

SCHOOL HEALTH PROMOTION STUDY 2021: Questionnaire for the 8th and 9th 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. Do you feel you are a...

- Boy
- Girl
- Both
- Neither
- It varies

3. In what year were you born?

- 2002 or earlier
- 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. Which grade are you in?

- 8th grade
- 9th grade

6. Where are you filling in this survey?

- During contact teaching at school
- During distance teaching

School

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

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

8. 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

9. What do you think about your teachers?

- Fully agree
- Agree
- Disagree
- Fully disagree

Teachers encourage me to express my opinions in class

Teachers are interested in how I am doing

Teachers treat us fairly

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.

10. 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

11. 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)

Schoolwork 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 facilities at the school

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

Organising theme days, celebrations, excursions or school trip

12. I feel I am an important member of

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

My classroom community

My school community

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 you had any of the following feelings relating to schoolwork?

- 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

15. 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

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.

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

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

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

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

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

18. If during **this semester** you have been bullied, or you have participated in the bullying of other pupils, 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

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

- Yes
- No (go to question 21)

20. What has happened since you reported the bullying?

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

Health

21. How is your health in general?

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

22. Height and weight (in integers)

Height _____ **cm**

Weight _____ **kg**

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

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

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

- No
- Yes

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

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

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

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

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

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

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

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

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

Do you have difficulty learning things?

Do you have difficulty remembering things?

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

Do you have difficulty accepting changes in your routines?

Do you have difficulty controlling your behaviour?

Do you have difficulty making friends?

Mental well-being

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

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

Feeling nervous, anxious or on edge

Not being able to stop or control worrying

Worrying too much about different things

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

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

- No (go to question 30)
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

29. 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 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

30. 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.

31. 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

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32. 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?

33. 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

34. 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

35. 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 the school nurse, for example. You can also talk about it through the Sekasin chat service.

Friends

36. 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

37. Do you ever feel lonely?

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

Dating and sexual health

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

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

39. Are you dating at this moment?

- No
- Yes

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

- No (go to question 42)
- Yes

41. What did you use for contraception the last time you had sexual intercourse?

You may choose several options.

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

42. 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.

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

- No
- Yes
- Don't know

Female circumcision

Male circumcision

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

- No
- Yes
- Don't know

Brushing your teeth

45. How often do you brush your teeth?

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

Meals

46. How often 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

47. 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

48. 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

49. 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

50. 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)

51. 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

52. What is the eating environment in your school 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

53. 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

54. 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

55. 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

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

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

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

On my own initiative

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

57. 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

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

- None (go to question 60)
- Just one (go to question 60)
- About 2–50
- More than 50

59. 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)

60. 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)

61. 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

62. 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

63. During your life, have your parents smoked?

Mother

Father

Other parent

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

64. 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 67)

65. 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

66. 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

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

- No (go to question 69)
- Yes

68. Has this caused you harm?

- No
- Yes

69. 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

70. 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

71. 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

72. 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

73. 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

During a work experience period (TET)

On my way to or from school

74. 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 at home yard

At work or at the workplace

In other leisure time

75. 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

76. 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.

77. 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

78. 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.

79. 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

80. 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

81. 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

82. Over the last **12 months**, have you been bullied, discriminated or harassed by others, either during school or 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 the school nurse. You can also call the helpline for children and young people maintained by the Mannerheim League for Child Welfare, or Victim Support Finland.

Getting help and services

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

83. 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 nurse, other than for a health examination

Physician, other than for a health examination

Social worker

Psychologist

84. 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 nurse, other than for a health examination

Physician, other than for a health examination

Social worker

Psychologist

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

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

School nurse

School physician

86. 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

87. 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

My domestic matters were discussed

I was able to talk about my situation honestly

88. 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

89. 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 nurse

Physician

Psychologist

Social worker

Teacher

Other adult at your school

90. During **this school year**, have you received support and help for **your studies and school attendance** from the following adults at your school?

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

Homeroom teacher

Other teacher

Study counsellor

Special needs teacher

Family and housing

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

- In a shared home with my parents (go to question 93)
- 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 93)
- 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 93)
- With one of my parents (go to question 93)
- I live with my grandparents or other relatives, without my parents
- I live in a foster family (go to question 93)
- At a children's home, a youth home or a reform school (go to question 93)
- I live in a family home (go to question 93)
- In a dormitory (go to question 93)
- None of the above (go to question 93)

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

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

93. 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

94. 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

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

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

96. 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

97. 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

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

- Hardly ever
- Occasionally
- Fairly often
- Often

Satisfaction with life in general

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

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

100. 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'.

101. 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.

102. 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

103. 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.

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

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

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

On my own initiative

105. 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

106. 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

107. 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

108. During **this school year**, have you been given support and help for learning and schoolwork **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

109. 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

110. 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.