

Welcome to the School Health Promotion study!

Students in vocational institutions

Responding to the survey is voluntary: you don't have to answer the survey.

Instructions:

- Choose the option that most closely matches your opinion or experience.
- Answer the questions honestly. You don't have to answer all the questions.
- Concentrate on giving your own answers. Don't look at what answers the others are giving. Let others fill in the form in peace.
- When you are ready or the response time ends, go to the last page of the form and press the "Submit answers" button. After that, close the browser.

We will not ask you to give your name. All answers will be treated confidentially. So, no one can find out exactly what you have answered.

The answers help educational institutions to develop their operations. Based on the answers, services for children and young people can be improved. The answers are also used for research at the Finnish Institute for Health and Welfare (THL) and they can be given to other researchers for use. The information is managed by the Finnish Institute for Health and Welfare and the Finnish Social Science Data Archive.

Background information

1. What is your official gender?

- Boy / man
- Girl / woman

2. What gender do you identify as?

- Boy / man
- Girl / woman
- Both
- Neither
- It varies

3. Are you in preparatory education for an upper secondary qualification (TUVA)?

- No
- Yes [goes to question 6]

4. What is your field of education?

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

5. What year are you in?

- 1st year student
- 2nd year student
- 3rd year student
- 4th year student

6. How old are you now? I have turned:

- 15 years or I am younger
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years
- 21 years
- 22 years
- 23 years
- 24 years
- 25 years
- 26 years
- 27 years
- 28 years
- 29 years
- 30 years or I am older

Studies 1/3

7. How much do you like studying at this moment?

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

8. What do you think about your group?

- Fully agree
- Agree
- Disagree
- Fully disagree

It's peaceful to work in my group

When something is talked about in my group, I dare to express my opinion

The students in my group like being together

9. What do you think about your teachers?

- Fully agree
- Agree
- Disagree
- Fully disagree

Teachers encourage me to express my opinion in lessons

Teachers are interested in how I am doing

Teachers treat us students fairly

I get positive feedback from teachers

In the following question, bullying means that an employee at your educational institution **repeatedly** upsets a student with words or actions. The employee can be a teacher or someone else who works at your educational institution. Bullying does not include, however, if he/she deals with a student's disruptive behaviour or failure to do their tasks.

10. Have any of the teachers or other employees at your educational institution bullied you during **the fall semester or spring semester?**

- Yes, several times a week
- Yes, about once a week
- Yes, less frequently
- Not at all

11. What possibilities have you had to influence the following things at your educational institution during **the fall semester or spring semester?**

- Good chance
- Neither poor nor good chance
- Poor chance

Lesson arrangements (for example how we work)

Study planning (for example the timing of different lessons, when the school day starts and how exams are organized)

When is recess or breaktime and what do we do during them

Organising theme days, celebrations, excursions or school camp

12. How often do you feel like you can be yourself at your educational institution?

- Always
- Often
- Rarely
- Never

13. How often do you feel that you feel safe at your educational institution?

- Always
- Often
- Rarely
- Never

Studies 2/3

14. How much difficulty do you have doing the following things?

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

Following the teaching

Do homework

Preparing for exams

Performing tasks that require writing

Performing tasks that require reading

Performing tasks that require calculation

Performing practical assignments

Spoken presentation

Answering in lessons

Using digital devices or software when studying

Studies 3/3

15. Have you had the following feelings relating to your studies?

- Almost never
- A few times a month
- A few days a week
- Almost every day

I feel like I am drowning in the amount of studies

It feels like my studies have no meaning

I feel that I am not good enough at my studies

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

- Almost never
- A few times a month
- A few days a week
- Almost every day

In the morning, I feel good about starting studying

I am enthusiastic about studying

When I am doing tasks related to my studies, I forget everything around me

17. During **the fall semester or spring semester**, have you received help for your **learning and studying** from the following employees at your educational institution?

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

Homeroom teacher or group tutor

Other teacher

Study counsellor

Special needs teacher

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.

18. How often have you been bullied at your educational institution during **the spring semester**?

- Several times a week
- About once a week
- Less frequently
- Not at all [goes to question 22]

19. How did the bullying happen?

- Yes
- No

I have been called nasty names or humiliated

I have been left out or ignored

I have been bullied with facial expressions or gestures

Lies have been spread about me or bad things have been said about me

People have told or passed on things about me without my permission

I have been bullied online or using a mobile phone (messages, phone calls or images)

I have been shoved, hit or kicked

Money or things have been taken from me or my things have been broken

I have been threatened or forced to do something I did not want to do

I have been bullied in some other way

20. Do any of the teachers or other employees at your educational institution know that you have been bullied during **the spring semester**?

