

KYSELYLOMAKE: FSD3550 KOULUTERVEYSKYSELY: PERUSOPETUKSEN 4. JA 5. LUOK-
KIEN OPPILAAT 2019

QUESTIONNAIRE: FSD3550 SCHOOL HEALTH PROMOTION STUDY: FOURTH- AND FIFTH-
GRADERS IN BASIC EDUCATION 2019

Tämä kyselylomake on osa yllä mainittua Yhteiskuntatieteelliseen tietoaarkistoon arkistoitua tutkimusaineistoa.

Kyselylomaketta hyödyntävien tulee viitata siihen asianmukaisesti lähdeviitteellä.

This questionnaire forms a part of the above mentioned dataset, archived at the Finnish Social Science Data Archive.

If the questionnaire is used or referred to in any way, the source must be acknowledged by means of an appropriate bibliographic citation.

Detta frågeformulär utgör en del av den ovannämnda datamängden, arkiverad på Finlands samhällsvetenskapliga dataarkiv.

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School Health Promotion study 2019

Welcome to the School Health Promotion study!

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The responses will be used for improving the services for children and families, developing your school's operations, and scientific research purposes. The information will be stored at the National Institute for Health and Welfare.

Background information

1. What is your official gender?

- Boy
- Girl

2. Which grade are you in?

- 4th grade
- 5th grade

School

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3. How do you like school at this moment? I like school

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

4. Is it peaceful in your class?

- Often
- Sometimes
- Never

5. When something is talked about in class, do you dare express your opinion?

- Often
- Sometimes
- Never

6. Do the pupils in your class get along together?

- Often
- Sometimes
- Never

7. How well do you get along with your schoolmates?

- Well
- Fairly well
- Poorly

8. How well do you get along with your teachers?

- Well
- Fairly well
- Poorly

9. Are teachers interested in how you are doing?

- Often
- Sometimes
- Never

10. How much have you been involved in planning the following things during **this school year**?

	A lot	Some	Not at all
Ground rules for the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities at recess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School outdoor areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School festivities, events and excursions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content of lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I feel I am an important member of

	Agree	Neither agree nor disagree	Disagree
My classroom community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What do you feel about recesses and breaks?

	Agree	Neither agree nor disagree	Disagree
I am frightened of recesses or of going to recess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lonely at recesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have more organised programme at recesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Do you have difficulties in reading?

- Not at all
- Some
- A lot

14. Do you have difficulties with counting?

- Not at all

- Some
- A lot

15. Do you have difficulties with writing?

- Not at all
- Some
- A lot

16. Have any of the following things bothered you at your school during **this school year**?

	Not at all	Some	A lot
Too hot inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too cold inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stuffy air (poor indoor air)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpleasant odour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramped classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lighting too bright or too dim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncomfortable chairs, desks or other furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor toilets, changing rooms, showers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. At school

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
I like being at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often excited about school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no point in going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot cope at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bullying

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In this questionnaire, bullying refers to the harassment of a pupil by another pupil or a group of pupils either verbally or physically. Teasing a pupil **repeatedly** in ways he or she does not like is also considered bullying. An argument between two roughly **equal** pupils is not considered bullying.

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

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

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

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

If you have not been bullied and have not participated in bullying at school during this semester, go to question 22.

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

- Yes
- No
(go to question 22)

21. 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

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22. How is your health in general?

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

23. Have you had any of the following symptoms during **this school year**?

	Not at all	Sometimes	Often
Neck or shoulder pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep, or waking up at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mood

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

	Very true	Occasionally true	Not true
I was desperate or unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not enjoy anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was so tired that I just sat there doing nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was difficult to think properly or to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought that nobody likes me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very true	Occasionally true	Not true
I thought that I could never be as good as the other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Friends

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25. How many good friends do you have?

- None
- One
- Two or more

26. Do you ever feel lonely?

- Not at all
- Sometimes
- Often

Brushing your teeth

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27. How often do you brush your teeth?

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

Meals

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

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

Physical exercise

In this questionnaire, physical exercise 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.

