

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

2. *I can work undisturbed during lessons

☐ very good ☐ good ☐ neither good or bad ☐ bad ☐ very bad

3. *My concentration at lesson is

☐ very good ☐ good ☐ neither good or bad ☐ bad ☐ very bad

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

☐ not at all ☐ a little ☐ pretty much ☐ much

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

a. By other students at school? ☐ Ja ☐ Nej
b. Of adults at school? ☐ Ja ☐ Nej

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

a. By other students at school? ☐ Ja ☐ Nej
b. Of adults at school? ☐ Ja ☐ Nej

Home environment

7. I live with:

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

☐ Yes

☐ No

9. *I'm worried about someone I'm close to, such as a friend or someone in my family.

☐ Yes

☐ No

Health

10. Most of the time I feel....

☐ very good

☐ good

☐ neither good or bad

☐ bad

☐ very bad

11. I'm comfortable with myself

☐ totally agree

☐ agree

☐ neither agree nor disagree

☐ disagree

☐ totally disagree

12.

I have, the last three months, had troublesome

a*. headache

b*. stomach ache

c. pain in back/neck

never

seldom

sometimes

often

always

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

13. I use painkillers

☐ never

☐ a few times / year

☐ a few times / month

☐ a few times / week

☐ daily

14.

I have the last three months felt

a*. sad or depressed

B*. irritated or in a bad mood

never

seldom

sometimes

often

always

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

15. 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

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

20. In my spare time I like to

.....

.....

21. 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

22.

I...

	never	a few times/year	a few times/month	a few times a week	daily
a. smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. take snuff/use chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ never

☐ a few times/year

☐ a few times/month

☐ a few times a week

24. If I get offered drugs, I say

☐ firmly no

☐ probably no

☐ maybe yes

☐ yes

Sexuality and relationships

25. 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	