

## Dear 8th grade pupil,

You will soon have an extensive health examination in school health care. You will meet a school health nurse and a school physician at the examination. This questionnaire is used to collect information on the issues discussed at the examination in advance. Your personal view of the matters included in this form is highly valuable. Therefore, it is important that you fill out this questionnaire. You may also express your wishes for the examination.

Filling out the form and answering each individual question is voluntary. The topics included in this form are discussed at the examination and you

will have an opportunity to give more details on your answers. The information you give is confidential and will only be available to school health care. Your parents will only be informed about the issues with your permission. However, if it appears that your growth and development are at risk, the school health care has a legal obligation to report child welfare services of this worry.

Information regarding the health examination will be entered in patient documents, after which this form will be destroyed. School health care documents are part of the wellbeing services county's patient register.

## Pupil

Name	
Class	Telephone number

## School and leisure time

<b>I find going to school</b>	<input type="checkbox"/> pleasant	<input type="checkbox"/> it is OK	<input type="checkbox"/> unpleasant
I find learning	<input type="checkbox"/> easy	<input type="checkbox"/> sometimes difficult	<input type="checkbox"/> difficult
I find doing homework	<input type="checkbox"/> easy	<input type="checkbox"/> sometimes difficult	<input type="checkbox"/> difficult
What school grade (4–10) would you give to peacefulness to work in your class _____ atmosphere, or school spirit, in your class _____ ?			
I get along with my teachers	<input type="checkbox"/> yes	<input type="checkbox"/> it varies	<input type="checkbox"/> no
I am nervous or scared at school	<input type="checkbox"/> no	<input type="checkbox"/> yes, about what? _____	
<b>I have friends</b>			
• at school	<input type="checkbox"/> yes	<input type="checkbox"/> too few	<input type="checkbox"/> no
• during my leisure time	<input type="checkbox"/> yes	<input type="checkbox"/> too few	<input type="checkbox"/> no
How have you planned to continue your studies after comprehensive school?			
<b>How do you spend your free time?</b> (alone/together with friends/family or with recreational activities)			
_____			
My curfew during school days at _____ and weekends at _____ .			



**On a daily basis, I eat**

breakfast     school meal, lunch     dinner     snacks     bedtime snack

**My diet includes**

milk or so-called plant-based milk or products made from these  yes  no

please specify \_\_\_\_\_

vegetables and/or fruits  yes  no

meat  yes  no

fish  yes  no

I use a vitamin D supplement  daily  occasionally  never  
 daily dose \_\_\_\_\_ micrograms

**I sleep on weekdays at** \_\_\_\_\_ - \_\_\_\_\_ **and weekends at** \_\_\_\_\_ - \_\_\_\_\_

**My exercise habits** (in addition to physical education at school)

**How do you look after your teeth?**

<b>Use of tobacco and nicotine products and intoxicants</b>	I do not use	I do not use, but have tried	I use it occasionally	I use	my circle of friends uses
e-cigarettes					
nicotine pouches					
tobacco					
snus/snuff					
alcohol					
drugs (cannabis etc.)					
other, please specify					

**Answer the questions in this section to the extent they apply to you.**

**Questions about periods**

Have your period started?  yes  no    The age you were when your period started \_\_\_\_\_ years

Do you have a regular menstrual cycle?  yes  no    Cycle length \_\_\_\_\_ days (from the first day of your period to the start of the next one)

Do you have menstrual pain?  yes  no    Duration of bleeding \_\_\_\_\_ days

**Questions about foreskin and testicles**

Do you have a tight foreskin?  yes  no

Do you have two testicles?  yes  no

Do your testicles considerably differ in size?  yes  no

**These questions are for everyone.**

Issues related to dating apply to my situation.  yes  no

Issues related to contraception apply to my situation.  yes  no

I have been thinking about sexual maturity.  yes  no

I have been thinking about sexual orientation or gender identity.  yes  no

## Home and family

My family members include

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My relationship with my parents is  very good  good  moderate  poor

What do you do or how do you spend time with your parents?

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What is the cause of arguments between you and your parents or what do you disagree about?

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I can talk about my issues and worries with

my parents  my sibling  my friend  someone else  no one

In recent times, the following changes have occurred in my life:

- moving house  death of a loved one  
 parents' separation/divorce  birth of a sibling or a sibling moving away  
 parent's new cohabitation or marriage  no changes  
 illness of a loved one  other, please specify \_\_\_\_\_

**Your family's matters also affect your welfare. In your family, do you**

	yes	sometimes/ maybe	no
spend enough time together			
typically share what has happened during the day			
eat a meal together every day			
typically give encouragement and positive feedback			
share household chores			
have agreed on shared rules			
have fair consequences for breaking the rules			
have a safe and generally amicable atmosphere			
have long-term illness (physical or mental)			
have worries caused by intoxicant use			
have problems or conflicts between family members			
have a threat of violence or violent behaviour			

Are you worried or scared about something at the moment? Think about yourself, your friends, school, home and the future. Please specify.

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What about yourself and your life are you satisfied with right now?

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Your wishes related to the health examination

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Date

Signature of the person who filled out the form

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