

KYSELYLOMAKE: FSD3970 KORKEAKOULUOPISKELIJOIDEN TERVEYS- JA HYVINVOINTITUTKIMUS 2024

QUESTIONNAIRE: FSD3970 FINNISH STUDENT HEALTH AND WELLBEING SURVEY 2024

TÄMÄ KYSELYLOMAKE ON OSA YLLÄ MAINITTUA YHTEISKUNTATIETEELLISEEN TIETOARKISTOON ARKISTOITUA TUTKIMUSAINESTOA.

KYSELYLOMAKETTA HYÖDYNTÄVIEN TULEE VIITATA SIIHEN ASIANMUKAISESTI LÄHDEVIITTEELLÄ.

THIS QUESTIONNAIRE FORMS A PART OF THE ABOVE MENTIONED DATASET, ARCHIVED AT THE FINNISH SOCIAL SCIENCE DATA ARCHIVE.

IF THE QUESTIONNAIRE IS USED OR REFERRED TO IN ANY WAY, THE SOURCE MUST BE ACKNOWLEDGED BY MEANS OF AN APPROPRIATE BIBLIOGRAPHIC CITATION.

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OM FRÅGEFORMULÄRET ÄR UTNYTTJAT ELLER REFERERAT TILL MÅSTE KÄLLAN ANGES I FORM AV BIBLIOGRAFISK REFERENS.

The Finnish Student Health and Wellbeing Survey (KOTT)

Thank you for participating in the Student Health Survey (KOTT), and welcome!

Responding to the survey questions will take around 20 minutes. When you submit your answers, you will automatically take part in the prize draw. We will be in touch with the winners by 15 May 2024 via email.

You don't need to answer all the questions at once. You can save your answers and continue taking the survey later:

- If you want to pause taking the survey and continue later, press 'Continue later'.
- You can pick up where you left off by clicking the link in your email.
- When you're finished, press "Submit".

Thank you for your responses!

More information about the survey:

thl.fi/kott

e-mail: kott-info@thl.fi

I have read the [privacy notice](#) concerning the survey and received sufficient information on the survey and its data collection, as well as the handling, merging, and delivery of the data.

By taking this survey, I give permission to my personal data being handled in accordance with the privacy notice.

SECURITY AND FUTURE

1. How safe do you feel in your daily life?

Please consider the past two weeks.

- ☐ not at all
- ☐ a little
- ☐ a moderate amount
- ☐ very much
- ☐ extremely

2. How confident are your feelings about your future at the moment?

- ☐ extremely confident
- ☐ very confident
- ☐ somewhat confident
- ☐ not very confident
- ☐ not at all confident

In this context, a crisis refers to a serious threat or situation that requires rapid action or adaptation, such as a natural disaster, a health crisis (e.g., a pandemic) or a security threat.

3. In your opinion, how well are you able to act in crisis situations?

- ☐ very poorly
- ☐ quite poorly
- ☐ neither good nor bad
- ☐ rather well
- ☐ very well

4. How much confidence do you have in the following in the event of a crisis?

	not at all	a little	to some extent	a lot	very much
The ability of decision-makers to make good decisions for citizens					
Instructions issued by the authorities					
The media's ability to convey truthful and impartial information					
Help from people close to you					
Myself					

HEALTH

5. How would you describe your state of health at present?

- ☐ good
- ☐ fairly good
- ☐ average
- ☐ fairly poor
- ☐ poor

6. Do you have any longstanding illness or health problem?

- ☐ yes
- ☐ no

7. Are you limited because of a health problem in activities people usually do?

- ☐ severely limited
- ☐ limited but not severely
- ☐ not limited at all → *You can proceed to question 9*

8. Have you been limited for at least the past 6 months?

- ☐ yes
- ☐ no

9. Have you been diagnosed with the following diseases in the past 12 months?

- ☐ depression
- ☐ anxiety disorder (panic disorder, fear of social situations, etc.)
- ☐ other kind of mental health problem
- ☐ none of the above-mentioned illnesses

10. Do you have a diagnosed learning disability, or some kind of an illness or injury that affects your learning? Which one?

- ☐ no
- ☐ dyslexia
- ☐ other kind of learning disability (e.g., difficulty in mathematics, perception, or language)
- ☐ neuropsychiatric disorder (ADHD, autism, Asperger's)
- ☐ other, please specify? _____

11. Can you usually perform the following activities?

	yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
Walk about 500 m without stopping to rest				
See ordinary newspaper print (with spectacles, if you use them)				
Hear what is said in a conversation between several people (with hearing aid, if you use it)				

12. How would you rate your memory and your ability to learn and concentrate?

	very well	well	adequately	poorly	very poorly
How well does your memory work?					
How easily do you learn new things?					
How well can you concentrate on things?					

13. How tall are you? _____ cm, please round to nearest centimetre

14. How much do you weigh? _____ kg, please round to nearest kilogramme.

If you are pregnant, please input your pre-pregnancy weight.

15. How do you feel about your weight? Do you feel you are:

- ☐ severely underweight
- ☐ moderately underweight
- ☐ normal weight
- ☐ moderately overweight
- ☐ severely overweight

The following question covers issues related to eating and your body. If you would like to discuss them, we recommend that you contact a health care professional (e.g., FSHS). Your answers are confidential.

16. Next, we will ask you questions about your relationship with your body, and food. With each statement, please assess whether or not it describes your current situation.

	no	yes
Do you ever make yourself sick because you feel uncomfortably full?		
Do you worry you have lost control over how much you eat?		
Have you recently lost more than 6 kilograms in a three-month period?		
Do you believe yourself to be fat when others say you are too thin?		
Would you say that food dominates your life?		

