

## SCHOOL HEALTH PROMOTION STUDY 2021: Questionnaire for the 1st and 2nd grade in vocational education institution

# 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. Do you feel you are a...

- Boy
- Girl
- Both
- Neither
- It varies

### 3. In what year were you born?

- 1992 or earlier
- 1993
- 1994
- 1995
- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008 or later

### 4. In what month were you born?

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

### 5. Field of education

- Education
- Humanities and Arts
- Social Sciences
- Business, Administration and Law
- Technology and transport
- Information and Communication Technologies
- Technology
- Agriculture and Forestry
- Health and Welfare
- Service Industries

6. What year are you in?

- 1st year student
- 2nd year student
- 3rd year student

7. Are you studying for a double or triple qualification in upper secondary school or at a vocational education institution?

- Yes
- No

8. Where are you filling in this survey?

- During contact teaching in an educational institution
- During distance teaching
- At a workplace during a work placement

## Studies

9. How do you like studying at this moment? I like studying

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

10. What do you think about your group?

- Fully agree
- Agree
- Disagree
- Fully disagree

**It's peaceful to work in my group**

**The atmosphere in our group is such that I dare to express my opinion freely**

**The students in my group get along well**

11. 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 students fairly**

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.

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

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

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

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

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

**Study 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 your educational institution**

**Designing or improving facilities at your educational institution**

**School meals (menus, making the lunchroom pleasant, etc.)**

**Organising theme days, celebrations, excursions or school trip**

14. I feel I am an important member of

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

**My classroom community**

**My school community**

15. Are you experiencing difficulties in any of the following things in your studies?

- 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**

**Performing practical assignments**

**Oral presentations**

**Answering in class**

**Using devices used for studying (digital technology or software)**

16. Have you had any of the following feelings relating to your studies?

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

**I feel overwhelmed by schoolwork**

**It feels like my studies have no meaning**

**I feel inadequate at my studies**

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

- 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 studies**

**I am enthusiastic about my studies**

**When I am working on my studies, I forget everything around me**

18. Have you experienced any of the following things relating to your studies?

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

**In my studies, I feel that I am always busy and that I am doing several different things at the same time**

**I feel guilty if I am not working on something to do with my studies**

**I often keep working on my studies even after my fellow students have finished**

## Bullying

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

19. How often have you been bullied at your educational institution 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 students 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 your educational institution during this semester, go to question 24.

21. If during **this semester** you have been bullied, or you have participated in the bullying of other students, 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 students 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 educational institution about bullying at the educational institution 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

## Health

24. How is your health in general?

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

25. Height and weight (in integers)

**Height \_\_\_\_\_ cm**

**Weight \_\_\_\_\_ kg**

26. How do you feel about your weight? Do you feel you are

- Severely overweight
- Slightly overweight
- Normal weight
- Slightly underweight
- Severely underweight

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

- No
- Yes

28. 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?**

**Do you find it difficult to speak in such a way that people outside of your family can understand you?**



29. 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 routines?**

**Do you have difficulty controlling your behaviour?**

**Do you have difficulty making friends?**

## Mental well-being

30. 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**

**Having 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**

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

- No (go to question 33)
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

32. 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 educational institution's adults (teacher, school nurse, physician, psychologist, social worker)**

**From services outside your educational institution (health centre, mental health services, youth services, etc.)**

**From your own parents**

**From friends and relatives**

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

- None of the time
- Rarely
- Some of the time
- Often
- All of 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.*

34. How often have you experienced the following problems over the past **week**?

- Not at all
- A little bit
- Somewhat
- Very much
- Extremely

**Statement about avoid doing things due to fear of embarrassment**

**Statement about avoiding being the center of attention**

**Statement that being embarrassed is among worst fears**

*MINI-SPIN. Copyright, Jonathan Davidson. ©1995, 2008, 2014. All rights reserved.*

35. With each statement, please assess whether or not it describes your current situation.

- Yes
- No

**Do you ever make yourself sick (vomit) because you feel uncomfortably full?**

**Do you worry you have lost control over how much you eat?**

**Have you recently lost more than 6 kilograms in a three month period?**

**Do you believe yourself to be fat when others say you are too thin?**

**Would you say that food dominates your life?**

36. Next we will ask about experiences that may seem strange, but which are actually quite common. Select the response that best describes your **recent** experience (over the last 3 months or so).

