KYMENLAAKSO UNIVERSITY OF APPLIED SCIENCES
Master's Degree Programme in Health Promotion

Mari Koho

EXPLORING ADOLESCENTS' WELLNESS IN ETELÄ-KYMENLAAKSO VOCATIONAL COLLEGE DURING FALL SEMESTER 2012

Thesis 2013

ABSTRACT
KYMENLAAKSON AMMATTIKORKEAKOULU
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MARI KOHO	Exploring Adolescents' Wellness in Etelä-Kymenlaakso Vocational College during Fall Semester 2012
Thesis	62 pages
Supervisors	Ttm. Johanna Sipari, Health Promotion coordinator, City of Kotka, Ttm. Olli Lehtonen, University of Eastern Finland
Key words	wellness, health, assumption of tobacco, alcohol and drugs, social relationships, nutrition, exercise, and health status

Most of the life habits even good or bad are formed during adolescence years. That is why it is so essential to promote adolescents´ health- and wellbeing status in at an early stage and, on the other hand, prevent bad life habits occurring.

Period of life between 10 and 19 years of age is generally considered to be the time of adolescence. Average age of adolescents taking part of this study was 17.4 years old and standard deviation was 3.06 years.

The aim of this study was to make an analysis of the health-and wellbeing status of the second degree students of Etelä-Kymenlaakson Vocational College, Ekami. The purpose was to reveal possible health problems and give targeted results to health care professionals and school staff working with the students to intervene with problems that comes to the fore from this study.

The data was collected via web-based questionnaire in November 2012. The survey included multiple choice questions. The survey consisted of 4 themes; health status, nutritional and exercise habits, social relationships & mindset and coping, assumption of tobacco, snuff, drugs and alcohol. The themes were chosen because the purpose was to gain a holistic picture of respondents' wellbeing status. Themes were covered in the questionnaire with 47 multiple choice questions. All in all, 322 students took part of this survey, from which 154 were boys and 174 were girls.

Results revealed that respondents with more positive experience of their own health status also had a more positive view of their general spirit. The major part of respondents answered that their health status is fairly or very good. Over half of respondents stated to have good nutritional habits, i.e. they eat 5 times per day and consume milk- and grain product, vegetables and fruits daily.

Cross-tabulation between school lunch eating habits and problems in concentration at school revealed clear evidence that respondents denying to have lunch at school had more problems in concentration during the school day.

The respondents' alcohol consumption habits were surprising. Only 22.8% of respondents answered that they did not use alcohol at all. It must be taken account that most of the respondents were minors. According to this study results not only the girls are drinking alcohol more often but also they use 6 or more portions of alcohol more often than boys.

The respondents level of general spirit was very high, only one fifth of students felt low-spirited sometimes or all the time. Cross-tabulation of gender versus perception of own immediate future revealed that there was clear evidence that girls had more negative perception of their immediate future than boys. All in all the study results showed that the girls should be addressed more when planning health promotion projects to this targeted group

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1. INTRODUCTION

Period of life between 10 and 19 years of age is generally considered to be the time of adolescence [1:9, 2:9]. In this study, the adolescents who volunteered to participate to the study were 16 years or older. The aim of this study was to make analysis of the health-and wellbeing status of the second diploma students of Etelä-Kymenlaakso Vocational College, Ekami. The purpose was to reveal possible health problems and give targeted results to health care professionals and school staff to intervene with problems that comes to the fore from this study.

The survey consisted of 4 themes; health status, nutritional and exercise habits, social relationships and mindset and coping, assumption of tobacco, snuff, drugs and alcohol. All of these themes were covered in survey with 47 multiple choice questions. All in all 322 students took part of this study, in which 154 were boys and 174 were girls.

Health Promotion is defined by Canadian Public Health Association [2:10, 3:1] to be the process of allowing people to increase control of their health, and in that way also improve it. Concept of health emphasizes social and personal resources, as well as physical capacities. Health sector is not alone responsible of health promotion, but it goes beyond healthy life-styles to well-being.

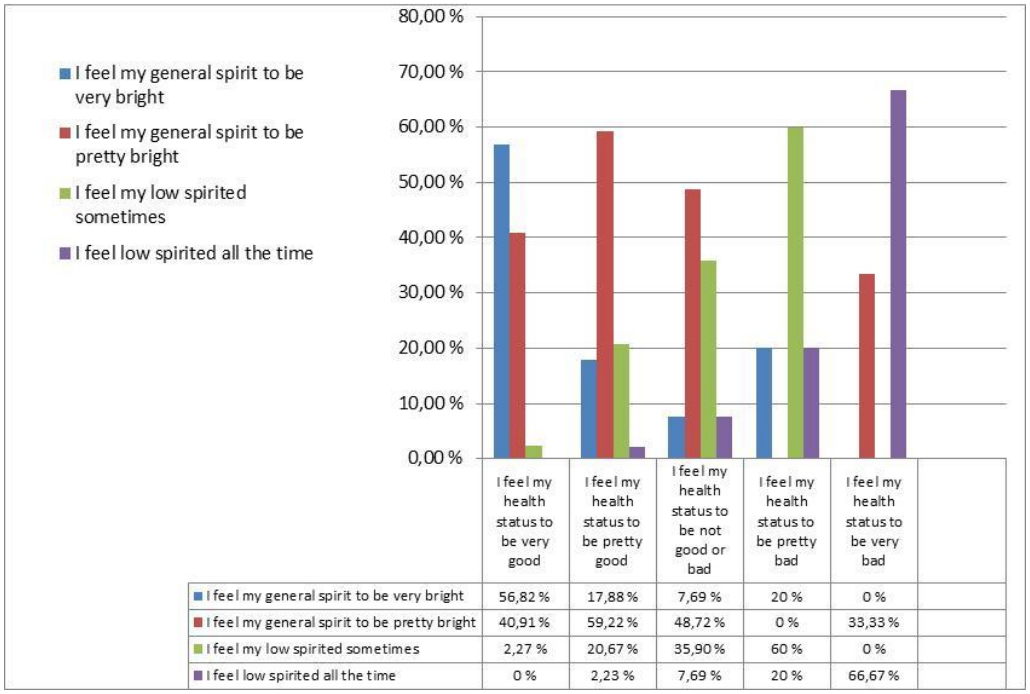
In this study health promotion and well-being of adolescents is supported by revealing health problems of this study group and by that means giving possibility to health care professionals to intervene to problems that come to the fore in the future. Research questions of this study are important because during adolescence years, most of the life habits even good or bad, are created. By promoting adolescents' health- and wellbeing status at an early stage prevents bad life habits occurring.

Research questions of this study are:

- What kind of nutritional habits do the diploma students of Ekami have?
- What kind of exercise habits do the diploma students of Ekami have?
- What kind of experience of health status do the diploma students of Ekami have?
- What kind of consumption habits of tobacco, snuff, alcohol and drugs do the diploma students of Ekami have?
- What kind of social relationships do the diploma students of Ekami have?

Neuman and Fawcett defined wellness in their own study as a balance between physical, spiritual, social and psychological developmental dimensions which contributes individual to cope with the stressors from the external environment. The health of an individual is always changing, rising or falling throughout his/her life span because of continual adjustment of the environmental stressors. [2:16, 4:16]

As it is in Figure 1 presented, feelings of own general health status and feelings of a general spirit comes together and influences together to our experience of wellness in a holistic way.
Cross-tabulation between these two variables in this study revealed that respondents with more positive experience to their own health status did also had more positive view of their general spirit. This conclusion of this study also reinforces the earlier studies findings of relationship between different variables and the complexity of wellness.



	I feel my health status to be very good	I feel my health status to be pretty good	I feel my health status to be not good or bad	I feel my health status to be pretty bad	I feel my health status to be very bad
I feel my general spirit to be very bright	56,82 %	17,88 %	7,69 %	20 %	0 %
I feel my general spirit to be pretty bright	40,91 %	59,22 %	48,72 %	0 %	33,33 %
I feel my low spirited sometimes	2,27 %	20,67 %	35,90 %	60 %	0 %
I feel low spirited all the time	0 %	2,23 %	7,69 %	20 %	66,67 %

Figure 1. Cross-tabulation of general health status versus general spirit

2. THEORETICAL BACKGROUND

2.1 Wellness

A review of the research literature specifically related to adolescent wellness revealed that a lot of research has been conducted and articles has been published about this topic. However, only a small number of these articles refer to adolescent wellness from a holistic perspective.

"Wheel of wellness" model was developed by Sweeney and Witmer [2:17, 5:527]. This original wheel proposed five life tasks, which were interrelated and interconnected in the wheel. The five tasks were spirituality, self-regulation, work, friendship and love. Theme of the model was that changes in one area of wellness affected also other areas, in positive or negative directions.

Wheel of wellness was further developed by Myers, Sweeney and Witmer [2:18, 6:252]. The new model had more holistic approach with sixteen characteristics of healthy functioning in a wheel**.** The five life tasks were now defined as: spirituality, self- direction, love, friendship and work/leisure.

Wheel of wellness was further revised the Wellness Evaluation of Lifestyle (WEL) and the new instrument (4F-Wel) provided reliable scores for four aspects of wellness: cognitive-emotional, relational, physical and emotional. The implications of this new wellness tool were directed towards clinical counseling [2:19, 7:194].

The Neuman Systems Model presented a comprehensive holistic approach that has been used extensively in nursing practice [2:71, 4:135]. The model includes five variables (physical, psychological, sociocultural, spiritual, and developmental), which interact with each other simultaneously. Neuman's model assists to an understanding of the relationship between wellness and the multi-dimensions of adolescents' lives.

Spurr developed a user-friendly model for pediatric nurses to investigate wellness in the physical, psychological, social, and spiritual dimensions of adolescents' lives [2:72]. She used Neuman's model to think about the relationship between wellness and the developmental dimensions of adolescents' lives. She wanted also to understand the complexities of the phenomenon and to articulate the conceptualization of adolescent wellness.

Neuman's Systems Model was used to provide a basis for her model and that is how the *Framework for Exploring Adolescent Wellness,* illustrated in Figure 2, was created.

Figure 2. Wellness Developmental Dimensions

The *Framework for Exploring Adolescent Wellness* is used in this thesis to illustrate that adolescents need to develop in all four developmental dimensions to achieve holistic wellness. In other words, the absence of growth in one or more dimensions is predicted to lead to a lower sense of wellness. *Wellness Developmental Dimensions* were adapted to provide a basis for this thesis. This is why four themes, health status, nutritional and exercise habits, social relationships & mindset and coping, assumption of tobacco, snuff, drugs and alcohol are covered in the questionnaire in order to get a holistic view of respondents wellness.

2.2 Health status

Study findings shows that obesity in adulthood is a risk factor for many chronic diseases. Obese children and adolescents may also be at growing risk of subsequent morbidity and mortality in adulthood [8:6].

Cardiovascular and other chronic diseases are also linked with childhood and adolescent obesity. Higher risk of type 1 diabetes in childhood is also connected to obesity in childhood. Study findings also show that obesity in childhood and adolescence follows into adulthood. Adolescence seems to be a critical period in the development of obesity, and indirect way it can be related to morbidity and mortality in adulthood. There is proof that overweight and obesity in all age groups (childhood, adolescence and adulthood) are increasing rapidly worldwide [8:4, 9:548].

Obesity has significantly increased among adolescents aged between 14-18 years old during the years 1977-2009 as seen in Figure 3. [10:20]

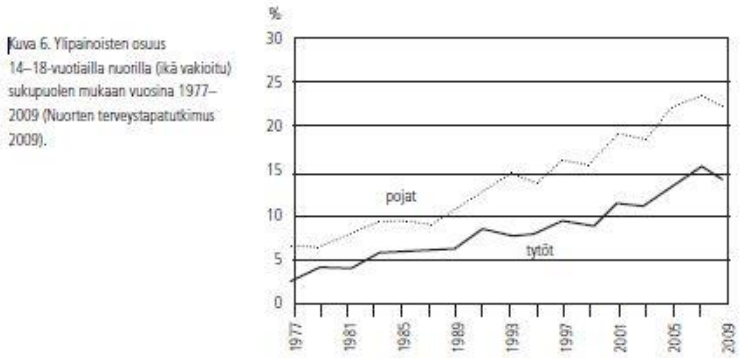


Figure 3. Obesity among adolescents aged between 14-18 years old, during the years 1977-2009. (Girls = black line, Boys = dot line) [10:21]

Approximately 35 % of high school or vocational school students do not go to sleep until 23.30 or later (Figure 4). The recommendation to a good night sleep is for children 9-10 hour per night and for adolescents at least 8 hours per night. [10:20]

If adolescents' do not get enough sleep it might lead to sleep deprivation. Sleep deprivation has negative influences on young people´s mental and physical well-being and learning. Sleep deprivation also increases the risk of obesity and diabetes on young people. It is also very important especially for young people to keep their sleep pattern regular during weekends and on holidays. Irregular pattern of sleep can cause even jet lag- symptoms to adolescents. [11:3]

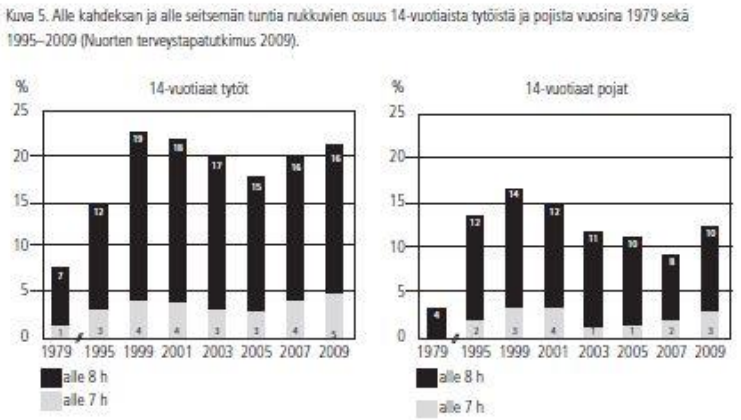


Figure 4. Sleeping habits of Finnish boys and girls, age 14 years old, between years 1979-2009. (Girls sleeping habits in left and boys sleeping habits in right. Black represents under 8 hours of sleep during the night and grey represents under 7 hours of sleep during the night) [10:21]

2.3 Nutrition and exercise

According to Valtion ravitsemusneuvottelukunta in the Kouluruokailusuositus, Recommendation of School meals in Finland, it is very important that every student eats school meal daily. Many studies support the fact that school aged children and adolescents eats main course at school but do not eat other parts of the whole meal. It is also common to eat unhealthy snacks during school days, this correlates to increase of overweight. [12:5]

Investments to school meals are an investment to the future, which brings savings later on. School meals are designed to be nutritionally rounded and an appropriate designed school meal promotes healthy food recommendations internalization. [12:5]

Rounded school meal consists of main course, vegetable side-dish or salad, drink (milk/ sour milk), bread and butter/ margarine. Proper nutritional habits during childhood and in adolescents life prevents many health problems occurring later on in adult life and in that way decreases municipality's health costs in the future. [12:8]

The basic recommendations for the daily physical activity of school-aged children according to Finnish Nuori Suomi ry. professional group (Fyysisen aktiivisuuden suositus kouluikäisille 7-18 vuotiaille, 2008) is that all 7- to 18-year-olds should be have physical activity for at least one to two hours per day. [13:9]

As seen in Figure 5. Green color represents recommended amount of exercise per age group per day. Red color represents a lack of exercise per age group per day. The vertical axis present the hours per day and horizontal axis the ages.

