

KYSELYLOMAKE: FSD3551 KOULUTERVEYSKYSELY: PERUSOPETUKSEN 8. JA 9. LUOKKIEN OPPILAAT SEKÄ LUKIOIDEN JA AMMATILLISTEN OPPILAITOSTEN 1. JA 2. VUODEN OPISKELIJAT 2019

QUESTIONNAIRE: FSD3551 SCHOOL HEALTH PROMOTION STUDY: EIGHT- AND NINTH-GRADERS IN BASIC EDUCATION AND FIRST- AND SECOND-YEAR STUDENTS IN UPPER SECONDARY EDUCATION 2019

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Tämä kyselylomake on osa yllä mainittua Yhteiskuntatieteelliseen tietoaarkistoon arkistoitua tutkimusaineistoa.

Kyselylomaketta hyödyntävien tulee viitata siihen asianmukaisesti lähdeviitteellä.

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## School Health Promotion study 2019

### Welcome to the School Health Promotion study!

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- Let others work in peace and ensure that you can complete your form in peace yourself. Do not look at what other people are doing. Focus on your own answers.
- Choose the option that most closely matches your opinion or experience.

All information on this form will be processed in strict confidence. You do not need to give your name at any time. No one except the researchers will ever see this form. Participation is voluntary. Answers will be grouped, not processed individually. Answer all questions honestly.

The responses will be used for improving the services for young people and families, developing your educational institution'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. Do you feel you are a...

- Boy
- Girl
- Both
- Neither
- It varies

## 3. In what year were you born?

\_\_\_\_\_ ▼

## 4. In what month were you born?

\_\_\_\_\_ ▼

## 5. Which grade are you in?

8th grade 9th grade

## School

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## 6. How do you like school at this moment? I like school

 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The atmosphere in our class is such that I dare to express my opinion freely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pupils in my class get along well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. What do you think about your teachers?

	Fully agree	Agree	Disagree	Fully disagree
Teachers encourage me to express my opinions in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers are interested in how I am doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers treat us fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What possibilities have you had to influence the following things at your school during **this school year**?

	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
Contributing to lesson arrangements (e.g. working methods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School work planning (placement of lessons, starting time of the day, examination arrangements etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
Design or implementation of activities during recess or break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drawing up ground rules for the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designing or improving outdoor areas at the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School meals (menus, making the lunch room pleasant, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organising theme days, celebrations, excursions or school trip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 10. I feel I am an important member of

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

## 11. How do you feel about recesses and breaks?

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
I am frightened of recesses or of going to recess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lonely at recesses	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>

## 12. Are you experiencing difficulties in any of the following things at school?

	Not at all	Fairly little	Quite a lot	Very much
Following the teaching in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing homework or other school tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing for exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing tasks that require writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing tasks that require reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Fairly little	Quite a lot	Very much
Performing tasks that require calculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answering in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using devices used for studying (digital technology or software)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. 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 (bad indoor air)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpleasant odour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crowded 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 facilities (toilets, changing rooms, showers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being absent without permission, skipping school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absences due to illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 15. Have you had any of the following feelings relating to school work?

	Hardly ever	A few times a month	A few days a week	Almost daily
I feel overwhelmed by school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It feels like my studies have no meaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel inadequate at my studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 16. Where do you primarily want to go to study after comprehensive school? *Choose one alternative*

- Upper secondary school or vocational education and training
- Additional instruction (grade 10)
- Preparatory training for vocational education and training or general upper secondary school
- I do not intend to study any more
- Don't know

## 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.

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

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

## 18. 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 21.

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

- Yes
- No (go to question 21)

## 20. 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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## 21. How is your health in general?

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

## 22. Height and weight (in integers)

Height

cm

Weight

23. In the last **six months**, have you experienced any of the following symptoms, and how often?

	Seldom or never	Approximately once a month	Approximately once a week	Almost daily
Neck or shoulder pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach ache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep or waking up during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiredness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Do you have a chronic illness or health problem diagnosed by a physician?

