

#### **School Health Promotion study 2023**

# Welcome to the School Health Promotion study!

Pupils in the 4th and 5th year of comprehensive school

Responding to the survey is voluntary.

#### Instructions:

- Choose the option that most closely matches your opinion or experience.
- Answer all questions honestly.
- Concentrate on giving your own answers. Don't look at what answers the others are giving. Let others fill in the form in peace.
- Finally, press the "Submit answers" button and close the browser.

We will not ask you to give your name. 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 and they can be given to other researchers for use.

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

# **Background information**

- 1. What is your official gender?
  - o Boy
  - o Girl
- 2. Do you feel you are a...
  - o Boy
  - o Girl
  - o Both
  - Neither
  - It varies
- 3. Which grade are you in?
  - o 4th grade
  - o 5th grade

# School 1/3

4. F	łow do you	like studying	at this moment?	I like studying
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- o Very much
- o Quite a lot
- o Fairly little
- o Not at all

#### 5. Is it peaceful in your class?

- o Often
- o Sometimes
- o Never
- 6. When something is talked about in class, do you dare say what your opinion is?
  - Often
  - o Sometimes
  - o Never
- 7. Do the pupils in your class like being together?
  - o Often
  - Sometimes
  - o Never
- 8. How well do you get along with your schoolmates?
  - o Well
  - o Fairly well
  - o Poorly
- 9. How well do you get along with your teachers?
  - o Well
  - o Fairly well
  - o Poorly
- 10. Are teachers interested in how you are doing?
  - o Often
  - Sometimes
  - o Never

In the following question, bullying means that a teacher or other member of staff **repeatedly** upsets a pupil with words and actions. Bullying does not include, however, dealing with a pupil's disruptive behaviour or failure to do his or her tasks.

- 11. Have any of the teachers or other adults at your school bullied you at school during **this grade**?
  - Several times a week
  - o About once a week
  - Less frequently
  - o Not at all (go to question 13)

12. If an adult at school has bullied	you during this grade,	was it
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- □ A teacher
- ☐ Another adult at school
- 13. How much have you been involved in planning the following things during **this** grade?
  - A lot
  - o Some
  - Not at all

**Common school rules** 

**Activities at recess** 

**School outdoor areas** 

**School meals** 

School festivities, events and excursions

**Content of lessons** 

14. I feel I am an important part of

- Agree
- Neither agree nor disagree
- o Disagree

**Classroom community** 

**School community** 

# School 2/3

15. What do you think about recesses?

- o Agree
- Neither agree nor disagree
- o 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

- 16. Do you have difficulties with reading?
  - o Not at all
  - o Some
  - A lot
- 17. Do you have difficulties with counting?
  - o Not at all
  - o Some
  - A lot
- 18. Do you have difficulties with writing?
  - Not at all
  - o Some
  - o A lot
- 19. Have you changed schools in the middle of **this grade**?
  - o No
  - o Yes

# School 3/3

20. Have	you had	the follov	wing fee	lings rela	ating to:	schoolwork?

- o Never
- o Sometimes
- o Often

I feel I am drowning in schoolwork

I sleep poorly because of different school matters

I feel like I'm losing interest in school

I'm wondering if going to school has any meaning

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

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

- Almost never
- o 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

22. During **this grade**, have you had an accident at school or on your way to or from school which has required you to visit a physician, public health nurse or nurse?

- Never
- o Once
- Twice or more often

**During recess** 

**During PE class** 

**During some other class** 

On my way to or from school

# Bullying

In this survey, bullying refers to a pupil or a group of pupils saying or doing something unpleasant to another pupil. Teasing a pupil **repeatedly** in ways he or she does not like is also bullying. An argument between two pupils who are more or less **equally strong** is not bullying.

#### 23. How often have you been bullied at school during this semester?

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

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

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

If you have not been bullied or you have not participated in bullying at school during this semester, go to question 27.

# 25. Have you told some adult at your school about bullying at the school during **this semester**?

- o Yes
- o No (go to question 27)

#### 26. What has happened since you reported the bullying?

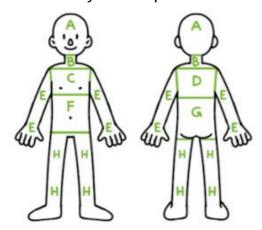
- The bullying stopped
- o There is less bullying now
- o The bullying continued as before
- o The bullying got worse
- o Don't know

## Health

#### 27. How do you think your state of health is?

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

28. Look at the image. Think about the **previous three months** until this day. How often have you had pain in these areas?



- o Daily or nearly every day
- o Approximately once a week
- Less often than once a week
- Never

Head (A)

Neck or shoulders (B)

Chest (C)

Upper back (D)

Arms or hands (E)

Stomach (F)

Lower back or buttocks (G)

Legs or feet (H)

# Mental well-being

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

- o True
- o Sometimes
- Not true

I felt miserable or unhappy

I didn't enjoy anything at all

I felt so tired I just sat around and did nothing

I found it hard to think properly or concentrate

I thought nobody really loved me

I thought I could never be as good as other kids

30. 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

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

- Fully agree
- o 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 for example with your parents or the school nurse. You can also talk about it for example in the helpline and chat service for children and young people provided by the Mannerheim League for Child Welfare.