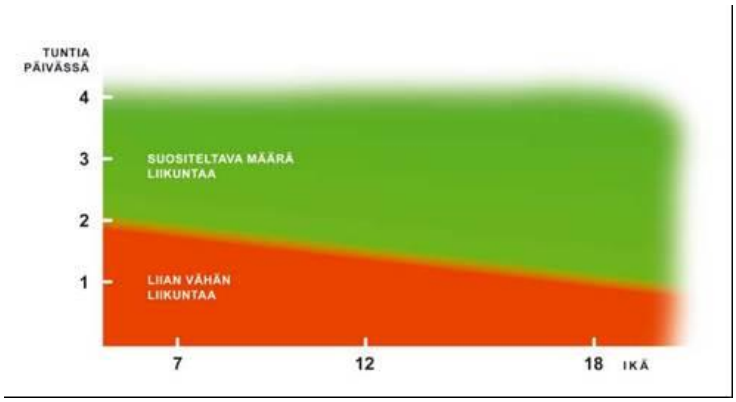


Figure 5. Exercise times per day versus age [13:17]

These recommendations are based on the minimum amount of physical activity required to obtain a health-enhancing effect in children and adolescents. A professional group also recommends that screen time with media should be limited to the maximum of two hours per day. [13:23]

World Health Organization (WHO) conducted international health behavior study in school aged adolescents where one of the criteria of physical activity was that adolescent exercises so that she/he gets out of breath and sweats. Exercise times should be five times per week for an hour. This criterion was fulfilled by Finnish adolescents at the age 11 years old, girls 45% and boys 50%. At the age 13 years old the numbers were 25% girls and 36% boys. At the age of 15 years old the numbers were 20% girls and 27% boys. [13:12]

2.4 Consumption of tobacco and snuff

According to Finnish THL smoking among working age men has declined. Smoking among women has also decreased in recent years and it is now at the level of the early 1980s. Smoking among boys and girls under 18 has been decreasing in recent years. In 2011, 16 per cent of boys and girls under 18 smoked daily. [14:28]

About 25% Finns smoked daily in 2011. From population aged 15–64, 22% of men and 15% of women smoked daily. From people aged 65–84, 10% of men and 6% of women smoked daily (Figure 6). [14:28]

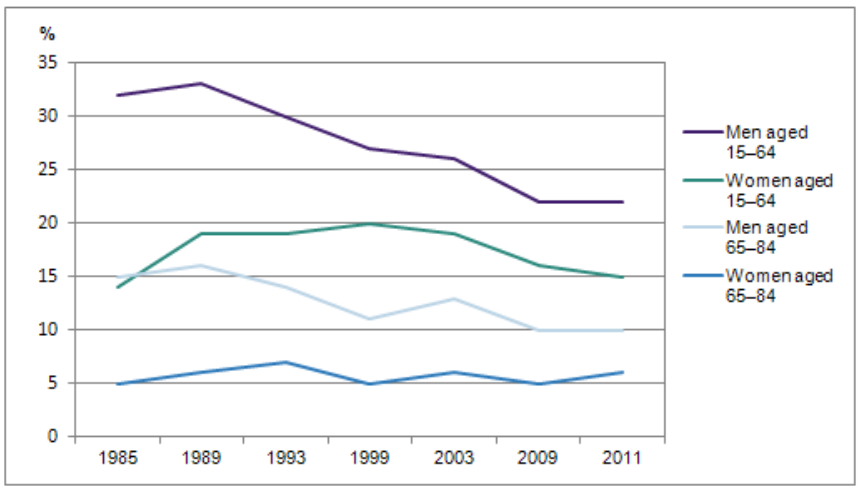


Figure 6. Finnish smoking habits between the years 1985-2011 [14:28]

According to Finnish Tupakkatilasto 2011, 1.8% of men in the age group 15–64 of age used snuff in daily basis. Snuff use was most common among men in the age group 25–34 where 3.5% used snuff daily while 3.7% of men used snuff occasionally. Most common occasional use of snuff was among men in the age group 25–34 where 9.4% snuffed occasionally. All in all, snuff use is still quite rare and in total, 83% of men and 98% of women have never used snuff. Around 1% of all women aged 15–24 uses snuff occasionally. (Figure 7). [14:31]

Liitetaulukko 21. Nuuskaavien osuudet (%) 2000–2005 ja 2008–2011 sukupuolen ja iän mukaan
Tabellbilaga 21. Andelen snusanvändare (%) 2000–2005 och 2008–2011 enligt kön och ålder
Appendix Table 21. Current users of snus (%) in 2000–2005 and 2008–2011 by sex and age

Nuuskan käyttö Snusanvändning *Using snuff*	Miehet – Män – *Males*					Naiset – Kvinnor – *Females*					Yhteensä Totalt *Total*
	Ikä – Ålder – *Age*					Ikä – Ålder – *Age*					
	15–24	25–44	45–64	Yhteensä Totalt *Total*	N	15–24	25–44	45–64	Yhteensä Totalt *Total*	N	
Päivittäin – Dagligen – *Daily*											
2000	3	2	0	1	1 554	0	0	0	0	1 890	1
2001	2	1	0	1	1 564	0	0	0	0	1 842	1
2002	3	2	0	1	1 454	1	0	0	0	1 745	1
2003	2	3	1	2	1 498	0	0	0	0	1 787	1
2004	4	5	0	3	1 529	0	0	0	0	1 808	1
2005	2	4	1	2	1 504	0	0	0	0	1 729	1
2008	2	4	1	2	1 329	0	0	0	0	1 725	1
2009	2	3	1	2	1 247	0	0	0	0	1 650	1
2010	2	3	1	2	1 161	0	0	0	0	1 477	1
2011	1	3	1	2	1 135	0	0	0	0	1 490	1
Satunnaisesti – Tidvis – *Occasionally*											
2000	5	2	0	2	1 554	1	0	0	0	1 890	1
2001	10	3	0	3	1 564	0	0	0	0	1 842	1
2002	6	3	0	2	1 454	1	0	0	0	1 745	1
2003	7	3	0	3	1 498	1	0	0	0	1 787	1
2004	6	4	0	3	1 529	1	0	0	0	1 808	1
2005	6	4	0	2	1 504	1	0	0	0	1 729	1
2008	6	6	1	4	1 329	1	0	0	0	1 725	2
2009	9	6	1	4	1 247	1	0	0	0	1 650	2
2010	11	6	1	4	1 161	2	0	0	0	1 477	2
2011	7	7	1	4	1 135	1	0	0	0	1 490	2

Lähde: Suomalaisen aikuisväestön terveyskäyttäytyminen ja terveys (AVTK) -tutkimus. THL.
Källa: Undersökningen Den finländska vuxenbefolkningens hälsobeteende och hälsa (AVTK). THL.
Source: Health Behaviour and Health among the Finnish Adult Population -survey (AVTK). THL.

Figure 7. Current users of snuff (%) in 200-2005 and 2008-2011 by sex and age in Finland [14:71]

2.5 Consumption of alcohol

According to Finnish THL report in 2011 total consumption of alcoholic beverages was 10.1 litres of pure alcohol per capita, this means increase of 1% on 2010, as seen in Figure 8. [15:21]

The total consumption of alcoholic beverages is today at the same level than in year 2004. Alcohol consumptions structure has changed and now-a-days it favors lighter beverages. Compared to the 1970s and 80s the consumption of strong alcoholic beverages has decreased dramatically. In the years of 1970s and 80s consumption was about 3 litres of pure alcohol per capita and in 2011 the consumption of strong alcoholic beverages amounted to 1.9 litres. [15:21]

Nearly half (47%) of all documented alcohol consumption is beers. Especially in the 2000s consumption of wines has increased, wines consumption (18% in 2011) has approached the consumption of strong alcoholic beverages. Since the 1990s, the consumption of ciders and long drinks has been on the increase, but in 2011 the consumption together is still accounted for just 10%. [15:23]

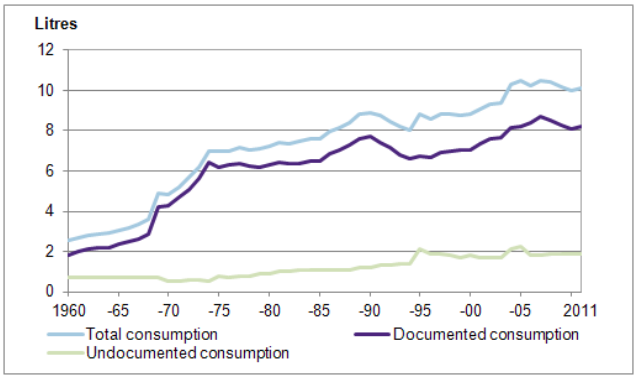


Figure 8. Consumption of alcohol in Finland between the years 1960-2011 [15:21]

Alcohol sales consist of retail sales and licensed sales. By region analysis shows that Lapland had the highest sales of pure alcohol per capita (11.2 litres in 2011), and Ostrobothnia the lowest, at 5.9 litres (Figure 9). [15:25]

Cross-border trade and also the high level of tourism in Lapland are reasons for the above-average sales figures in Lapland (in per-capita terms). Alcohol sales increased in nearly all regions in Finland compared to numbers in 2010. The only exception was Uusimaa, where sales decreased by 0.4%. from 2010. [15:25]

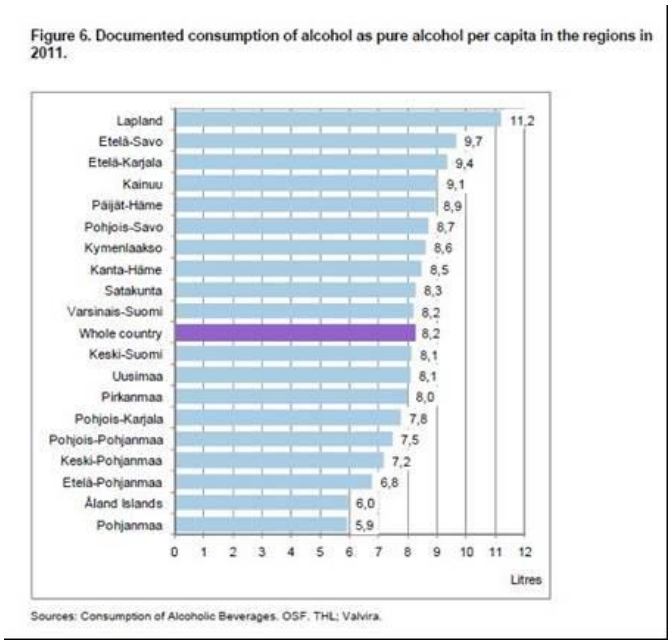


Figure 9. Documented consumption of alcohol as pure alcohol per capita in the regions of Finland in 2011. [15:26]

2.6 Consumption of drugs

Over the past years, drug use and drug-related problems have remained fairly stable in Finland. Most recent estimates show that, 0.6% to 0.7% of the population aged 15 to 55 is problem drug users. Amphetamines are the most common drug used by problem drug users. Nearly four fifths of them used amphetamines. Popularity of psychoactive substances sets also new challenges to the health care sector. [16:4]

Cannabis experimentation and home growing have increased. In the age group of 15 to 32 years old the user percentages were the highest. About 17% of Finns aged 15 to 69 reported that they had experimented cannabis at some point in their lives. [16:4]

Cannabis users and polydrug users drinking habits consisted binge drinking (at least 6 units of alcohol at one time) more often than persons who never had encountered drugs. This difference remained significant even when the data was controlled for gender and age. The intoxicant use of pharmaceuticals was particularly heightened among polydrug users. There was also an evidence of clear correlation between alcohol consumption, particularly binge drinking, and drug use. least not in Finland; on the contrary, cannabis use tends to occur alongside heavy drinking. [17:19]

National school health surveys are made every year in Finland. These surveys cover half of Finland's municipalities each year. Survey is aimed at 8th and 9th grades in comprehensive school and the 1st and 2nd years of upper secondary school. In 2008–2009, an estimated 11% of students in the 1st and 2nd years of upper secondary school had tried illegal drugs at some time in their lives as seen in Figure 10. [16:37]

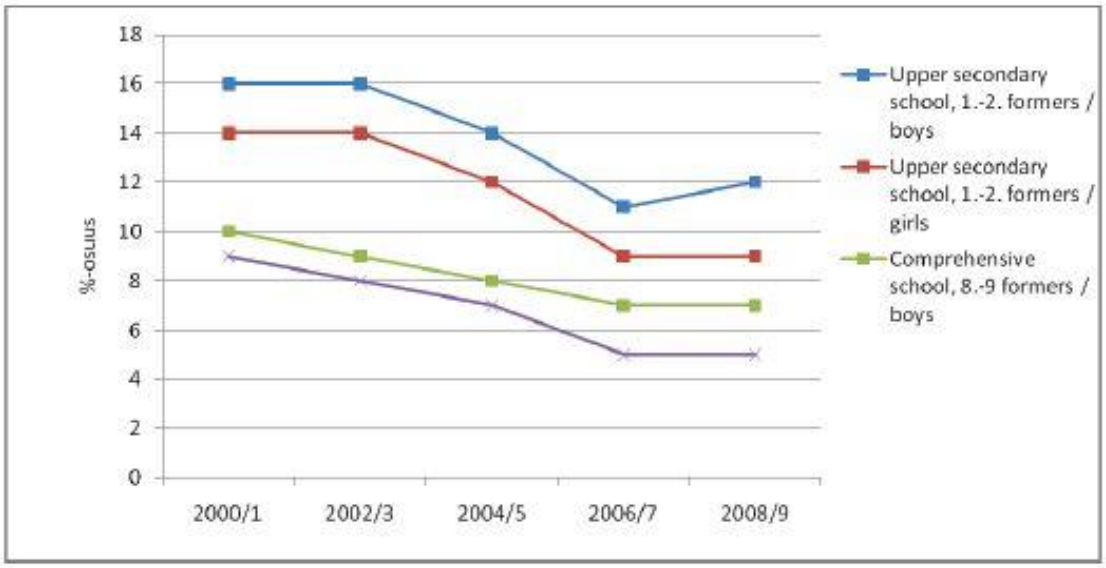


Figure 2: School health survey: Students who had tried illegal drugs at least once, %

Source: Luopa et al. 2010.

Figure 10. School health survey; Students who had tried illegal drugs at least once, % [16:37]

3. DATA AND METHODS

3.1 Quantitative study

Quantitative method is used in this study because the nature of this study. Numerical data was collected via questionnaire and then analyzed using mathematically based methods.

According to Cohen, quantitative research is defined as social research that uses empirical methods and empirical statements. Empirical statements are usually expressed in numerical terms. In quantitative research empirical evaluations are usually applied. Empirical evaluations are defined as a form that seeks to define the degree to which a specific program or policy empirically fill up or does not fill up a particular standard or norm". [18:501]

Quantitative research explains phenomena by collecting numerical data and analyzing it by using mathematically based methods, in particular statistics. [19:153, 20:2]

Survey research, Correlational research, Experimental research and Causal-comparative research are all different types of quantitative research. Each type has its own typical characteristics. [20:4] In this study Survey research is used because it allows collecting a variety of information from a large study group efficiently.