17. Over the past 4 weeks, for how much of the time have you felt...

Please choose one alternative on each line.

	all the time	most of the time	a good bit of the time	some of the time	a little of the time	not at all
Very nervous						
In such a low mood that nothing could cheer you up						
Calm and peaceful						
Downhearted and sad						
Happy						

18. How often have you experienced the following problems over the past week?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Very much
- ☐ Extremely

Statement about avoid doing things due to fear of embarrassment

Statement about avoiding being the center of attention

Statement that being embarrassed is among worst fears

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ORAL HEALTH

19. Would you consider the current condition of your teeth, and the overall health of your mouth to be:

- ☐ good
- ☐ fairly good
- ☐ average
- ☐ fairly poor
- ☐ poor

20. Have you had toothache or other tooth-related problems in the last 12 months?

- ☐ no
- ☐ yes

21. Do you experience pain in your temples, jaw joints, face, or jaws at least once a week?

- ☐ no
- ☐ yes

22. Do you grit your teeth, or bite them together forcefully (when you are not eating)?

- ☐ no
- ☐ yes, only during the night
- ☐ yes, only during the day
- ☐ yes, both during the day and the night
- ☐ not sure

23. How often do you brush your teeth using fluoride toothpaste?

- ☐ less frequently than once a day
- ☐ once a day
- ☐ more than once a day

24. Do you floss, or use other means to clean between your teeth?

- ☐ not at all
- ☐ sometimes
- ☐ 2-3 times a week
- ☐ yes, daily

25. How often do you usually use chewing gum, or xylitol tablets?

- ☐ daily 3 times or more
- ☐ 1-2 times daily
- ☐ 2-5 times a week
- ☐ less frequently
- ☐ never

26. Do you usually go to the dentist?

- ☐ regularly for a check-up
- ☐ only when you have toothache or some other trouble
- ☐ never

27. Do you think you are currently needing dental treatment?

- ☐ no
- ☐ yes

HEALTH CARE SERVICES

Student health care: FSHS (the Finnish Student Health Service) provides student health services for university and university of applied sciences students.

Other service providers: include health care services provided by occupational health care, the private sector, special health care, or the Finnish Defence Forces.

28. Did you respond to the FSHS health survey (HealthStart) during your first year of studies?

- ☐ yes → You can proceed to question 30
- ☐ cannot say → You can proceed to question 30
- ☐ no

29. Why did you not respond to the FSHS health survey?

- ☐ I did not receive the survey, or I did not notice it
- ☐ I did not have time or remember to respond to the survey
- ☐ I did not feel that responding would benefit me
- ☐ I do not use FSHS health services, so I did not respond
- ☐ other reason, which? _____

30. Which health care provider's services have you used the most in the last 12 months?

- ☐ FSHS (the Finnish Student Health Service)
- ☐ health care services provided by the Wellbeing services county (e.g., maternity and child health clinic, health centre, hospital)
- ☐ occupational health care services
- ☐ services provided by a private health service provider

31. What are the reasons you have used health care services not provided by the Finnish Student Health Service?

You may choose one or more options.

- ☐ I have not used other services
- ☐ I have needed help in a place that doesn't have student health care services
- ☐ it has taken too long for me to get an appointment at the student health care services
- ☐ other reason, please specify? _____

32. Do you feel you have received enough of the following services provided by the Finnish Student Health Service in the past 12 months?

	I have not needed it	I would have needed, but did not receive the service	I have used, the service was inadequate	I have used, the service was adequate
Mental health services (nurse, psychologist, psychiatrist, GP)				
General health services (nurse, GP, physiotherapist)				
Oral health services (dentist, oral hygienist)				
Preventive services (vaccinations, statements e.g., for rehabilitative psychotherapy)				

33. Think back on your experiences with the health care services provided by the Finnish Student Health Service during the last 12 months. How did the following aspects work out in your case?

	always	most of the time	sometimes	never
I was able to contact the place of care smoothly				
my treatment started quickly enough				
I was examined without undue delay (e.g. laboratory tests, X-ray)				
my privacy was respected in the examinations and treatments				
the treatment was beneficial for me				
my problem was handled smoothly and information was transferred between professionals				

Kela's rehabilitation services for students in need of support to finish their education: NUOTTI coaching, Vocational rehabilitation assessment, Support for education and training as rehabilitation, Assistive devices needed for studies, Neuropsychological rehabilitation, Rehabilitative psychotherapy, Rehabilitative courses for persons with different illnesses and conditions, Intensive medical rehabilitation therapies and individual rehabilitation, Oma Väylä rehabilitation.

34. Do you know any rehabilitation services intended to support your ability to study?

- ☐ yes
- ☐ no

35. Do you need any rehabilitation services intended to support your ability to study?

- ☐ no
- ☐ yes, but I haven't received any
- ☐ yes, and I have received some

EXERCISE, NUTRITION, AND SLEEP

36. How many hours on average do you sit per day on weekdays?

Mark 0, if not at all.

	hours	minutes
during the day at studies or workday		
in front of the TV, computer or smart device in your free time		
in a vehicle		
other sitting		

37. How much exercise do you get in a week in the course of your studies, work, commute, and spare time?

Think about the past 12 months. Take all regular, weekly physical exertion in consideration. You can write your answer on several lines if necessary.

- ☐ hardly any regular weekly exercise → *You can proceed to question 39*
- ☐ low-intensity aerobic exercise
(= does not make you sweat or get out of breath, e.g. walking leisurely)
in total _____ hours and _____ minutes a week
- ☐ moderate-intensity aerobic exercise
(= makes you sweat a bit and/or get slightly out of breath, e.g. Walking briskly)
in total _____ hours and _____ minutes a week
- ☐ high-intensity aerobic exercise
(= makes you sweat a lot and/or get out of breath, e.g. jogging or running)
in total _____ hours and _____ minutes a week

38. On how many days during an ordinary week do you engage in exercise that maintains or develops your muscle strength?

E.g. exercising at a gym, home exercises, fitness classes, ball games and racket sports, or physically strenuous household chores. If you do not engage in any exercise, please write '0'.

