

This translation from Finnish is for information only. The question is in Finnish and Swedish.

University Student Health Service

Dear student

Current and reliable information is necessary in order to promote study, and to support the development of student health service. Student Health Surveys have been carried out among university students since the year 2000, and in 2008, the survey was extended to cover students as well.

The surveys provide us with trend information about students' well-being and the impacts of various development projects. The results of the earlier questionnaire surveys have been utilized for research purposes and to develop practical operations. These have resulted in, e.g., the Study Ability Model, a study burnout questionnaire, a handbook on health care during studies, and a Finnish-language text book on student health (www.yths.fi).

The survey questionnaire contains questions about one's health status and health behaviours, but it also charts varying issues in other areas of life that are related to the students' health and coping abilities. The items concerning studying itself, employment during the study years and the study conditions in general provide also universities and student associations with valuable information. The special themes cover a range of matters that are topical in terms of the students' age or life phase. Knowledge about these matters is essential in order to gain a better understanding of the related phenomena and to further improve our services.

The current survey is also targeted at part-time students and those graduating during this academic year. Moreover, this questionnaire is sent to all those who were first-year students in 2008 and responded to the 2008 survey. We are looking forward to their active contribution.

We hope that you can find time to answer this questionnaire for the common benefit of all students. **Your answers are extremely valuable for us and can't be replaced by anyone else!**

You can complete the questionnaire online at <http://www.mutkatontasuuraa.fi/YTHS>

User ID: 100001

Password: a23456b

or return this questionnaire form in the enclosed return envelope (the postage is paid).

Responding to the questionnaire is voluntary. All information you give will be confidential and accessible by researchers only. The data will be processed statistically, and it will not be possible to identify any individual respondent from the results. The personal identification code on the questionnaire form will only be used for the purposes of sending possible refresher or follow-up questionnaires. In other words, your personal details will not be linked with the given answers.

If you have any questions concerning the survey, please contact Chief Physician Kristina Kunttu, tel. +358 (0)46 710 6111, kristina.kunttu@yths.fi.

Thank you for your co-operation!

FINNISH STUDENT HEALTH SERVICE

The Union of Students in Finnish Universities of Applied Sciences – SAMOK

How to complete the questionnaire:

Circle the number of the option that best describes your situation, or write your answer in the space provided for it.

For each question, circle only one number, unless otherwise instructed.

Answer according to the way you generally act or your usual habits, unless otherwise instructed.

Read the entire question before answering it.

BACKGROUND INFORMATION

1. Age ____ years

2. Gender
1 Male
2 Female

3. In which country were you born?

1 In Finland
2 In another country, specify: _____

4. Which language was spoken as your native language in your childhood home?

1 Finnish
2 Swedish
3 Other language, specify: _____

5. For how long have you lived in Finland?

1 All my life
2 |__|__| years

6. In which town do you study?

1 Espoo	6 Kajaani	11 Lahti	16 Rauma	21 Tornio
2 Helsinki	7 Kemi	12 Lappeenranta	17 Rovaniemi	22 Turku
3 Hämeenlinna	8 Kokkola	13 Mikkeli	18 Savonlinna	23 Vaasa
4 Joensuu	9 Kouvola	14 Oulu	19 Seinäjoki	24 Vantaa
5 Jyväskylä	10 Kuopio	15 Pori	20 Tampere	25 Other, specify: _____

7a. In which university do you study? UNIVERSITIES

1 Aalto University	7 Lappeenranta University of Technology	13 Theatre Academy
2 University of Helsinki	8 University of Oulu	14 University of Turku
3 University of Eastern Finland	9 Sibelius Academy	15 University of Vaasa
4 University of Jyväskylä	10 Hanken School of Economics	16 Åbo Akademi University
5 Finnish Academy of Fine Arts	11 Tampere University of Technology	
6 University of Lapland	12 University of Tampere	

If you are an undergraduate student in more than one university, please give **all** relevant universities (except those from which you have already graduated).

7b. In which university do you study? UNIVERSITIES OF APPLIED SCIENCES (=UAS)

1 Arcada UAS	10 Kymenlaakso UAS	19 Satakunta UAS
2 Diaconia UAS (Diak)	11 Lahti UAS	20 Savonia UAS
3 Haaga-Helia UAS	12 Laurea UAS	21 Seinäjoki UAS
4 Humak UAS	13 Metropolia UAS	22 Tampere UAS
5 Häme UAS (HAMK)	14 Mikkeli UAS	23 Turku UAS
6 Jyväskylä UAS (JAMK)	15 Oulu UAS	24 Vaasa UAS (VAMK)
7 Kajaani UAS	16 North Karelia UAS	25 Novia UAS
8 Kemi-Tornio UAS	17 Rovaniemi UAS	
9 Centria UAS	18 Saimaa UAS	

Select only one option. If you study in **several fields**, select the one you have primarily studied during this academic year.

8a. What is your field of study? UNIVERSITIES

1 Veterinary medicine	8 Sport sciences	15 Art and Design
2 Pharmacy	9 Natural sciences	16 Dance
3 Dentistry	10 Medicine	17 Theatre
4 Humanities	11 Agriculture and Forestry	18 Technology and Engineering
5 Educational sciences	12 Music	19 Theology
6 Business and Economics	13 Law	20 Health sciences
7 Fine arts	14 Psychology	21 Social sciences

8b. What is your field of study? UNIVERSITIES OF APPLIED SCIENCES

1 Humanities and Education	5 Tourism, catering and home economics
2 Culture	6 Social, health and sport sector
3 Natural sciences	7 Technology and transport
4 Natural resources and the Environment	8 Social sciences, business and administration

8c. More than one field of study |__| (Check the box)

9. At the time when you were 15 years old, what was the main occupation of your father and mother? If your father or mother was not working at that time, what was his/her previous occupation?