3.2 Survey research

There are several advantages of survey research; it has become a popular research method because it allows researchers to collect information quickly from a large population of people. McMillan and Schumacher stated that three reasons for this popularity are versatility, efficiency and generalizability. Surveys are popular because a credible amount of information can be collected at a relatively low cost. Most important reason for the popularity is that small samples can be selected from a larger population in ways that allow generalization to the population. Surveys are often the only means of obtaining a representative description of traits, beliefs, attitudes and characteristics of a population. [21:305]

Scientific sampling and questionnaire design are used in survey research in order to measure characteristics of the study group with statistical accuracy. Survey research seeks to provide answers to questions as "How many people feel in a someway?" or "How often they do a certain behavior?" Survey research allows also comparisons between groups and it contributes reckons from a sample relates to the entire population with a degree of reliability. [20:4]

3.3 Target group

The aim of this study was to make analysis of the health-and wellbeing status of the vocational college/diploma students of Etelä-Kymenlaakson ammattiopisto, Ekami.

Target group of this study was the students which started their studies in the fall semester 2012 in Etelä-Kymenlaakson Ammattiopisto, Ekami. 800 students started their studies at fall semester 2012 at Ekami and all in all, 322 students took part of this study.

In Figure 11 is presented respondents gender distribution in this study. All in all 322 students took part of this study and 54% of respondents were girls and 46% were boys.

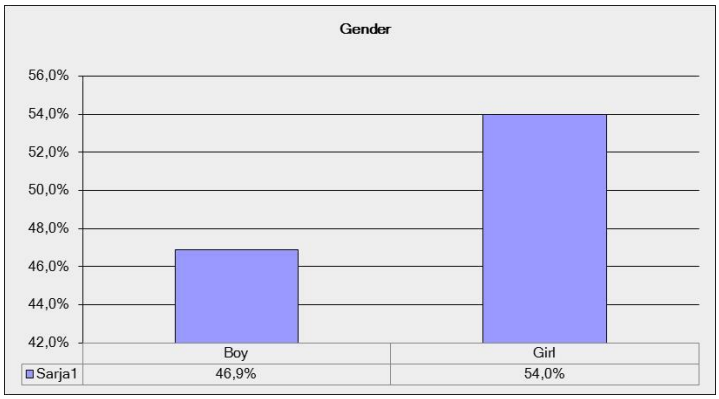


Figure 11. Gender distribution in this study

Average age of adolescents taking part of this study was 17.4 years old. Standard deviation was 3.06 years. Age distribution is presented in Figure 12.

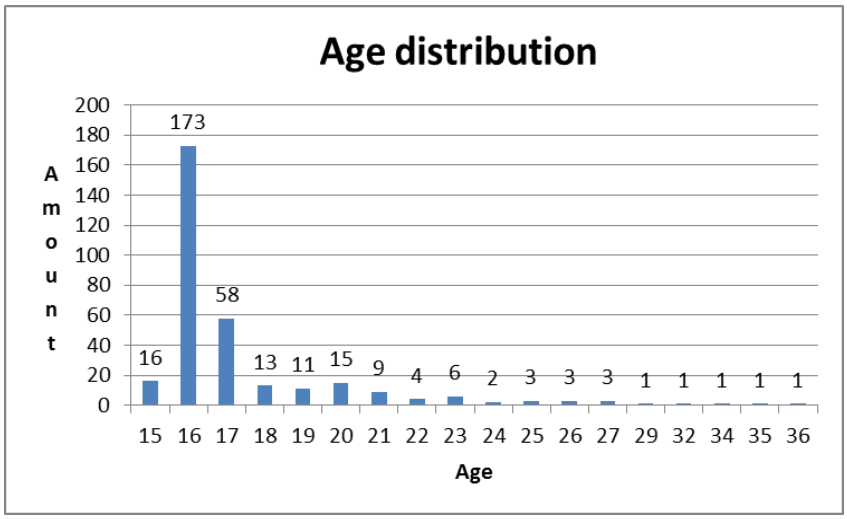


Figure 12. Age distribution

Majority of respondents taking part of this study lives in Kotka (184) or Hamina (72) area as presented in Figure 13.

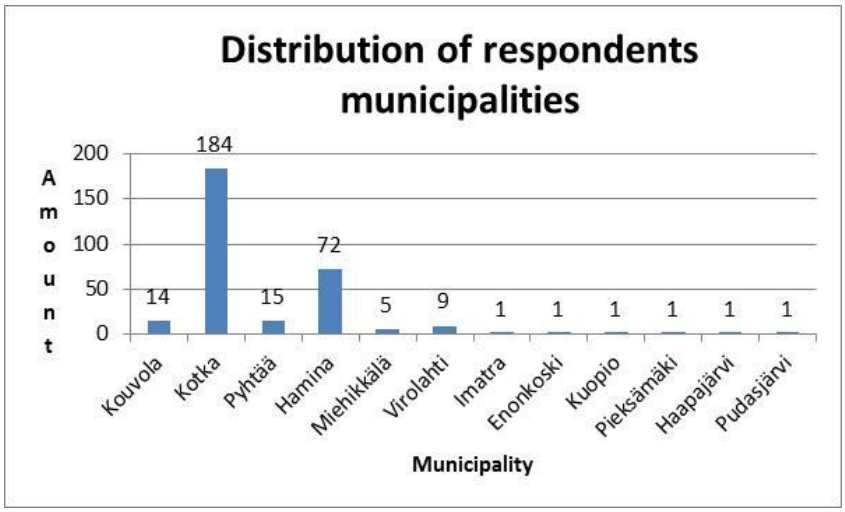


Figure 13. Distribution of respondents' home municipalities

The majority of respondents participating to this study have both parents living in the family (62.4%). The second commonest family structure was mom and step-father 14.6%. and the third commonest answer was only mom 12,1% as seen in Figure 14.

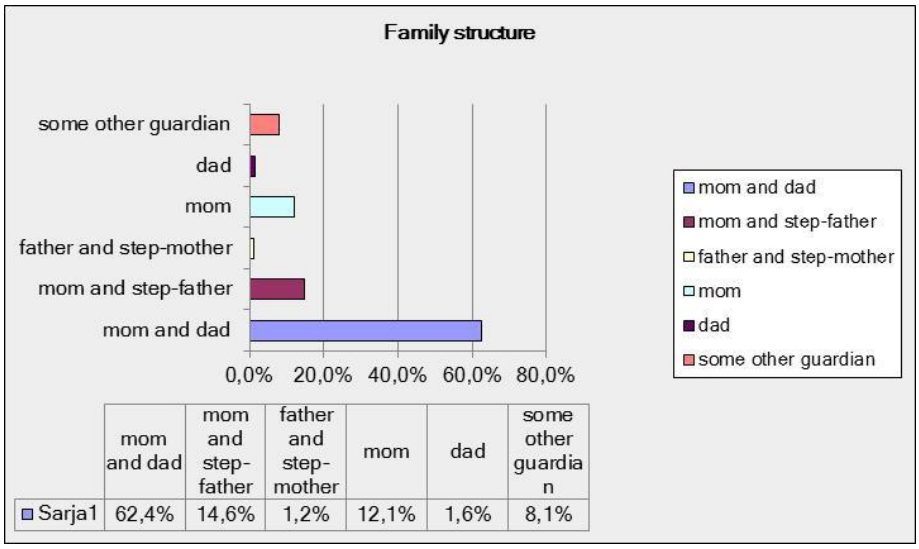


Figure 14. Family structure

The major part of respondent taking part of this study has siblings as seen in Figure 15. Results show that 92.8% of them have siblings.

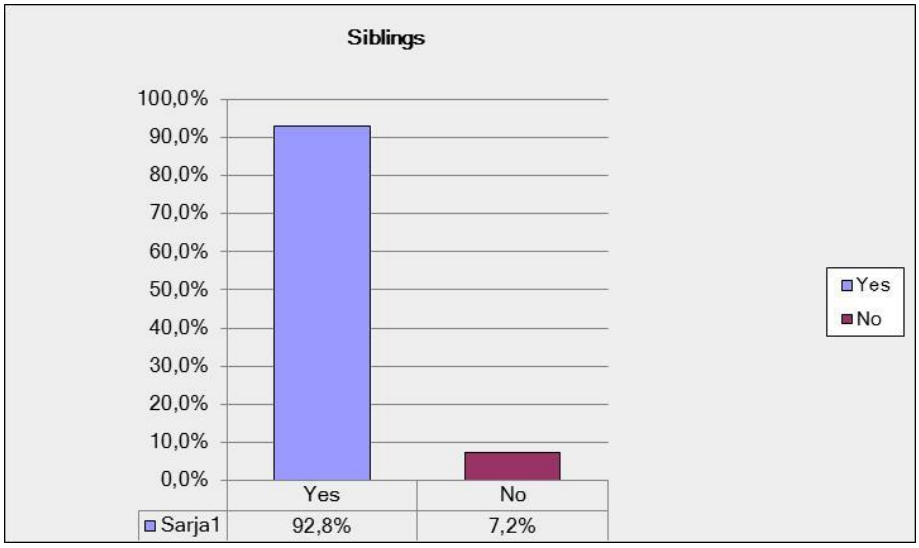


Figure 15. Siblings

Mean value of respondents comprehensive school diploma was 7.4. Most of the answers were between the values of 6.0-7.9 as seen in Figure 16.

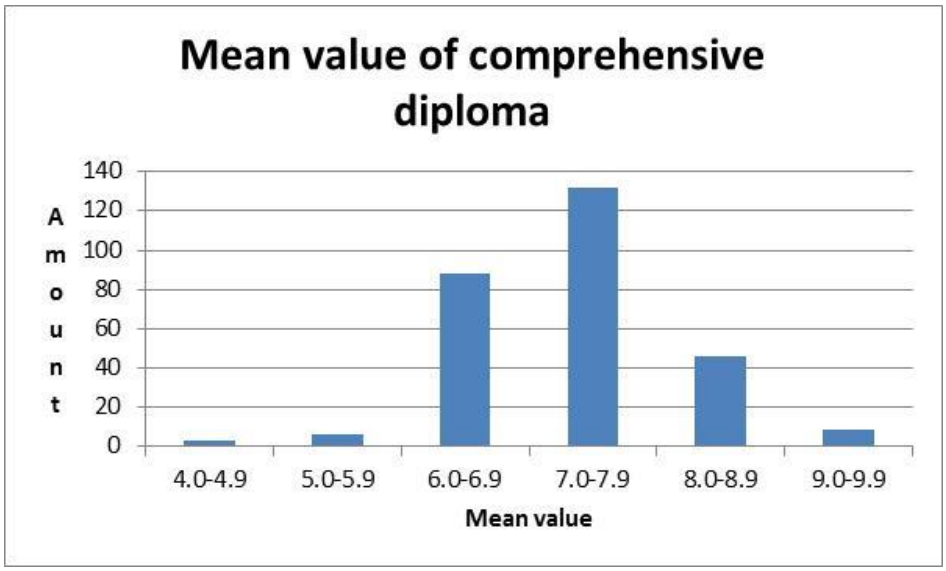


Figure 16. Mean value of comprehensive diploma

Figure 17 shows that 81.2% of respondents parents are in full-time job, but in other hand 14.1% of parents are unemployed and 2.2% are laid-off at this moment which supports the findings of Tilastokeskus which reported the unemployment rate in Etelä-Kymenlaakso to be 13.9% at the end of the year 2012.

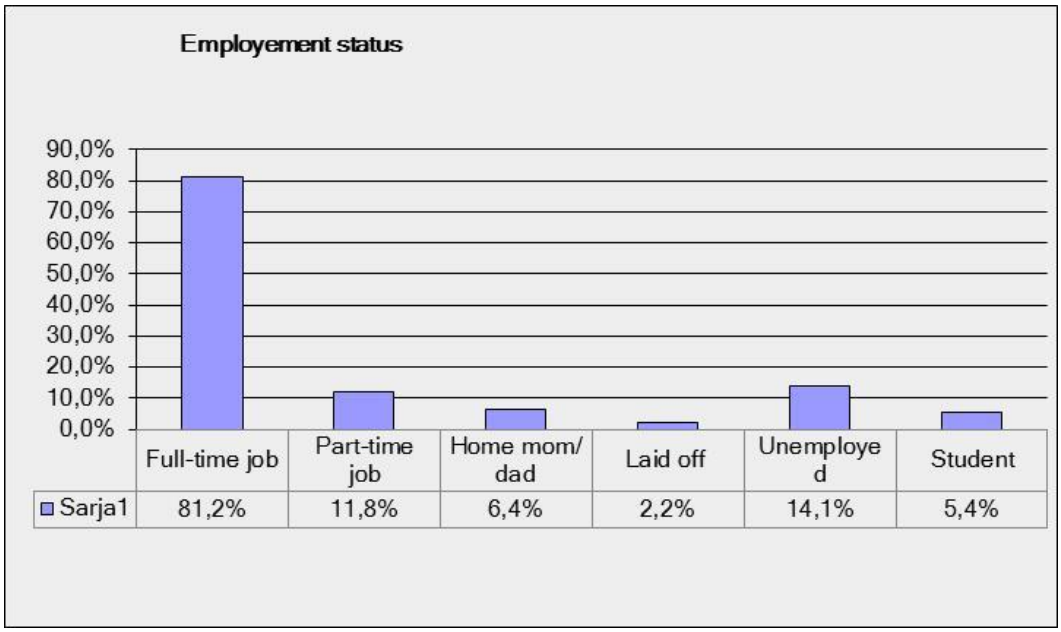


Figure 17. Respondents parents employment status

3.4 Data collection and analysis

The data was collected via web-based questionnaire in November 2012. Web-based questionnaire was created by using Survey Monkey program, which is commonly used online survey tool used to make surveys, polls and questionnaires.

The link to the survey was sent by email to students which started their studies in fall 2012 in Ekami. The survey link was also provided to school´s Facebook account in order to make participation as easy as possible.

The survey consisted of 47 multiple choice questions, and they were divided into 4 themes; health status, nutritional and exercise habits, social relationships and mindset and coping, assumption of tobacco, snuff, drugs and alcohol. Data acquisition took place in Finnish and results shown in the figures are translations of the Finnish original.

The data was analyzed during the winter and spring 2013. The data was analyzed by using Microsoft Office Excel spreadsheet application and Minitab which is a software package used for statistical analysis.

3.5 Ethical consideration

Ethical considerations include protecting the confidentiality and anonymity of the informants of publication and in the use of the findings. It also includes the responsibility of offering informants a chance to hear about the findings of the study. [22:53]

In this study, personal details were not required in filling in the questionnaire and the participants could not be identified from the study.

Because most of the adolescents taking part of this study were minors author of this study also held an informative session considering the survey at Ekami´s parent´s meeting at October 2012. Survey questionnaire was then shown to parent´s and it was explained that the research was solely based on voluntary participation.

Additionally, a letter of information was sent to all group counselors at Etelä-Kymenlaakso Vocational College, Ekami as an email describing in detail the purpose of the study. The letter indicated that the research was solely based on voluntary participation and the author explained that participants were free to withdraw from the study if they so wished.

In addition, the author indicated that the questionnaires would be destroyed after the findings and also results of the study would be presented at the Kymenlaakso University of Applied Sciences and Etelä-Kymenlaakson ammattiopisto, Ekami. A copy of the study would also be found at the School library.

3.6 Reliability

Reliability in this study is attained by good procedure documentation. Reliability according to Silverman refers to the degree of consistency with which instances are selected to the same cluster by different viewer or by the same viewer on different occasions. Investigators should document their procedure and demonstrate that the categories have been used consistently for attain reliability. [23:224]

4. RESULTS

4.1 Health status

57% of respondents answered that their own health status is fairly good and 28% said their health status to be very good (Figure 18).