_____ days a week

39. Who is/are the organiser(s) of your physical education activity?

You can choose one or more options

- ☐ I don't participate in physical education activity
- ☐ physical education activity organised by the university/university of applied sciences, a students' union, or a student organisation or association
- ☐ sports club
- ☐ commercial physical education services
- ☐ municipal physical education services
- ☐ I exercise on my own

40. How many times per week do you usually eat at a student restaurant or purchase a student meal to go?

- ☐ on 4-7 days → *You can proceed to question 42*
- ☐ on 1-3 days
- ☐ less often

41. I don't eat at a student restaurant or purchase student meals to go, because...

You can choose one or more options

- ☐ I currently live in a municipality in which student meals are not available
- ☐ I study remotely, and don't go to a student restaurant to eat or take a meal to go
- ☐ I am at work and don't go to a student restaurant to eat or take a meal to go
- ☐ the opening hours don't work for me
- ☐ the lines are long, or the dining area is restless and noisy
- ☐ the meal is too expensive
- ☐ I don't like the taste of the food
- ☐ I don't think the food is nutritious enough
- ☐ I don't think there is enough focus on how ethical the ingredients are, what their effects on the climate are, or where they come from
- ☐ I do not always have company in the restaurant, and I do not want to eat alone

42. Which of the following options best describes your diet?

- ☐ omnivore
- ☐ vegetarian (incl. dairy or eggs)
- ☐ vegan (no animal-based products of any kind)
- ☐ none of the above

43. On how many days per week do you eat the following meals or snacks?

	I don't eat at all	on 1 to 2 weekdays	on 3 to 4 weekdays	every weekday
breakfast				
lunch				
afternoon snack				
dinner				
evening snack				
other snacks				

44. How often have you eaten vegetables (not including potatoes) in the last 7 days?

- ☐ not at all
- ☐ on 1 to 2 days
- ☐ on 3 to 5 days
- ☐ on 6 to 7 days
- ☐ several times a day

45. How often have you eaten fruit or berries in the last 7 days?

- ☐ not at all
- ☐ on 1 to 2 days
- ☐ on 3 to 5 days
- ☐ on 6 to 7 days
- ☐ several times a day

46. At what time do you usually go to bed?

on study/workday:

- ☐ at about 19.00 or earlier
- ☐ ...
- ☐ at about 04.00 or later

on days off:

- ☐ at about 19.00 or earlier
- ☐ ...
- ☐ at about 04.00 or later

47. At what time do you usually wake up?

on study/workday:

- ☐ at about 5.00 or earlier
- ☐ ...
- ☐ at about 13.00 or later

on days off:

- ☐ at about 5.00 or earlier
- ☐ ...
- ☐ at about 13.00 or later

48. Do you feel tired during the day?

- ☐ every day or almost every day
- ☐ on 3 to 5 days a week
- ☐ on 1 to 2 days a week
- ☐ less often than once a week
- ☐ less often than once a month, or never

TOBACCO, ALCOHOL AND DRUGS

49. Do you use, or have you previously used following tobacco or nicotine products?

	not at all	I have previously, but I have quit	yes, less often than once a week	yes, weekly, but not every day	yes, daily
cigarettes					
snuff					
nicotine pouches					
heated tobacco products					

50. Do you use e-cigarettes that contain the following substances?

	not at all	I have tried it	yes, occasionally	yes, daily
nicotine				
tobacco flavours				
other flavourings				
some other substance, please specify. _____				

51. Have you drunk alcoholic beverages over the past 12 months?

- ☐ no → *You can proceed to question 55*
- ☐ yes

52. How often do you consume beer, wine or other alcoholic beverages?

Also include the times when you only had a small amount, e.g. a bottle of medium-strength beer or a sip of wine.

- ☐ never
- ☐ around once a month or less
- ☐ 2–4 times a month
- ☐ 2–3 times a week
- ☐ 4 or more times a week

53. How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1–2 servings
- ☐ 3–4 servings
- ☐ 5–6 servings
- ☐ 7–9 servings
- ☐ 10 or more units

ONE ALCOHOL PORTION IS:

*1 bottle (33cl) of so called medium-strength beer or cider, or
1 glass (12cl) of regular wine, or
1 small glass (8cl) of fortified wine, or
a standard drink (4cl) of strong spirits.*

54. How often have you had six or more drinks on one occasion?

- ☐ never
- ☐ less than once a month
- ☐ once a month
- ☐ once a week
- ☐ daily or almost daily

55. Have you ever tried or used a drug or a combination of medications and alcohol to get inebriated?

- ☐ never → *You can proceed to question 57*
- ☐ yes

56. Have you used at least once in the last 12 months:

	no	yes	how many times?
cannabis			
ecstasy			
amphetamine or methamphetamine			
cocaine			
medications and alcohol together			

STUDIES

57. Choose the option that best describes your relationship with your studies in the past month.

	Strongly disagree	Disagree	Partially disagree	Partially agree	Agree	Strongly agree
I feel like I'm drowning under the amount of work associated with my studies						
I feel apathetic about my studies, and often think about dropping out						
I often feel inadequate as a student						
I often sleep poorly due to my studies weighing on my mind						
I feel like I'm losing interest in my studies						
I often wonder if my studies matter at all						
I worry about my studies even in my spare time						
I used to have higher expectations for myself in regard to my studies						
The pressure of my studies is causing trouble in my relationships						
I feel full of energy when I'm studying						
I feel excited about my studies						
I am completely immersed in my studies						

INTERNET USE AND GAMBLING

58. Do you think you have a problem with any of the following things?

You may choose one or more options

- ☐ Social media (e.g. Facebook, Instagram, X, TikTok)
- ☐ Online gaming (e.g. Counter-Strike, PUBG, Fortnite, Candy Crush Saga)
- ☐ Online porn
- ☐ Shopping online
- ☐ I don't have a problem with any of these

59. How often...

	never	seldom	sometimes	often	very often
Do you find it difficult to stop using the internet?					
Do others (e.g. partner, friends, parents, children) say you should use the internet less?					
Are you short of sleep because of the internet?					
Do you neglect your daily obligations (school, work or family life) because you prefer to go on the internet?					
Do you go on the internet when you are feeling down?					

