermilk**

**Bread**

## Sleeping

34. Do you think you sleep enough?

- Yes, almost always
- Yes, often
- Rarely or hardly ever
- Don't know



## Physical exercise

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.

35. 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

36. Have you ever used any of these?

- Never
- I have tried it once or twice
- I use it now and then

**Smoking**

**Snuff**

**E-cigarettes**

37. Do your parents smoke nowadays?

**Mother**

**Father**

- No
- Yes
- Don't know

38. Have you ever tasted or drunk an alcoholic beverage, such as beer or cider?

- No, I have not
- I have tasted a little
- I have drunk it several times

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

- No (go to question 41)
- Yes

40. Has this caused you harm?

- No
- Yes

## Harassment and violence

### Physical violence

41. 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.

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

- Yes
- No

**Disturbing or intimidating comments on your physique, or requests for sexual favours**

**Sexually inappropriate messages or showing of sexually inappropriate videos or images**

**Somebody has touched your breasts or genitals against your will**

**Somebody has pressured you or forced you to touch their breasts or genitals**

## 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.

43. 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**

44. 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**

45. 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**

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

46. How many times have you visited the school nurse during **this school year**?

- Never
- Once
- 2–3 times
- 4 or more times

The school nurse and physician regularly conduct health examinations on pupils. Usually the school nurse invites pupils to examinations or books them an appointment.

47. During **this school year**, have you had a health examination with the school nurse or physician?

- Yes
- No (go to question 49)
- Don't know (go to question 49)

48. How were the following things at your health examination during **this school year**?

- Agree
- Neither agree nor disagree
- Disagree

**Issues that are important to me were addressed**

**My views were listened to**

**My domestic matters were discussed**

**I was able to talk about my situation honestly**

49. During **this school year**, have you visited the school social worker?

- No
- Yes
- Don't know

50. During **this school year**, have you visited the school psychologist?

- No
- Yes
- Don't know

51. Is there an adult at your school with whom you can talk, if needed, about things that are weighing on your mind?

- No
- Yes
- Don't know

## Family and housing

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

- In a shared home with my parents (go to question 54)
- 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 54)
- 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 54)
- With one of my parents (go to question 54)
- I live with my grandparents or other relatives, without my parents I live in a foster family (go to question 54)
- At a children's home, a youth home or a reform school (go to question 54) I live in a family home (go to question 54)
- None of the above (go to question 54)

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

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

54. 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
- Other European country
- Somalia
- Iraq
- Iran
- Afghanistan
- China
- Thailand
- Vietnam
- Other country

55. How long have you lived in Finland?

- More than 10 years, or all my life
- 5–10 years
- 1–4 years
- Less than 1 year

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

- Hardly ever
- Occasionally
- Fairly often
- Often

57. How often do the following happen to you?

- Often
- Sometimes
- Not at all

**You talk with your parents about your day at school**

**When you go out, you agree when you will come home**

**Your parents talk to your friends when they meet them**

**Your parents support and encourage you**

## Satisfaction with life in general

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

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

## 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'.

59. 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**

60. How often do you participate in hobbies?

- On 6–7 days a week
- On 5 days a week
- On 3–4 days a week
- On 1–2 days a week
- Less frequently

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, making videos and watching movies are also engaging in arts and culture.

61. 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



## Coronavirus epidemic

62. People may have concerns about coronavirus. Have you been worried about any of the following things during **this school year**?

- Not at all
- Some
- A lot

**Getting infected with coronavirus**

**That you may infect others**

**Someone close to you (e.g. family member, relative or friend) getting infected with coronavirus**

63. Has the coronavirus epidemic or the subsequent restrictive measures affected your life during **this school year**?

- No influence
- Yes, decreased
- Yes, increased
- Not applicable to me

**Amount of time spent with my family**

**Disagreements and conflicts inside my family**

**Keeping in touch with grandparents**

**Keeping in touch with friends**

**Thank you for completing this questionnaire!**

If you are concerned about something to do with your well-being, it is important that you talk about it with either your parents or the school nurse. You can also use the helpline and chat service for children and young people provided by the Mannerheim League for Child Welfare.

You may give feedback on the survey here if you want to: \_\_\_\_\_

Finally, press the "Submit answers" button and close the browser.