STUDENT HEALTH SURVEY

Year 8

Västra Götaland joint regional student health survey

The questions in this survey are about your health, school situation, lifestyle and how you feel. There are no right or wrong answers. Please choose the answer that best applies to you. You and the school nurse will then meet for a health interview and go through your answers. The information is then entered into your medical record where it is kept confidential. This means that in most cases, the data cannot be disclosed to anyone else without your consent. The exception may be if you are at risk of harm and need help or protection.

This is how you do it:

- Answer the questions in order. Ask the school nurse or teacher if you need help. Please tick the box for your answer, you can also write down your own comments for some answers.
- Some questions are about how you feel today. Other questions ask about the last 7 days or the past school week, and some questions may ask about the last month or the last 3 months.
- Please take your time and read the questions carefully.
- If you have any comments on the questions, please talk to your school nurse.

Name _____

Personal identity number _____

School year ____

Class _____

STUDENT HEALTH SURVEY Year 8

SCHOOL ENVIRONMENT

1. If you think about the **last 7 days,** how have you felt about being in school?

☐ Very good ☐ Good ☐ Neither good nor bad ☐ Bad ☐ Very bad ☐ I don't want to answer

2. Do you like the school's facilities in terms of noise, lighting, ventilation, furniture, cleaning and toilets?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

3. Do you like the school's teachers and staff?

☐ Yes, all of them ☐ Yes, most of them ☐ Yes, some of them ☐ No, not any of them ☐ I don't want to answer

4. Do you get along with the other students at school?

☐ Yes, all of them ☐ Yes, most of them ☐ Yes, some of them ☐ No, not any of them ☐ I don't want to answer

5. Are you able to concentrate in class?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

6. Can you work at your own pace and keep up with your schoolwork?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

7. Are you getting the help and support you need at school?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

8. Did you pass all subjects in the **last semester?**

☐ Yes ☐ No ☐ I don't know ☐ I don't want to answer

9. Do you feel safe in school?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

Personal identity number:_____

10. Is there ever a fight at school that makes you feel scared or worried?

☐ Never ☐ Rarely ☐ Often ☐ Always ☐ I don't want to answer

11. Have you been abused, rejected or mistreated during school hours in the **last month (30 days)?**

☐ No, never ☐ Yes, occasionally ☐ Yes, repeatedly ☐ I don't want to answer

12. Have you been abused, rejected or mistreated outside school hours in the **last month (30 days)?**

☐ No, never ☐ Yes, occasionally ☐ Yes, repeatedly ☐ I don't want to answer

PRESENCE IN SCHOOL

13. Have you been absent from school in the **last month (30 days)?**
Absent in this case means that you have missed at least one lesson that day.

☐ No ☐ Yes, 1–2 days ☐ Yes, 3–5 days ☐ Yes, 6–9 days ☐ Yes, 10 days (or more) ☐ I don't want to answer

14. If you have been absent on some occasion in the **last month (30 days)** was it...

a.) because you were ill? ☐ No ☐ Yes ☐ I don't want to answer

b.) to avoid a certain situation? ☐ No ☐ Yes ☐ I don't want to answer

c.) because there was someone at school you didn't want to see? ☐ No ☐ Yes ☐ I don't want to answer

d.) to hang out with friends? ☐ No ☐ Yes ☐ I don't want to answer

e.) because you felt mentally unwell? ☐ No ☐ Yes ☐ I don't want to answer

f.) for any other reason? ☐ No ☐ Yes ☐ I don't want to answer

PHYSICAL AND MENTAL HEALTH

15. For the **last three months** I have had troublesome

	Never	Rarely	Sometimes	Often	Always	I don't want to answer
a) headaches	☐	☐	☐	☐	☐	☐
b) stomach pains	☐	☐	☐	☐	☐	☐
c) back/neck/shoulder pains	☐	☐	☐	☐	☐	☐

16. Do you suffer from allergies or hypersensitivity?

☐ No ☐ Yes, to..... ☐ I don't want to answer

Personal identity number:_____

17. How often do you use painkillers?

☐ Never ☐ A few times a year ☐ A few times a month ☐ A few times a week ☐ Daily ☐ I don't want to answer

18. For the **last three months**, I have felt

	Never	Rarely	Sometimes	Often	Always	I don't want to answer
a) sad or depressed	☐	☐	☐	☐	☐	☐
b) worried or anxious	☐	☐	☐	☐	☐	☐
c) irritable or in a bad mood	☐	☐	☐	☐	☐	☐

19. If you think about the **last three months**, how much stress (fast pace, mental pressure or similar) have you experienced?