Body Mass Index (BMI) is calculated from a person's weight and height. Weight in kilograms is divided by height in meters squared. Numbers 18.5-24.9 corresponds the normal weight.
Most of the respondents in this study are normal weight (BMI between 18.5-24.9) and only a minor part is either underweight or over weight, as seen in Figure 19.

85.8% of respondents did not have any long-term sicknesses but 14.2% answered to have some long-term sickness (Figure 20). When further asked what kind of sickness they have, answers varied between asthma, rheumatism, adhd, thyroid gland malfunction, diabetes and epilepsy.

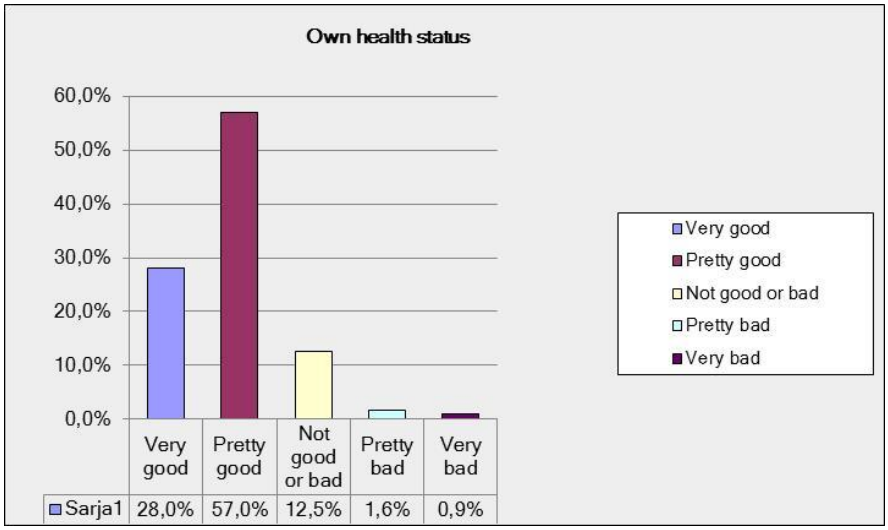


Figure 18. Own health status

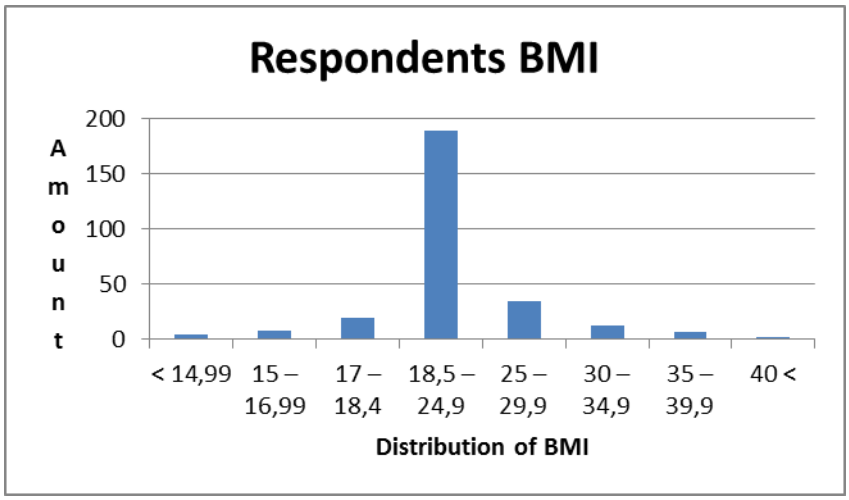


Figure. 19. Weight and height, respondents BMI

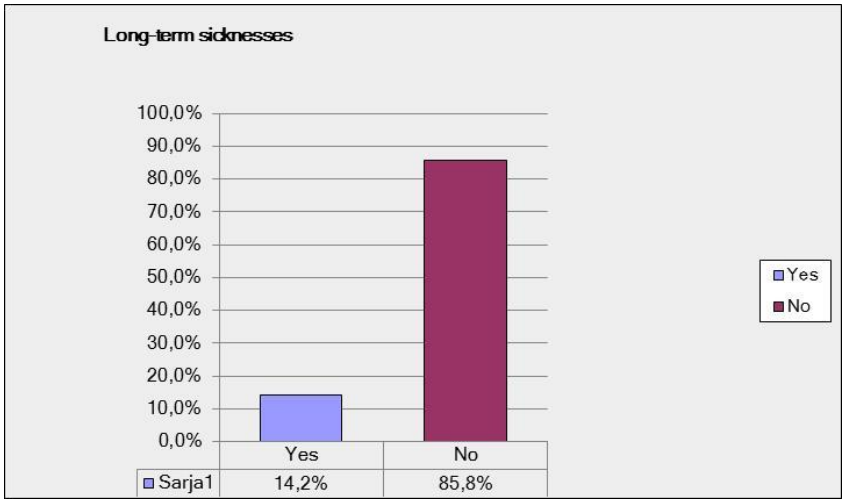


Figure 20. Long term sicknesses

Respondents were also asked about their allergies. 65.5% of them did not have any allergies and 34.5% did have allergies (Figure 21). Allergies were asked more specifically, if answered “yes” and most common allergies were pollen, dust, cat, dog and penicillin allergies.

Respondents were asked have they noticed changed in their health status. 43.3% answered that they have noticed shoulder- and neck pain and almost half of respondents (45.8%) answered that they have back pains. Continuous stomach ache (18%) or migraine (27.2%) were not that common, as seen in Figure 22.

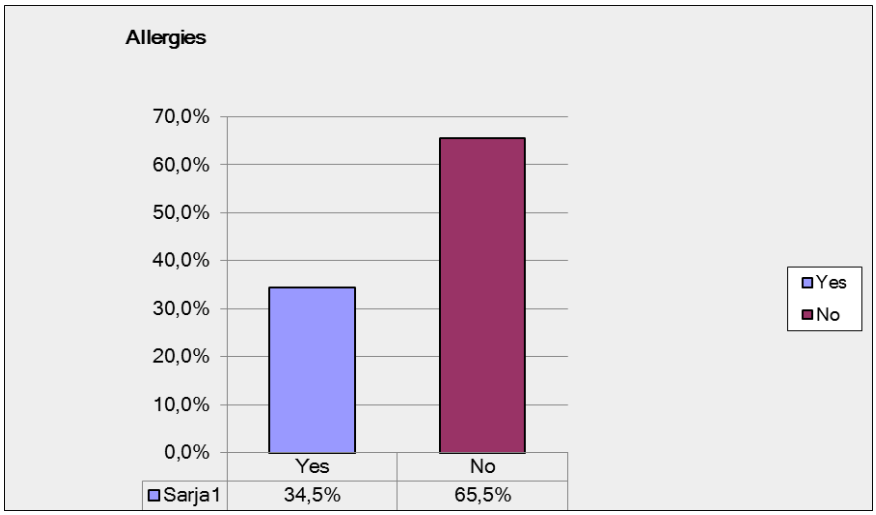


Figure 21. Allergies

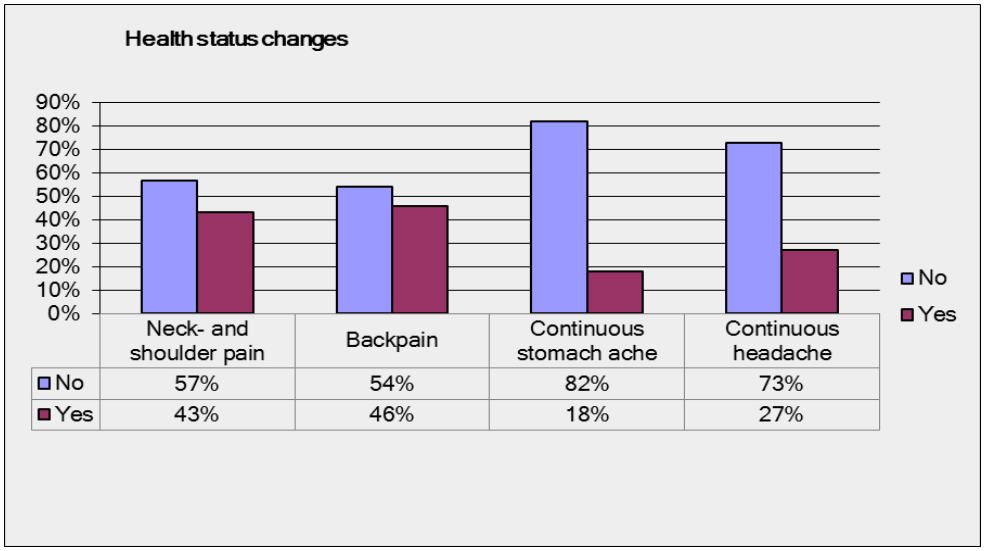


Figure 22. Health status changes

4.2 Nutritional and exercise habits

Breakfast was eaten daily by 34.1% of respondents and 28.1% answered to eat breakfast fairly often (Figure 23). When comparing respondents BMI and habits to eat breakfast together the result were that there were no significant correlation between these two variables. Pearson correlation was -0.081 and the P-Value was 0.184 (Figure 24).

Most of the respondents also eat a lunch daily, as seen in Figure 25. Over half of the respondents (59.9%) said that they eat daily lunch very often and 28.4% answered that they eat daily lunch pretty often.

Major part of respondents answers (53.9%) stated that they eat daily dinner very often as seen in Figure 26, additionally 33.1% said that they eat daily dinner pretty often.

When asked about daily snacks, 35.0% of them reported to eat daily snack very often. 31.8% eats daily snack pretty often (Figure 27).

Most of them also eat daily evening meal. 42.9% answered that they eat it very often and 38.8% answered pretty often (Figure 28).