29. Think about all the moving around you have done over the past **7 days**. On how many days have you been on the move 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

Smoking and other intoxicants

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30. If one of your best friends were to offer you any of these, would you use it? *Please give an answer for each item.*

	I do not know what that is	Certainly not	Probably not	Probably yes	Certainly yes
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Do you think it is likely that you will use any of the following during **this or the next school year**? *Please give an answer for each item.*

	I do not know what that is	Certainly not	Probably not	Probably yes	Certainly yes
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	I do not know what that is	Certainly not	Probably not	Probably yes	Certainly yes
E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Have you ever used any of these?

	Never	I have tried it once or twice	I use it now and then
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

34. In your opinion, does one of your parents consume too much alcohol?

- No
(go to question 36)
- Yes

35. Has this caused you harm?

- No
- Yes

36. Have you ever been offered any drugs?

- No

Yes

Harassment and violence

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Physical violence

37. During the past **12 months**, have you experienced any of the following?

	Yes	No
Someone stole or attempted to steal something from you by using violence or threats of violence	<input type="radio"/>	<input type="radio"/>
Someone stole something from you otherwise	<input type="radio"/>	<input type="radio"/>
Someone threatened to harm you physically	<input type="radio"/>	<input type="radio"/>
Someone attacked you physically (hitting, kicking, or by using a weapon)	<input type="radio"/>	<input type="radio"/>

Sexual harassment and violence

You have the right to decide how you want to be touched. If somebody has touched you in a way that you find confusing or upsetting or forced you to touch them, it is important that you tell an adult you can trust. For example, you can tell your teacher or the school nurse.

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

	Yes	No
Disturbing or intimidating comments on your physique, or requests for sexual favours	<input type="radio"/>	<input type="radio"/>
Sexually inappropriate messages or showing of sexually inappropriate videos or images	<input type="radio"/>	<input type="radio"/>
Somebody has touched your breasts or genitals against your will	<input type="radio"/>	<input type="radio"/>
Somebody has pressured you or forced you to touch their breasts or genitals	<input type="radio"/>	<input type="radio"/>

If you answered 'no' to all items in the previous question, you can go to question 42.

39. Who has harassed you sexually or committed acts of sexual violence against you in the manner described in the previous question in the last **12 months**? *You may select several persons.*

- A friend or other child/adolescent you know
- An adult in your family (mother, stepmother, father, stepfather, someone your parent is dating)
- Foster family mother or father
- Sibling (sister, brother, half-sister, half-brother)
- Other relative (grandparent, aunt, uncle, cousin)
- Instructor or carer at a family care home or a child welfare institution
- Teacher or other adult at your school
- Coach at a hobby, instructor or similar
- Stranger
- Other person

40. Have you reported the harassment or violence you have experienced during the past **12 months** to an adult you trust?

- Yes
- No

41. Have you received support and help concerning the sexual harassment or violence you have experienced during the past **12 months**?

- Yes
- No, but I would have needed it
- I have not needed any help

Violence in the family

In these questions parents mean, for example, your mother or stepmother, father or stepfather, adopted parents, foster family parents or instructors at a child welfare institution.

42. Did your parent for long periods of time not provide **you** with enough food or drink, clean clothes, or a clean and warm place to live?

- Never

- Once or twice in my life
- Several times in my life

43. Did a parent swear at **you**, insult **you**, humiliate **you**, threaten **you** or make **you** feel unwanted?

- Never
- Once or twice in my life
- Several times in my life

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

	No	1 to 2 times	3 times or more	They have but I cannot remember the number of times
Refused to talk to you for a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally abused you, for example called you names	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humiliated or embarrassed you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened to abandon you or leave you alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrown, hit or kicked things (e.g. slammed doors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locked you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened you with violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered 'no' to all items in the previous question, you can go to question 46.

45. Who has done the things described in the previous question **to you** in the past **12 months**? *You may select several persons.*

- Mother or stepmother
- Father or stepfather
- Foster family mother
- Foster family father

- Instructor or carer at a family care home or a child welfare institution
- Other parent or guardian

46. And have you personally seen or heard someone in your family doing one of the following **to another member of your family** in the past **12 months**?