## Friends

- 32. How many good friends do you have?
  - o None
  - o One
  - o Two
  - o More than two

#### 33. Do you feel lonely?

- o Not at all
- Sometimes
- o Often

34. How often do these statements apply to you? Choose the best option for each statement.

- Never
- Rarely
- o Often
- Very often

Statement about inviting others to join

Statement about working together

Statement about being a friend

Statement about taking other's feelings into account

Statement about getting fits of rage

Statement about getting irritated

Statement about arguing with friends

**Statement about disturbing others** 

Junttila et al. Multisource Assessment of Social Competence. Educational and Psychological Measurement. Volume 66 Number 5 October 2006, 874-895. All rights reserved.

# Brushing your teeth

35. How often do you brush your teeth?

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

## Meals

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

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

# 37. How often do you have the following parts of a meal at school meals during **the school week**?

- On 5 daysOn 3-4 days
- o On 1-2 days
- Never

**Main course** 

Salad or grated vegetables

Milk or buttermilk

**Bread** 

38. What do you think about school lunches?

- Fully agree
- o Agree
- o Disagree
- Fully disagree

School lunches are provided at a good time of the day
Enough time is given for eating school lunches
Enough food is served at school lunches
The quality of school lunches is good
School lunches taste good

# Sleeping

- 39. Do you think you sleep enough?
  - o Yes, almost always
  - o Yes, often
  - o Rarely or almost never
  - o Don't know

# Physical exercise

In the next question, physical activity 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 activity include brisk walking, running and cycling.

40. Think about all the physical activity you have done over the past **7 days**. On how many days have you been physically active for at least one hour per day?

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

# Smoking and intoxicants

41. Have you ever used these?

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

**Tobacco** 

Snuff

**E-cigarettes** 

42. Do your parents smoke nowadays?

**Mother** 

**Father** 

- o No
- o Yes
- Don't know

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

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

- 44. In your opinion, does one of your parents drink too much alcohol?
  - o No (go to question 46)
  - o Yes
- 45. Has this caused you harm?
  - o No
  - Yes

# Physical violence

46. During the past **12 months**, have the following been done to you?

o Yes

o 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 someone touches you in a way that you find confusing or unpleasant, tell an adult you trust. Also tell an adult if someone has forced you to touch them. You can tell your teacher or the school nurse, for example. You can also call the helpline for children and young people maintained by the Mannerheim League for Child Welfare, or Victim Support Finland.

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

Yes

o No

Disturbing or intimidating comments on your body or proposals

Sexually disturbing messages or showing of 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 experienced in the family

In these questions parents mean, for example, your mother or stepmother, father or stepfather, adoptive parents or foster family parents.

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

- o No
- o 1 to 2 times
- o 3 times or more
- Yes, 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

Locked you up somewhere

Threatened you with violence

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

- o No
- o 1 to 2 times
- o 3 times or more
- Yes, but I cannot remember the number of times

Grabbed you so that it hurt

Pushed or shaken you angrily

**Pulled your hair** 

Slapped you

Hit you with their fist or an object

**Kicked you** 

Otherwise hurt you physically

If you 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

50.	How many times	have you visited the school	Inurse during <b>this grade</b> ?
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- Never
- o Once
- o 2-3 times
- o 4 or more times

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

# 51. During **this grade**, have you had a health examination with the school nurse or physician?

- Yes
- o No (go to question 53)
- o Don't know (go to question 53)

#### 52. How were the following things at your health examination during **this grade**?

- Agree
- Neither agree nor disagree
- o **Disagree**

Issues that are important to me were discussed

My opinions were listened to

Things related to my family were discussed

I felt safe talking about my issues

- 53. During **this grade**, have you visited the school social worker?
  - o No
  - Yes
  - o Don't know

### 54. During **this grade**, have you visited the school psychologist?

- o No
- o Yes
- Don't know

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

- o No
- Yes
- o Don't know

# Family and housing

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

- o In a shared home with my parents
- o I live roughly for the same length of time with both parents, who do not live together, for example in alternative weeks
- I mainly live with one of my parents and stay with the other parent from time to time, for example at weekends
- With one of my parents
- With my grandparents or other relatives, without my parents
- In a foster family
- o At a children's home, a youth home or a reform school
- o In a professional foster home
- o Somewhere else

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

- o A social worker has told me where to live
- For other reasons
- Not sure

58. Which of these do you have?

- o Yes
- o No, my family can't afford that
- Never, for other reasons

Some clothes that were bought new
Usually enough food at home
Your own phone
Money for small personal expenses

59. In which country were you and your parents born? *Please answer for everyone.* 

#### You

#### Mother

#### **Father**

- Finland
- o Sweden
- o Estonia
- o Russia
- Ukraine
- o Other European country
- o Somalia
- o Syria
- o Iraq
- o Iran
- o Afghanistan
- o India
- o China
- o Thailand
- o Vietnam
- o Some other country

#### 60. How long have you lived in Finland?

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

# Talking with parents

- 61. Can you discuss with your parents your personal matters?
  - o Almost never
  - Occasionally
  - o Fairly often
  - o Often

#### 62. How often do the following happen to you?

- o 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

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

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

#### Leisure time

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

#### 64. 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

65.	How	often	do voi	u partici	pate ir	n hobbies
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- o On 6-7 days a week
- o On 5 days a week
- o On 3-4 days a week
- o On 1-2 days a week
- Less frequently

Artistic and cultural hobbies include drawing, writing and coding or going to the theatre, festivals or a circus or visiting a museum. Listening to music, reading books, taking photographs and making videos or watching movies are also artistic and cultural hobbies.

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

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

67.	<b>Postal</b>	code for	our home address	•

## 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 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, or the Apuu chat, the Poikien Puhelin helpline or Victim Support Finland. You can find contact details for these services here.

What do you think of the survey? You may ;	give feedback on tl	he survey he	re if you
wish:			

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