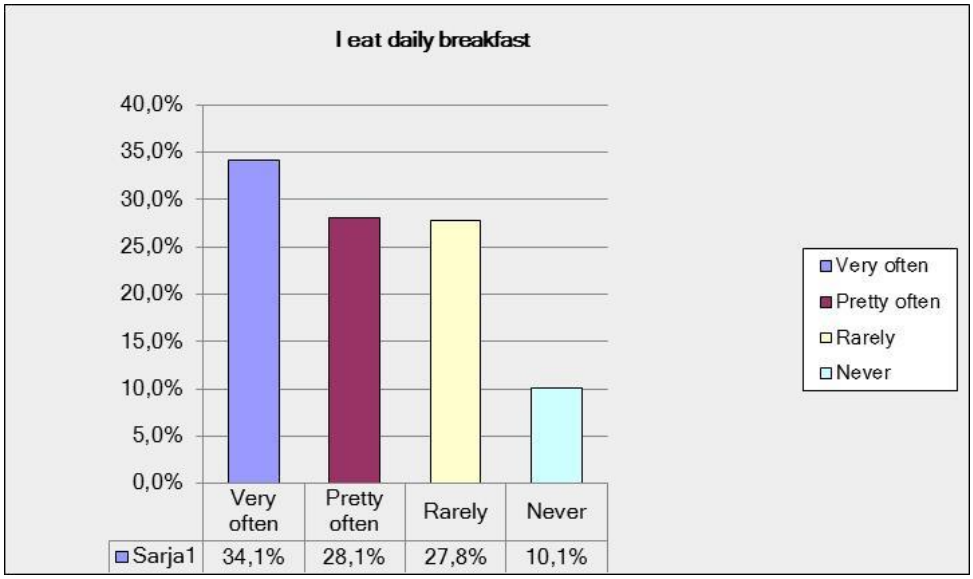


Figure 23. Breakfast

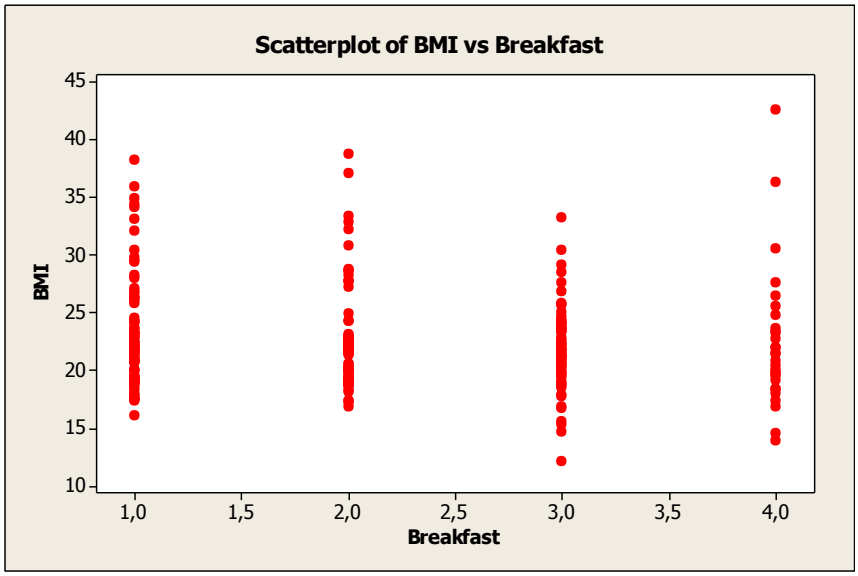


Figure 24. Scatterplot of BMI versus Breakfast

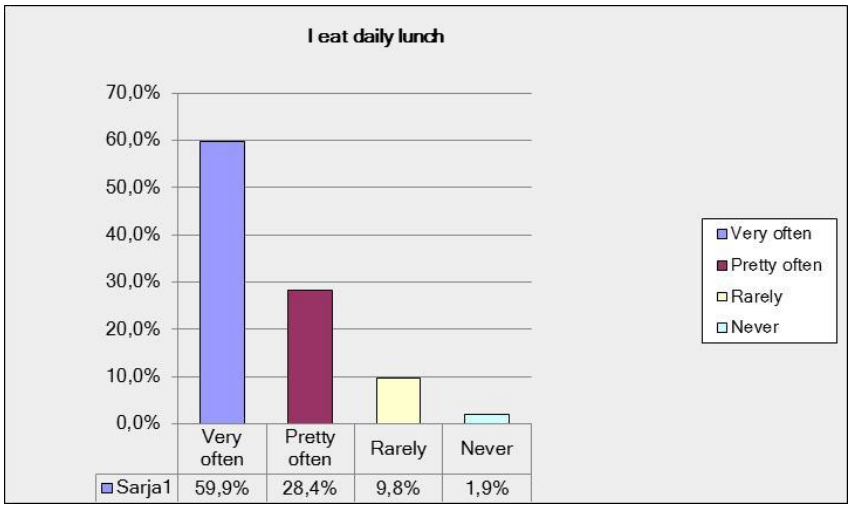


Figure 25. Lunch

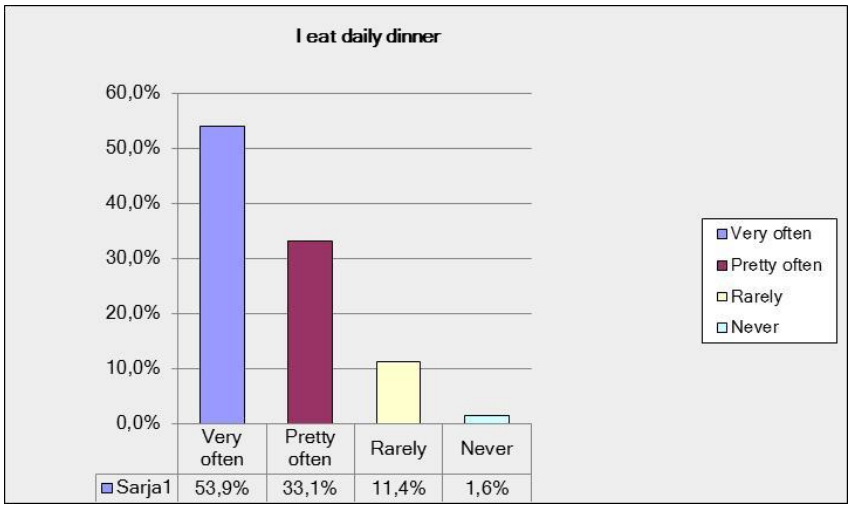


Figure 26. Dinner

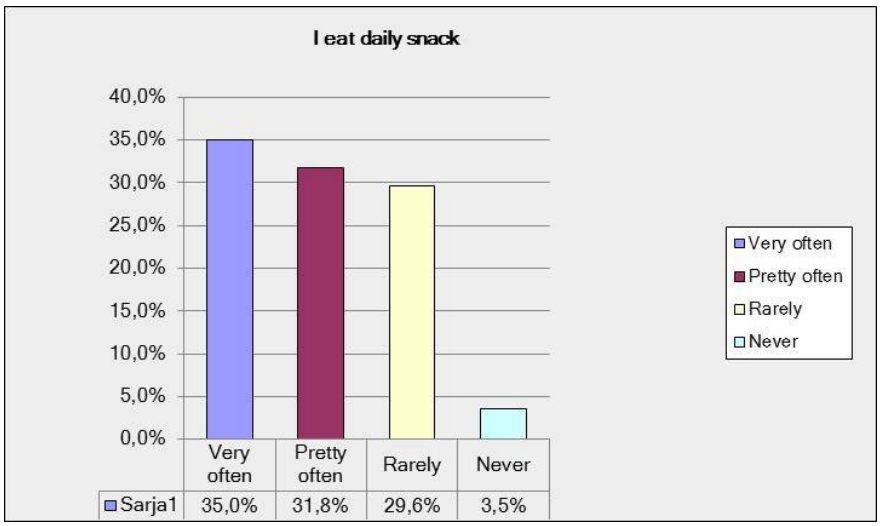


Figure 27. Snack

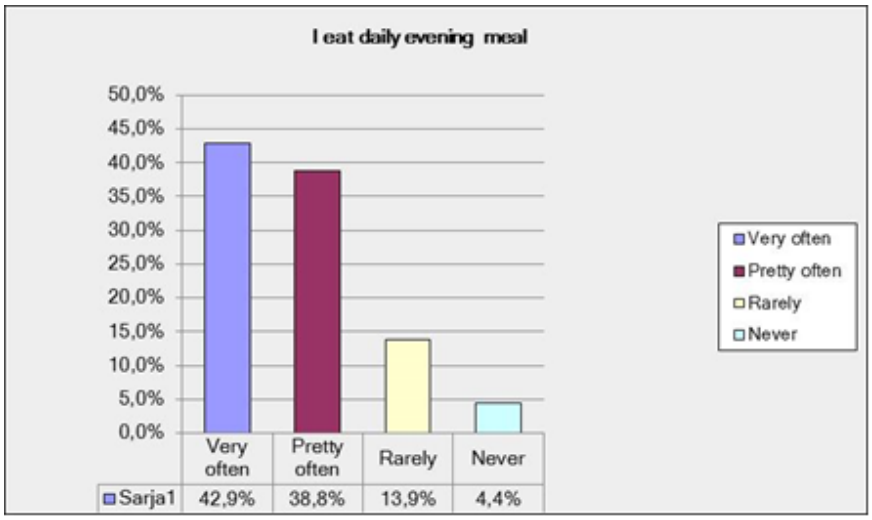


Figure 28. Evening meal

Family eating habits was also asked about in a questionnaire and surprisingly, the most common answer to family eating habits question was that 46% answered "dinner is prepared but the family is not eating at the same time. One third of respondents (33.3%) answered that usually they will eat dinner with family (Figure 29).

When asked about eating school lunch, the major part of respondents (80.1%) answered that they usually eat lunch at school. Only 12.9% did not eat at school, which is a very encouraging and positive finding (Figure 30).

When analyzing results more deeply by cross-tabulation, there was clear evidence that respondents which answered not to eat lunch at school had more problems in concentration during the school day (Figure 31).

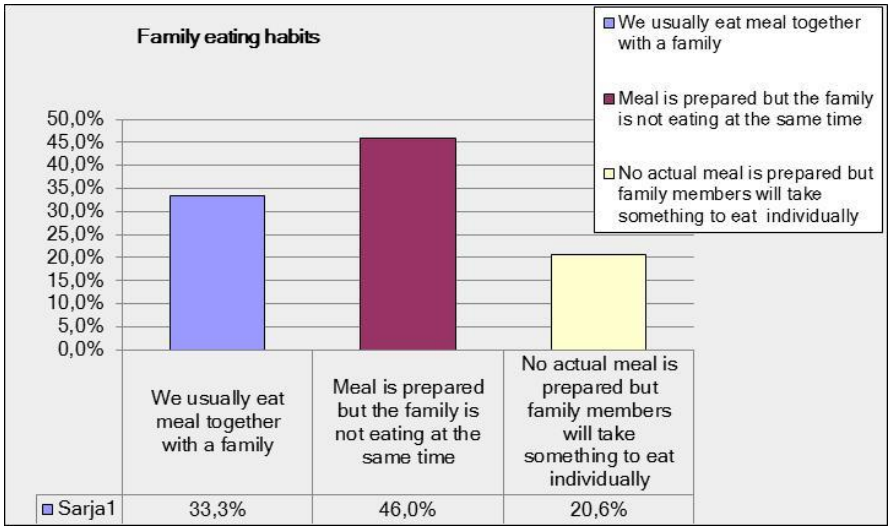


Figure 29. Family eating habits

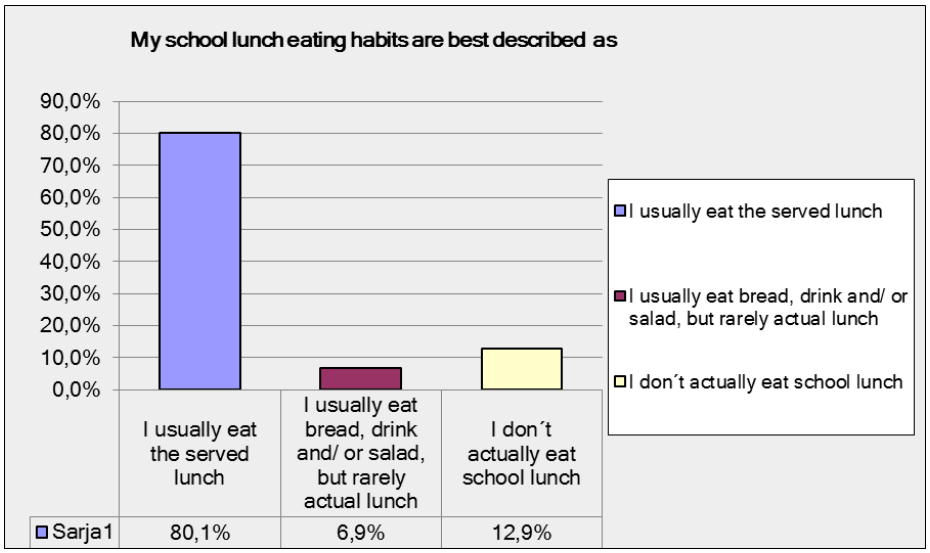


Figure 30. School lunch eating habits

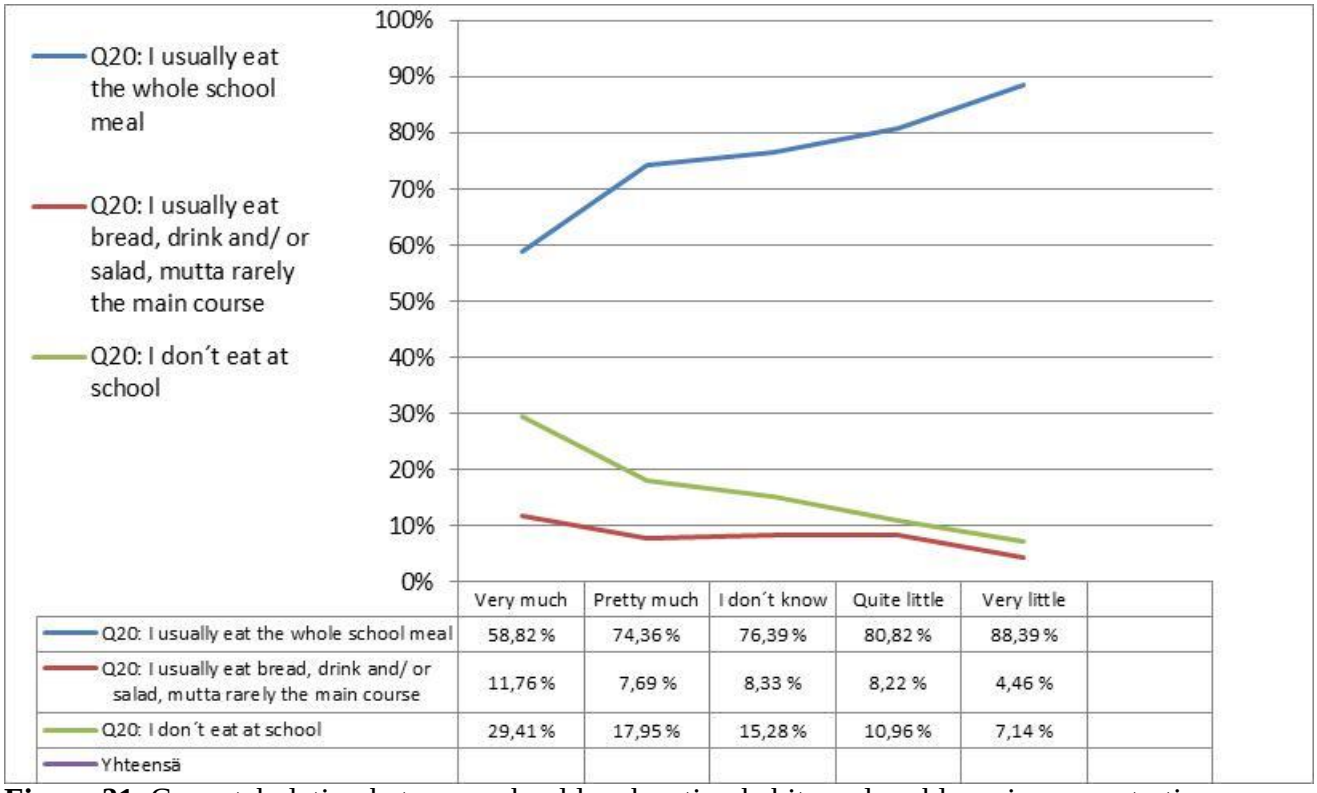


Figure 31. Cross-tabulation between school lunch eating habits and problems in concentration.

Daily vegetable consumption results were very positive (Figure 32), 39.7% said that they eat vegetables daily “fairly often” and 26.5% said that they eat vegetables daily “very often”.

Daily fruit consumption results showed that 39.4% answered that they eat fruits daily “fairly often”, over one third of respondents (37.1%) said that they eat fruits daily “rarely” (Figure 33).

When asked about daily grain product consumption, respondents answered that 47.0% eat it pretty often and 33.8% very often (Figure 34).

Question about daily milk product consumption gave good results as seen in Figure 35. Over half of respondents 54.1% answered to eat milk products daily very often, and third (33.4%) answered to eat milk products daily pretty often.

