

Dear student,

Welcome to the student health examination. During the examination, you will meet a public health nurse and, if necessary, a doctor.

This preliminary information questionnaire is used to collect information on the issues that will be discussed at the examination. Your own view of these issues is valuable and therefore your answers are important. You may also express your wishes for the examination.

Filling in the form and answering individual questions is voluntary and takes approximately 5-15 minutes. The topics included in this form are discussed at the health examination and you will have an opportunity to give more details on your answers. The information you provide is confidential and subject to the secrecy provisions of health care.

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

The Finnish Institute for Health and Welfare is responsible for the content of the preliminary information questionnaire.

Personal information

Last name	
First names	
Personal identity code	
Gender <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other	
Email	Phone number
Address	
Municipality of residence	Country of birth
Preferred language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> English <input type="checkbox"/> Other	

Close relative or other contact person

Last and first name	
<input type="checkbox"/> close relative <input type="checkbox"/> other contact person, person's relationship with the respondent?	
<hr/>	
Phone number	

Studies

Current educational institution

upper secondary vocational education and training
name of educational institution and field _____

general upper secondary school
name of educational institution _____

How do you feel that your studies have started?

well fairly well poorly

Have you studied somewhere else after basic education?

no yes, what? _____

Health

How do you feel about your health?

Have you been diagnosed with something that makes your studies difficult, such as dyslexia, difficulty in learning or concentration?

no yes, what? _____

Have you been diagnosed with a permanent or long-term (physical or mental) illness or disability?

no yes, what? _____

Do you have any allergies?

no yes, what and how do you take them into account? _____

Do you use some medicinal products regularly or when necessary (including contraceptives, natural products and food supplements such as vitamin D)?

no yes, what? _____

Do you have persistent or repeated physical symptoms?

no yes, what? _____

Do you have persistent or repeated mental symptoms, such as fatigue, anxiety, panic symptoms or nervousness?

no yes, what? _____

During the past month, have you often been bothered by feeling down, depressed, or hopeless?

no yes

Have you been worried about having little interest or pleasure in doing things during the past month?

no yes

I have questions about my sexual orientation or gender identity.

no yes

I would like to discuss contraception or sexually transmitted diseases.

no yes, what? _____

Health habits

What kind of diet do you have?

- omnivore
 vegetarian
 vegetarian + dairy products and/or egg
 vegetarian + fish
 vegan
 other, please specify _____

Do you have symptoms or issues related to dental or oral health?

- no yes, what? _____

When was the last time you had a dental check-up?

- 0–2 years ago more than 2 years ago more than 4 years ago

How often do you brush your teeth using fluoride toothpaste?

- twice a day once a day less often

How do you feel about your weight?

- I am happy with my weight.
 I am too thin.
 I am too fat.
 I don't know.

On weekdays, I sleep between _____ - _____ o'clock, and on weekends between _____ - _____ o'clock.

Do you have trouble sleeping (e.g. difficulty falling asleep or you often wake up at night)?

- no yes

How often do you exercise in such a way that you get moderately out of breath (e.g. coming to the educational institution or a hobby)?

- daily or almost daily
 1–3 times a week
 less often
 not at all

Think about the time you spend on the Internet, social media or in front of the TV or your gaming habits. Has it affected, for example, your relationships, thoughts, sleep, circadian rhythm or your studies?

- no sometimes often

My substance use habits	I do not use	I have tried / use occasionally	I use it	people I know use it
tobacco				
e-cigarettes				
snus (Swedish type moist snuff)				
alcohol				
cannabis				
other drugs and prescription drugs for intoxication purposes				

If you use alcohol, please also answer the questions below.

How often do you consume beer, wine or other alcoholic beverages? Also include the times when you only have a small amount, e.g. a bottle of medium-strength beer or a sip of wine?

- never
- about once a month or less
- 2–4 times a month
- 2–3 times a week
- 4 times a week or more

How many drinks containing alcohol do you have on a typical day when you are drinking? One serving means one bottle of medium strength beer or cider, one glass of wine (12 cl) or a restaurant portion (4 cl) of strong alcohol.

- 1–2 servings
- 3–4 servings
- 5–6 servings
- 7–9 servings
- 10 or more

How often have you had six or more drinks on one occasion?

- never
- less than once a month
- once a month
- once a week
- daily or almost daily

Relationships

Do you feel lonely?

- yes
- no

Do you have someone you can talk to about important things?

- yes
- no

Have you experienced any of the following?	no	yes	yes, in the last 6 months
bullying			
violence			
serious accident			
sexual harassment, pressuring or violence			
conflicts in a romantic relationship			
conflicts between family members			
serious illness or death of a loved one			
substance abuse by a loved one			

Conclusion

Are you hoping to get to the health examination by a public health nurse as soon as possible?

- no urgent need
- yes

Do you have something related to health or well-being that you would like to discuss during the health check-up?

- yes, what? _____
- no

Date

Signature