- Many times a day
- Daily
- Several times a week
- Every week
- Every month
- Less than monthly or never

**I hear voices, such as whispering or speech, which other people are not able to hear**

**I see things or people that other people are not able to see**

**I feel that I am being followed or watched**

37. Have the following things ever happened to you?

- Never
- Once
- Twice
- 3 to 4 times
- 5 times or more

**I have intentionally harmed myself, for example by cutting myself**

**I have had suicidal thoughts**

**I have made a suicide attempt**

38. 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 mental well-being, it is important that you talk about it with either your parents or your educational institution's nurse, for example. You can also talk about it through the Sekasin chat service.

## Friends

39. 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

40. Do you ever feel lonely?

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

## Dating and sexual health

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

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

42. Are you dating at this moment?

- No
- Yes

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

- No (go to question 45)
- Yes

44. 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, we want to have a baby
- Nothing, for other reasons
- Don't know

45. 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**

## **Circumcision**

Some cultures practice genital circumcision, which can lead to health problems.

In **female** circumcision, the genitals are pierced, cut or sewn together. This is also called genital mutilation.

In **male** circumcision, the foreskin of the penis is removed. Male circumcision is sometimes done for medical reasons, for example if the person has a tight foreskin.

46. Is circumcision **for non-medical reasons** part of your family's traditions?

- No
- Yes
- Don't know

**Female circumcision**

**Male circumcision**

47. Have you been circumcised **for non-medical reasons**?

- No
- Yes
- Don't know

## Brushing your teeth

48. 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

49. How often have you eaten or drunk the following foods or drinks over the **past week** (7 days)?

- Not at all
- On 1–2 days
- On 3–5 days
- On 6–7 days
- 2–3 times a day, every day
- 4 or more times a day, every day

**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**

**Cow's milk or sour milk**

**Red meat (e.g. pork or beef) or sausage**

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

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

51. 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**

52. 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**

53. Does your diet contain the following foods?

- Yes
- No

**Milk, sour milk or other cow's milk products**

**Eggs**

**Fish or shellfish (e.g. shrimps)**

**Chicken, turkey**

**Red meat (e.g. example beef, pork)**

**Sources of vegetable protein (e.g. peas, lentils, beans, soy)**



54. What do you think about school lunches?

- Fully agree
- Agree
- Disagree
- Fully disagree

**School lunches are provided at a good time of the day**

**Enough time is given for eating school lunches**

**There are sufficient amount of school lunch**

**The quality of school lunches is good**

**School lunches taste good**

55. What is the eating environment at your educational institution normally like?

- Yes
- No

**The eating environment is pleasant**

**The eating environment is noise-free**

**The lunch queue moves quickly**

**Adults eat together with us in the dining hall**

## Sleeping

56. 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

57. 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

58. During **your leisure 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

59. 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 your educational institution, at recess or in PE class. Examples of physical exercise include brisk walking, running and cycling.

60. 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

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

- None (go to question 64)
- Just one (go to question 64)
- About 2–50
- More than 50

62. 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)

63. How often do you smoke at your educational institution or at your workplace during your work placement?

- Never
- Occasionally
- Every day

**At your educational institution, in its courtyard**

**Near your educational institution during school hours**

**At a workplace during a work placement period**

64. Do teachers or other members of staff smoke when at the educational institution or in the surrounding area?

- Yes, daily
- Yes, sometimes
- No, they don't
- I can't say

65. 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)**

66. 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**

67. Where did you get the tobacco products or e-cigarette devices and liquids that you have used in the past 30 days? *Please give an answer for all the products.*

**Cigarettes**

**Snuff**

**E-cigarette devices and 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

68. During your life, have your parents smoked?

**Mother**

**Father**

**Other parent**

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

69. 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 72)

70. 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

71. 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**

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

- No (go to question 74)
- Yes

73. Has this caused you harm?

- No
- Yes

74. 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**

75. 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**

76. 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

77. 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

78. During **this school year**, have you had an accident at your educational institution or on your way to or from your educational institution 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**