☐ Not at all ☐ A little bit ☐ Quite a lot ☐ A lot ☐ I don't want to answer

20. How do you feel today (where 0 is as bad as you can imagine, and 10 is as good as you can imagine)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

☐ I don't want to answer

SLEEP

21. Think about how you've felt in the **last week of school**

a) When it's school the next day, when would you say you fall asleep? _____.

☐ I don't want to answer

b) About what time do you wake up on a typical school day? _____.

☐ I don't want to answer

22. The quality of my sleep in **last 7 days** has been

☐ Very good ☐ Good ☐ Neither good nor bad ☐ Bad ☐ Very bad ☐ I don't want to answer

Personal identity number:_____

FOOD

23. If you think about the **last 7 days,** how often have you eaten

	Every day	5–6 days	3–4 days	1–2 days	No day	I don't want to answer
a) breakfast	☐	☐	☐	☐	☐	☐
b) lunch	☐	☐	☐	☐	☐	☐
c) cooked dinner	☐	☐	☐	☐	☐	☐

24. If you think about the **last 7 days,** how often

	2 times a day or more often	Once a day	3–6 times a week	1–2 times a week	Less than once a week or never	I don't want to answer
a) did you eat fruit and vegetables?	☐	☐	☐	☐	☐	☐
b) did you eat sweets, ice cream, buns or cakes?	☐	☐	☐	☐	☐	☐
c) did you drink soft drinks, juice or other sweet drinks?	☐	☐	☐	☐	☐	☐
d) did you eat salty snacks (crisps, peanuts or popcorn)?	☐	☐	☐	☐	☐	☐
e) did you drink energy drinks?	☐	☐	☐	☐	☐	☐

PHYSICAL ACTIVITY

Physical activity is any activity that makes you warm and/or short of breath (such as walking, school sports, jogging, gymnastics, weight training, cycling, swimming, ball games, dancing, and so on).

25. Of the times you have worked out/exercised in the **last 7 days** , how often have they been so intense that you became short of breath and sweaty?

☐ None ☐ 1–2 times ☐ 3–4 times ☐ 5 times or more ☐ I don't want to answer

26. Do you actively participate in physical education and health classes?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

27. How much do you move around on a **normal day**?
(e.g., during physical education lessons, exercise, outdoor play, walking/biking to and from school.)

☐ 1 hour or more
☐ More than 30 minutes but less than 1 hour
☐ Less than 30 minutes
☐ I don't want to answer

Personal identity number:_____

BODY IMAGE AND EMOTIONS

28. How well do the following statements apply to you?

	Agree completely 4	3	2	1	Disagree completely 0	I don't want to answer
a) I like myself the way I am	☐	☐	☐	☐	☐	☐
b) My life feels meaningful most of the time	☐	☐	☐	☐	☐	☐
c) I am often disappointed in myself	☐	☐	☐	☐	☐	☐

29. Do you identify as a…?

☐ Girl ☐ Boy ☐ Other ☐ I don't know ☐ I don't want to answer

30. Do you identify as a person on the LGBTQ spectrum?
LGBTQ is an umbrella term for homosexual, bisexual, transgender and people with queer expressions and identities.

☐ Yes ☐ No ☐ Unsure ☐ I don't want to answer

31. Everyone has the right to control their own body. Has someone done something to you that didn't feel right?

☐ No ☐ Yes ☐ I don't want to answer

32. Do you have any questions about your bodily development or other issues related to emotions, sexuality and relationships?

_____

_____

_____

SEXUAL HEALTH AND RIGHTS

At your age, the most common form of sex is masturbation (sex with oneself).

33. If you have had sex with someone, did you use a condom to protect yourself from sexually transmitted diseases?

☐ Yes ☐ No ☐ Was not needed ☐ I haven't had sex ☐ I don't want to answer

34. If you have had sex with someone, did you use a condom to protect yourself from pregnancy?

☐ Yes ☐ No ☐ Was not needed ☐ I haven't had sex ☐ I don't want to answer

Personal identity number:_____

VIOLENCE

Violence is any act which harms, hurts, intimidates, and compels a person to do something against their will or to refrain from doing something they want to do.

35. Have you seen or experienced violence in your family or around you?

☐ No ☐ Yes ☐ I don't want to answer

36. a.) Have you **ever** been subjected to **physical** violence?
Physical violence is when someone touches you or does something physical that hurts and causes physical pain.