- No  
 Yes

25. 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 glasses or contact lenses, evaluate your vision while wearing them)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty hearing people's voices (if you use a hearing aid, evaluate your hearing with your hearing aid on)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty walking about 500 m, for example once around a sports field?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty with self-care, such as eating or putting on your shoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you speak, do you have difficulty being understood by people outside your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. 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 learning things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty remembering things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty concentrating on an activity that you enjoy doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty accepting changes in your routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty controlling your behaviour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have difficulty making friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Mood

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27. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest in or little pleasure from doing various things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low spirits, depression, feeling of hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Below you will find a number of claims about different features of your moods. Select one option in each group of sentences that best describes the way you feel at the moment.

I do not feel sad.

- I feel blue or sad.
  - I am blue or sad all the time and I can't snap out of it.
  - I am so sad or unhappy that I can't stand it.
- 
- I am not particularly pessimistic or discouraged about the future.
  - I feel discouraged about the future.
  - I feel I have nothing to look forward to.
  - I feel that the future is hopeless and that things cannot improve.
- 
- I get as much satisfaction out of things as I used to.
  - I don't enjoy things the way I used to.
  - I don't get real satisfaction out of anything anymore.
  - I am dissatisfied or bored with everything.
- 
- I don't feel particularly guilty.
  - I feel guilty a good part of the time.
  - I feel quite guilty most of the time.
  - I feel guilty all of the time.
- 
- I don't feel disappointed in myself.
  - I am disappointed in myself.
  - I am disgusted with myself.
  - I hate myself.
- 
- I make decisions about as well as I ever could.
  - I put off making decisions more than I used to.
  - I have greater difficulty in making decisions more than I used to.
  - I can't make decisions at all anymore

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

- No (go to question 31)
- Yes, and I have told someone about it
- Yes, but I have not told anyone about it

## 30. 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
<b>From your school's adults (teacher, school health nurse, physician, psychologist, social worker)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From services outside the school (health centre, mental health services, youth services, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From your own parents</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From friends and relatives</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Friends

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## 31. At the moment, do you have a 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 ever feel lonely?

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

## Dating and sexual health

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

- Straight
- Bisexual or pansexual
- Gay
- None of the above
- Don't know

34. Are you dating at this moment?

- No (go to question 36)
- Yes

35. How do the following things describe your current dating?

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
<b>In can be fully myself in my relationship with my partner</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I am happy with my body</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My partner appreciates my body</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I can trust my partner fully</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>We talk to each other respectfully</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>We are able to express closeness and love for each other in our relationship</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Have you ever had sexual intercourse (vaginal or anal intercourse)?

- No (go to question 38)
- Yes

37. What did you use for contraception the last time you had sexual intercourse? *You may choose several options.*

- Condom
- Birth control pills, contraceptive ring or contraceptive patch
- Hormonal IUD
- Emergency contraception after intercourse
- Some other method
- Nothing
- Don't know

38. Have you had other types of sex besides intercourse (vaginal or anal intercourse)?

- No (go to question 40)
- Yes

39. How many sexual partners have you had in your life?

\_\_\_\_\_

40. Do you need one of the following?

	Yes	No	Don't know
<b>An opportunity to talk to somebody about relationships and sexuality</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>More information about the body</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>More information about the possibility of getting pregnant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Free condoms</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cheaper methods of contraception</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>More information about sexually transmitted diseases</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>More information about how to order a chlamydia test</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
Clinics providing tests and advice that are open at weekends or in the evenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Have you had experiences of sexual approaches from or interaction with an adult or a person who was at least five years older than you at the time it happened?

- Yes
- No (go to question 45)

We would now like to ask about your experience in detail. If you have had sexual experiences with several persons who are at least 5 years older than you, answer the questions concerning what happened with the first person.