Father _____

Mother _____

Give as detailed a description of the occupation as possible, for instance, 'electrical fitter' rather than 'fitter'. Give the vocational title, not a degree.

10. Compare your future field/occupation with the occupations of your father and mother when you were 15 years old. Do you think your occupation is ... (Select only one option for each parent.)

	Father	Mother
much higher?	1	1
higher?	2	2
roughly equal?	3	3
lower?	4	4
much lower?	5	5
I've no knowledge of my parents' work or my parents never had a job or I didn't know my parents or they were deceased at that time	6	6

11. When you were 15, what was your father's and mother's occupational position? (Circle the parent which was your primary provider, and select only one of the options.)

	Father	Mother
Farmer	1	1
Small entrepreneur or self-employed (with max. one employee)	2	2
Entrepreneur	3	3
Upper white-collar worker	4	4
Lower white-collar worker	5	5
Blue-collar worker	6	6
Stay-at-home mother/father	7	7
Student	8	8
Unemployed	9	9
Pensioner	10	10
I don't know	11	11

HEALTH STATUS

12. Has a doctor, dentist or psychologist diagnosed any permanent, long-term or frequently recurring illness, health problem or trauma that has caused you symptoms or required treatment over the past year (12 months)? (Please give an answer for all items.)

	No	Yes		No	Yes
1 Diabetes	0	1	16 Impaired vision (glasses)	0	1
2 Thyroid problem	0	1	17 Eye disease	0	1
3 Hypertension, elevated blood pressure	0	1	18 Ear, nose, throat (ENT) disease	0	1
4 Arrhythmia, other heart disease	0	1	19 Dental caries (cavity)	0	1
5 Rheumatoid arthritis, rheumatoid spondylitis	0	1	20 Infected wisdom tooth	0	1
6 Other musculoskeletal disease, specify: _____	0	1	21 Other oral or dental disease (occlusion, mucosa, parodontal problems)	0	1
7 Asthma	0	1	22 Migraine	0	1
8 Allergic rhinitis (runny nose) or eye infection	0	1	23 Epilepsy, other neurological disease	0	
9 Atopic dermatitis (eczema)	0	1	24 Eating disorder, what kind?		
10 Acne	0	1	1 Anorexia	0	1
11 Lactose intolerance	0	1	2 Bulimia	0	1
12 Other stomach or intestinal disease	0	1	3 Other	0	1
13 Recurring urinary tract infection, renal (kidney) disease	0	1	25 Anxiety syndrome (panic attack, fear of social situations, etc.)	0	1
14 Male genital disease	0	1	26 Depression	0	1
15 Gynaecological disease, what?	0	1	27 Other mental health problem	0	1
1 Recurring vaginal infections	0	1	28 Substance abuse disorder or addiction, specify: _____	0	1
2 Endometriosis	0	1			
3 Vulvodynia/vestibulitis	0	1			
4 Other,	0	1	29 Other disease,	0	1

13. How would you rate your own health?

- 1 Good
- 2 Quite good
- 3 Average
- 4 Quite poor
- 5 Poor

14. Your height |__|__|__| cm

15. Your weight |__|__|__| kg

16. What do you think about your weight?

Do you feel that you are ...

- 1 clearly underweight
- 2 somewhat underweight
- 3 O.K.
- 4 somewhat overweight
- 5 clearly overweight

17. Is your attitude to food normal?

- 0 No
- 1 Yes
- 2 I don't know

18. Have you ever dieted and lost a lot of weight?

- 0 No
- 1 Yes, through a planned and controlled effort
- 2 Yes, and losing weight got out of control

19. Over the past four weeks, have you had an anxiety attack with a sudden feeling of fear or panic?

- 0 No
- 1 Yes

20. Have you had any of the following symptoms over the past month (30 days)?

(Please give an answer for each item.)		Not at all	Every now and then	Weekly	Daily or almost daily
1	Headache	0	1	2	3
2	Dizziness	0	1	2	3
3	Tiredness/fatigue or loss of strength	0	1	2	3
4	Heart murmur, uneven heart beat	0	1	2	3
5	Upper back or neck problems	0	1	2	3
6	Lower back problems	0	1	2	3
7	Pain in limbs or joints	0	1	2	3
8	Stomach ache, heartburn	0	1	2	3
9	Nausea or vomiting	0	1	2	3
10	Gas pains or feeling bloated	0	1	2	3
11	Constipation or diarrhea	0	1	2	3
12	Binge eating	0	1	2	3
13	Runny or blocked nose	0	1	2	3
14	Persistent cough or shortness of breath	0	1	2	3
15	Throat problems (pain, phlegm)	0	1	2	3
16	Feeling a lump in the throat				
17	Voice problems, difficulty using voice				
18	Ringing in the ears (tinnitus)				
19	Skin problems	0	1	2	3
20	Bleeding from gums or other gum problems	0	1	2	3
21	Tooth problems (shooting pain, toothache)	0	1	2	3
22	Problems with wisdom teeth	0	1	2	3
23	Dental occlusion problems	0	1	2	3
24	Problems in falling asleep, or waking up often at night	0	1	2	3
25	Difficulty to concentrate	0	1	2	3
26	Tension or nervousness	0	1	2	3
27	Depression or feeling low	0	1	2	3
28	Anxiety	0	1	2	3
29	Other, specify: _____	0	1	2	3

21. How would you rate the following matters for yourself at the moment?

Instructions for answering:

- 2	- 1	0	+ 1	+ 2	?
This is a REALLY BIG PROBLEM for me, and makes my life at present extremely difficult	This is a CLEAR PROBLEM for me, but it does not bother me all the time or very much	I haven't had any reason to pay any specific attention to this	I've usually seen this as a POSITIVE thing	This really gives me MUCH PLEASURE AND SATISFACTION	Difficult to say
Engaging fully in my studies			- 2 - 1 0 + 1 + 2		?
Performing, such as giving a presentation			- 2 - 1 0 + 1 + 2		?
Making contact with my fellow students or people in general			- 2 - 1 0 + 1 + 2		?
Making contact with the opposite sex			- 2 - 1 0 + 1 + 2		?
My sexuality			- 2 - 1 0 + 1 + 2		?
My relationship with my parents			- 2 - 1 0 + 1 + 2		?
Making plans about the future			- 2 - 1 0 + 1 + 2		?
My own resources and abilities			- 2 - 1 0 + 1 + 2		?
My mood in general			- 2 - 1 0 + 1 + 2		?

