

School Health Promotion study 2023

Welcome to the School Health Promotion study!

Pupils in the 8th and 9th 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?

- Boy
- Girl

2. Do you feel you are a...

- Boy
- Girl
- Both
- Neither
- It varies

3. Which grade are you in?

- 8th grade
- 9th grade

4. In what year were you born?

- 2004 or earlier
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010 or later

5. In what month were you born?

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

School 1/3

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

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

7. What do you think about your class?

- Fully agree
- Agree
- Disagree
- Fully disagree

It's peaceful to work in my class

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

The students in my class like being together

8. What do you think about your teachers?

- Fully agree
- Agree
- Disagree
- Fully disagree

Teachers encourage me to express my opinions in class

Teachers are interested in how I am doing

Teachers treat us students fairly

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

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

- Several times a week
- About once a week
- Less frequently
- Not at all (go to question 11)

10. If an adult at school has bullied you during **this school year**, was it

- A teacher
- Another adult at school

11. What have your possibilities to influence the following things at your school been like 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.)

Planning or implementation of recesses or breaks

Drawing up common school rules

Planning or refreshing facilities at the school

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

Organising theme days, celebrations, excursions or school camp

12. I feel I am an important part of

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

Class community

School community

School 2/3

13. Are you experiencing difficulties in the following things at school?

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

Following the teaching in class

Doing homework or other similar tasks

Preparing for exams

Performing tasks that require writing

Performing tasks that require reading

Performing tasks that require calculation

Spoken production and interaction

Answering in class

Using devices used for studying (digital technology or software)

14. Have the following things bothered you at your school during **this school year**?

- Not at all
- Some
- A lot

Too hot inside

Too cold inside

Stuffy air (bad indoor air)

Unpleasant odour

Crowded classroom

Noise

Lighting too bright or too dim

Uncomfortable chairs, desks or other furniture

Poor facilities (toilets, changing rooms, showers)

15. During **this school year**, how often have you experienced the following?

- Not at all
- A few times in the year
- Every month
- Every week
- Daily or almost daily

Being late

Being absent without permission, skipping school

Absences due to illness

Absences agreed in advance (e.g. family holiday trip, hobby)

Absences for another reason

16. Have you changed schools in the middle of **this school year**?

- No
- Yes

School 3/3

17. Have you had the following feelings relating to schoolwork?

- Almost never
- A few times a month
- A few days a week
- Almost daily

I feel I am drowning in schoolwork

It feels like my studies have no meaning

I feel inadequate at my studies

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

- Almost never
- 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

19. During **this school year**, have you received support and help for **your learning and studying** 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

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

Choose one alternative.

- Upper secondary school
- Vocational education
- Preparatory education for programmes leading to an upper secondary qualification (TUVA)
- Don't know

Bullying

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

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

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

22. How often have you participated in bullying other students during **this semester**?

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

If you have not been bullied or you have not participated in bullying at school during this semester, go to question 26.

23. If during **this semester**, you have been bullied or you have participated in bullying other students, how did it happen?

- Yes
- No

Name-calling, ridiculing a person 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 using a mobile phone: messages, phone calls, images

Something else

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

- Yes
- No (go to question 26)

25. 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

26. How do you think your state of health is?

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

27. Height and weight (in integers)

Height _____ **cm**

Weight _____ **kg**

28. How do you feel about your weight? In your opinion, are you

- Clearly overweight
- Slightly overweight
- A suitable weight
- Slightly underweight
- Clearly underweight

29. Think about the **previous three months** until this day. How often have you experienced the following?

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

You find it hard to fall asleep

You wake up in the middle of the night

You are tired and exhausted during the day

You feel faint or dizzy

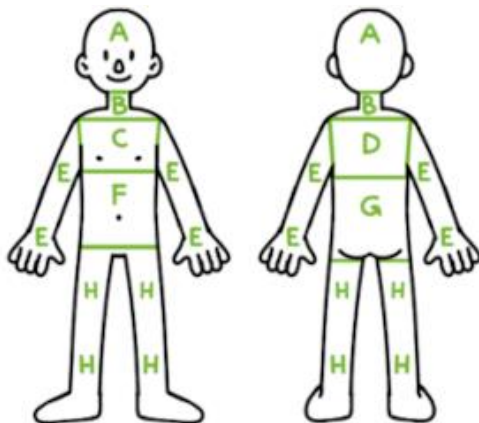
Your nose is blocked or you have a cold

Your throat is dry or sore

You have a cough

Your eyes are itchy or watery

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



- Daily or nearly every day
- 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)

31. Do you have a long-term illness or health problem diagnosed by a physician?

- No
- Yes

32. 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 your own glasses or contact lenses, how is your vision while wearing them)?