Next, we are going to ask you about gambling. Gambling games include the lottery, scratch-off tickets, slot machines, and betting. These are games you can also play online.

60. Have you gambled in the last 12 months?

- ☐ no → You can proceed to question 63
- ☐ yes

61. How often have you gambled in the last 12 months?

- ☐ less than once a month
- ☐ monthly
- ☐ weekly
- ☐ almost daily

62. In the past 12 months, have you felt that gambling might be a problem for you?

- ☐ never
- ☐ sometimes
- ☐ often
- ☐ very often

LIVING CONDITIONS

63. Which living arrangement best describes yours?

- ☐ I live alone
- ☐ I live with a partner and/or child(ren)
- ☐ I live in a shared flat
- ☐ I live in a shared household, with a joint lease agreement
- ☐ I live in a shared household, with a separate lease agreement
- ☐ I live with my parents
- ☐ other, please specify? _____

64. How well have you managed financially in the last 12 months?

- ☐ very well
- ☐ well
- ☐ I have managed, by living frugally
- ☐ I have felt stretched and unsure financially

65. Have you within the past 12 months ever:

	no	yes
Feared that you will run out of food before you can get money to buy more?		
Been unable to buy medicines because you did not have any money		

66. Have you taken out a student loan during your studies?

- ☐ no → *You can proceed to question 69*
- ☐ yes

67. What is the main reason for you taking out a student loan?

- ☐ essential everyday expenses such as housing, food, transportation, study-related costs and health care
- ☐ to be better able to buy goods, travel and use services (e.g. eat at restaurants)
- ☐ a student loan tax deduction or student loan compensation
- ☐ for any other purpose, please specify? _____

68. How well do you think you will manage the repayment of the student loan with interest after graduation?

- ☐ very well
- ☐ rather well
- ☐ moderately
- ☐ quite poorly
- ☐ very poorly

69. Have you taken out any payday loans, or consumer loans?

- ☐ I have not → *You can proceed to question 71*
- ☐ Yes, and I had no difficulty paying them back
- ☐ Yes, but I had difficulty paying them back

70. What are the main reasons for you taking out payday loans or consumer credits?

- ☐ essential everyday expenses such as housing, food, transportation, study-related costs and health care
- ☐ to be better able to buy goods, travel and use services (e.g. eat at restaurants)
- ☐ for any other purpose, please specify? _____

71. Do you work alongside your studies during the academic year (not including the summer break)?

- ☐ no → *You can proceed to question 75*
- ☐ yes

72. Is your work:

- ☐ full-time work (30 hours per week or more)
- ☐ part-time work (under 30 hours per week)
- ☐ casual jobs (short, irregular working periods that last under a month)

73. Do you feel that working alongside your studies:

- ☐ slows down your studies
- ☐ speeds up your studies
- ☐ neither slows down nor speeds up your studies
- ☐ not sure

74. To what extent do you agree with the following statements?

Think about this academic year.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
I couldn't afford to study without working					
I work so I can get experience					
I work because I need to financially support someone else (children, spouse, parents, etc.)					
I consider myself a worker first, and student second					

SOCIAL RELATIONS

75. Do you ever feel lonely?

- ☐ never
- ☐ very rarely
- ☐ sometimes
- ☐ fairly often
- ☐ all the time

76. Do you feel part of any group related to your studies?

(e.g. class, study group, student organization or association, etc.)

- ☐ no
- ☐ yes
- ☐ not sure

77. Please estimate how you would expect to receive help from the following when you need help or support. You may choose one or more alternatives on each line.

	spouse, partner	other next of kin	close friend	fellow student	other person close to you	no one
Who do you believe truly cares about you, whatever may happen?						
Who will provide practical help for you when you need it?						
With whom can you share everyday joys and cares?						

78. Are you in a relationship?

- ☐ no
- ☐ yes

79. Do you feel you are a (gender identity)

- ☐ male
- ☐ female
- ☐ other

80. Which of the following options best describes your sexual orientation?

- ☐ heterosexual
- ☐ bisexual
- ☐ gay
- ☐ lesbian
- ☐ other, please specify? _____
- ☐ none of above

81. What kind of contraception do you use or have used in the last 12 months?

Choose also the ones your partner uses. You may choose one or more options.

- ☐ contraceptive pills (including the mini pill)
- ☐ a vaginal ring or a contraceptive patch
- ☐ a loop
- ☐ condoms
- ☐ emergency contraception ('morning-after pill')
- ☐ some other method of contraception
- ☐ none, because I haven't needed to
- ☐ none, even though I should have

RECONCILING WORK AND FAMILY LIFE

82. Would you like to have children in the future? When?

- ☐ no
- ☐ yes, I am, or my partner is, currently pregnant
- ☐ yes, within a year
- ☐ yes, 2–4 years from now
- ☐ yes, in 5–9 years
- ☐ yes, in more than 10 years
- ☐ not sure
- ☐ other, please specify? _____

83. Do you have children?

- ☐ no → *You can proceed to question 85*
- ☐ yes,
how many? _____

84. How did having a child impact your life?

How much do you agree or disagree with each of the following statements?

	fully agree	agree	disagree	fully disagree	don't know or not applicable
My relationship with my spouse/partner improved					
My financial situation worsened					
It became harder for me to study					
It became harder for me to make progress with my studies					
It became harder for me to finish my studies					
It became harder for me to do that interest me					
Having a child had a positive impact on my relationship and social life					
Having a child had a negative impact on the health of myself					

If you are pregnant, or your partner is, you can skip this part and move on to submitting your survey.