22. Have you recently been able to concentrate on your tasks?

- 1 Better than usual
- 2 Same as usual
- 3 Less than usual
- 4 Much less than usual

23. Have you recently lost much sleep because you've been worried?

- 1 Not at all
- 2 No more than usual
- 3 Rather more than usual
- 4 Much more than usual

24. Have you recently felt that you are playing a useful part in things?

- 1 More so than usual
- 2 Same as usual
- 3 Less useful than usual
- 4 Much less than usual

25. Have you recently felt capable of making decisions?

- 1 Better than usual
- 2 Same as usual
- 3 Less than usual
- 4 Much less than usual

26. Have you recently felt constantly under strain?

- 1 Not at all
- 2 No more than usual
- 3 Rather more than usual
- 4 Much more than usual

27. Have you recently felt that you could not overcome your difficulties?

- 1 Not at all
- 2 No more than usual
- 3 Rather more than usual
- 4 Much more than usual

28. Have you recently been able to enjoy your day-to-day activities?

- 1 More so than usual
- 2 Same as usual
- 3 Less so than usual
- 4 Much less than usual

29. Have you recently been able to face up to your problems?

- 1 Better than usual
- 2 Same as usual
- 3 Less than usual
- 4 Much less than usual

30. Have you recently been feeling unhappy and depressed?

- 1 Not at all
- 2 No more than usual
- 3 Rather more than usual
- 4 Much more than usual

31. Have you recently been losing confidence in yourself?

- 1 Not at all
- 2 No more than usual
- 3 Rather more than usual
- 4 Much more than usual

32. Have you recently been thinking of yourself as a worthless person?

- 1 Not at all
- 2 No more than usual
- 3 Rather more than usual
- 4 Much more than usual

33. Have you recently been feeling reasonably happy, all things considered?

- 1 More so than usual
- 2 Same as usual
- 3 Less so than usual
- 4 Much less than usual

HEALTH SERVICES

34. Have you seen a doctor, nurse or some other health care professional listed below over the past year (12 months)? (Please give an answer for each item.)

		No	Once	2–5 times	More than 5 times
NURSE	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
PHYSIO-THERAPIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
SPEECH THERAPIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
SEXUAL COUNSELLOR	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
GENERAL PRACTITIONER (GP)	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
SPECIALIST PHYSICIAN	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
DENTAL HYGIENIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
DENTIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
DENTAL SPECIALIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
WELFARE OFFICER / social worker	University	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3
PSYCHOLOGIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Study psychologist	0	1	2	3
	Other service provider	0	1	2	3
PSYCHIATRIST	Finnish Student Health Service / municipal student health clinic	0	1	2	3
	Municipal Health Centre*	0	1	2	3
	Other service provider	0	1	2	3

* other than student health clinic

35. When you last visited the FSHS (Finnish Student Health Service) or municipal student health clinic, how did you experience their service?

	Fully agree	Agree to some extent	Disagree to some extent	Fully disagree
I got answers to the matters I was concerned about	1	2	3	4
I was listened to and I felt that I became understood	1	2	3	4

36. What reasons have you had for using services other than (FHS or municipal) student health services (over the past year)?

You may choose several items.

- | | | | |
|---|---|----|--|
| 0 | I haven't used other services | 6 | Student health services didn't offer the kind of service I needed. |
| 1 | I wasn't entitled to use student health services for the whole year | 7 | I couldn't get an appointment at the student health services clinic quickly enough |
| 2 | I needed help in a location where student health services are not available | 8 | I haven't been satisfied with the student health services |
| 3 | I needed emergency help | 9 | I was working/in the army/pregnant |
| 4 | I had a previous doctor-patient relationship elsewhere | 10 | Other reason, specify: _____ |
| 5 | I got a referral elsewhere | | |

37. Would you like to receive help, e.g., individual counselling, group counselling, courses, lectures etc., in the following matters?

You may choose several items.

- | | | | |
|----|------------------------------|----|---|
| 1 | Time management | 11 | Ergonomics |
| 2 | Stress management | 12 | Teeth grinding, facial and head pains |
| 3 | Social anxiety syndrome | 13 | Management of alcohol use |
| 4 | Human relations, self-esteem | 14 | Quitting smoking |
| 5 | Sexuality | 15 | Other addiction problem (games, Internet, etc.) |
| 6 | Fertility / having children | 16 | Study-related problems |
| 7 | Eating disorders | 17 | Study skills |
| 8 | Nutrition | 18 | Allergies, skin care |
| 9 | Weight management | 19 | Travelling and vaccinations |
| 10 | Physical activity | 20 | Other problem, specify: _____ |

PHYSICAL ACTIVITY

38. How many minutes a day do you walk or cycle as part of your daily activities (e.g., trips to and from university, hobbies, work, running errands, walking a dog, cleaning, gardening etc.)?

- 0 Less than 15 minutes a day
- 1 15–30 minutes a day
- 2 30–60 minutes a day
- 3 Over an hour a day

39. How often do you engage in freetime physical activity for a minimum of half an hour so that you sweat and become at least slightly short of breath (e.g., jogging, cycling, gymnastics, swimming, ball games)?

