



Health questionnaire for 8th grade pupils

Dear 8th grade pupil,

You will soon have an extensive health examination in school health care. You will meet a school health nurse and a school physician at the examination. This questionnaire is used to collect information on the issues discussed at the examination in advance. Your personal view of the matters included in this form is highly valuable. Therefore, it is important that you fill out this questionnaire. You may also express your wishes for the examination.

Filling out the form and answering each individual question is voluntary. The topics included in this form are discussed at the examination and you will have an opportunity to give more details on your answers. The information you give is confidential and will only be available to school health care. Your parents will only be informed about the issues with your permission. However, if it appears that your growth and development is at risk, the school health care has a legal obligation to report child welfare services of this worry. 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 _____

Telephone number _____

Date of filling out the form ____ . ____ . ____

SCHOOL AND LEISURE TIME

- I find going to school pleasant it is OK unpleasant
- I find learning easy sometimes difficult difficult
- I find doing homework easy sometimes difficult difficult

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

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

I get along with my teachers yes it varies no

I am nervous or scared at school no yes, about what? _____

I have friends

- at school yes too few no
- during my leisure time yes too few no

Do you already have plans for what to do after comprehensive school? How have you planned to continue your studies?

How do you spend your free time? (alone/together with friends/family or with recreational activities)

My curfew during school days at _____ and weekends at _____



I spend time on a smartphone, TV, computer, gaming console and other screen

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

When using these screens, have you seen any sex or violence that has disturbed you?

no maybe yes

Think about all the places where you spend your life (school, home, leisure time, online etc.) when responding to the following questions.

- Have you been bullied? no maybe yes
- Have you noticed that someone else is being bullied? no yes
- Have you bullied someone? no maybe yes
- Have you encountered sexual harassment? no maybe yes
- Have you encountered violence or threat of violence? no maybe yes

HEALTH AND HEALTH HABITS

Do you feel healthy?

yes not sure no, because _____

Do you have some long-term illness or ailment?

no
 yes, please tell which one and how it is treated, e.g. medication _____

I am now the client or have previously been a client of

- an outpatient clinic in child psychiatry child guidance and family counselling clinic
 an outpatient clinic in youth psychiatry a school social worker
 a school psychologist other, please specify: _____

Do you have any allergies? no yes, which? _____

Do you have a special diet? no yes, which? _____

During the past year, have you suffered from...	no	sometimes	often
headache			
stomach pain			
pain under physical strain			
back, shoulder or neck pain			
skin rash			
sleeping difficulties			
melancholy, lower mood or depression			
anxiety, nervousness or fears			
irritation or bouts of anger			
difficulty concentrating			
hostility, attacking others			
some other issue, please specify:			

Have you had an accident within the previous year? no yes, please specify: _____

Have you ever lost consciousness while lying down or under physical strain? no yes

My opinion about my height and weight

On a daily basis, I eat breakfast school meal, lunch dinner
 snacks bedtime snack

On a daily basis, I consume dairy products vitamin D energy drinks soft drinks

I sleep _____ on weekdays at _____ - _____ and weekends at _____ - _____

My exercise habits (in addition to physical education at school)

How do I look after my teeth?

My intoxicant use	I do not use	I do not use, but have tried	I use it occasionally	I use	my circle of friends uses
tobacco					
snus (Swedish type moist snuff)					
alcohol					
drugs (cannabis etc.)					
other, please specify.					

Questions for girls

- Have your period started? yes no
- The age you were when your period started _____ years
- Do you have a regular menstrual cycle? yes no
- Cycle length _____ days (from the first day of your period to the start of the next one)
- Duration of bleeding _____ days
- Do you have menstrual pain? yes no
- Have you any questions or concerns about contraception, or sexual maturation or orientation? yes no

Questions for boys

- Do you have a tight foreskin? yes no
- Do you have two testicles? yes no
- Do your testicles considerably differ in size? yes no
- Have you any questions or concerns about contraception, or sexual maturation or orientation? yes no

Issues related to dating apply to my situation yes no

Issues related to contraception apply to my situation yes no

HOME AND FAMILY

My family members include

My relationship with my parents is very good good moderate poor

What do you do or how do you spend time with your parents?

What is the cause of arguments between you and your parents or what do you disagree about?

I can talk about my issues and worries with

my parents my siblings my friend someone else no one

In recent times, the following changes have occurred in my life

moving house parents' divorce parent's new cohabitation or marriage
 illness of a loved one death of a loved one the birth of a sibling or a sibling moving away
 no changes other, please specify: _____

Your family's matters also affect your welfare. In your family, do you?	yes	sometimes / maybe	no
spend enough time together			
typically share what has happened during the day			
eat a meal together every day			
typically give encouragement and positive feedback			
share household chores			
have agreed on shared rules			
have fair consequences for breaking the rules			
have a safe and generally amicable atmosphere			
have long-term illness (physical or mental)			
have worries caused by intoxicant use			
have problems or conflicts between family members			
have a threat of violence or violent behaviour			

Which issues are currently worrying you? (About yourself, your circle of friends, school, family or home)

What are some issues where you are satisfied with yourself and your life?

Your wishes related to the health examination

THANK YOU FOR YOUR RESPONSES!