



Health questionnaire for 5th grade pupils

Dear 5th grade pupil!

You will soon have an extensive health examination in school health care. An extensive health examination means that you will meet both a school health nurse and a doctor. Your parents are also invited to the examination. This questionnaire is used to collect information on the issues discussed at the examination in advance. Your personal opinion of these matters is highly valuable. Therefore, it is important that you fill out this questionnaire. Based on your responses, the school health nurse and doctor will know how they can best help you feel well. You may also express your wishes for the examination.

Filling out the form and answering each individual question is voluntary. The information you give will only be available to school health care. In the examination, the answers you have given will be talked about with you and your parents.





Name _____ class _____ date of filling out the form ____.

Do you feel healthy?

yes maybe no, because _____

How do you take care of yourself? Explain what makes you feel good, energetic and healthy. (write to the sides if there is not room space here 😊)

HOW DO YOU TYPICALLY FEEL AT SCHOOL? Choose the alternative that best applies to you.

<input type="checkbox"/>  I am very often happy and in a good mood	<input type="checkbox"/>  I am quite often happy and in a good mood	<input type="checkbox"/>  I feel happy and sad equally often	<input type="checkbox"/>  I often feel sad and miserable	<input type="checkbox"/>  I almost always feel sad and miserable
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- Do you enjoy eating school meals? yes sometimes no
- Do you have friends at school? yes maybe no
- Have you been bullied at school? yes maybe no
- Have you noticed bullying in your class? yes maybe no
- Have you ever bullied others? yes maybe no

What school grade (4–10) would you give to

- peacefulness to work in your class _____
- atmosphere, or school spirit, in your class _____

What kinds of things do you engage in during your free time – after school and on weekends?

Do you have friends in your free time? yes maybe no

Have you been bullied in your free time? yes maybe no



How much time do you spend watching at a large or small screen? (smartphones, TV, computers, gaming consoles and other devices)






- on school days _____ hours per day
- on weekends and holidays _____ hours per day

When using these screens, have you ever seen something (such as sex or violence) that has disturbed you? yes maybe no

Have you ever used or experimented with tobacco, snus, alcohol or some other substance known as an intoxicant? yes maybe no

What sorts of things and changes related to puberty have you noticed in yourself?

HOW DO YOU TYPICALLY FEEL AT HOME? Choose the alternative that best applies to you.

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
I am very often happy and in a good mood	I am quite often happy and in a good mood	I feel happy and sad equally often	I often feel sad and miserable	I almost always feel sad and miserable

Who are your family members?

What do you like most about in your family?

- Does your family have rules that apply to you? Such as the time you must come home, time you must go to bed, times when you may play video games, rules about homework, household chores or other issues. yes maybe no
- Have you agreed on the rules together? yes maybe no
- What will happen if you break the rules?

Are you worried or scared about something at the moment? Such as something about yourself, your circle of friends, school, family or home. Please specify.

What happy things are there in your life right now?

Your wishes related to the health examination. What would you like to talk about? Is there something you are nervous about in the examination?

THANK YOU FOR YOUR RESPONSES! 😊😊😊

