**Student Health Survey**

Health related questions for you in high school

In this questionnaire you will find questions related to your home, school, health and lifestyle. Some questions will be the basis for statistics and they are marked with an asterisk. Once processed the responses are anonymous and no one can see what you have answered.

There are no answers that are right or wrong. Tick ​​the option that best applies to you.

If there are any questions you do not understand or if you find them difficult to answer, you can wait with them until you meet me at the health visit.

Sincerely

Your School Nurse

**Name: Class:**

**Personal code number: Date:**

School environment

1. **\* If you think about the last seven days. How is your situation at school?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| very good | good | neither good or bad | bad | very bad |

1. **\*I can work undisturbed during lessons**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| very good | good | neither good or bad | bad | very bad |

1. **\*My concentration at lesson is**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| very good | good | neither good or bad | bad | very bad |

1. **\* If you think about the last three months. How much stress have you experienced?**

|  |  |  |  |
| --- | --- | --- | --- |
| not at all | a little | pretty much | much |

1. **I** **know someone who has been teased, ostracized or otherwise mistreated the last three months**

|  |  |  |
| --- | --- | --- |
| 1. By other students at school? | Ja | Nej |
| 1. Of adults at school? | Ja | Nej |

1. **\*I have been teased, excluded or otherwise mistreated the last three months**

|  |  |  |
| --- | --- | --- |
| 1. By other students at school? | Ja | Nej |
| 1. Of adults at school? | Ja | Nej |

Home environment

1. **I live with:**

1. **\*I have an adult to talk with about things that are important to me**

|  |  |
| --- | --- |
| Yes | No |

1. **\*I’m worried about someone I´m close to, such as a friend or someone in my family.**

|  |  |
| --- | --- |
| Yes | No |

Health

1. **Most of the time I feel….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| very good | good | neither good or bad | bad | very bad |

1. **I’m** **comfortable with myself**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| totally agree | agree | neither agree nor disagree | disagree | totally disagree |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I have, the last three months, had troublesome** | never | seldom | sometimes | often | always |
| a\*. headache |  |  |  |  |  |
| b\*. stomach ache |  |  |  |  |  |
| c. pain in back/neck |  |  |  |  |  |

1. **I use painkillers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| never | a few times / year | a few times / month | a few times / week | daily |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I have the last three months felt** | never | seldom | sometimes | often | always |
| a\*. sad or depressed |  |  |  |  |  |
| B\*. irritated or in a bad mood |  |  |  |  |  |

1. **Everybody is entitled to their own body. I have experienced that someone has done something to me that I was uncomfortable with, exposed me to sexual abuse, said something bad or even hurt me physically.**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| a. said something |  |  |
| b. hurt me physically |  |  |
| c. exposed me to sexual abuse |  |  |

Sleep habits

1. **\*For the last seven days I have slept…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| very good | good | neither good nor bad | badly | very badly |

1. **I sleep around \_\_\_\_\_\_\_\_ hours/night**

Eating habits and physical activity

1. **If you think about the seven last days, how often have you eaten**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Every day | 5-6 days | 3-4 days | 1-2 days | never |
| a\*. breakfast |  |  |  |  |  |
| b\*. lunch |  |  |  |  |  |
| c. dinner |  |  |  |  |  |
| d. fruit or berries |  |  |  |  |  |
| e. vegetables and/or root-crups |  |  |  |  |  |
| f. candy/snacks/cookies/buns |  |  |  |  |  |
| g. drunk sweet beverages |  |  |  |  |  |
| h. drunk energy drinks |  |  |  |  |  |

1. **\*If you think about the last seven days, how much have you been physically active?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Less than one hour | 1-2 hours | 2-3  hours | 3-4 hours | 4-5 hours | 5-7 hours | 7-10 hours | More than 10 hours |
|  |  |  |  |  |  |  |  |

**20\*. Taking your previous answer into consideration, during the last seven days, how often have you been out of breath and sweaty?**

|  |  |  |  |
| --- | --- | --- | --- |
| Never | 1-2 times | 3-4 times | 5 or more |
|  |  |  |  |

Leisure time

1. **In my spare time I like to**

**…………………………………………………………………………………………...............  
  
…………………………………………………………………………………………………......**

1. **On an ordinary day, in my spare time, I spend time in front of a screen (eg computer, tv, iPad, cellphone) approximately**

|  |  |  |  |
| --- | --- | --- | --- |
| 0 -2 hours | 3 – 4 hours | 5 -6 hours | more than 6 hours |

Alcohol/drugs/tobacco

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I…** | never | a few times/year | a few times/month | a few times a week | daily |
| a. smoke |  |  |  |  |  |
| b. take snuff/use chewing tobacco |  |  |  |  |  |

1. **I drink alcohol (beer, cider, wine, spirits or alcopops)**

|  |  |  |  |
| --- | --- | --- | --- |
| never | a few times/year | a few times/month | a few times a week |

1. **If I get offered drugs, I say**

|  |  |  |  |
| --- | --- | --- | --- |
| firmly no | probably no | maybe yes | yes |

Sexuality and relationships

1. **I have concerns about feelings, relationships, sexuality, contraception and sexually transmitted diseases**

|  |  |
| --- | --- |
| Yes | No |

If yes, please write here

…………………………………………………………………………………………………………  
  
…………………………………………………………………………………………………………

If I think about my situation…\*

Below is a scale. The top of the scale (10) represents the best life you can imagine and bottom (0) the worst life you can imagine. If you think about your life in general, where do you think you stand right now? Tick the appropriate box in the scale at the number that best applies to you.

|  |  |  |
| --- | --- | --- |
| Best possible life | 10 |  |
|  | 9 |  |
|  | 8 |  |
|  | 7 |  |
|  | 6 |  |
|  | 5 |  |
|  | 4 |  |
|  | 3 |  |
|  | 2 |  |
|  | 1 |  |
| Worst possible life | 0 |  |