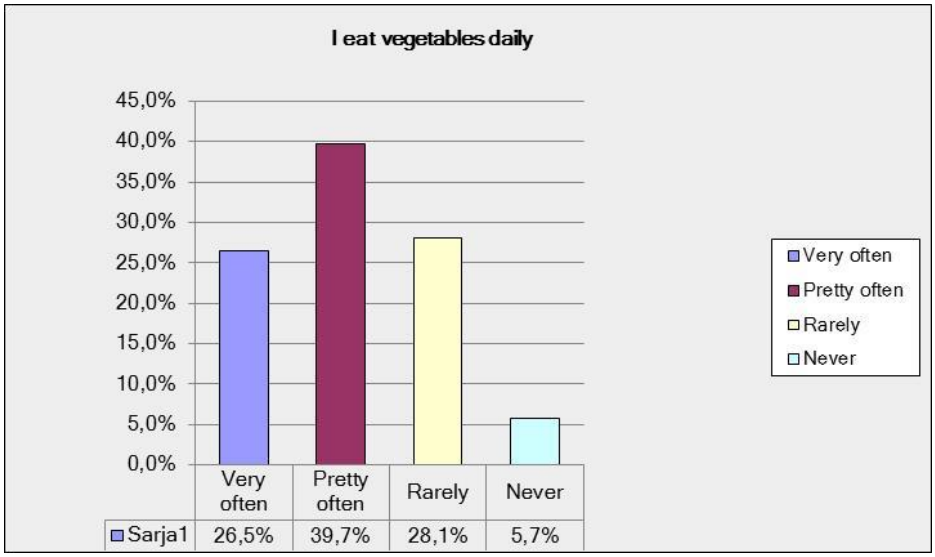


Figure 32. Daily vegetable consumption

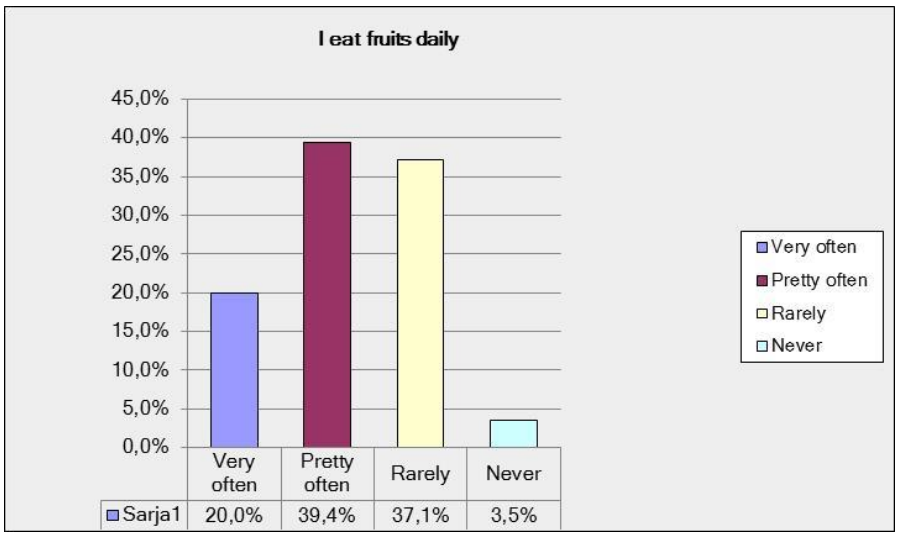


Figure 33. Daily fruit consumption

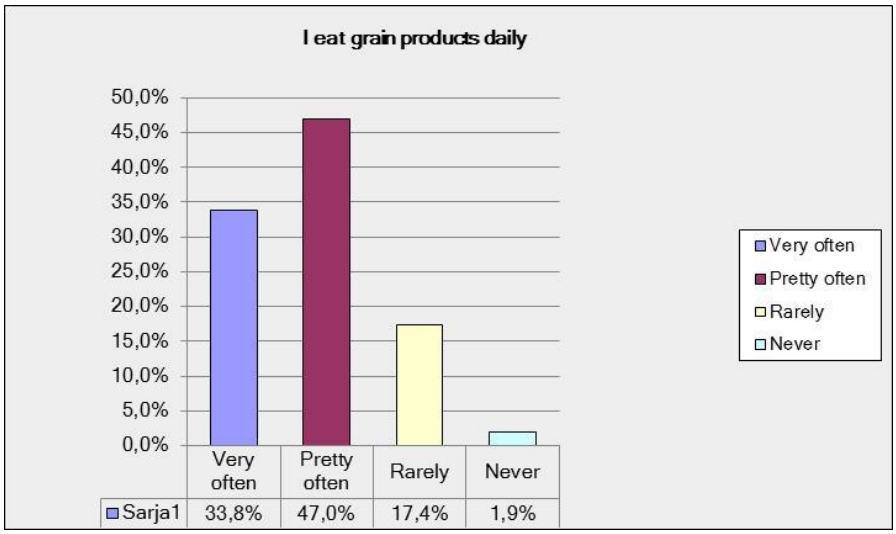


Figure 34. Daily grain product consumption

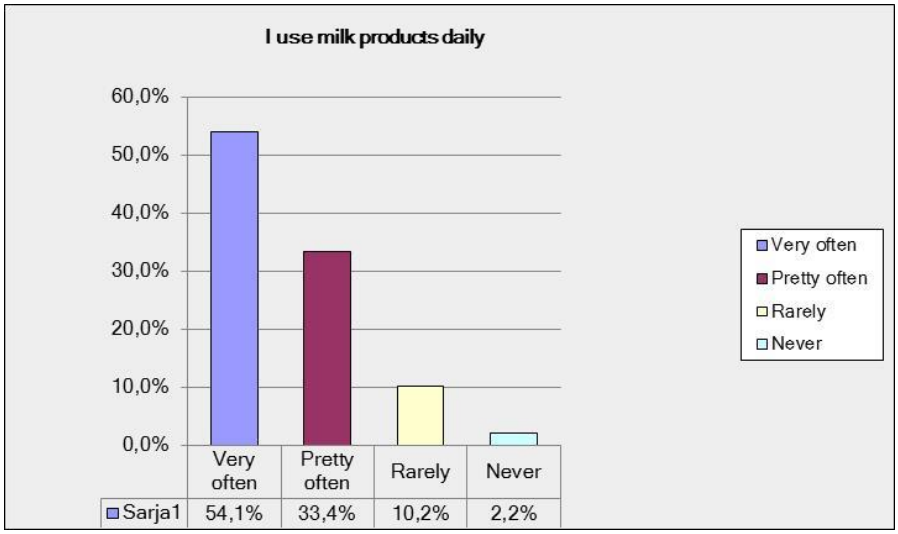


Figure 35. Daily milk product consumption

Question about exercise habits and how often they exercise at least 30 minutes continuously created variation in answers. 8.8% answered that they exercise every day, 17.7% exercises 4-6 times per week, almost one third (28.7%) exercise 2-3 times per week, 19.2% answered that they exercise once a week, surprisingly 20,5% answered that they exercise rarely and 5.0% answered that they do not exercise at all (Figure 36).

When analyzing exercise habits and respondents BMI together, Pearson correlation of BMI and exercise was 0.159 which mean that there is a very little correlation between these two things. The P-Value was 0.009 which means that this is reliable result. However, from scatterplot from Figure 37 it can be seen evidence that respondents from which answered to exercise more often do actually have lower BMI.

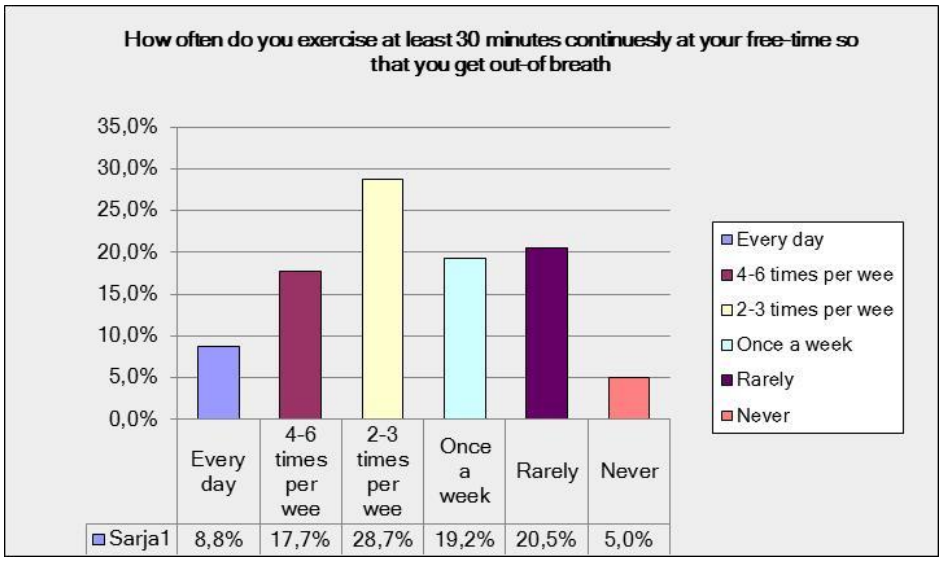


Figure 36. Exercise habits

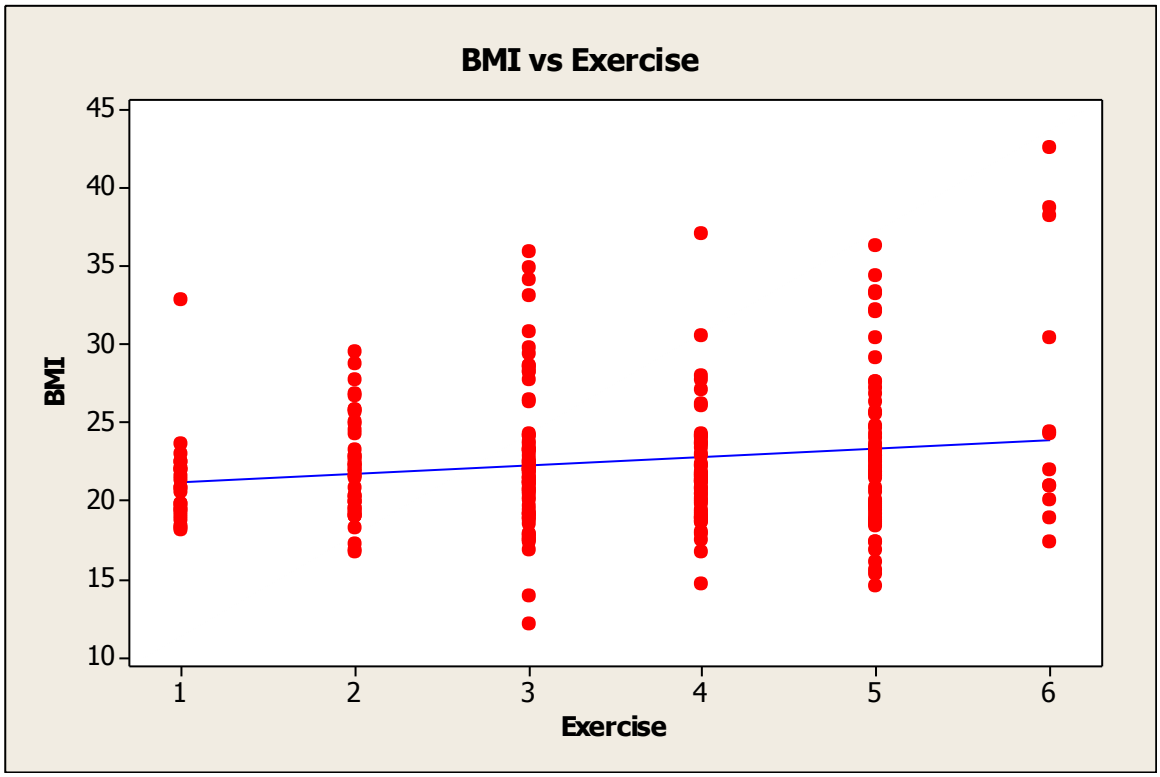


Figure 37. Scatterplot of BMI versus exercise habits

(Exercise times 1= every day, 2= 4-6 times per week, 3= 2-3 times per week, 4= once a week, 5= rarely and 6= never)

4.3 Social relationships, mindset and coping

Questionnaire covered also a theme about respondents' relationships to their parents and friends. Also a question about respondents' general spirit and contentment was asked in questionnaire.

When asked about respondents level of general spirit the adolescents answered that the general spirit is very bright (27.4%) or fairly bright (51.6%) as seen in Figure 38. Only 17.8% felt low-spirited sometimes or all the time (3.2%).

Even though unemployment rate is relatively high in Kymenlaakso and economic situation is demanding at this time the adolescents' perceptions of their immediate future was bright (Figure 39). 31.8% answered that they see their own future to be very bright and 48.7% fairly bright. 14.3% could not answer the question and only about 5% of respondents saw their future in a negative light.

When analyzing respondents perceptions to their immediate future more deeply by cross-tabulation by gender. There was clear evidence that girls had more negative perception of their future than boys (Figure 40).

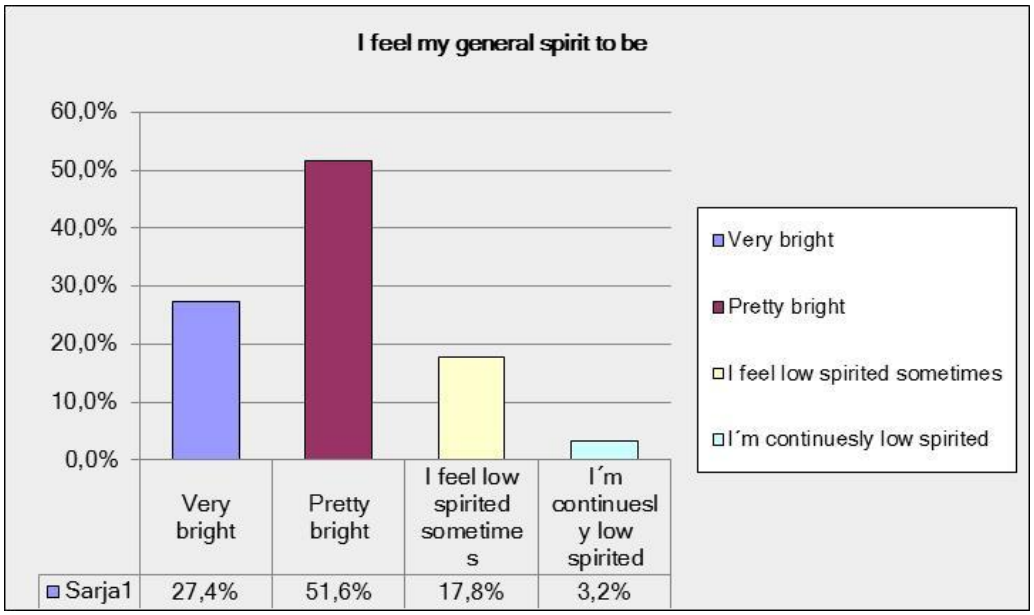


Figure 38. General spirit

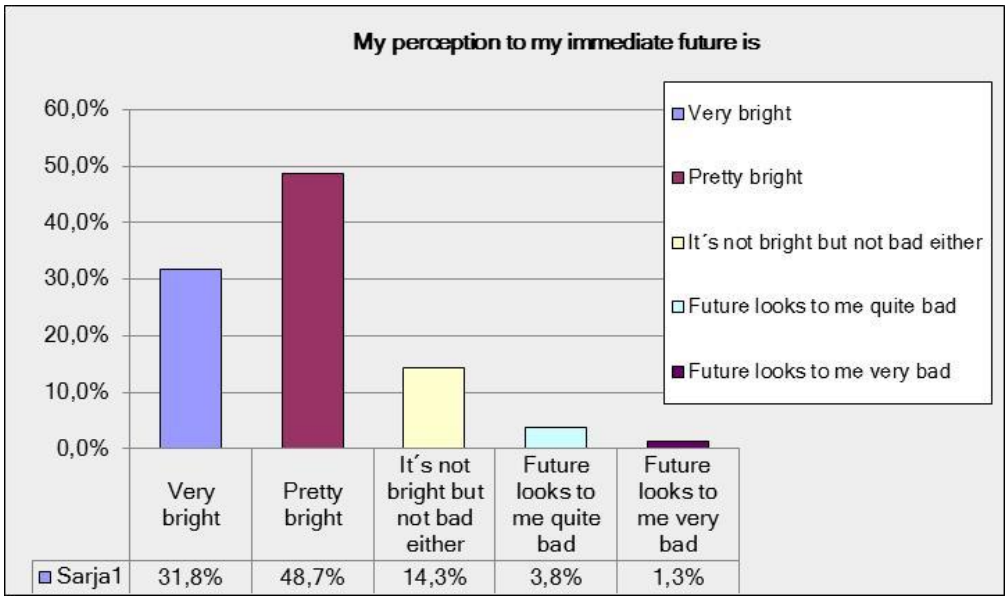


Figure 39. Perception of own immediate future

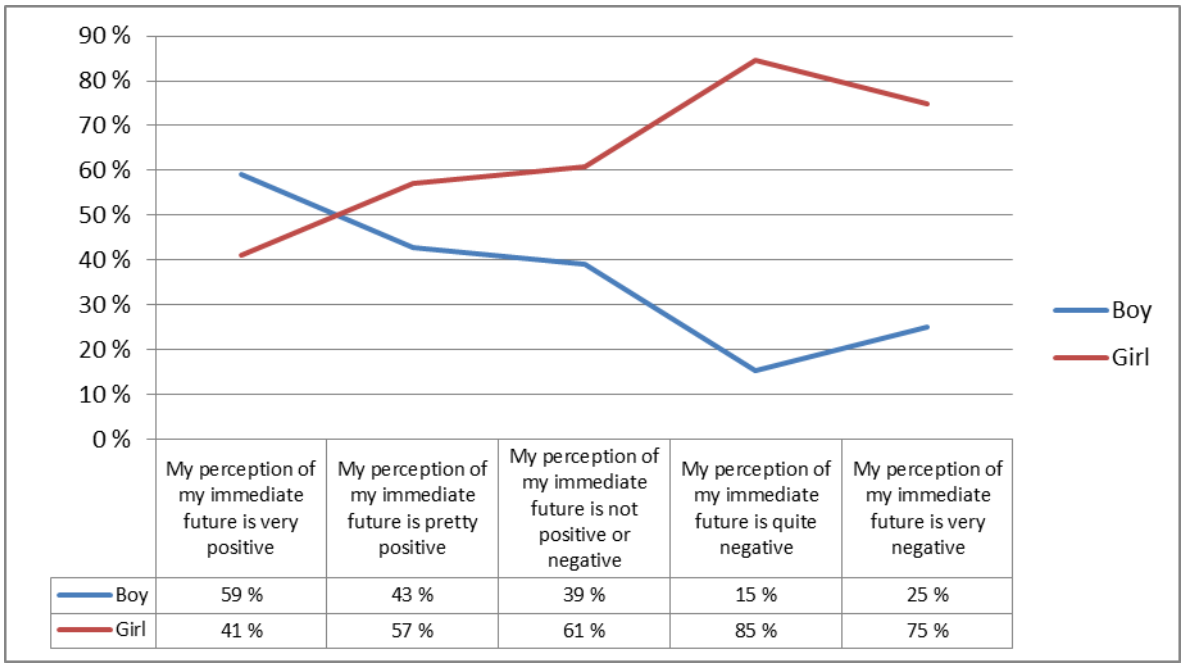


Figure 40. Cross-tabulation of gender versus perception of own immediate future

Questionnaire covered also a question about respondents contentment to themselves, life situation, relationship to their parents, friendships, dating relationship and study place (Figure 41).

