Background information questionnaire for a health examination for the parents of 8th grade pupils

Your child will soon have a health examination in school health care. The extensive health examination includes discussing the health and welfare of the child and his or her entire family. We also take aspects related to the child’s school attendance and leisure time into account. We invite parents to participate in the child’s extensive health examination. Your participation is very important.

We wish that you fill out this form and return it based on the included instructions. When a child lives in two homes, both homes can fill out separate forms. While the questionnaire has been planned to be filled out by parents, you may also discuss with your child when considering your answers. The questions will help you gain an understanding of the content of the health examination. Your replies help us target the health examination based on your family’s needs and wishes. We will discuss the topics of the form during the examination. Your child will also fill out a separate form related to the health examination.

Filling out the form and answering each individual question is voluntary. The information you provide is confidential and subject to the secrecy provisions of health care. 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.

<table>
<thead>
<tr>
<th>Pupil:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Personal identity code</td>
</tr>
<tr>
<td>Language(s) used at home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents/guardians:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Name</td>
</tr>
</tbody>
</table>

The child lives
- [ ] with both parents
- [ ] with his/her mother
- [ ] with his/her father
- [ ] other arrangements, please specify:

Changes in the family structure
- [ ] no changes
- [ ] separated/divorced in
- [ ] joint custody
- [ ] single parent mother/father (please circle)
- [ ] new cohabitation/marriage in
- [ ] other, please specify:

Meeting arrangements during parents’ separation

Does your child have siblings?
- [ ] no
- [ ] yes, names and years of birth

Other persons belonging to the family or same household
CHILD’S HEALTH AND WELLBEING

How would you assess your child’s current health?  
☐ good  ☐ average  ☐ poor

Does your child have some long-term (physical or mental) symptom, illness or disability?  
☐ no  ☐ yes, please specify: Care provider, and current treatments and limitations

- allergy  ☐ no  ☐ yes
- special diet  ☐ no  ☐ yes
- medication in use  ☐ no  ☐ yes

During the past year, has your child repeatedly suffered from?
- tiredness or sleeping difficulties  ☐ no  ☐ yes
- tenseness or nervousness  ☐ no  ☐ yes
- violent behaviour, aggressiveness  ☐ no  ☐ yes
- restlessness, difficulties concentrating  ☐ no  ☐ yes
- fears, anxiety  ☐ no  ☐ yes
- melancholy, isolation from others  ☐ no  ☐ yes
- pain under physical strain  ☐ no  ☐ yes
- other symptoms, ailments or pains  ☐ no  ☐ yes
- accidents  ☐ no  ☐ yes

Has your child ever lost consciousness while lying down or under physical strain?  ☐ no  ☐ yes

Does your child’s family have any history of hereditary or recurring illnesses or sudden deaths at the age of under 50?  
☐ no  ☐ yes

Have you discussed the following themes with your child?
- puberty  ☐ yes  ☐ no
- sexuality  ☐ yes  ☐ no
- dating  ☐ yes  ☐ no
- contraception  ☐ yes  ☐ no

HEALTH HABITS

Our child
- sleeps  on school days around ___ hours per night
  on weekends around ___ hours per night
- engages in physical activity  each day around ___ hours (getting to and from school and physical education at school, spending time outdoors and leisure time activities involving sport)
- screen time  on school days ___ hours/day (smartphones, TV, computers, gaming consoles and other devices)
  on weekends ___ hours/day

Do you know what your child does on the Internet?  ☐ yes  ☐ no

Our family’s eating habits
what is good
what should be developed

Our child’s meals  on school days  on weekends
- breakfast
- school meal/lunch
- afternoon snack
- dinner
- bedtime snack
Use of tobacco products and intoxicants in our family:

<table>
<thead>
<tr>
<th>Product</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snus (Swedish type moist snuff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
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</tbody>
</table>

Has your child experimented with or used tobacco products or intoxicants?  
[ ] No  [ ] I don't know  [ ] Yes

Is there tobacco, snus, alcohol or drug use in your child’s circle of friends?  
[ ] No  [ ] I don’t know  [ ] Yes

SCHOOL

How is your child’s school attendance and homework going?

What are your child’s strengths at school?

Is your child’s learning supported (remedial teaching, small group, special needs education etc.)?  
[ ] No  [ ] Yes, please specify:

Is your child seeing/has your child been seeing a school social worker or a school psychologist?  
[ ] No  [ ] Yes, why?

How do you feel the cooperation between home and school is going?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child enjoy going to school?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Does your child have friends at school?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Is your child being bullied at school?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Has your child participated in bullying at school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child been a victim of violence or sexual harassment at school?</td>
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LEISURE TIME

What does your child do during his/her leisure time? (alone/together with friends/family or as recreational activities)

Our child’s curfew is at ______ on school days and at ______ on weekends

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have friends during leisure time?</td>
<td></td>
<td></td>
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<tr>
<td>Do you know any of your child’s friends?</td>
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<td></td>
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<tr>
<td>Do you know where and with whom your child spends his/her leisure time?</td>
<td></td>
<td></td>
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<tr>
<td>Is your child being bullied during leisure time?</td>
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Does your family spend enough time together? How do you spend it?

Our family
- tends to give encouragement and positive feedback
- shares household chores
- is safe for everyone and has a generally amicable atmosphere
- tends to share what has happened during the day
- has agreed on rules together
- eats a meal together every day

How does your family solve situations where a child has broken agreed rules or is misbehaving?

Do you feel you need help in matters concerning your child’s upbringing?
- No
- Yes, what kind of help?
- We are already receiving/have received support, from whom? (e.g. a child guidance and family counselling clinic)

All worries, issues taking up resources and changes in the family affect the pupil’s welfare and coping at school.

In your family, is there?
- long-term illnesses (physical or mental)
- difficulties coping, exhaustion or depression
- insecurity or violence
- substance abuse issues or addiction
- problems in relationships between family members
- financial worries
- grief or losses
- some other current issues; please specify:

Our family’s strengths

What about your child delights you?

Your wishes for the health examination

Date __________________________ Signature of the person(s) who filled out the questionnaire