- 0 Never or very seldom
- 1 1–3 times a month
- 2 About once a week
- 3 2–3 times a week
- 4 4–6 times a week
- 5 Daily

40. What types of physical activity or sport do you go in for and how frequently? Give max. three of your favourites.

_____	_____	times a week, totalling _____	hours a week
_____	_____	times a week, totalling _____	hours a week
_____	_____	times a week, totalling _____	hours a week

41. Who organises the physical activities that you participate in?

You may choose several items.

- | | | | |
|---|---|---|-------------------------------------|
| 1 | I don't engage in any physical activity | 5 | Subject association or similar |
| 2 | On self-initiative, alone | 6 | Sport club (outside the university) |
| 3 | On self-initiative, with a friend or a group of friends | 7 | Other organisation, specify: _____ |
| 4 | University, or student union | 8 | Commercial service provider |
| | | 9 | Municipal service provider |

42. Have you ever tried or used doping substances in order to improve your sports performance, strength or physical appearance?

- 0 No (continue to Question 44)
- 1 Yes

43. Have you tried or used any of the following substances over the past 12 months (other than by a doctor's prescription)?

- 1 Testosterone or its derivatives
- 2 Anabolic steroids
- 3 Growth hormones or growth factors
- 4 Clenbuterol
- 5 Ephedrine
- 6 Other doping substance, specify:

NUTRION

44. When buying food, do you consider its healthiness?

- 0 Never or very seldom
- 1 Every now and then
- 2 Often

45. Where do you usually eat your main meal?

- 1 At a student or workplace restaurant
- 2 At home
- 3 At my parents' home
- 4 Elsewhere

46. How many days a week do you ...?

eat wholegrain products (e.g., bread, porridge, muesli)

eat fish

drink liquid milk products (e.g., milk, cultured milk, milk drink, yoghurt, curd milk)

eat vegetables (not potatoes)

eat fruit or berries

drink fruit or berry juices

drink soft drinks containing sugar (incl. energy drinks)

eat sweets (incl. chocolate)

skip a lunch or dinner because of a hurried schedule or other reason?

	days							
	(0= less frequently than once a week, 7=every day)							
	0	1	2	3	4	5	6	7
eat wholegrain products	0	1	2	3	4	5	6	7
eat fish	0	1	2	3	4	5	6	7
drink liquid milk products	0	1	2	3	4	5	6	7
eat vegetables	0	1	2	3	4	5	6	7
eat fruit or berries	0	1	2	3	4	5	6	7
drink fruit or berry juices	0	1	2	3	4	5	6	7
drink soft drinks containing sugar	0	1	2	3	4	5	6	7
eat sweets	0	1	2	3	4	5	6	7
skip a lunch or dinner because of a hurried schedule or other reason?	0	1	2	3	4	5	6	7

47. How many slices of bread do you eat daily? _____ slices

48. The bread you eat is primarily

- 1 rye bread or hard bread
- 2 whole-meal bread
- 3 white bread
- 4 I don't eat bread at all

Mark 0, if none

- 5 butter-vegetable oil mixture, blend fat (for example, Oivariini, Enilett)
- 6 butter
- 7 plant sterol margarine (for example, Becel pro activ, Benecol)

49. Usually, you use on your bread

- 1 nothing
- 2 margarine spread with max. 40% fat (for example, Keiju Keveämpi 30, Keiju Kevyt 40, Flora Kevyt 40, Kevyt Becel 35, Kevyt Levi 40)
- 3 margarine spread with 60% fat (for example, Becel 60, Keiju 60, Kultarypsi 60)
- 4 margarine spread with 70–80% fat (for example, Flora 70, Keiju 70)

50. Usually, you use on your salad

- 1 oil-based dressing
- 2 curd cream dressing
- 3 mayonnaise dressing
- 4 low-calorie dressing
- 5 I don't use salad dressing

51. How many portions of liquid milk products (e.g., milk, cultured milk, milk drink, yoghurt, curd milk) do you have daily?

_____ portions

1 portion is 2 dl

52. The milk or cultured milk you drink is primarily

- 1 whole milk
- 2 semi-skimmed milk or cultured milk with 2.5% fat (for example, AB piimä)
- 3 semi-skimmed milk or cultured milk with 1% fat
- 4 skim milk or cultured milk
- 5 I don't drink milk or cultured milk

53. How many portions of vegetables (not potatoes) do you eat daily?

_____ portions (0 = none)

1 portion is e.g. 1 tomato or 1 dl of grated vegetables or 2 carrots

54. How many portions of berries and fruit do you eat daily?

_____ portions

1 portion is e.g. 1 apple or 1 banana or 1 dl of berries

55. How many glasses of berry or fruit juice do you drink per day, on average?

_____ glasses

1 glass = 2 dl

DENTAL CARE, TEETH GRINDING AND FACIAL PAIN

	Less than once a day	Once a day	More than once a day
56. How often do you brush your teeth?	0	1	2
57. Do you use toothpaste?	0	1	2
58. Do you use dental floss?			
0 Never			
1 Every now and then			
2 2-3 times a week			
3 Daily			
59. Do you use xylitol chewing gum or other products sweetened with xylitol?			
0 Not at all or occasionally			
1 At least once a day			
60. How many times a day do you eat or drink something (other than water or coffee/tea without sugar)?			
1 6 times or less			
2 7-10 times			
3 More than 10 times			
61. Do you feel pain in your temples, jaw joints, face or jaws once a week or more frequently?			
0 No (continue to Question 58)			
1 Yes			
62. Facial pain can be triggered by a number of different factors. Which factors trigger your facial pain?			
0 I haven't identified factors that trigger facial pain			
1 Cold			
2 Chewing			
3 Stress			
4 Other, specify: _____			
63. When you open your mouth wide open or are chewing, do you feel pain once a week or more frequently?			
0 Never or rarely			
1 Yes			
64. Do your jaw joints get jammed (locked) once a week or more frequently?			
0 No			
1 Yes			
65. Do you grind your teeth or bite them forcefully together (other than when eating)?			
0 No			
1 Yes, only at night			
2 Yes, only during the day			
3 Yes, both night and daytime			
4 I don't know			
66. Has a mouth guard been prepared for you? Has it helped you? (Select only one item.)			
0 No, I haven't a mouth guard made for me			
1 Yes, using the mouth guard has clearly helped me			
2 Yes, but using the mouth guard has not been of much help			
3 Yes, but I don't use / haven't used the mouth guard, because _____			

