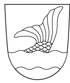 Vantaa

INQUIRY RELATED TO SEVENTH-GRADER'S PHYSICAL EXAMINATION

City of Vantaa | Family Services | Preventive Health Care
School Health Care

A physical examination has been booked for you on ____/ ____20______ at
Fill in the preliminary information and bring the form with you to your appointment with the nurse.

A Contact information	Name	Identity number
	Address	Tel.
	Parent or other guardian	Tel. (office hours)
	Parent or other guardian	Tel. (office hours)

B School	Do you find school attendance		
	☐ nice	☐ something else	☐ unpleasant
	Do you find learning		
	☐ easy	☐ some subjects difficult	☐ difficult
	☐ I have received remedial instruction /special needs education		☐ My subjects have been individualized / lightened
	Do you find doing your homework		
	☐ easy	☐ fairly easy	☐ difficult
	Is the atmosphere in your class		
	☐ good	☐ something else	☐ bad
	Do you have friends in class		
	☐ yes	☐ no	
	Have you been subjected to bullying or discrimination		
	☐ no	☐ yes	
	Do you currently have		
	☐ 2 or more friends	☐ one friend	☐ no friends
	Do you have a schoolmate who is bullied or discriminated against		
	☐ no	☐ yes	
	Do you have good relations with your teachers		
	☐ yes	☐ no	
	Do you have appointments with the student welfare officer or school psychologist		
	☐ no	☐ yes	
	Are you nervous about		
	☐ I am not nervous about anything	☐ exams	☐ disclosure of you family affairs
	☐ performing in class	☐ answering questions in class	☐ other students
	☐ something else, what		
	Have you met with violence in school or in your leisure time		
	☐ no	☐ yes	
C State of health	Do you feel well		
	☐ yes	☐ no	☐ cannot say
	When did you last take medication and for what purpose		
	Do you have a chronic disease or ailment		
	☐ no	☐ yes, what	
		place of treatment	
		medication	
	Have you received hospital treatment during the past 12 months		
	☐ no	☐ yes, why	
		place of treatment	

	Allergies (food / other allergies), what
	Accidents (during the past 12 months)
	Have you had the following symptoms during the past 12 months

	No	Yes	Further information / how often
Headache	☐	☐	
Stomach problems	☐	☐	
Sleep disorders	☐	☐	
Dizziness / fainting	☐	☐	
Rash	☐	☐	
Joint ache	☐	☐	
Pain in the back / shoulders	☐	☐	
Other recurring symptoms, what	☐	☐	

Your opinion of your height and weight

D
Health habits

On a daily basis, do you have

☐ breakfast ☐ school lunch ☐ dinner ☐ snacks ☐ evening meal

Do you take vitamin D supplement every day

☐ yes ☐ no

Do you take milk products every day

☐ yes ☐ no

Sleeping hours

at — on weekdays and at — on weekends

What are your leisure activities

Hobbies

Daily screen time (computer-, console-, mobile-phone games, television)

hours per day

Curfew

at on weekdays and at on weekends

Have you been offered cigarettes, snuff, drugs or alcohol

☐ no ☐ yes, what

Do you have friends who have tried cigarettes, snuff, alcohol or drugs

☐ no ☐ yes

Are you worried about any friend's / family member's intoxicant abuse

☐ no ☐ yes

	Do you smoke ☐ no ☐ I have tried ☐ occasionally ☐ regularly ______ cigarettes per day when did you start ______ when do you plan to quit ______ ☐ I have quit smoking	Do you drink alcohol ☐ no ☐ I have tried ☐ sometimes ______ times/month how much and what ☐ often ______ times/month how much and what
	How many times a day do you brush your teeth	
E Questions for girls and boys	Are you satisfied with your adolescent development	
	Are issues related to dating topical to you ☐ yes ☐ no	
	Do you wish to gain information about personal relationships, e.g., dating ☐ yes ☐ no	
	Questions for girls Have you begun to menstruate ☐ yes ☐ no At what age ______ years Length of menstrual flow ______ days Menstrual cycle ______ days Is your menstrual cycle regular ☐ yes ☐ no Do you have menstrual pain ☐ yes ☐ no Do you have questions or concerns about contraception or sexual maturity ☐ yes ☐ no	**Questions for boys** Do you have a tight foreskin ☐ no ☐ yes Is one of your testicles significantly larger than the other one or is only one testicle visible ☐ no ☐ yes Do you have questions or concerns about contraception or sexual maturity ☐ no ☐ yes
F Family	Your family consists of	
	Your relationships with your parents are ☐ good ☐ fairly good ☐ bad	
	What things do you and your parents quarrel about	
	Can you confide in ☐ your parents ☐ your siblings ☐ your friends ☐ somebody else ☐ nobody	
	Have you recently experienced ☐ no particular change ☐ a move to a new neighborhood ☐ parents' divorce ☐ parents' new marriage / partnership ☐ a friend or relative's excessive use of alcohol ☐ a friend or relative's depression ☐ a friend or relative's other disease ☐ death of a relative ☐ own disease ☐ birth of a brother/sister ☐ domestic violence ☐ other, what	
	Things you are good at / things you value in yourself	
Date and student's signature	Date	Student's signature