85. How much impact would you say the following things have on you not wanting to, or feeling like you cannot have a child at this moment? Please choose one option from each line

	Not at all	Slightly	To some extent	Significantly
We / I already have a suitable number of children				
The situation of my intimate relationship				
My health				
My studies not being finished				
Uncertain job situation				
I am too young, or I don't feel mature enough				
Coping as a parent				
I don't think I'm suitable for parenthood				
Financial situation				
Combining studies or work and family life				
Insufficient social network or loneliness				
I don't want to commit myself to the care of small children (yet/anymore)				
Insufficient support from society				
Worries about climate change and the earth's ecological carrying capacity				
I want to pursue my job/career				
I don't think Finland is a child-friendly country				
Other reason				

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1. How safe do you feel in your daily life?

Please consider the past two weeks.

- ☐ not at all
- ☐ a little
- ☐ a moderate amount
- ☐ very much
- ☐ extremely

2. How confident are your feelings about your future at the moment?

- ☐ extremely confident
- ☐ very confident
- ☐ somewhat confident
- ☐ not very confident
- ☐ not at all confident

In this context, a crisis refers to a serious threat or situation that requires rapid action or adaptation, such as a natural disaster, a health crisis (e.g., a pandemic) or a security threat.

3. In your opinion, how well are you able to act in crisis situations?

- ☐ very poorly
- ☐ quite poorly
- ☐ neither good nor bad
- ☐ rather well
- ☐ very well

4. How much confidence do you have in the following in the event of a crisis?

	not at all	a little	to some extent	a lot	very much
The ability of decision-makers to make good decisions for citizens					
Instructions issued by the authorities					
The media's ability to convey truthful and impartial information					
Help from people close to you					
Myself					

HEALTH

5. How would you describe your state of health at present?

- ☐ good
- ☐ fairly good
- ☐ average
- ☐ fairly poor
- ☐ poor

6. Do you have any longstanding illness or health problem?

- ☐ yes
- ☐ no

7. Are you limited because of a health problem in activities people usually do?

- ☐ severely limited
- ☐ limited but not severely
- ☐ not limited at all → *You can proceed to question 9*

8. Have you been limited for at least the past 6 months?

- ☐ yes
- ☐ no

9. Have you been diagnosed with the following diseases in the past 12 months?

- ☐ depression
- ☐ anxiety disorder (panic disorder, fear of social situations, etc.)
- ☐ other kind of mental health problem
- ☐ none of the above-mentioned illnesses

10. Do you have a diagnosed learning disability, or some kind of an illness or injury that affects your learning? Which one?

- ☐ no
- ☐ dyslexia
- ☐ other kind of learning disability (e.g., difficulty in mathematics, perception, or language)
- ☐ neuropsychiatric disorder (ADHD, autism, Asperger's)
- ☐ other, please specify? _____

11. Can you usually perform the following activities?

	yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
Walk about 500 m without stopping to rest				
See ordinary newspaper print (with spectacles, if you use them)				
Hear what is said in a conversation between several people (with hearing aid, if you use it)				

12. How would you rate your memory and your ability to learn and concentrate?

	very well	well	adequately	poorly	very poorly
How well does your memory work?					
How easily do you learn new things?					
How well can you concentrate on things?					

13. How tall are you? _____ cm, please round to nearest centimetre

14. How much do you weigh? _____ kg, please round to nearest kilogramme.

If you are pregnant, please input your pre-pregnancy weight.

15. How do you feel about your weight? Do you feel you are:

- ☐ severely underweight
- ☐ moderately underweight
- ☐ normal weight
- ☐ moderately overweight
- ☐ severely overweight

The following question covers issues related to eating and your body. If you would like to discuss them, we recommend that you contact a health care professional (e.g., FSHS). Your answers are confidential.

16. Next, we will ask you questions about your relationship with your body, and food. With each statement, please assess whether or not it describes your current situation.

	no	yes
Do you ever make yourself sick because you feel uncomfortably full?		
Do you worry you have lost control over how much you eat?		
Have you recently lost more than 6 kilograms in a three-month period?		
Do you believe yourself to be fat when others say you are too thin?		
Would you say that food dominates your life?		

17. Over the past 4 weeks, for how much of the time have you felt...

Please choose one alternative on each line.

	all the time	most of the time	a good bit of the time	some of the time	a little of the time	not at all
Very nervous						
In such a low mood that nothing could cheer you up						
Calm and peaceful						
Downhearted and sad						
Happy						

18. How often have you experienced the following problems over the past week?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Very much
- ☐ Extremely

Statement about avoid doing things due to fear of embarrassment

Statement about avoiding being the center of attention

Statement that being embarrassed is among worst fears

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ORAL HEALTH

19. Would you consider the current condition of your teeth, and the overall health of your mouth to be:

- ☐ good
- ☐ fairly good
- ☐ average
- ☐ fairly poor
- ☐ poor

20. Have you had toothache or other tooth-related problems in the last 12 months?

- ☐ no
- ☐ yes

21. Do you experience pain in your temples, jaw joints, face, or jaws at least once a week?

- ☐ no
- ☐ yes

22. Do you grit your teeth, or bite them together forcefully (when you are not eating)?

- ☐ no
- ☐ yes, only during the night
- ☐ yes, only during the day
- ☐ yes, both during the day and the night
- ☐ not sure

23. How often do you brush your teeth using fluoride toothpaste?

- ☐ less frequently than once a day
- ☐ once a day
- ☐ more than once a day

24. Do you floss, or use other means to clean between your teeth?

- ☐ not at all
- ☐ sometimes
- ☐ 2-3 times a week
- ☐ yes, daily

25. How often do you usually use chewing gum, or xylitol tablets?

- ☐ daily 3 times or more
- ☐ 1-2 times daily
- ☐ 2-5 times a week
- ☐ less frequently
- ☐ never

26. Do you usually go to the dentist?

- ☐ regularly for a check-up
- ☐ only when you have toothache or some other trouble
- ☐ never

27. Do you think you are currently needing dental treatment?

- ☐ no
- ☐ yes

HEALTH CARE SERVICES

Student health care: FSHS (the Finnish Student Health Service) provides student health services for university and university of applied sciences students.