42. What happened? *You may select several options.*

- A request or proposal for a sexual act
- Fondling
- Displaying of genitals
- Touching of genitals
- Imitated or actual intercourse

43. What age were you when this happened or started to happen? My age was about

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 years

44. What age was the other person when this happened or started to happen? Their age was about

---

 years

## 45. 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

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

	On 5 days	On 3-4 days	On 1-2 days	Never
<b>Breakfast</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>School lunch</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sleeping

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## 47. At what time do you usually go to bed? *Please give an answer to both parts of the question.*

	On weekdays	On weekends
<b>At about 19.00 or earlier</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 19.30</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 20.00</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 20.30</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 21.00</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 21.30</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 22.00</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 22.30</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 23:00</b>	<input type="radio"/>	<input type="radio"/>
<b>At about 23:30</b>	<input type="radio"/>	<input type="radio"/>

	On weekdays	On weekends
At about midnight	<input type="radio"/>	<input type="radio"/>
At about 00.30	<input type="radio"/>	<input type="radio"/>
At about 01.00	<input type="radio"/>	<input type="radio"/>
At about 01.30	<input type="radio"/>	<input type="radio"/>
At about 02.00	<input type="radio"/>	<input type="radio"/>
At about 02.30	<input type="radio"/>	<input type="radio"/>
At about 03.00	<input type="radio"/>	<input type="radio"/>
At about 03.30	<input type="radio"/>	<input type="radio"/>
At about 04.00 or later	<input type="radio"/>	<input type="radio"/>

48. At what time do you usually wake up? *Please give an answer to both parts of the question.*

	On weekdays	On weekends
At about 05.00 or earlier	<input type="radio"/>	<input type="radio"/>
At about 05.30	<input type="radio"/>	<input type="radio"/>
At about 06.00	<input type="radio"/>	<input type="radio"/>
At about 06.30	<input type="radio"/>	<input type="radio"/>
At about 07.00	<input type="radio"/>	<input type="radio"/>
At about 07.30	<input type="radio"/>	<input type="radio"/>
At about 08.00	<input type="radio"/>	<input type="radio"/>
At about 08.30	<input type="radio"/>	<input type="radio"/>
At about 09.00	<input type="radio"/>	<input type="radio"/>
At about 09.30	<input type="radio"/>	<input type="radio"/>
At about 10.00	<input type="radio"/>	<input type="radio"/>
At about 10.30	<input type="radio"/>	<input type="radio"/>
At about 11.00	<input type="radio"/>	<input type="radio"/>



	On weekdays	On weekends
At about 11.30	<input type="radio"/>	<input type="radio"/>
At about 12.00	<input type="radio"/>	<input type="radio"/>
At about 12.30	<input type="radio"/>	<input type="radio"/>
At about 13.00 or later	<input type="radio"/>	<input type="radio"/>

## Physical exercise

11 / 20

49. During **your spare time**, how many hours per week do you usually engage in 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

50. How often do you take exercise or participate in 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my own initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. Examples of physical exercise include brisk walking, running and cycling.

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

	Certainly not	Probably not	Probably yes	Certainly yes
<b>Smoking</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Snuff</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E-cigarettes</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Do you think it is likely that you will use any of the following during the next **12 months**? *Please give an answer for each item.*

	Certainly not	Probably not	Probably yes	Certainly yes
<b>Smoking</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Snuff</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E-cigarettes</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. How many cigarettes, pipefuls and cigars have you smoked altogether?

- None (go to question 56)
- Just one (go to question 56)
- About 2–50

More than 50

## 55. Which of the following alternatives 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)

## 56. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water pipe (hookah/shisha)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 57. Do you smoke e-cigarettes that contain the following substances? Please give an answer for each item.

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco flavours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other flavourings (e.g. fruit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 58. Where did you get the tobacco products that you have used in the **past 30 days**? Please give an answer to both parts of the question.

	Cigarettes	Snuff
I have not used any in the past 30 days	<input type="checkbox"/>	<input type="checkbox"/>
I bought them at a shop myself	<input type="checkbox"/>	<input type="checkbox"/>

	Cigarettes	Snuff
I bought them myself at a mini market (kiosk) or petrol station	<input type="checkbox"/>	<input type="checkbox"/>
I bought them myself at a restaurant or bar	<input type="checkbox"/>	<input type="checkbox"/>
I bought them myself on a ship or abroad	<input type="checkbox"/>	<input type="checkbox"/>
I ordered them online	<input type="checkbox"/>	<input type="checkbox"/>
I got them through the social media	<input type="checkbox"/>	<input type="checkbox"/>
Parents or older siblings got them or offered them	<input type="checkbox"/>	<input type="checkbox"/>
I took them from home without permission	<input type="checkbox"/>	<input type="checkbox"/>
My friends got them or offered them	<input type="checkbox"/>	<input type="checkbox"/>
Another adult or an unknown person got them or offered them	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