TOBACCO, DRUGS, ALCOHOL

67. How would you rate your use of various intoxicating agents? In your opinion, do you use the following intoxicating agents...

	Not at all	Moderately	Slightly too much	Much too much / I'm addicted	I don't know
Tobacco products	0	1	2	3	4
Alcohol	0	1	2	3	4
Cannabis	0	1	2	3	4
Other drugs (narcotics)	0	1	2	3	4
Intoxicating medicines	0	1	2	3	4

68. Do you use or have you previously used tobacco products?

	Not at all	Previously yes, but I've quit	Yes, less than once a week	Yes, weekly but not daily	Yes, daily; amount
Do you smoke?	1	2	3	4	5__cigarettes
Do you use snuff (dipping/chewing tobacco)?	1	2	3	4	5__times
Other tobacco products, specify: _____	1	2	3	4	5__times

69. Have you ever tried smoking a water pipe? How many times in total up to date?

- 0 Never
- 1 I've tried a few times
- 2 I've used max. 20 times
- 3 I've used more than 20 times

70. If you have used a water pipe, what have you smoked through? _____

If not at all, mark 0.
Give an answer for each item.

71. How many portions of the following types of alcohol do you drink during one week, on average?

	Portions
Beer III	____
Beer IV A	____
Cider	____
Long drinks	____
Wine	____
Spirits/ liquor	____

One standard portion:
Medium beer, cider, long drink = 33 cl
Table wine = 12 cl
Fortified wine = 8 cl
Spirits, liquor = 4 cl

AUDIT questionnaire (10 personal questions concerning alcohol consumptions)

72. How often do you use alcohol?

- 0 Never (if you've never used alcohol, continue to Question 82)
- 1 About once a month or less
- 2 2-4 times a month
- 3 2-3 times a week
- 4 4 times a week or more often

73. When you're drinking, how many portions do you have on a typical day?

- 0 1-2 portions
- 1 3-4 portions
- 2 5-6 portions
- 3 7-9 portions
- 4 10 portions or more

74. How often do you have 6 or more portions on an occasion when you are drinking?

- 0 Never
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

75. How often, during the past year, have you found that you were not able to stop drinking once you had started?

- 0 I can always stop
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

76. How often, during the past year, have you failed to do what you intended to do, because of drinking?

- 0 Drinking never prevents me from doing what I've planned
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

77. How often, during the past year, have you needed a drink in the morning after a heavy drinking session?

- 0 Never
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

82. Have you ever tried or used any drug (narcotics), medicine, or medicine + alcohol and medication for intoxication purposes?

- 0 Never (**continue to Question 86**)
- 1 Yes. If yes, answer the following three questions:

83. What?

84. How many times?

85. Have you used at least once over the past 12 months?

	84. How many times?		85. Have you used at least once over the past 12 months?		
	1-4 times	5 times or more	No	Yes	
1 Cannabis (hash, marihuana)	1	2	0	1	_____times
2 Inhalants (thinner, glue, etc.)	1	2	0	1	_____times
3 Medicine and alcohol together	1	2	0	1	_____times
4 Intoxicating medicine specify: _____	1	2	0	1	_____times
5 Ecstasy	1	2	0	1	_____times
6 Subutex or Temgesic	1	2	0	1	_____times
7 Heroin, cocaine, amphetamine, LSD, gamma, etc.	1	2	0	1	_____times

78. How often, during the past year, have you had a feeling of guilt or remorse after drinking?

- 0 Never
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

79. How often, during the past year, have you been unable to remember what happened the night before, because you had been drinking?

- 0 I always remember what happened
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

80. Have you or has someone else been injured as a result of your drinking?

- 0 No
- 2 Yes, but not in the past year
- 4 Yes, during the past year

81. Has a relative, friend, doctor or other person been concerned about your drinking or suggested you cut down?

- 0 No
- 2 Yes, but not in the past year
- 4 Yes, during the past year

GAMBLING

Gambling games include, for example, lotteries (e.g., Lotto or Keno), slot machines (e.g., Fruits), scratch cards, toto betting (sports and trot races), betting, casino games and online money games (e.g., net poker).

86. Have you played any gambling game over the past 12 months?

- 0 No (continue to Question 123)
- 1 Yes

87. How often have you played gambling games over the past 12 months?

- 1 Almost daily
- 2 Weekly
- 3 Monthly
- 4 Less than monthly

88. How much time did you spend playing gambling games over the past 30 days?

___ hours

89. How much money did you spend on gambling games over the past 30 days?

___ euros

90. Have you, over the past 12 months, felt the need to spend more and more money to play games?

- 0 No
- 1 Yes

91. Have you, over the past 12 months, lied to those closest to you about how much money you spend on playing games?

- 0 No
- 1 Yes

92. How often, over the past 12 months, have you felt that gambling may be a problem for you?

- 0 Never
- 1 Sometimes
- 2 Often
- 3 Nearly all the time

STUDIES

93. Have you previously graduated with a degree?

- | | | |
|---|--|-----------------|
| 0 | No | |
| | Yes, what? | Graduation year |
| 1 | Matriculation examination | _____ |
| 2 | Vocational diploma | _____ |
| 3 | Dual or combination diploma | _____ |
| 4 | College diploma | _____ |
| 5 | A degree from a university of applied sciences | _____ |
| 6 | A degree from a university | _____ |
| 7 | Other, specify: _____ | _____ |

You may choose several items.