Other service providers: include health care services provided by occupational health care, the private sector, special health care, or the Finnish Defence Forces.

28. Did you respond to the FSHS health survey (HealthStart) during your first year of studies?

- ☐ yes → You can proceed to question 30
- ☐ cannot say → You can proceed to question 30
- ☐ no

29. Why did you not respond to the FSHS health survey?

- ☐ I did not receive the survey, or I did not notice it
- ☐ I did not have time or remember to respond to the survey
- ☐ I did not feel that responding would benefit me
- ☐ I do not use FSHS health services, so I did not respond
- ☐ other reason, which? _____

30. Which health care provider's services have you used the most in the last 12 months?

- ☐ FSHS (the Finnish Student Health Service)
- ☐ health care services provided by the Wellbeing services county (e.g., maternity and child health clinic, health centre, hospital)
- ☐ occupational health care services
- ☐ services provided by a private health service provider

31. What are the reasons you have used health care services not provided by the Finnish Student Health Service?

You may choose one or more options.

- ☐ I have not used other services
- ☐ I have needed help in a place that doesn't have student health care services
- ☐ it has taken too long for me to get an appointment at the student health care services
- ☐ other reason, please specify? _____

32. Do you feel you have received enough of the following services provided by the Finnish Student Health Service in the past 12 months?

	I have not needed it	I would have needed, but did not receive the service	I have used, the service was inadequate	I have used, the service was adequate
Mental health services (nurse, psychologist, psychiatrist, GP)				
General health services (nurse, GP, physiotherapist)				
Oral health services (dentist, oral hygienist)				
Preventive services (vaccinations, statements e.g., for rehabilitative psychotherapy)				

33. Think back on your experiences with the health care services provided by the Finnish Student Health Service during the last 12 months. How did the following aspects work out in your case?

	always	most of the time	sometimes	never
I was able to contact the place of care smoothly				
my treatment started quickly enough				
I was examined without undue delay (e.g. laboratory tests, X-ray)				
my privacy was respected in the examinations and treatments				
the treatment was beneficial for me				
my problem was handled smoothly and information was transferred between professionals				

Kela's rehabilitation services for students in need of support to finish their education: NUOTTI coaching, Vocational rehabilitation assessment, Support for education and training as rehabilitation, Assistive devices needed for studies, Neuropsychological rehabilitation, Rehabilitative psychotherapy, Rehabilitative courses for persons with different illnesses and conditions, Intensive medical rehabilitation therapies and individual rehabilitation, Oma Väylä rehabilitation.

34. Do you know any rehabilitation services intended to support your ability to study?

- ☐ yes
- ☐ no

35. Do you need any rehabilitation services intended to support your ability to study?

- ☐ no
- ☐ yes, but I haven't received any
- ☐ yes, and I have received some

EXERCISE, NUTRITION, AND SLEEP

36. How many hours on average do you sit per day on weekdays?

Mark 0, if not at all.

	hours	minutes
during the day at studies or workday		
in front of the TV, computer or smart device in your free time		
in a vehicle		
other sitting		

37. How much exercise do you get in a week in the course of your studies, work, commute, and spare time?

Think about the past 12 months. Take all regular, weekly physical exertion in consideration. You can write your answer on several lines if necessary.

- ☐ hardly any regular weekly exercise → *You can proceed to question 39*
- ☐ low-intensity aerobic exercise
(= does not make you sweat or get out of breath, e.g. walking leisurely)
in total _____ hours and _____ minutes a week
- ☐ moderate-intensity aerobic exercise
(= makes you sweat a bit and/or get slightly out of breath, e.g. Walking briskly)
in total _____ hours and _____ minutes a week
- ☐ high-intensity aerobic exercise
(= makes you sweat a lot and/or get out of breath, e.g. jogging or running)
in total _____ hours and _____ minutes a week

38. On how many days during an ordinary week do you engage in exercise that maintains or develops your muscle strength?

E.g. exercising at a gym, home exercises, fitness classes, ball games and racket sports, or physically strenuous household chores. If you do not engage in any exercise, please write '0'.

_____ days a week

39. Who is/are the organiser(s) of your physical education activity?

You can choose one or more options

- ☐ I don't participate in physical education activity
- ☐ physical education activity organised by the university/university of applied sciences, a students' union, or a student organisation or association
- ☐ sports club
- ☐ commercial physical education services
- ☐ municipal physical education services
- ☐ I exercise on my own

40. How many times per week do you usually eat at a student restaurant or purchase a student meal to go?

- ☐ on 4-7 days → *You can proceed to question 42*
- ☐ on 1-3 days
- ☐ less often

41. I don't eat at a student restaurant or purchase student meals to go, because...

You can choose one or more options

- ☐ I currently live in a municipality in which student meals are not available
- ☐ I study remotely, and don't go to a student restaurant to eat or take a meal to go
- ☐ I am at work and don't go to a student restaurant to eat or take a meal to go
- ☐ the opening hours don't work for me
- ☐ the lines are long, or the dining area is restless and noisy
- ☐ the meal is too expensive
- ☐ I don't like the taste of the food
- ☐ I don't think the food is nutritious enough
- ☐ I don't think there is enough focus on how ethical the ingredients are, what their effects on the climate are, or where they come from
- ☐ I do not always have company in the restaurant, and I do not want to eat alone