When asked about how content the adolescents were to themselves, 47.8% of respondents answered to be fairly satisfied and 28.3% very satisfied.

Respondents were also satisfied to their life situation, almost half 48.6% answered to be pretty satisfied and 32.6% very satisfied.

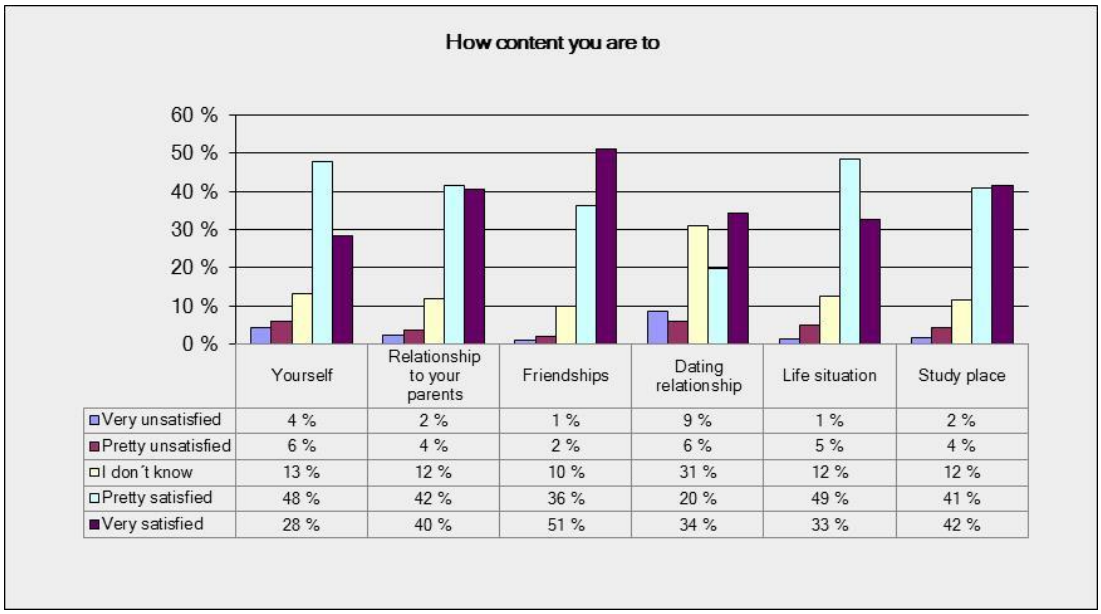
Respondents were also asked about their perceptions of relationship to their parents. 40.4% of respondents were very satisfied to their relationship to their parents and 41.7% were fairly satisfied.

Respondents were very satisfied also to their friendships, over half (51%) answered to be very satisfied and 36.1% to be fairly satisfied.

34.4% of respondents are very satisfied to their dating relationship and 19.7% are fairly satisfied. Respondents were also satisfied to their life situation, almost half 48.6% answered to be fairly satisfied and 32.6% very satisfied.

Respondents were very satisfied to their study place (41.5%) and 40.9% of respondents were pretty satisfied of their study place.

When analyzing contentment to study place and respondents mean value of their comprehensive diploma Pearson correlation was 0.097 and P-Value was 0.107 meaning that there is not significant correlation between these two variables (Figure 42).



	Yourself	Relationship to your parents	Friendships	Dating relationship	Life situation	Study place
Very unsatisfied	4 %	2 %	1 %	9 %	1 %	2 %
Pretty unsatisfied	6 %	4 %	2 %	6 %	5 %	4 %
I don´t know	13 %	12 %	10 %	31 %	12 %	12 %
Pretty satisfied	48 %	42 %	36 %	20 %	49 %	41 %
Very satisfied	28 %	40 %	51 %	34 %	33 %	42 %

Figure 41. Contentment

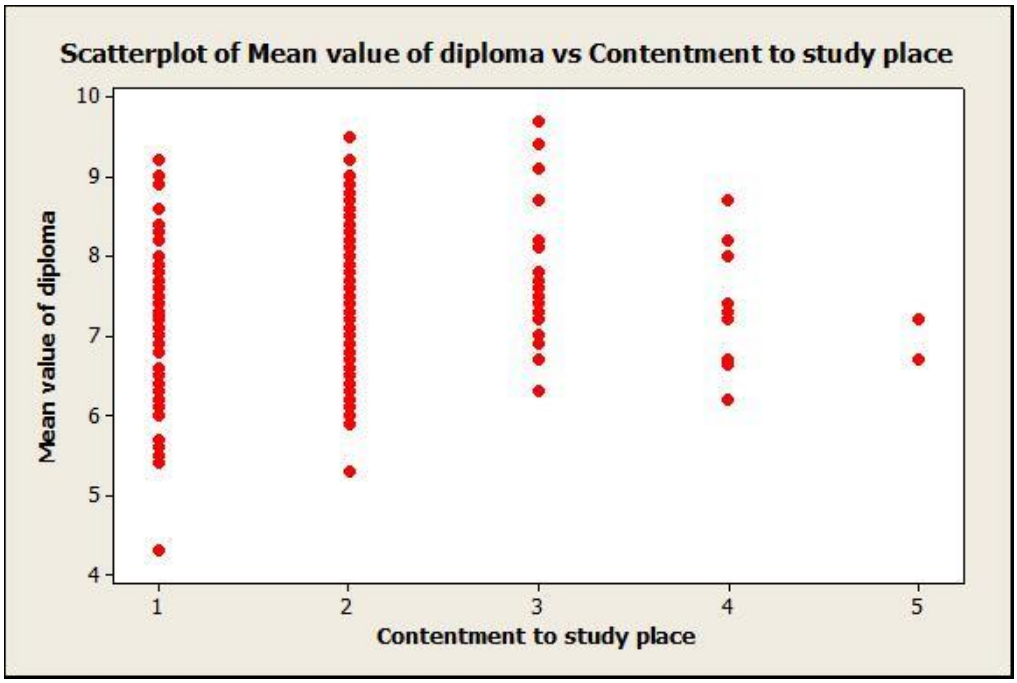


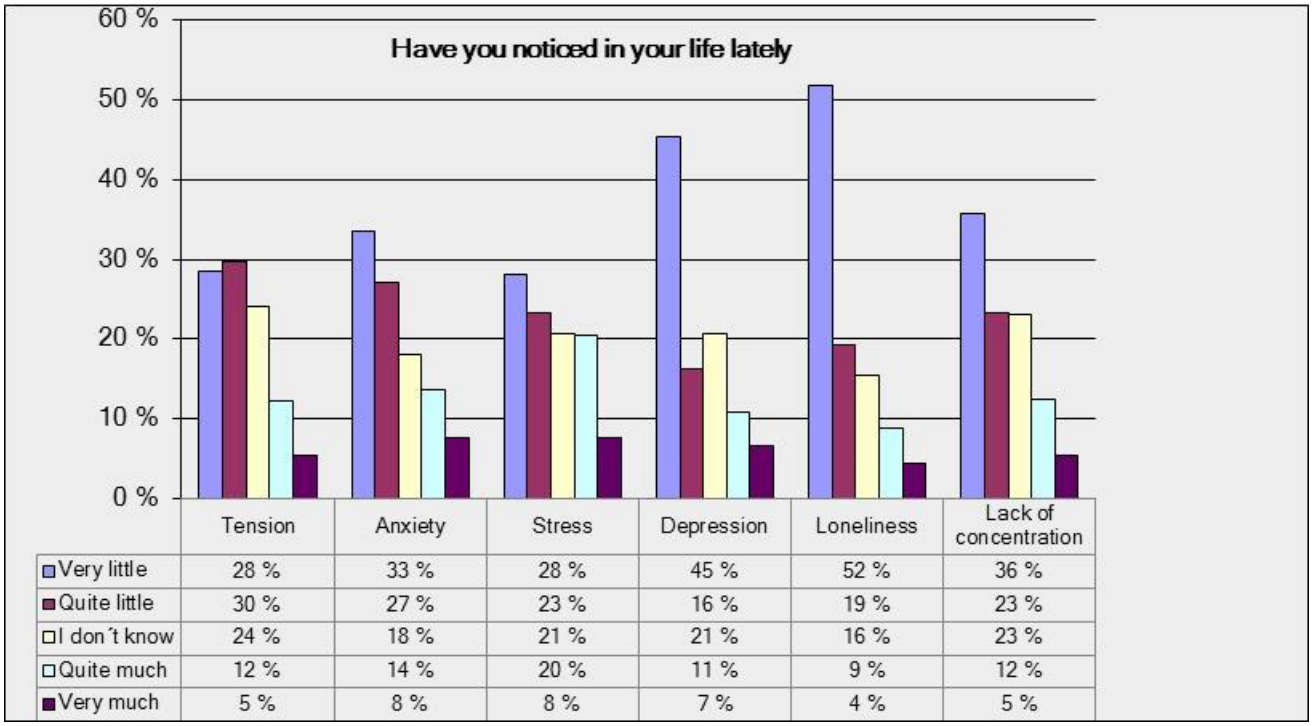
Figure 42. Scatterplot of mean value of comprehensive diploma versus contentment of study place (Contentment: 1= very satisfied, 2= pretty satisfied, 3= I don´t know, 4= pretty unsatisfied, 5= very unsatisfied)

Questionnaire covered also question about respondents stress, anxiety, depression, loneliness, tension or lack of concentration in their lives, the results were quite positive as seen in Figure 43.

Major part of respondents answered not to have very or quite little problems in all of these 6 areas. Some elevation was seen in stress where 7.6% answered to have very much and 20.4% to have quite much stress in their lives.

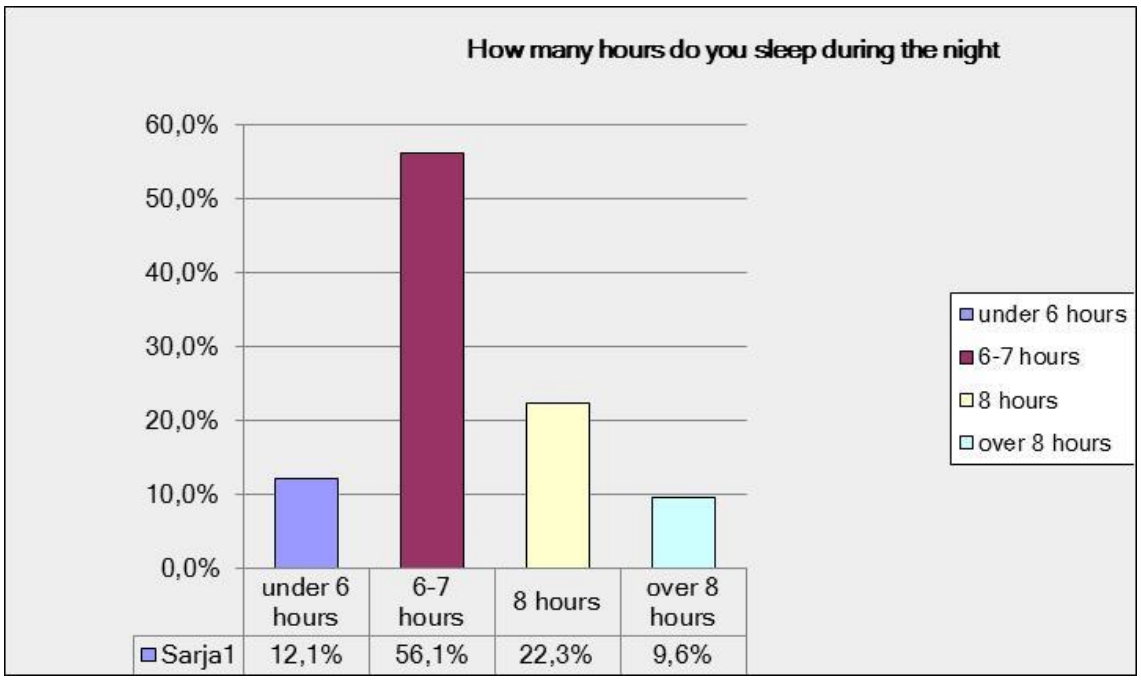
Respondents were also asked about their sleeping habits. Over half of respondents (56.1%) answered to sleep 6-7 hours per night, 22.3% of respondents answered to have 8 hours of sleep during the night. Only 12.1% of respondents answered to have under 6 hours of sleep. A recommendation of good sleep habits for adolescents is 8 hours per night. (Figure 44).

Over half of respondents felt easy to wake up at morning (Figure 45). 15.3% said it to be very easy and for 40.8% of respondents waking up in the morning was quite easy.



	Tension	Anxiety	Stress	Depression	Loneliness	Lack of concentration
Very little	28 %	33 %	28 %	45 %	52 %	36 %
Quite little	30 %	27 %	23 %	16 %	19 %	23 %
I don´t know	24 %	18 %	21 %	21 %	16 %	23 %
Quite much	12 %	14 %	20 %	11 %	9 %	12 %
Very much	5 %	8 %	8 %	7 %	4 %	5 %

Figure 43. Stress, anxiety, depression, loneliness, tension and lack of concentration



	under 6 hours	6-7 hours	8 hours	over 8 hours
Sarja1	12,1%	56,1%	22,3%	9,6%

Figure 44. Sleep habits

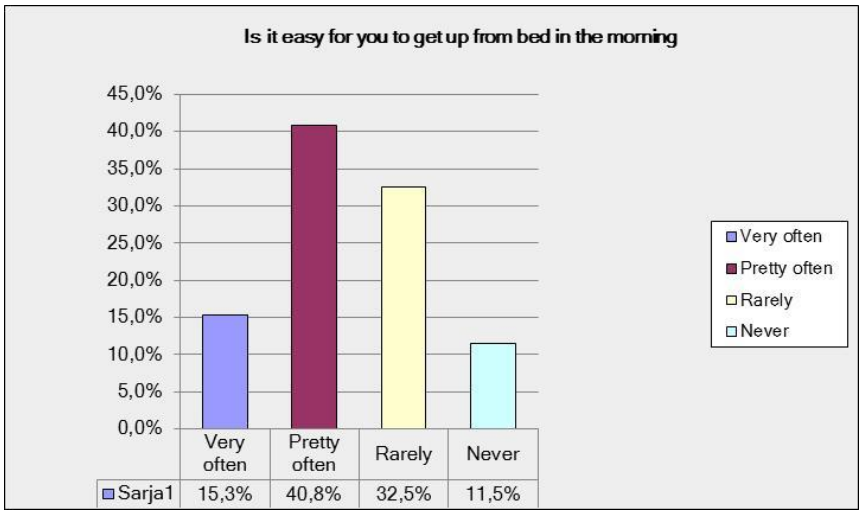


Figure 45. Waking up at the morning

Most of respondents answered not to have trouble to fall asleep. 48.4% answered to have problems rarely and 14.9% answered never to have problems in falling asleep. One third, on the other hand, answered to have problems falling asleep. 13.9% answered to have problems very often and 22.8% quite often (Figure 46). It is possible that problems falling asleep might be related to stress which was asked about respondents earlier.

When asked about how well the respondents sleep during the night, major part of them answered to have goodnight sleep. 61.1% answered to rarely sleep restlessly during the nighttime and 14.9% answered never to have restless sleep during the night. About a quarter of respondents mentioned to have problems sleeping. 4.4% answered to sleep restlessly very often and 19.6% quite often (Figure 47).