**At a workplace during a work placement period**

**On my way to or from school**

79. During **this school year**, have you had an accident **not** on a school day and **not** on your way to or from your educational institution 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 at home yard**

**At work or at the workplace**

**In other leisure time**

80. Do you use the following safety devices when in traffic?

- Normally always
- Sometimes
- Never
- I don't use this form of transport

**A helmet, when riding a bicycle**

**A helmet, when on a moped or motorbike**

**A safety belt, when travelling by car**

**A reflector or reflective clothing, when moving around in the dark**

**A life jacket, when travelling by water**

## Harassment and violence

### Physical violence

81. 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 your educational institution's nurse.

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

- Yes
- No

**On the phone or online**

**At your educational institution**

**At a workplace during a work placement period**

**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**

83. 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**

## 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.

84. 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**

85. 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**

86. 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**

### **Discrimination**

87. Over the last **12 months**, have you been bullied, discriminated or harassed by others, either at your educational institution or during your leisure time, because of any of the following things?

- Yes
- No

**Weight, height, body features or facial features**

**Skin colour**

**A disability, long-term illness or visible symptom**

**Gender, gender expression, non-binary gender, genderlessness**

**Sexual orientation**

**Language**

**Foreign background, or being Roma or Sami**

**Religion, lack of religion, or view of life**

**Family or home (e.g. parents, siblings, economic situation, place of residence)**

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 your educational institution's 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 nurse and physician regularly conduct health examinations on all students. Usually the school nurse invites students to examinations or books them an appointment. Students may also visit the school nurse or physician as needed.

88. During **this school year**, have you visited your educational institution'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 nurse, other than for a health examination**

**Physician, other than for a health examination**

**Social worker**

**Psychologist**

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

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

**School nurse, other than for a health examination**

**Physician, other than for a health examination**

**Social worker**

**Psychologist**

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

- Upper-level comprehensive school
- 1st year of studies
- 2nd year of studies
- Don't know

**School nurse**

**Physician**

91. How were the following things at your **latest** 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**

**My domestic matters were discussed**

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

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

- No
- Yes
- Don't know

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

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

**School nurse**

**Physician**

**Psychologist**

**Social worker**

**Teacher**

**Other adult at your educational institution**

94. During **this school year**, have you received support and help for **your learning and studying** from the following adults at your educational institution?

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

**Homeroom teacher or group tutor**

**Other teacher**

**Study counsellor**

**Special needs teacher**

## Family and housing

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

- In a shared home with my parents (go to question 97)
- 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 97)
- 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 97)
- With one of my parents (go to question 97)
- I live with my grandparents or other relatives, without my parents
- I live in a foster family (go to question 97)
- At a children's home, a youth home or a reform school (go to question 97)
- I live in a family home (go to question 97)
- In a dormitory (go to question 97)
- In a shared apartment or household (go to question 97)
- Independently, for example in a rented home or a home owned by me (go to question 97)
- I live with my spouse (married or cohabiting) (go to question 97)
- I live with my spouse and child/children (go to question 97)
- I live alone with a child/children (go to question 97)
- I live with my parents together with my child/children (go to question 97)
- None of the above (go to question 97)

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

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



97. 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

98. 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

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

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

100. 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

101. 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

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

- Hardly ever
- Occasionally
- Fairly often
- Often

## Satisfaction with life in general

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

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

104. 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'.

105. 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.

106. 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

107. 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**

**I read books for my 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**

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

108. 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 an education institution's club**

**On my own initiative**

109. 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

110. Are you working in paid employment on afternoons, nights or weekends while studying?

- No (go to question 112)
- Yes

111. Yes, during the week I usually work

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

112. 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**

## Coronavirus epidemic

113. Have you been receiving distance teaching because of the **coronavirus epidemic** during **this school year**? *Estimate the total length of the distance teaching periods.*

- Not at all
- Less than 1 month
- 1–2 months
- Over 2 months

**During the autumn term**

**During the spring term**

114. During **this school year**, have you been given support and help for learning and studies **at distance teaching**?

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

115. 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**

116. 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 your educational institution's 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.