95. How many ECTS credits had you completed by 31 January 2012, within your present study programme?

||_|_| ECTS credits in total

Including the current academic year!

||_|_| ECTS credits during autumn 2011

96. Compared to your own personal aims, has your study success been ...

- 1 better than expected?
- 2 as expected?
- 3 worse than expected?

94. How many academic YEARS have you been registered as a student in your present study programme?

||_| years

|| I graduated during this academic year

97. Do you feel that you are in the right field?

- 0 No
- 1 Yes
- 2 I don't know

98. How has the study guidance and counselling given by your university been over the past year (12 months)?

- 0 Totally inadequate
- 1 Somewhat inadequate
- 2 Relatively o.k. or varied
- 3 Good
- 4 Very good

99. Select the option that best describes your situation in terms of your studies.

Over the past month...		Totally disagree	Dis-agree	Partly disagree	Partly agree	Agree	Totally agree
1	I feel overwhelmed by the work related to my studies.	1	2	3	4	5	6
2	I feel a lack of motivation in my studies and often think of giving up.	1	2	3	4	5	6
3	I often have feelings of inadequacy in my studies.	1	2	3	4	5	6
4	I often sleep badly because of matters related to my studies.	1	2	3	4	5	6
5	I feel that I am losing interest in my studies.	1	2	3	4	5	6
6	I'm continually wondering whether my studies have any meaning.	1	2	3	4	5	6
7	I brood over matters related to my studies a lot during my free time.	1	2	3	4	5	6
8	I used to have higher expectations of my studies than I do now.	1	2	3	4	5	6
9	The pressure of my studies causes me problems in my close relationships with others.	1	2	3	4	5	6
10	When I am studying, I feel I'm bursting with energy.	1	2	3	4	5	6
11	I find my studies full of meaning and purpose.	1	2	3	4	5	6
12	Time flies when I am studying.	1	2	3	4	5	6
13	I feel strong and vigorous when I am studying.	1	2	3	4	5	6
14	I am enthusiastic about my studies.	1	2	3	4	5	6
15	When I'm studying, I forget everything else around me.	1	2	3	4	5	6
16	My studies inspire me.	1	2	3	4	5	6
17	When I wake up in the morning, I feel like going to my studies.	1	2	3	4	5	6
18	I am immersed in my studies.	1	2	3	4	5	6

100. How well do you usually feel you recover from the workload caused by your studies?

Extremely poorly 1 2 3 4 5 Very well

101. The following questions are about your experiences related to reading and writing.

Estimate on the basis of the past year. The statements concern your native language, unless otherwise mentioned.

Select the option that best matches your experiences.	Never	Only occasionally	Every now and then	Often	Most or all of the time
It's difficult for me to remember the contents of the text I've read.	1	2	3	4	5
Reading is unpleasant.	1	2	3	4	5
It's difficult for me to find the essential matters in the text.	1	2	3	4	5
It's difficult for me to understand the text I've read.	1	2	3	4	5
I am a slow reader.	1	2	3	4	5
It's hard for me to read unfamiliar words.	1	2	3	4	5
It's hard for me to express things in writing.	1	2	3	4	5
There are spelling errors in the texts I write.	1	2	3	4	5
It's hard for me to learn foreign languages.	1	2	3	4	5

102. Estimate the amount of time you've spent on studies in the autumn semester 2011.

How many hours a week, on average, have you spent on...	hours
supervised studies (e.g., lectures, small group sessions, exercises, demonstrations)?	
independent studies (e.g., reading for an exam, searching for information, writing essays and assignments, independent exercises)?	
gainful work (including paid training periods)	

SUBSISTENCE AND WORKING

103. How sufficient was the money available for you over the past year (12 months)?

- 1 I managed very well
- 2 I managed well
- 3 I managed if I was economical
- 4 My subsistence was very meager and uncertain

104. Assess your economic situation over the past year (12 months).

	No	Yes	I don't know
I had to go to work to ensure my subsistence	0	1	2
I got economic support from my parents or relatives in the form of money, goods, etc.	0	1	2
My accommodation costs took more than half of the money available to me	0	1	2

105. Have you been employed in gainful work over the past year (12 months)?
(Mark 0, if not at all)

106. Was your job related to your studies?

Full-time job (30 hours or more in a week)	for a total of __ __ months, with __ __ months during the terms	Yes	No
Regular part-day or part-time job (under 30 hours a week)	approximately __ __ hours a week for a total of __ __ months, with __ __ months during the terms	Yes	No
Odd jobs during the academic year (shorter than one-month periods, irregularly)	0 Not at all 1 Occasionally 2 Often	Yes	No

HUMAN RELATIONS

107. What is your family like at present?

- 1 I live alone in my own household or in shared accommodation
- 2 I live in a commune or shared accommodation (joint rental agreement)
- 3 I live together with my spouse/partner (co-habitation, marriage, registered partnership)
- 4 I live with my spouse/partner and child/children
- 5 I live alone with my child/children
- 6 I live at my parents' home
- 7 Other, specify: _____

108. Do you have a regular partner (regular sexual relationship)?

- 0 No
- 1 Yes, one
- 2 Yes, two or more

109. How many children do you have?

|__| children

110. Are you planning to have a child or more children in the future? When?

- 0 No
- 1 Yes, I am pregnant / my partner is pregnant
- 2 Yes, in the course of the following year
- 3 Yes, within 2-4 years
- 4 Yes, within 5-9 years
- 5 Yes, after 10 years
- 6 I haven't thought about it
- 7 I don't know
- 8 Other, specify: _____

111. How often do you spend free time together with a friend or friends?

- 0 Less than once a month
- 1 1-3 times a month
- 2 About once a week
- 3 2-3 times a week
- 4 Almost every day

112. Do you feel that you belong to any study-related group? (e.g., class, department, thesis group, subject association, etc.)

