NATIONAL INSTITUTE
FOR HEALTH AND WELFARE

Background information questionnaire for a health examination for the parents of 1st grade pupils

Your child will soon have a health examination in school health care. The extensive health examination for 1st grade pupils includes discussing the health and welfare of the child and his or her entire family. We will also consider issues related to the child's school attendance and leisure time. We invite parents to participate in the child's extensive health examination. Your participation is very important.

We wish that you fill out this form and return it based on the included instructions. When a child lives in two homes, both homes can fill out separate forms. While the questionnaire has been planned to be filled out by parents, you may also discuss with your child when considering your answers. The questions will help you gain an understanding of the content of the health examination. Your replies help us target the health examination based on your family's needs and wishes. We will discuss the topics of the form during the examination.

Filling out the form and answering each individual question is voluntary. The information you provide is confidential and subject to the secrecy provisions of health care. Information regarding the health examination will be entered in patient documents, after which the preliminary information forms will be destroyed. School health care documents are part of the health centre's patient document register.

Pupil:

Name _____ Class _____

Personal identity code _____ Language(s) used at home _____

Parents/guardians:

Telephone number where you can be reached during the day

Name _____ _____

Name _____ _____

The child lives

- ☐ with both parents
- ☐ with his/her mother
- ☐ with his/her father
- ☐ other arrangements, please specify: _____

_____

_____

Changes in the family structure

- ☐ no changes
- ☐ separated/divorced in _____
- ☐ joint custody
- ☐ single parent mother/father (please circle)
- ☐ new cohabitation/marriage in _____
- ☐ other _____

Meeting arrangements during parents' separation

_____

_____

Does your child have siblings?

☐ no ☐ yes, names and years of birth

_____

_____

Other persons belonging to the family or same household

_____

CHILD'S HEALTH AND WELLBEING

How would you assess your child's current health? ☐ good ☐ average ☐ poor

Does your child have some long-term (physical or mental) symptom, illness or disability?
☐ no ☐ yes, please specify: Care provider, and current treatments and limitations _____

_____

- allergy ☐ no ☐ yes _____
- special diet ☐ no ☐ yes _____
- medication in use ☐ no ☐ yes _____

During the past year, has your child repeatedly suffered from?

- tiredness or sleeping difficulties ☐ no ☐ yes
- tenseness or nervousness ☐ no ☐ yes
- violent behaviour, aggressiveness ☐ no ☐ yes
- restlessness, difficulty concentrating ☐ no ☐ yes
- fears, anxiety ☐ no ☐ yes
- melancholy, isolation from others ☐ no ☐ yes
- bed-time or daytime wetting ☐ no ☐ yes
- pain under physical strain ☐ no ☐ yes
- other symptoms, ailments or pains ☐ no ☐ yes
- accidents ☐ no ☐ yes

Has your child ever lost consciousness while lying down or under physical strain? ☐ no ☐ yes

Does your child's family have any history of hereditary or recurring illnesses or sudden deaths at the age of under 50? ☐ no ☐ yes _____

HEALTH HABITS

Our child

- **sleeps** on school days _____ hours, at _____ – _____
  on weekends _____ hours, at _____ – _____
- **engages in physical activity** each day around _____ hours (getting to and from school and physical education at school, spending time outdoors and leisure time activities involving sport)
- **screen time** on school days _____ hours/day (smartphones, computer, TV, gaming consoles etc.)
  on weekends _____ hours/day

Do you know what your child does on the Internet? ☐ yes ☐ no

Our family's eating habits
what is good _____
what should be developed _____

Our child's meals	on school days	on weekends
breakfast	☐	☐
school meal/lunch	☐	☐
afternoon snack	☐	☐
dinner	☐	☐
bedtime snack	☐	☐

Our child uses	dairy and/or dairy products	☐ yes	☐ no
	vitamin D	☐ yes	☐ no

Use of tobacco products and intoxicants in our family:

- tobacco ☐ no ☐ yes _____
- snus (Swedish type moist snuff) ☐ no ☐ yes _____
- alcohol ☐ no ☐ yes _____
- drugs ☐ no ☐ yes _____

How does your child take care of his/her personal hygiene? (brushing teeth, showering etc.)

SCHOOL

How is your child's school attendance and homework going?

What are your child's strengths at school?

Is your child's learning supported or has it been previously supported? (remedial teaching, small group, special needs education etc.)

☐ no ☐ yes, please specify: _____

Is your child seeing/has your child been seeing a school social worker or a school psychologist?

☐ no ☐ yes, why? _____

How do you feel the cooperation between home and school is going?

- Does your child enjoy attending school? ☐ yes ☐ I don't know ☐ no
- Does your child have friends at school? ☐ yes ☐ I don't know ☐ no
- Is your child being bullied at school? ☐ yes ☐ I don't know ☐ no

Childcare arrangements for mornings and afternoons during the first year of school

LEISURE TIME

What does your child do during his/her leisure time? (alone/together with friends/family or as recreational activities)

Our child's curfew in the evenings is at _____

- Does your child have friends during leisure time? ☐ yes ☐ no
- Do you know any of your child's friends? ☐ yes ☐ no
- Is your child being bullied during leisure time? ☐ yes ☐ I don't know ☐ no
- Do you know where and with whom your child spends his/her leisure time? ☐ yes ☐ no

FAMILY

Does your family spend enough time together? ☐ yes ☐ no
How do you spend it?

Our family

- tends to give encouragement and positive feedback ☐ yes ☐ no
- shares household chores ☐ yes ☐ no
- is safe for everyone and has a generally amicable atmosphere ☐ yes ☐ no
- tends to share what has happened during the day ☐ yes ☐ no
- has agreed on rules together ☐ yes ☐ no
- eats a meal together every day ☐ yes ☐ no

How does your family solve situations where a child has broken agreed rules or is misbehaving?

Do you feel you need help in matters concerning your child's upbringing?

☐ no

☐ yes, what kind of help?

☐ we are already receiving/have received support, from whom? (e.g. a child guidance and family counselling clinic)

All worries, issues taking up resources and changes in the family affect the pupil's welfare and coping at school. **In your family, is there?**

- long-term illnesses (physical or mental) ☐ no ☐ yes
- difficulties coping, exhaustion or depression ☐ no ☐ yes
- insecurity or violence ☐ no ☐ yes
- substance abuse issues or addiction ☐ no ☐ yes
- problems in relationships between family members ☐ no ☐ yes
- financial worries ☐ no ☐ yes
- grief or losses ☐ no ☐ yes
- some other current issues; please specify:

Who will support you in making your family's daily life run smoothly if necessary?

☐ grandparents ☐ ex-spouse ☐ neighbours ☐ no one
☐ friends ☐ others

Your family's strengths

What about your child delights you?

Your wishes for the health examination

Date

Signature of the person(s) who filled out the questionnaire