42. Which of the following options best describes your diet?

- ☐ omnivore
- ☐ vegetarian (incl. dairy or eggs)
- ☐ vegan (no animal-based products of any kind)
- ☐ none of the above

43. On how many days per week do you eat the following meals or snacks?

	I don't eat at all	on 1 to 2 weekdays	on 3 to 4 weekdays	every weekday
breakfast				
lunch				
afternoon snack				
dinner				
evening snack				
other snacks				

44. How often have you eaten vegetables (not including potatoes) in the last 7 days?

- ☐ not at all
- ☐ on 1 to 2 days
- ☐ on 3 to 5 days
- ☐ on 6 to 7 days
- ☐ several times a day

45. How often have you eaten fruit or berries in the last 7 days?

- ☐ not at all
- ☐ on 1 to 2 days
- ☐ on 3 to 5 days
- ☐ on 6 to 7 days
- ☐ several times a day

46. At what time do you usually go to bed?

on study/workday:

- ☐ at about 19.00 or earlier
- ☐ ...
- ☐ at about 04.00 or later

on days off:

- ☐ at about 19.00 or earlier
- ☐ ...
- ☐ at about 04.00 or later

47. At what time do you usually wake up?

on study/workday:

- ☐ at about 5.00 or earlier
- ☐ ...
- ☐ at about 13.00 or later

on days off:

- ☐ at about 5.00 or earlier
- ☐ ...
- ☐ at about 13.00 or later

48. Do you feel tired during the day?

- ☐ every day or almost every day
- ☐ on 3 to 5 days a week
- ☐ on 1 to 2 days a week
- ☐ less often than once a week
- ☐ less often than once a month, or never

TOBACCO, ALCOHOL AND DRUGS

49. Do you use, or have you previously used following tobacco or nicotine products?

	not at all	I have previously, but I have quit	yes, less often than once a week	yes, weekly, but not every day	yes, daily
cigarettes					
snuff					
nicotine pouches					
heated tobacco products					

50. Do you use e-cigarettes that contain the following substances?

	not at all	I have tried it	yes, occasionally	yes, daily
nicotine				
tobacco flavours				
other flavourings				
some other substance, please specify. _____				

51. Have you drunk alcoholic beverages over the past 12 months?

- ☐ no → *You can proceed to question 55*
- ☐ yes

52. How often do you consume beer, wine or other alcoholic beverages?

Also include the times when you only had a small amount, e.g. a bottle of medium-strength beer or a sip of wine.

- ☐ never
- ☐ around once a month or less
- ☐ 2–4 times a month
- ☐ 2–3 times a week
- ☐ 4 or more times a week

53. How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1–2 servings
- ☐ 3–4 servings
- ☐ 5–6 servings
- ☐ 7–9 servings
- ☐ 10 or more units

ONE ALCOHOL PORTION IS:

*1 bottle (33cl) of so called medium-strength beer or cider, or
1 glass (12cl) of regular wine, or
1 small glass (8cl) of fortified wine, or
a standard drink (4cl) of strong spirits.*

54. How often have you had six or more drinks on one occasion?

- ☐ never
- ☐ less than once a month
- ☐ once a month
- ☐ once a week
- ☐ daily or almost daily

55. Have you ever tried or used a drug or a combination of medications and alcohol to get inebriated?

- ☐ never → *You can proceed to question 57*
- ☐ yes

56. Have you used at least once in the last 12 months:

	no	yes	how many times?
cannabis			
ecstasy			
amphetamine or methamphetamine			
cocaine			
medications and alcohol together			

STUDIES

57. Choose the option that best describes your relationship with your studies in the past month.

	Strongly disagree	Disagree	Partially disagree	Partially agree	Agree	Strongly agree
I feel like I'm drowning under the amount of work associated with my studies						
I feel apathetic about my studies, and often think about dropping out						
I often feel inadequate as a student						
I often sleep poorly due to my studies weighing on my mind						
I feel like I'm losing interest in my studies						
I often wonder if my studies matter at all						
I worry about my studies even in my spare time						
I used to have higher expectations for myself in regard to my studies						
The pressure of my studies is causing trouble in my relationships						
I feel full of energy when I'm studying						
I feel excited about my studies						
I am completely immersed in my studies						

INTERNET USE AND GAMBLING

58. Do you think you have a problem with any of the following things?

You may choose one or more options

- ☐ Social media (e.g. Facebook, Instagram, X, TikTok)
- ☐ Online gaming (e.g. Counter-Strike, PUBG, Fortnite, Candy Crush Saga)
- ☐ Online porn
- ☐ Shopping online
- ☐ I don't have a problem with any of these

59. How often...

	never	seldom	sometimes	often	very often
Do you find it difficult to stop using the internet?					
Do others (e.g. partner, friends, parents, children) say you should use the internet less?					
Are you short of sleep because of the internet?					
Do you neglect your daily obligations (school, work or family life) because you prefer to go on the internet?					
Do you go on the internet when you are feeling down?					

Next, we are going to ask you about gambling. Gambling games include the lottery, scratch-off tickets, slot machines, and betting. These are games you can also play online.