Do you have difficulty hearing people's voices (if you use a hearing aid due to poor hearing, how is 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 learning things?

Do you have difficulty remembering things?

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

Mental well-being

33. 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

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

- No (go to question 36)
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

35. 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

36. 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.

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

- Yes
- No

Do you make yourself sick 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?

39. 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

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 on the Sekasin chat service or the helpline and chat service for children and young people provided by the Mannerheim League for Child Welfare.

Friends

40. At the moment, do you have a really 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

41. Do you feel lonely?

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

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

- Never
- Rarely
- 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

Dating and sexual health

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

- Straight
- Bisexual or pansexual
- Gay
- None of these options describe me
- Not sure

44. Are you dating at this moment?

- No
- Yes

45. Have you ever had sexual intercourse?

- No (go to question 47)
- Yes

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

You may choose several options.

- Condom
- Birth control pills or mini pills
- Contraceptive ring or contraceptive patch
- IUD (intrauterine device)
- Emergency contraception after intercourse
- Some other method
- Nothing
- Don't know

47. Does your school health care or the other health care services where you study or live offer **free** contraceptives to young people?

- Yes
- No
- Don't know

48. Have you received free contraceptives from a health care professional during the past **12 months**?

- Yes
- No (go to question 50)
- Did not need (go to question 50)

49. Which of the following have you received free of charge from healthcare professionals in the last **12 months**?

You may choose several options.

- Condoms
- Birth control pills or mini pills
- Contraceptive ring or contraceptive patch
- IUD (intrauterine device)
- Emergency contraception after intercourse
- Something else

Brushing your teeth

50. 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

51. 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

Fruit or berries

Fresh or cooked vegetables (other than potatoes)

Sweets or chocolate

Sugar-sweetened soft drinks or sugary juice

Sugar free soft drinks or sugar free juice (light)

Energy drinks

52. 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

53. 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

Enough food is served at school lunches

The quality of school lunches is good

School lunches taste good

Sleeping

54. At what time do you usually go to bed?

Please answer both parts.

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 24:00
- 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

55. At what time do you usually wake up?

Please answer both parts.

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

56. During **your leisure time**, how many hours per week do you usually do 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

57. How often do you take exercise or do 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 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.

58. 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?

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

59. How long do you **usually** walk or bike on your way to and from school? Also note the way from a bus stop to school and home.

- Not at all, I go the entire way with a vehicle like a moped or car
- Less than 10 minutes per day
- 10-30 minutes per day
- 31-60 minutes per day
- Over an hour per day

Smoking and intoxicants 1/3

Questions 60 to 61 concern **SMOKING (not e-cigarettes)**

60. How many cigarettes, pipefuls and cigars have you smoked in total by now?

- None (go to question 62)
- Just one (go to question 62)
- About 2-50
- More than 50

61. Which of the following options 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)

62. 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

Nicotine pouches

Water pipe (shisha)

63. Do you smoke e-cigarettes that contain the following substances?

Please give an answer on each row.

- 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

64. 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 products.

Cigarettes

Snuff

E-cigarette devices and liquids

- I have not used any in the past 30 days
- I bought them in 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 from an online store
- I got them through the social media
- My 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

65. During your lifetime, have your parents smoked?

Mother

Father

Other parent

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

Smoking and intoxicants 2/3

66. On the whole, how often do you consume alcohol, for example half a can of beer or more?

- 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 69)

67. 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

68. How did you get the alcohol you drank last time?

- Yes
- No

I bought them at Alko myself

I bought them in 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

69. In your opinion, does one of your parents drink too much alcohol?

- No (go to question 71)
- Yes

70. Has this caused you harm?

- No
- Yes

Smoking and intoxicants 3/3

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

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

Cannabis (marijuana or hashish)

Sniffing a narcotic substance (glue, butane, etc.) to become intoxicated

Drugs (sedatives, sleeping pills, painkillers) or alcohol and drugs together to become intoxicated

Ecstasy, amphetamines, Subutex, heroin, cocaine, LSD, gamma or similar narcotic substances

A narcotic substance of which you did not know what it was

72. 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

Cannabis (marijuana or hashish)

Another one of the narcotic substances mentioned in the previous question

73. In your opinion, what possibilities does a person your age have to obtain narcotics, such as cannabis (marijuana or hashish), where you live?