	Yes	No
Refused to talk to them for a long time	<input type="radio"/>	<input type="radio"/>
Verbally abused them, for example called them names	<input type="radio"/>	<input type="radio"/>
Humiliated or embarrassed them	<input type="radio"/>	<input type="radio"/>
Threatened to abandon them or leave them alone	<input type="radio"/>	<input type="radio"/>
Thrown, hit or kicked things (e.g. slammed doors)	<input type="radio"/>	<input type="radio"/>
Locked them up	<input type="radio"/>	<input type="radio"/>
Threatened them with violence	<input type="radio"/>	<input type="radio"/>

In these questions parents mean, for example, your mother or stepmother, father or stepfather, adopted parents, foster family parents or instructors at a child welfare institution.

47. Did a parent hit, beat, kick or physically try to hurt **you** in any way?

- Never
- Once or twice in my life
- Several times in my life

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

	No	1 to 2 times	3 times or more	They have but I cannot remember the number of times
Grabbed you so hard that it hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed or shaken you angrily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	1 to 2 times	3 times or more	They have but I cannot remember the number of times
Pulled your hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slapped you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit you with their fist or an object	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kicked you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otherwise hurt you physically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered 'no' to all items in the previous question, you can go to question 50.

49. Who has done the things described in the previous question **to you** in the past **12 months**? *You may select several persons.*

- Mother or stepmother
- Father or stepfather
- Foster family mother
- Foster family father
- Instructor or carer at a family care home or a child welfare institution
- Other parent or guardian

50. And have you personally seen or heard someone in your family doing one of the following **to another member of your family** in the past **12 months**?

	Yes	No
Grabbed them so hard that it hurt	<input type="radio"/>	<input type="radio"/>
Pushed or shaken them angrily	<input type="radio"/>	<input type="radio"/>
Pulled their hair	<input type="radio"/>	<input type="radio"/>
Slapped them	<input type="radio"/>	<input type="radio"/>
Hit them with their fist or with an object	<input type="radio"/>	<input type="radio"/>
Kicked them	<input type="radio"/>	<input type="radio"/>
Otherwise hurt them physically	<input type="radio"/>	<input type="radio"/>

51. Have you reported the mental or physical violence you have experienced in your family during the past **12 months** to an adult you trust?

- Yes
- No
- I have not experienced violence in my family
(go to question 53)

52. Have you received help and support concerning the violence you have experienced in your family during the past **12 months**?

- Yes
- No, but I would have needed it
- I have not needed any help

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

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53. How many times have you visited the school health nurse during **this school year**?

- Never
- Once
- 2-3 times
- 4 or more times

The school health nurse and physician regularly conduct medical examinations on pupils. Usually the school nurse invites pupils to examinations or books them an appointment.

54. During **this school year**, have you had a health examination with the school health nurse or physician?

- Yes
- No
(go to question 56)
- Don't know
(go to question 56)

55. How were the following things at your health examination during **this school year**?

	Agree	Neither agree nor disagree	Disagree
Issues that are important to me were addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views were listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things about my home were discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to talk about my situation honestly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. During **this school year**, have you visited the school social worker?

- No
- Yes
- Don't know

57. During **this school year**, have you visited the school psychologist?

- No
- Yes
- Don't know

58. Is there an adult at your school with whom you can talk about things that are worrying you if necessary?

- No
- Yes

- Don't know

Family and housing

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

- In a shared home with my parents
(go to question 61)
- I live roughly for the same length of time with both parents, who do not live together, for example in alternative weeks
(go to question 61)
- I mainly live with one of my parents and stay with the other parent from time to time, for example at weekends
(go to question 61)
- With one of my parents
(go to question 61)
- I live with my grandparents or other relatives, without my parents
- I live in a foster family
(go to question 61)
- At a children's home, a youth home or a reform school
(go to question 61)
- I live in a family home
(go to question 61)
- None of the above
(go to question 61)

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

- A social worker has told me where to live
- For other reasons
- Cannot say

61. 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

62. In which country were you and your parents born? *Please enter an answer for all of you.*

	You yourself	Mother	Father
Finland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russia or the former Soviet Union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Former Yugoslavia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other European country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somalia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iraq	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afghanistan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
China	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thailand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. How long have you lived in Finland?