- 0 No
- 1 Yes
- 2 I don't know

113. Can you openly discuss your matters and problems with someone close to you, if you so wish?

- 0 Never
- 1 Very rarely
- 2 Sometimes or on certain matters
- 3 Often
- 4 Always or in most cases

114. Do you feel that you are lonely?

- 0 No
- 1 Yes, occasionally
- 2 Yes, often

LEARNING DIFFICULTIES

115. Has a psychologist, speech therapist, special teacher or doctor diagnosed you as having a specific learning difficulty (e.g., dyslexia) **or an illness or a disability that affects your learning** (e.g., epilepsy, brain injury)?

- 1 No (continue to Question 122)
- 2 Yes

116. What specific learning difficulty or illness/disability that affects your learning do you have?

Circle all applicable items.

- 1 Reading and writing difficulties (dyslexia)
- 2 Asperger's syndrome
- 3 Difficulty learning mathematical skills (dyscalculia)
- 4 Perception deficits
- 5 Attention deficit disorder (e.g., ADHD/ADD)
- 6 Visual impairment
- 7 Hearing impairment
- 8 Other, specify: _____

117. Who has diagnosed your specific learning difficulty or illness/disability that affects your learning?

You may choose several items.

- 1 Doctor
- 2 Psychologist or neuropsychologist
- 3 Speech therapist
- 4 Special teacher
- 5 Other, who? _____

118. In which year was your learning difficulty diagnosed?

____|____|____|____|

If you don't remember exactly, give an estimate.

119. Did you have special arrangements or receive compensatory points in the matriculation examination because of your learning difficulty or illness/disability?

- 1 No
- 2 I don't know
- 3 Yes. Please specify: _____

120. Have you received support in terms of your dyslexia during your university studies?

- 0 I haven't received any support
I have received support from
- 1 teachers
- 2 other staff members
- 3 other students
- 4 student health services
- 5 family and friends
- 6 another source, specify: _____

You may choose several items.

121. If you have received support, please specify what kind of support you've received:

INTERNET USE

122. How many hours per week do you normally spend on using the Internet?

For study and work |__|__| hours

For other purposes (e.g., online shopping, Facebook, playing) |__|__| hours

Estimate the time over the past month. Give the answer in whole hours. If you don't use the Internet, answer 0.

123. Does the use of the Internet cause problems in your human relations?

No	Yes
0	1

124. Does the time spent on the Internet cause problems for your studies?

0	1
---	---

125. Does the time spent on the Internet cause problems in your daily rhythm?

0	1
---	---

EXPERIENCES OF BULLYING, STALKING AND VIOLENCE

Bullying refers to a situation in which an individual is the object of recurring insult, damage, and/or discrimination by one or several persons without being able to influence how she/he is being treated.

126. How much were you bullied during your school years (elementary, middle, or high school, or vocational secondary education institute) before you came to college?

- 0 not at all
- 1 not more than one year
- 2 several years

127. If you think about the times when you were being bullied, how often did this bullying take place?

- 0 I was never bullied
- 1 occasionally, every now and then
- 2 at least once a week

128. How much did you yourself bully other students during your school years?

- 0 not at all
- 1 not more than one year
- 2 several years

129. If you think about the times when you yourself bullied, how often did this bullying take place?

- 0 I never bullied
- 1 occasionally, every now and then
- 2 at least once a week

130. During your university study, how frequently have you been the object of bullying by one or more students?

never	occasionally	often
0	1	2

131. During your university study, how frequently have you bullied some other student or students?

0	1	2
---	---	---

132. During your university study, how frequently have you felt you were the object of bullying by one or more university staff member(s)?

0	1	2
---	---	---

133. If you have experienced bullying at the university, what has it been like?

	never	occasionally	often
Verbal attack (e.g., abuse, name-calling, threats)	0	1	2
Physical damage to you or your belongings	0	1	2
Unjustified criticism, belittling, or humiliation related to your studies	0	1	2
Mocking or criticism related to your personal qualities (e.g., appearance, age, gender, religion, background)	0	1	2
Damage to your peer relationships or social discrimination	0	1	2
Technologically mediated insulting or harassment (e.g., via the Internet or phone)	0	1	2

	never	occasionally	often
134. Using the definition provided, how frequently has a sibling bullied you?	0	1	2
135. Using the definition provided, how frequently have you bullied one or more of your siblings??	0	1	2

Stalking refers to persistent and recurring un-wanted behaviour which the person that is the object of such behaviour experiences as intimidating (e.g., recurring contacts by phone calls, text messages and/or e-mails; following the object; appearing near the study/work place or home of the object; examining object's personal matters without permission).

136. Have you ever been stalked?

- 1 yes, within the past 12 months
- 2 yes, during my prior university studies (over one year ago)
- 3 yes, at some point during my life (prior to being at university)
- 4 never

137. Have you ever stalked another person?

- 1 yes, within the past 12 months
- 2 yes, during my prior university studies (over one year ago)
- 3 yes, at some point during my life (prior to being at university)
- 4 never

In questions 138-142 please select all alternatives that describe your experiences.