- Yes
- No [goes to question 22]
- Don't know [goes to question 22]

21. What happened after the teacher or other employee at your educational institution found out about the bullying?

- The bullying stopped
- There is less bullying
- The bullying continues as before
- The bullying got worse

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

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

Discrimination

23. During the last **12 months**, have others discriminated against you or bullied you, in other words treated you badly because of the following things at your educational institution or in your free time?

- 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 (for example parents, siblings, economic situation, place of residence)

Talking with an employee at the educational institution

24. Is there an employee at your educational institution with whom you can talk, if something is weighing on your mind?

- No
- Yes
- Don't know

Family and housing 1/2

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

25. Can you talk with your parents about your personal matters?

- Almost never
- Occasionally
- Fairly often
- Often

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

- In a shared home with my parents
- Alternately with my parents
- With one of 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
- In a shared apartment or household
- Independently, for example in a rented home or a home I own
- With my spouse
- With my spouse and child/children
- Alone with child/children
- Elsewhere

27. What do you think your family's financial situation is like?

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

28. What do you think your personal financial situation is like?

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

Family and housing 2/2

29. 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

30. 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

Friends

31. 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

32. Do you feel lonely?

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

Health

33. What do you think about your state of health? My health is:

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

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

- Every day or almost every day
- Approximately once a week
- Less often than once a week
- Never

I find it hard to fall asleep

I wake up in the middle of the night

I am tired and exhausted during the day

I feel faint or dizzy

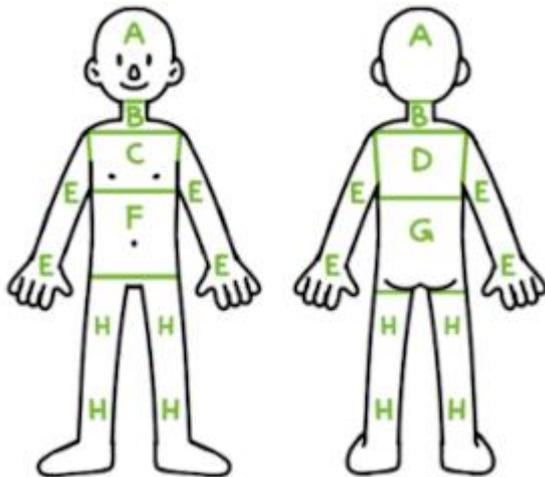
My nose is blocked or I have a cold

My throat is dry or sore

I have a cough

My eyes are itchy or watery

35. Pain can be caused by things like illness, an injury or physical activity. Pain can also occur without a clear reason. Look at the image. Think about the **previous three months** until this day. How often have you had pain in these areas?



- Every day or almost 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)

Injuries

36. During **the fall semester or spring semester**, have you had an injury 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?

- Never
- Once
- Twice or more often

During recess

During PE class

During some other class

At a workplace during on-the-job learning

On my way to or from school

Brushing your teeth

37. 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

Eating

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

- On 5 days
- On 3-4 days
- On 1-2 days
- Not once

Breakfast

School lunch

Supper

Evening snack

Snacks

39. What do you think about school lunches?

- Always
- Often
- Rarely
- Never

School lunches are provided at a good time of the day

There is enough time to eat

There is enough food

The food tastes good

The quality of the food is good

Energy drinks

40. How often have you had energy drinks in the past **7 days**?

- Not once
- On 1-2 days
- On 3-5 days
- On 6-7 days

Sleeping

41. What time do you usually go to bed if the next day is a school day?

- At about 20.00 or earlier
- 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 or later

42. At what time do you usually wake up on school mornings?

- 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 or later

Physical activity

Next, you will be asked about physical activity that **causes shortness of breath and increases your heart rate**. Physical activity can be, for example, cycling or walking fast, playing physically active games, running, exercising in PE class at your educational institution or practising some kind of sport.

43. 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

44. During **your free time**, how many hours per week do you usually do physical exercise that causes shortness of breath and sweating?

- None
- About half an hour
- About 1 hour
- About 2 to 3 hours
- About 4 to 6 hours
- About 7 hours or more

Satisfaction with life

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

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

46. How do you feel about the following statements?

- Agree
- Neither agree nor disagree
- Disagree

I can influence what my own future will be like

I trust that I will get help when I need it

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.

47. During **the fall semester or spring semester**, have you visited your educational institution's nurse, physician, social worker or psychologist?

- 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

48. 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

49. 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 discussed

My opinions were listened to

Things related to my family were discussed

I felt safe talking about my issues

Mental well-being

50. Over the last **two weeks**, how often have you been bothered by any of 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

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

- No [goes to question 53]
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

52. Have you received help concerning your mood during the past **12 months**?

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

From student welfare services (for example school nurse, physician, psychologist, social worker)

From a teacher

From services outside your educational institution (for example health centre, mental health services, youth services)

From my own parents

From friends and relatives

53. 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.

54. 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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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 educational institution's 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.