☐ No ☐ Yes ☐ I don't want to answer

b.) Have you **ever** been subjected to **sexual** violence?
Sexual violence is when someone is forced to participate in or watch sexual acts against their will.

☐ No ☐ Yes ☐ I don't want to answer

c.) Have you **ever** been subjected to **psychological** violence?
Psychological violence is abuse with words and actions directed at you as a person.

☐ No ☐ Yes ☐ I don't want to answer

d.) Have you **ever witnessed** violence?
Witnessed violence is seeing or hearing someone else being subjected to some form of violence.

☐ No ☐ Yes ☐ I don't want to answer

SPARE TIME AND RELATIONSHIPS

37. Are you active in any associations/clubs?
(such as dance, music, theater, games club, scouts, football, floorball)

☐ Yes ☐ No ☐ I don't want to answer

38. On average, how many hours **a day** do you spend playing computer games, video games or mobile games?

☐ I don't play ☐ Less than an hour ☐ 1–3 hours ☐ More than 3 hours ☐ I don't want to answer

39. Are you happy at home?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

40. Do you have peace and quiet at home when you have to do things such as homework or sleep?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

41. Do you have someone who can help you with your homework if you need it?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

42. Do you feel that adults are listening to you?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

Personal identity number:_____

43. Do you have an adult to talk to about the things that are important to you?

☐ Yes ☐ No ☐ I don't want to answer

44. Do you feel that your parents/guardians understand you and help you make important decisions?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

45. Is there ever a fight at home that makes you feel scared or worried?

☐ Never ☐ Rarely ☐ Often ☐ Always ☐ I don't want to answer

46. Do you feel worried or concerned about someone around you, such as a friend or family member?

☐ No ☐ Yes ☐ I don't want to answer

47. Are you a victim of honor-related oppression?
Honor-related violence and oppression is about demanding that everyone in the family must follow certain rules, so as not to destroy the family's reputation and standing, its honor. Breaking the rules can mean punishment such as ostracism, isolation, blaming and shaming, humiliation or physical violence.

☐ No ☐ Yes ☐ I don't want to answer

48. Do you have any friends to talk to about the things that are important to you?

☐ Always ☐ Often ☐ Rarely ☐ Never ☐ I don't want to answer

ALCOHOL, DRUGS AND TOBACCO

49. a) Have you **ever** tried smoking (cigarettes, e-cigarettes, hookah, and so on)?

☐ No ☐ Yes ☐ I don't want to answer

b) If you have ever tried smoking, how old were you when you first tried smoking?_____years old.

☐ I don't want to answer

50. How often have you smoked in the **last month** (30 days)?

☐ Never ☐ On some occasion ☐ A few times a week ☐ Every day ☐ I don't want to answer

Personal identity number:_____

51. a) Have you **ever** tried snus/snuff?

☐ No ☐ Yes ☐ I don't want to answer

b) If you have ever tried snus/snuff, how old were you when you first tried it?_____years old.

☐ I don't want to answer

52. How often have you used snus/snuff in the **last month** (30 days)?

☐ Never ☐ On some occasion ☐ A few times a week ☐ Every day ☐ I don't want to answer

53. a) Have you **ever** drunk alcohol to the point of being intoxicated?

☐ No ☐ Yes ☐ I don't want to answer

b) If you have ever drunk alcohol to the point of becoming intoxicated, how old were you when you first became intoxicated?_____years old.

☐ I don't want to answer

54. How often have you drunk alcohol (medium and strong beers, cider, wine, alcoholic soft drinks or spirits) in the **last month (30 days)?**

☐ Never ☐ On some occasion ☐ Every week ☐ Every day ☐ I don't want to answer

55. If you were offered drugs, unprescribed drugs or anabolic steroids, what would you say?
(Examples of drugs include cannabis, amphetamines, ecstasy, GHB, LSD, cocaine and heroin)

☐ Firmly no ☐ Probably no ☐ Maybe yes ☐ Yes ☐ I don't want to answer

MY LIFE

56. Do you feel you can live as the person you want to be and feel like?

☐ Yes, always ☐ Yes, often ☐ No, rarely ☐ No, never ☐ I don't want to answer

57. If you think about your life in general, where do you think you are right now?
(10 equals the best life you can imagine.)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

☐ I don't want to answer

Personal identity number:_____

THE FUTURE

58. Here's what I think about my future. Please write your thoughts here:

Thank you for answering the questions!

Personal identity number: _____

(Not visible to the student. The school nurse fills this in after the health interview)

Height: _____

Weight: _____

School unit: _____

Grade/year: _____

Class: _____

Personal identity number:_____