59. Where did you get the e-cigarettes or e-cigarette accessories that you have used in the **past 30 days**? *Please give an answer for all items.*

	E-cigarettes	E-liquid nicotine	Other liquids
I have not used any in the past 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I bought them at a shop myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I bought them myself at a mini market (kiosk) or petrol station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I bought them myself at a restaurant or bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I bought them myself on a ship or abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ordered them online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got them through the social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents or older siblings got them or offered them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took them from home without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends got them or offered them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another adult or an unknown person got them or offered them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 60. What do you think about the warnings on tobacco product packages you have seen in the **past six months**?

- I have not seen a tobacco product package
- I have not noticed the warnings
- The warnings made me think about quitting smoking
- The warnings made me think about never starting smoking
- They did not make me think about anything much

## 61. During your life, have your parents smoked?

	Mother	Father	Other parent
<b>Never smoked</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Used to smoke but has quit</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Smokes nowadays</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Don't know</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 62. On the whole, how often do you consume alcohol, a half-bottle of beer or more, for example?

- 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 65)

## 63. 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

## 64. How did you get the alcoholic beverages you consumed last time?

	Yes	No
<b>I bought them at Alko myself</b>	<input type="radio"/>	<input type="radio"/>
<b>I bought them at a shop myself</b>	<input type="radio"/>	<input type="radio"/>
<b>I bought them myself at a mini market (kiosk) or petrol station</b>	<input type="radio"/>	<input type="radio"/>
<b>I bought them myself at a restaurant or bar</b>	<input type="radio"/>	<input type="radio"/>
<b>I bought them myself on a ship or abroad</b>	<input type="radio"/>	<input type="radio"/>
<b>My father or mother got them or offered them</b>	<input type="radio"/>	<input type="radio"/>
<b>Older siblings got them or offered them</b>	<input type="radio"/>	<input type="radio"/>
<b>I took them from home without permission</b>	<input type="radio"/>	<input type="radio"/>
<b>My friends got them or offered them</b>	<input type="radio"/>	<input type="radio"/>
<b>Another adult or an unknown person got them or offered them</b>	<input type="radio"/>	<input type="radio"/>

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

- No (go to question 67)
- Yes

## 66. Has this caused you harm?

- No
- Yes

## 67. Have you ever tried or used the following substances?

	Never	Once	2 to 4 times	5 times or more
<b>Marijuana or hashish (cannabis)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once	2 to 4 times	5 times or more
Sniffing a narcotic substance (glue, butane, etc.) to become intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs (sedatives, sleeping pills, painkillers) or alcohol and drugs combined to become intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy, amphetamines, Subutex, heroin, cocaine, LSD, gamma or similar narcotic substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A narcotic substance that you did not know what it was	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. 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
Marijuana or hashish (cannabis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another of the narcotic substances mentioned in the previous question	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

70. People have differing views on what is acceptable and what is not. Do you find the following acceptable for people of your age?

	Yes	No	Don't know
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
Consuming small amounts of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consuming alcohol enough to get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking marijuana (cannabis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Accidents

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71. During **this school year**, have you had an accident at school or on your way to or from school that has required the medical attention of a physician, school health nurse or nurse?

	No, never	Once	Twice or more often
During recess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During PE class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During some other class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During a work experience period (TET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my way to or from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. During **this school year**, have you had an accident **not** on a school day and **not** on your way to or from school that has required the medical attention of a physician, public health nurse or nurse?

	No, never	Once	Twice or more often
While operating a motor vehicle or as a passenger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When riding a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When walking (e.g. being hit or run over by a car)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In sports at a sports club or at a hobby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home or in the garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work or at the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In other leisure time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



73. During **this school year**, have you had an accident while intoxicated that has required the medical attention of a physician, public health nurse or nurse?