Dating and sexual health

55. 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

56. Have you ever had sexual intercourse?

- No [goes to question 58]
- Yes

57. 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 form of contraception
- Nothing, we want to have a baby
- Nothing, for other reasons
- Don't know

Smoking and intoxicants 1/3

58. How often have you used the following products?

Please give an answer for all products.

Tobacco (cigarettes or cigars)

E-cigarette (vape)

Snuff

Nicotine pouches

- Never
- I have tried it once or twice
- I use less often than once a week
- I use once a week or more, but not every day
- I use it every day
- I used to use it, but I quit

59. How do you usually get the products you use?

Tick all the options that apply.

Tobacco (cigarettes or cigars)

E-cigarette (vape)

Snuff

Nicotine pouches

- I do not use this product
- I bought them myself, for example from a store, kiosk or bar
- I ordered them online
- I got them through social media
- My father or mother got them or offered them
- My friend or sibling got them or offered them
- In other ways

Smoking and intoxicants 2/3

60. How often do you drink 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 [goes to question 63]

61. How often do you drink alcohol so that you are **heavily drunk**?

- Once a week or more often
- About 1 to 2 times a month
- Less frequently
- Never

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

- Yes
- No

I bought it myself, for example from a store, kiosk, Alko, restaurant or bar

I got it through social media

My father or mother got it or offered it

My friend or sibling got it or offered it

In other ways

Smoking and intoxicants 3/3

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

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

Cannabis (marijuana or hashish)

Huffing 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 of which I did not know what it was

Gambling

Gambling includes, for example, slot machines, lotteries, betting, casino games and lotto. Many kinds of gambling are also possible on a computer and mobile phone online.

64. How often do you gamble?

- At least once a week
- Less often than once a week
- Less often than once a month
- I have not gambled during the past year

Excessive internet use

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'.

65. How often have you experienced the following?

- Very often
- Fairly often
- Not very often
- Never

I have tried unsuccessfully to spend less time online

I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent online

I have caught myself being online although I'm not really interested

I have felt bothered when I cannot be online

I have gone without eating or sleeping because of being online

Experiences of violence

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

- Yes
- No

Someone stole or tried to steal something from me by using violence or by threatening to use violence

Someone stole something from me but did not use violence or threaten to use violence

Someone threatened to harm me physically

Someone attacked me and hit me, kicked me or used a weapon

Sexual harassment and violence

Verbal sexual harassment is when someone says or writes sexually suggestive, uncomfortable things about your body, makes offensive jokes, or talks about sex in a way that makes you feel uncomfortable, anxious, or unsafe.

67. Has someone harassed you sexually during the past **12 months**?

- Yes
- No

On the phone or online

At your educational institution

At a workplace during on-the-job learning

In hobbies

In the street, at a shopping centre or in another public space

In my home, in another person's home or in another private space

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

- Yes
- No

Someone has forced me to undress

Touching intimate parts of the body even though I didn't want to

Someone has pressured or forced me to have intercourse or do other sexual acts

Someone has offered me money, goods or intoxicants if I have sex with them

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 your educational institution's nurse, for example. You can also contact Victim Support Finland, for example.

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.

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

- Yes
- No

Verbally insulted me, for example called me names

Humiliated or embarrassed me

Threatened me with violence

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

- Yes
- No

Grabbed me so that it hurt

Pushed or shaken me angrily

Pulled my hair

Slapped me

Hit me with their fist or an object

Kicked me

Otherwise hurt me 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 nurse at your educational institution. You can also contact Victim Support Finland or the helpline and chat for children and young people maintained by the Mannerheim League for Child Welfare, for example.

Free time

71. How often do you participate in hobbies?

- Almost every day
- Every week
- Every month
- Less frequently
- Never

72. How often do you do physical exercise or sports in **your free time**?

- Almost every day
- Every week
- Every month
- Less frequently
- Never

I do physical exercise or sports where I am guided or coached

I do physical exercise independently, no one guides or coaches me

I guide and coach others myself

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

73. How often do you engage in arts or culture in **your free time**?

- Almost every day
- Every week
- Every month
- Less frequently
- Never

I engage in arts or culture so that I am guided or taught

I engage in arts or culture independently, no one guides or teaches me

I guide or teach others myself

74. 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 what hobbies are available in my home district

The venues of hobbies suitable for me are too far away

Hobbies that interest me are too expensive

75. Think of all the time you've spent in the last **7 days** outdoors in nature, i.e. in the woods, in the park, on the beach, on the water. How many days have you been moving or staying in nature?

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

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

- No [goes to question 78]
- Yes

77. On average, I work weekly for

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

78. What do you think adults should do to help young people do well?

Please enter up to 2000 characters. _____

Thank you for answering!

If you are concerned about something to do with your well-being, it is important to talk about it with your parents or the 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, or the Sekasin chat service, 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 want to:

Please enter up to 2000 characters. _____

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