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

64. Can you talk about things that concern you with your parents?

- Hardly ever
- Occasionally
- Fairly often
- Often

65. How often do the following happen to you?

	Often	Sometimes	Not at all
You talk with your parents about your day at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you go out, you agree when you will come home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents talk to your friends when they meet them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parents support and encourage you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Satisfaction with life in general

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

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

Leisure time

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

67. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should spend more time with my family, friends or homework, but I spend all my time online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very often	Fairly often	Not very often	Never
I have found that I was online even though I did not really feel like it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt anxious when I do not get online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have failed to eat or sleep because of being online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. How often do you participate in hobbies?

- On 6–7 days a week
- On 5 days a week
- On 3–4 days a week
- On 1–2 days a week
- Less frequently

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 are also engaging in arts and culture.

69. Think about all of your art and cultural activities in the past **7 days**. On how many days have you engaged in artistic or cultural activities 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

Please answer the remaining questions if you live with relatives, in a foster family or a family care home, or at a child welfare institution.

70. How old were you when you went to live with your relatives, a foster family, a family care home or a children's home **for the first time**?

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- I don't know or can't remember

71. Sometimes children and young people move around for different reasons. In how many foster families or institutions have you lived in your life? *Also include the place where you live now.*

- 1
- 2
- 3
- 4
- 5
- 6 or more
- Don't know

72. For how many years have you lived in the foster family or institution where you are **living at the moment**?

- Less than 1 year
- 1-3 years
- 4-6 years
- Seven years or more
- Don't know

Client plan negotiations are conducted to agree on matters concerning you with your social worker and the adults looking after you.

73. Have you taken part in client plan negotiations in the past **12 months**?

- Yes
- No, I have not had one
(go to question 75)
- No, I did not want to take part
(go to question 75)
- I don't know what it is
(go to question 75)

74. Think about your latest client plan negotiation. To what extent were the following true for you?

	Agree	Neither agree nor disagree	Disagree
Issues that are important to me were addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views were listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things about my home were discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to talk about my situation honestly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your personal child welfare social worker looks after all the matters associated with your placement. They prepare or make any decisions on your placement (including client plans). The social worker is not the same as your personal counsellor.

75. Do you know who your social worker is **at the moment**?

- Yes

No

76. Have you met your personal social worker in the past **12 months**?

- Yes
- No
- I did not want to meet them
- I do not have a social worker

77. Have you met your personal social worker **privately** in the past **12 months**?

- Yes
- No
- I did not want to meet them
- I do not have a social worker

78. How do you feel about living in your current foster family or institution?

	Agree	Neither agree nor disagree	Disagree
I feel safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This feels like a good place for me to live in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

79. What kind of possibilities have you had to influence the following in your current foster family or institution in the past **12 months**?

	Good	Neither good nor poor	Poor
Drawing up the common rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyday life, including meals and leisure time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Are there other children or young people in your current foster family or institution?

- Yes
 No
 (go to question 82)

81. Has another **child or young person** living in your current foster family or institution done some of the following to you in the past **12 months**?

	Yes	No
Taken your money or possessions or broken your things	<input type="radio"/>	<input type="radio"/>
Threatened you or forced you to do something you did not want to do	<input type="radio"/>	<input type="radio"/>
Shut or locked you up by force	<input type="radio"/>	<input type="radio"/>
Hit, kicked or pushed you	<input type="radio"/>	<input type="radio"/>

82. Do you keep in touch with the following persons **by meeting** them? *This question means persons with whom you are not living at the moment.*

	Yes, too often	Yes, suitably often	Yes, but too seldom	Never, because I don't want to meet them	Never, for other reasons	I do not have any
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sister or brother closest to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative that you are close to, including a grandparent or a godparent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your closest friend or mate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. Do you keep in touch with the following persons **by other means besides meeting** them, for example by calling or messaging? *This question means persons with whom you are not living at the moment.*

	Yes, too often	Yes, suitably often	Yes, but too seldom	Never, because I don't want to contact them	Never, for other reasons	I do not have any
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sister or brother closest to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative that you are close to, including a grandparent or a godparent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your closest friend or mate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you for completing this questionnaire!

If anything in this questionnaire troubles you, please talk about it to your parents or some other adult you know. You can also contact your teacher, nurse, or your school psychologist or social worker.

You may give feedback on the questionnaire if you wish:

CHILDREN, ADOLESCENTS AND FAMILIES UNIT

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