- No, never
- Once
- Twice or more often

Harassment and violence

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## Physical violence

74. 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.

75. Have you experienced inappropriate sexual proposals or harassment during the past **12 months**?

	Yes	No
On the phone or online	<input type="radio"/>	<input type="radio"/>
At school	<input type="radio"/>	<input type="radio"/>
In your hobbies	<input type="radio"/>	<input type="radio"/>
In the street, at a shopping centre or in another public space	<input type="radio"/>	<input type="radio"/>

	Yes	No
<b>In your home, in another person's home or in another private space</b>	<input type="radio"/>	<input type="radio"/>

If you answered 'no' to all items in the previous question, you can go to question 77.

**76. Who harassed you sexually 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

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

	Yes	No
<b>Being forced to undress</b>	<input type="radio"/>	<input type="radio"/>
<b>Unwanted touching of intimate parts of the body</b>	<input type="radio"/>	<input type="radio"/>
<b>Being pressured or coerced into sexual intercourse or other sexual acts</b>	<input type="radio"/>	<input type="radio"/>
<b>Being offered money, goods or intoxicants in exchange for sex</b>	<input type="radio"/>	<input type="radio"/>

If you answered 'no' to all items in the previous question, you can go to question 79.

**78. Who subjected you to the sexual violence 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

## 79. Have you told an adult you can trust about the harassment or sexual violence you experienced in the last **12 months**?

- Yes
- No
- I have not experienced harassment or violence (go to question 81)

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

	Yes, a lot	Yes, some	No, but I would have needed it	I have not needed any help
<b>From your school's adults (teacher, school health nurse, physician, psychologist, social worker)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From services outside the school (health centre, police, child welfare services, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From your own parents</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From friends and relatives</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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.

81. 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

82. 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

83. 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 85.

84. 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

85. 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.

86. 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

87. 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"/>
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 89.

88. 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

89. 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"/>

	Yes	No
<b>Kicked them</b>	<input type="radio"/>	<input type="radio"/>
<b>Otherwise hurt them physically</b>	<input type="radio"/>	<input type="radio"/>

90. 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 92)

91. Have you received help and support regarding the violence you have experienced in your family in the past **12 months**?

	Yes, a lot	Yes, some	No, but I would have needed it	I have not needed any help
<b>From your school's adults (teacher, school health nurse, physician, psychologist, social worker)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From services outside the school (health centre, police, child welfare services, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From your own parents</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>From friends and relatives</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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The school health nurse and physician regularly conduct medical examinations on pupils. Usually the school health nurse invites pupils to examinations or books them an appointment. Pupils may also visit the school health nurse or physician as needed.

92. 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 could not get an appointment	Yes, 1-2 times	Yes, 3-5 times	Yes, more than 5 times
School health nurse, other than for a regular checkup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician, other than for a regular checkup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. 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 health nurse, other than for a regular checkup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician, other than for a regular checkup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. When did you last have a **health examination** provided by school health care? *Select one option for both school health nurse and physician.*

	Lower-level comprehensive school	7th grade	8th grade	9th grade	Don't know
School health nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. 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 addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views were listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
Things about my home were discussed	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>

96. 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

97. 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 health nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other adult at your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Family and housing

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

- In a shared home with my parents (go to question 100)
- 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 100)
- 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 100)
- With one of my parents (go to question 100)
- I live with my grandparents or other relatives, without my parents

- I live in a foster family (go to question 100)
- At a children's home, a youth home or a reform school (go to question 100)
- I live in a family home (go to question 100)
- In a dormitory (go to question 100)
- None of the above (go to question 100)

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

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

## 100. 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 blended family
- I live in a rainbow family
- There are twins, triplets or quadruplets in my family
- I am adopted

## 101. 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

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

	Mother	Father	Other parent
Comprehensive school or equivalent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper secondary school, high school or vocational education institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational studies in addition to upper secondary school, high school or vocational education institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University, university of applied sciences or other higher education institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 103. How would you rate your family's financial situation?