60. Have you gambled in the last 12 months?

- ☐ no → You can proceed to question 63
- ☐ yes

61. How often have you gambled in the last 12 months?

- ☐ less than once a month
- ☐ monthly
- ☐ weekly
- ☐ almost daily

62. In the past 12 months, have you felt that gambling might be a problem for you?

- ☐ never
- ☐ sometimes
- ☐ often
- ☐ very often

LIVING CONDITIONS

63. Which living arrangement best describes yours?

- ☐ I live alone
- ☐ I live with a partner and/or child(ren)
- ☐ I live in a shared flat
- ☐ I live in a shared household, with a joint lease agreement
- ☐ I live in a shared household, with a separate lease agreement
- ☐ I live with my parents
- ☐ other, please specify? _____

64. How well have you managed financially in the last 12 months?

- ☐ very well
- ☐ well
- ☐ I have managed, by living frugally
- ☐ I have felt stretched and unsure financially

65. Have you within the past 12 months ever:

	no	yes
Feared that you will run out of food before you can get money to buy more?		
Been unable to buy medicines because you did not have any money		

66. Have you taken out a student loan during your studies?

- ☐ no → *You can proceed to question 69*
- ☐ yes

67. What is the main reason for you taking out a student loan?

- ☐ essential everyday expenses such as housing, food, transportation, study-related costs and health care
- ☐ to be better able to buy goods, travel and use services (e.g. eat at restaurants)
- ☐ a student loan tax deduction or student loan compensation
- ☐ for any other purpose, please specify? _____

68. How well do you think you will manage the repayment of the student loan with interest after graduation?

- ☐ very well
- ☐ rather well
- ☐ moderately
- ☐ quite poorly
- ☐ very poorly

69. Have you taken out any payday loans, or consumer loans?

- ☐ I have not → *You can proceed to question 71*
- ☐ Yes, and I had no difficulty paying them back
- ☐ Yes, but I had difficulty paying them back

70. What are the main reasons for you taking out payday loans or consumer credits?

- ☐ essential everyday expenses such as housing, food, transportation, study-related costs and health care
- ☐ to be better able to buy goods, travel and use services (e.g. eat at restaurants)
- ☐ for any other purpose, please specify? _____

71. Do you work alongside your studies during the academic year (not including the summer break)?

- ☐ no → *You can proceed to question 75*
- ☐ yes

72. Is your work:

- ☐ full-time work (30 hours per week or more)
- ☐ part-time work (under 30 hours per week)
- ☐ casual jobs (short, irregular working periods that last under a month)

73. Do you feel that working alongside your studies:

- ☐ slows down your studies
- ☐ speeds up your studies
- ☐ neither slows down nor speeds up your studies
- ☐ not sure

74. To what extent do you agree with the following statements?

Think about this academic year.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
I couldn't afford to study without working					
I work so I can get experience					
I work because I need to financially support someone else (children, spouse, parents, etc.)					
I consider myself a worker first, and student second					

SOCIAL RELATIONS

75. Do you ever feel lonely?

- ☐ never
- ☐ very rarely
- ☐ sometimes
- ☐ fairly often
- ☐ all the time

76. Do you feel part of any group related to your studies?

(e.g. class, study group, student organization or association, etc.)

- ☐ no
- ☐ yes
- ☐ not sure

77. Please estimate how you would expect to receive help from the following when you need help or support. You may choose one or more alternatives on each line.

	spouse, partner	other next of kin	close friend	fellow student	other person close to you	no one
Who do you believe truly cares about you, whatever may happen?						
Who will provide practical help for you when you need it?						
With whom can you share everyday joys and cares?						

78. Are you in a relationship?

- ☐ no
- ☐ yes

79. Do you feel you are a (gender identity)

- ☐ male
- ☐ female
- ☐ other

80. Which of the following options best describes your sexual orientation?

- ☐ heterosexual
- ☐ bisexual
- ☐ gay
- ☐ lesbian
- ☐ other, please specify? _____
- ☐ none of above

81. What kind of contraception do you use or have used in the last 12 months?

Choose also the ones your partner uses. You may choose one or more options.

- ☐ contraceptive pills (including the mini pill)
- ☐ a vaginal ring or a contraceptive patch
- ☐ a loop
- ☐ condoms
- ☐ emergency contraception ('morning-after pill')
- ☐ some other method of contraception
- ☐ none, because I haven't needed to
- ☐ none, even though I should have

RECONCILING WORK AND FAMILY LIFE

82. Would you like to have children in the future? When?

- ☐ no
- ☐ yes, I am, or my partner is, currently pregnant
- ☐ yes, within a year
- ☐ yes, 2–4 years from now
- ☐ yes, in 5–9 years
- ☐ yes, in more than 10 years
- ☐ not sure
- ☐ other, please specify? _____

83. Do you have children?

- ☐ no → *You can proceed to question 85*
- ☐ yes,
how many? _____

84. How did having a child impact your life?

How much do you agree or disagree with each of the following statements?

	fully agree	agree	disagree	fully disagree	don't know or not applicable
My relationship with my spouse/partner improved					
My financial situation worsened					
It became harder for me to study					
It became harder for me to make progress with my studies					
It became harder for me to finish my studies					
It became harder for me to do that interest me					
Having a child had a positive impact on my relationship and social life					
Having a child had a negative impact on the health of myself					

If you are pregnant, or your partner is, you can skip this part and move on to submitting your survey.

85. How much impact would you say the following things have on you not wanting to, or feeling like you cannot have a child at this moment? Please choose one option from each line

	Not at all	Slightly	To some extent	Significantly
We / I already have a suitable number of children				
The situation of my intimate relationship				
My health				
My studies not being finished				
Uncertain job situation				
I am too young, or I don't feel mature enough				
Coping as a parent				
I don't think I'm suitable for parenthood				
Financial situation				
Combining studies or work and family life				
Insufficient social network or loneliness				
I don't want to commit myself to the care of small children (yet/anymore)				
Insufficient support from society				
Worries about climate change and the earth's ecological carrying capacity				
I want to pursue my job/career				
I don't think Finland is a child-friendly country				
Other reason				