138. By whom did you feel that you were being stalked or whom did you stalk yourself?

	never	I was the object	I did it myself
An unknown person	0	1	2
Friend or acquaintance (e.g., colleague or fellow student)	0	1	2
Present or ex boyfriend/girlfriend or spouse	0	1	2

139. Have you been subjected to violence during your life and in what way have you yourself behaved violently?

	never	was object of violence	behaved violently myself
Physical violence (e.g., hitting, kicking, strangling)	0	1	2
Armed violence (by any weapon)	0	1	2
Sexual violence or abuse	0	1	2
Threatening with violence	0	1	2

140. If you have experiences of violence, when did they happen in the course of your life?

	never	was object of violence	behaved violently myself
In childhood (0 – 12 yrs.)	0	1	2
In youth (13 – 19 yrs.)	0	1	2
In young adulthood (20 – 30 yrs)	0	1	2
In adulthood (over 30 yrs.)	0	1	2

141. By whom and how often has another person used physical violence and/or threatened you with violence?

	never	occasionally	often
An unknown person	0	1	2
Colleague	0	1	2
Student mate	0	1	2
School/university staff member (e.g., teacher)	0	1	2
Friend or acquaintance	0	1	2
Present or ex boyfriend/girlfriend or spouse	0	1	2
Parent (father/mother, stepfather/stepmother)	0	1	2
Sister/Brother	0	1	2
Other relative	0	1	2

142. Towards whom and how often have you acted with violence?

	never	occasionally	often
An unknown person	0	1	2
Colleague	0	1	2
Student mate	0	1	2
School/university staff member (e.g., teacher)	0	1	2
Friend or acquaintance	0	1	2
Present or ex boyfriend/girlfriend or spouse	0	1	2
Parent (father/mother, stepfather/stepmother)	0	1	2
Sister/Brother	0	1	2
Other relative	0	1	2

SEXUALITY

143. Have you had, over the past year (12 months), any of the following?

You may choose several items.

Female problems

- 0 No
- 1 Menstrual pains that require medication
- 2 Heavy menstrual periods
- 3 No periods (amenorrhea) for over 6 months
- 4 Irregular menstrual cycles
- 5 Other, specify: _____
- 6
- 7

Male problems

- 0 No
- 1 Foreskin problems
- 2 Discharge or smarting pain in the urethra
- 3 Erection problems
- 4 Premature ejaculation (< 2 min)
- 5 Delayed or blocked ejaculation
- 6 Prostate problems
- 7 Other, specify: _____

144. What contraceptive (birth control) method(s) have you and your partner used in the past month?

You may choose several

- | | | |
|----------------------|---------------------------------|--------------------------------------|
| 0 Nothing | 3 Contraceptive patch | 6 Hormonal intrauterine device / IUS |
| 1 Condom | 4 Contraceptive vaginal ring | 7 Copper coil / IUD |
| 2 Contraceptive pill | 5 Contraceptive capsule/implant | 8 Other, specify: |

Questions 145-154 concern the period of the past 4 weeks.

- 145. Have you experienced the lack of sexual partner as a problem?** No Yes ___ I don't know
- 146. Have you suffered from a lack of sexual activity in your relationship?** No Yes ___ I'm not having a relationship
- 147. Have you felt under pressure because of your partner's desire for sexual activity?** No Yes ___ not applicable in my life situation
- 148. Has low sexual desire been a problem for you?** No Yes ___ I don't know

149. How would you rate your level (degree) of sexual desire or interest?

- 1 Very high
- 2 High
- 3 Moderate
- 4 Low
- 5 Very low or none at all

150. How would you rate your level of sexual arousal (“turn on”) during sexual activity or intercourse?

- 0 No sexual activity
- 1 Very high
- 2 High
- 3 Moderate
- 4 Low
- 5 Very low or none at all

151. How often did you become lubricated (“wet”) during sexual activity or intercourse?

- 0 No sexual activity
- 1 Almost always or always
- 2 Most times (over 50%)
- 3 Sometimes (about 50%)
- 4 A few times (under 50%)
- 5 Almost never or never

This question is intended for women only.

152. When you had sexual stimulation or intercourse, how often did you reach orgasm?

- 0 No sexual activity
- 1 Almost always or always
- 2 Most times (over 50%)
- 3 Sometimes (about 50%)
- 4 A few times (under 50%)
- 5 Almost never or never

153. How satisfied have you been with your overall sexual life?

- 1 Very satisfied
- 2 Moderately satisfied
- 3 About equally satisfied and dissatisfied
- 4 Moderately dissatisfied
- 5 Very dissatisfied

154. How often did you experience pain or discomfort during vaginal penetration?

- 0 No vaginal intercourse
- 1 Almost always or always
- 2 Most times (over 50%)
- 3 Sometimes (about 50%)
- 4 A few times (under 50%)
- 5 Almost never or never

THE FOLLOWING QUESTIONS ARE INTENDED FOR WOMEN ONLY.

Pain during intercourse is known to be common in young women. One possible cause for the pain is a condition called vulvodynia/vestibulitis, and the following questions are meant to find out if you have symptoms.

155. At what age did you first have sexual intercourse?

- 1 At the age of _____
- 2 I haven't had sexual intercourse

156. How many years, in total, have you used contraceptive pills, a patch or a ring?

_____ years

Mark 0, if

157. Do you feel pain in the vaginal opening when you put in a tampon?

- 1 Yes
- 2 No
- 3 I don't know

158. Have you experienced, during intercourse, pain in the vaginal opening for a period of over three months?

- 1 Yes
- 2 No
- 3 I haven't had sexual intercourse

159. Do you have urinary problems (e.g., compelling urge to urinate, frequent urination, stinging during urination)?

- 1 Never or rarely
- 2 Sometimes
- 3 Rather often
- 4 Constantly

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS!

Source of address data: The FSHS student register and universities of applied sciences