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

## 104. 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"/>

	You yourself	Mother	Father
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"/>

## 105. 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

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

- Hardly ever
- Occasionally
- Fairly often
- Often

## Satisfaction with life in general

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

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

108. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get positive feedback on what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I belong to a group or community that is important for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people need me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can influence the course of my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my life has purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can strive for things that are important for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get help when I really need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can influence some things in my living environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 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'.

109. 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"/>
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"/>

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.

## 110. 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

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

	Almost daily	Every week	Every month	Less frequently	Never
<b>I take exercise or participate in sports</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I sing, play an instrument or compose</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I participate in drama, circus or dance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I draw, paint or take photographs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reading books for your own pleasure</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I write poems or stories</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I go to the cinema, theatre, concerts or exhibitions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I do needlework, carpentry or crafts or repair machinery or equipment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I do coding or programming</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I play games with a smartphone, tablet, computer or other similar device</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I make animations, videos or films</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I publish media content, for example by blogging, vlogging or YouTubing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I care for a pet or a domestic animal</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I participate in the activities of a club, association or organisation, including the scouts, the 4H club, volunteer firefighters, volunteering, parish activities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Almost daily	Every week	Every month	Less frequently	Never
A regular hobby of some other kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

112. How often do you engage in art or cultural activities 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my own initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. 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

114. Select the option that best describes your opinion. *By 'home district' we mean the residential area that you live in, or the community or municipality 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
There are enough leisure spaces for young people in my home district	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know about leisure opportunities in my home district	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure activities suitable for me are too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure activities that interest me are too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**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.**

115.

**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?**

\_\_\_\_\_ ▼  
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
- 15 years
- 16 years
- 17 years
- I don't know or can't remember



116. 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

117. 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.

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

- Yes
- No, I have not had one (go to question 120)
- No, I did not want to take part (go to question 120)
- I don't know what it is (go to question 120)

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

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
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	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
Issues that are important to me were addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views were listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things about my home were discussed	<input type="radio"/>	<input type="radio"/>	<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"/>	<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.

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

- Yes
- No

121. 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

122. 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

123. Have you experienced any of the following in your current foster family or institution in the past **12 months**?

	Yes	No
Restrictions of your contacts	<input type="radio"/>	<input type="radio"/>
Restraining	<input type="radio"/>	<input type="radio"/>
Restrictions of your freedom of mobility	<input type="radio"/>	<input type="radio"/>
Having been denied food as a punishment	<input type="radio"/>	<input type="radio"/>
A group punishment (everyone is punished because one or a few people have broken the rules)	<input type="radio"/>	<input type="radio"/>
Being punished without knowing why	<input type="radio"/>	<input type="radio"/>

124. Sometimes children and young people feel they are being treated particularly badly or unfairly. Do you know who could help you if you were treated in this way?

- Yes
- No

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

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
I feel safe	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can observe values that are important for me (including culture, religion, worldview)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
Drawing up the common rules	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No (go to question 131)

128. 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**?

	Not at all	A few times in the year	Every month	Every week	Daily or almost daily
Called you nasty names, made you a laughing stock or teased you in a hurtful way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately provoked or annoyed you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignored or excluded you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spread lies about you among other children or young people to hurt you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken your money or possessions or broken your things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shut or locked you up by force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit, kicked or pushed you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done something else upsetting	<input type="radio"/>	<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 131.

129. Have you told some adult you can trust about your experiences of being bullied or treated violently by another child or young person in the past **12 months**?

- Yes
- No (go to question 131)

### 130. What happened after you reported being bullied or treated violently by another child or young person?

- The bullying or violence has stopped
- There is less bullying or violence
- The bullying or violence has continued as before
- There is more bullying or violence
- Don't know

### 131. 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
<b>Mother</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Father</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The sister or brother closest to you</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other relative that you are close to, including a grandparent or a godparent</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Your closest friend or mate</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 132. 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
<b>Mother</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Father</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>The sister or brother closest to you</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other relative that you are close to, including a grandparent or a godparent</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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
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, school health nurse, or your school psychologist or social worker.

You may give feedback on the questionnaire if you wish:

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### CHILDREN, ADOLESCENTS AND FAMILIES UNIT

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