- Very easy
- Fairly easy
- Fairly difficult
- Very difficult
- Don't know

Accidents

74. During **this school year**, 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
- 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

Physical violence

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

- 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 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 contact the Online Shelter or Victim Support Finland, for example.

76. Have you experienced disturbing sexual proposals or harassment during the past **12 months**?

- Yes
- No

On the phone or online

At school

During the workplace familiarisation program (TET)

In 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

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

- Yes
- No

Being forced to undress

Touching of intimate parts of the body against your will

Being pressured or coerced into sexual intercourse or other sexual acts

Being offered money, goods or intoxicants in exchange for sex

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.

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

- No
- 1 to 2 times
- 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

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

- No
- 1 to 2 times
- 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

Discrimination

80. Over the last **12 months**, have you been bullied, discriminated or harassed, either at school or in leisure time, in connection with 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 origin, Roma origin, Sámi origin

Religion, irreligion, 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 contact the Online Shelter, Victim Support Finland or the helpline and chat for children and young people maintained by the Mannerheim League for Child Welfare, for example.

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 makes an appointment for them. Students may also visit the school nurse or physician as needed.

81. 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 I could not get there
- 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

82. 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

83. 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

84. 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 discussed

My opinions were listened to

Things related to my family were discussed

I felt safe talking about my issues

85. 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

86. 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

Family and housing 1/3

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

- In a shared home with my parents
- 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
- At a children's home, a youth home or a reform school
- In a professional foster home
- In a dormitory
- Independently, for example in a rented home or a home owned by me
- Somewhere else

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

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

89. Which of the following describe your family?

You can select more than one answer.

- I have one parent
- I have two parents
- I have more than two parents
- I have no parents, or I have no contact with my parents
- My parents are divorced
- I live in a rainbow family. One or both of my parents belong to a sexual or gender minority.
- I am adopted

90. Are you helping or caring for a family member or some other person close to you who has, for example, a serious illness or an injury or who is very old?

- This situation or need for help does not concern my family
- A few times in the year
- Every month
- Every week
- Daily or almost daily

Family and housing 2/3

91. What is the highest educational level your parents have achieved?

Mother

Father

Other parent

- Comprehensive school or equivalent
- General upper secondary school or vocational institution
- Vocational studies in addition to general upper secondary school or vocational institution
- University, university of applied sciences or other higher education institution

92. 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

93. How would you assess your family's financial situation?

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

94. In which country were you and your parents born?

Please answer for everyone.

You

Mother

Father

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

95. 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

Family and housing 3/3

96. Can you discuss with your parents your personal matters?

- Almost never
- Occasionally
- Fairly often
- Often

Satisfaction with life

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

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

98. 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 my life has a meaning

I can strive for things that are important for me

I receive help when I really need it

I feel trusted

I can influence some things in my living environment

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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'.

99. 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

In the next question, 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.

100. 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

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

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

I take physical exercise or participate in sports

I sing, play an instrument or compose

I do 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 handicrafts, carpentry or crafts, or build or repair machines or devices

I do coding or programming

I play games with a mobile phone, 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

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.

102. How often do you participate in artistic or cultural hobbies 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

103. 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?

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

104. Select the option that best describes your opinion. By 'home district' we mean your district, or in smaller places, for example the municipality or urban centre in which 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

My home district has enough leisure venues for young people to spend time in

I know about hobbies available in my home district

The venues of hobbies suitable for me are too far away

Hobbies that interest me are too expensive

105. Postal code for your 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 Sekasin chat service, the Apuu chat, the Poikien Puhelin helpline, Women's Line 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 the survey here if you wish: _____

Finally, press the “Submit answers” button and close the browser.