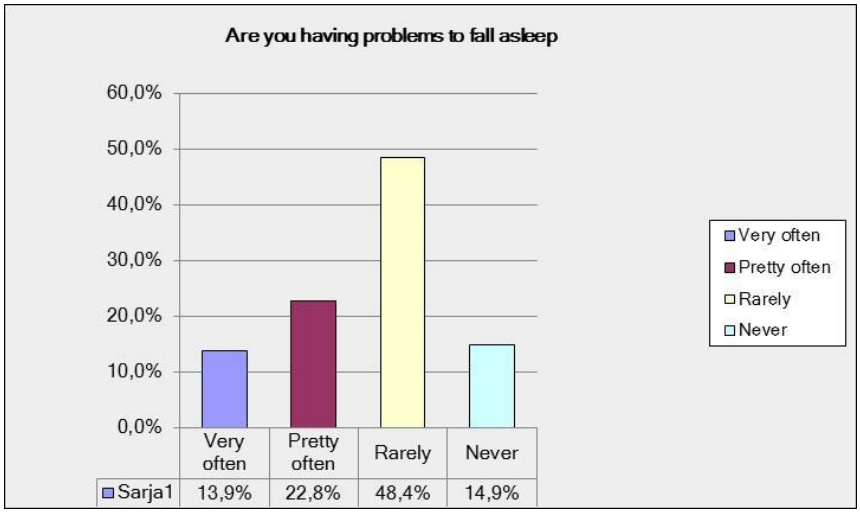


Figure 46. Troubles to fall asleep

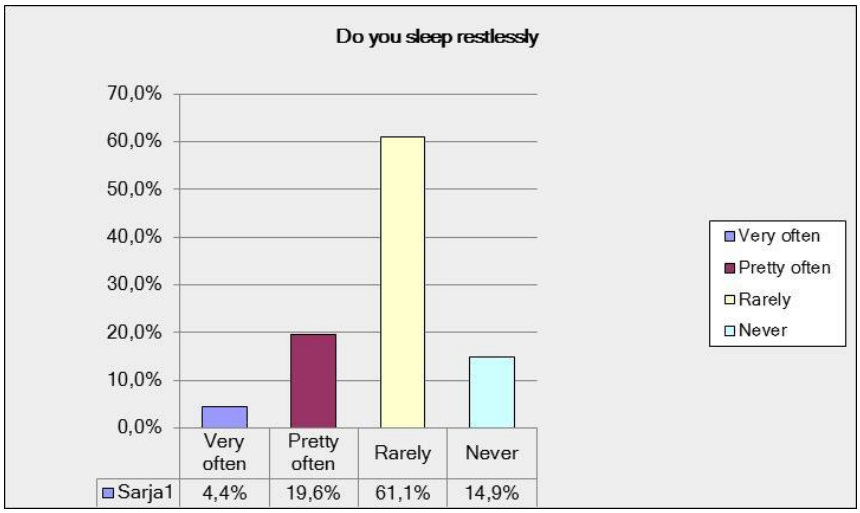


Figure 47. Restless sleeping

Questionnaire included also a question about communication with parents and respondents friendships. Over half of respondents answered to have good communication habits with their parents about their own matters. 28,9% said to have conversations very often and 24,8% quite often. One third of respondents answered to have conversations about their own matters with parents "now and then". Only 11,1% answered not to have conversations with their parents about their own matters ever (Figure 48).

Major part of respondents also answered to have more than one close friends (56,3%). One third (30,1%) said to have one close friend in their life. 6,0% mentioned not to have a close friend at all (Figure 49).

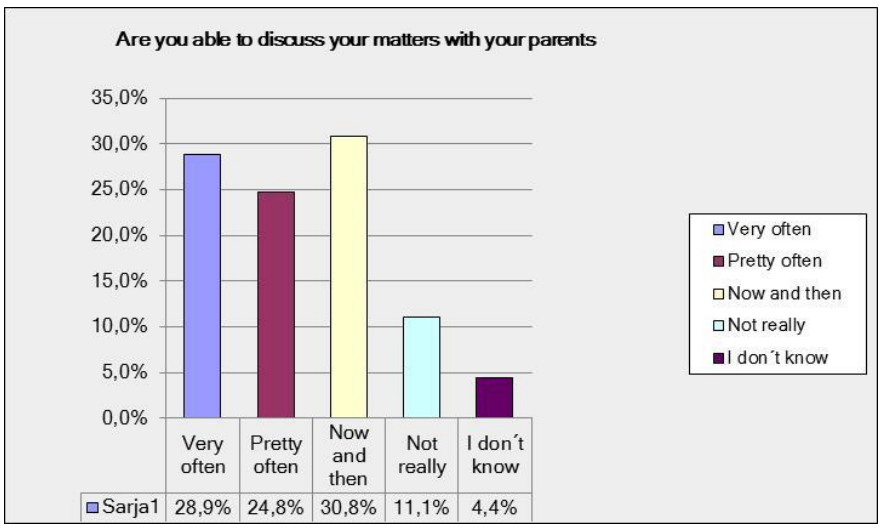


Figure 48. Communication habits with the parents

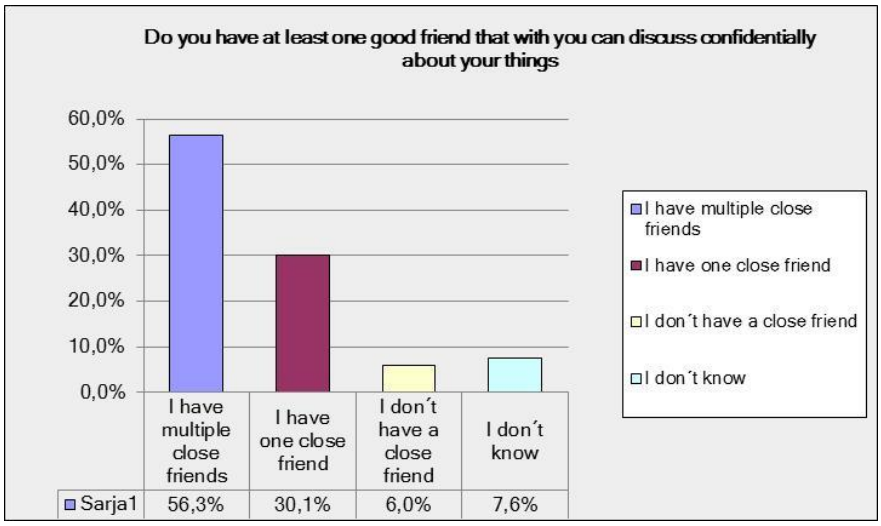


Figure 49. Close friendships

4.4 Assumption of tobacco, snuff, alcohol and drugs

The last theme in the questionnaire was the assumption of tobacco, snuff, alcohol and drugs. When asked about smoking, it was very positive that over half (52.8%) of respondents answered not to smoke at all. 12.0% answered to smoke only coincidentally. A little over one third of respondents answered that they smoke in daily basis, from which 28.8% smokes under one package per day and 6,3% smokes over a package per day (Figure 50).

Finnish THL reported in 2011 that the smoking among working age men has declined. Smoking among women has also decreased in recent years and it is now at the level of the early 1980s. Smoking among boys and girls under 18 has been decreasing in recent years. In 2011, 16 per cent of boys and girls under 18 smoked daily. [14]

Smokers where asked also do they wish to stop smoking and 27.8% answered “yes”, 16.6% did not want to stop smoking (Figure 51), result reflects well to THL:s Tupakkatilasto in 2011, where 58 per cent of all smokers wanted to quit smoking, while in contrast, 15 per cent of male smokers and 11 per cent of female smokers responded that they have no desire to quit smoking.

When asked about respondents' parents smoking habits, respondents answered that almost 70% of their parents are smokers. 32.2% answered that mom smokes and 36.3% answered that dad smokes (Figure 52). Additionally 13.2% answered that mom has previously smoked but has now stopped and 15.4% answered that dad has previously smoked but has now stopped. Only one third (33.4%) answered that their parents do not smoke at all.

Finnish THL reported that about 25% of Finns smoked daily in 2011, with 22% of men and 15% of women aged 15–64 smoked daily. Based on that statistic the respondents parents smoking habits are very much over the national average.

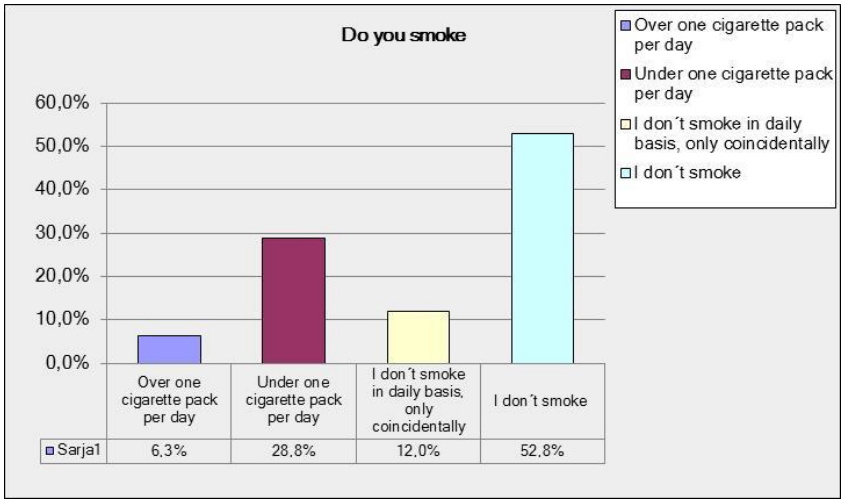


Figure 50. Tobacco assumption

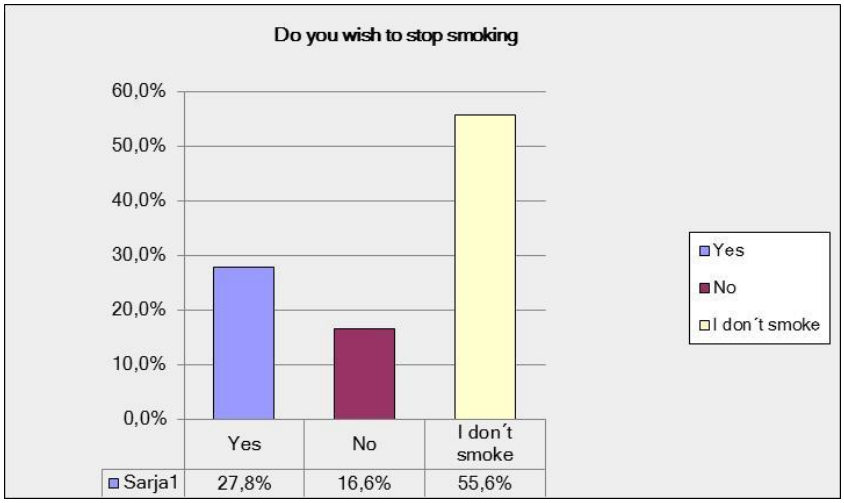


Figure 51. Wish of stop smoking

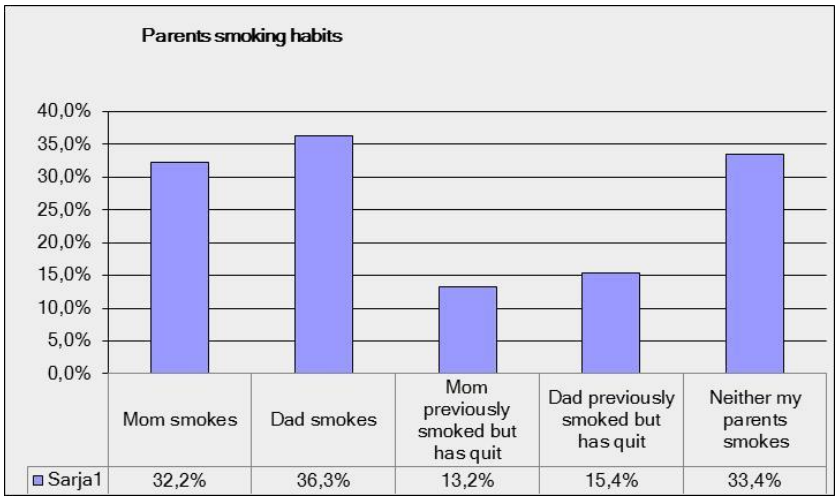


Figure 52. Parents ‘smoking habits

The questionnaire also covered a respondent’s consumption of snuff. 85.4% of respondents answered not to use snuff at all. 11.4% of respondents answered to use snuff coincidentally and 3.2% answered to use snuff in a daily basis (Figure 53).

According to Finnish Tupakkatilasto 2011, 1.8% of men in the age group 15–64 of age used snuff in daily basis. Snuff use was most common among men in the age group 25–34 where 3.5% used snuff daily, while 3.7% of men used snuff occasionally. Most common occasional use of snuff was among men in the age group 25–34 where 9.4% snuffed occasionally. All in all snuff use is still quite rare and in total, 83% of men and 98% of women have never used snuff. Around 1% of all women aged 15–24 uses snuff occasionally. (Figure 7). [14:28]

Based on the national survey results the results of this study findings shows that usage of snuff in this study group is more common than the national average is.
Snuff users were also asked do they wish to stop using snuff and 3.8% answered “yes”, on the other hand 7.3% answered that they don´t wish to stop snuffing (Figure 54).

In Figure 55 is presented a cross-tabulation between snuff use and exercise habits (n=321). Pearson correlation of snuff usage and exercise habits was -0.015, meaning that there is not significant correlation between these variables. P-Value was 0.792 which mean that this result may not be valid.

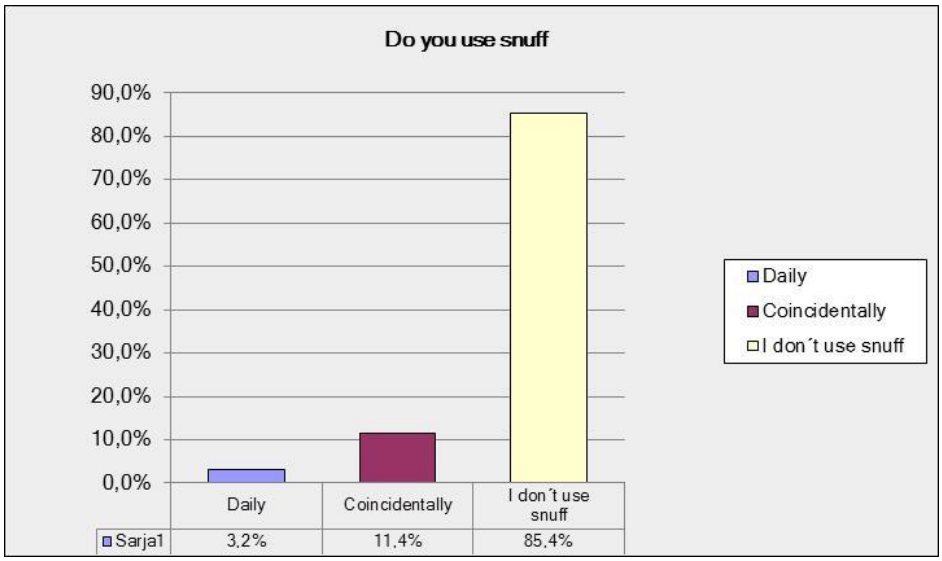


Figure 53. Assumption of snuff

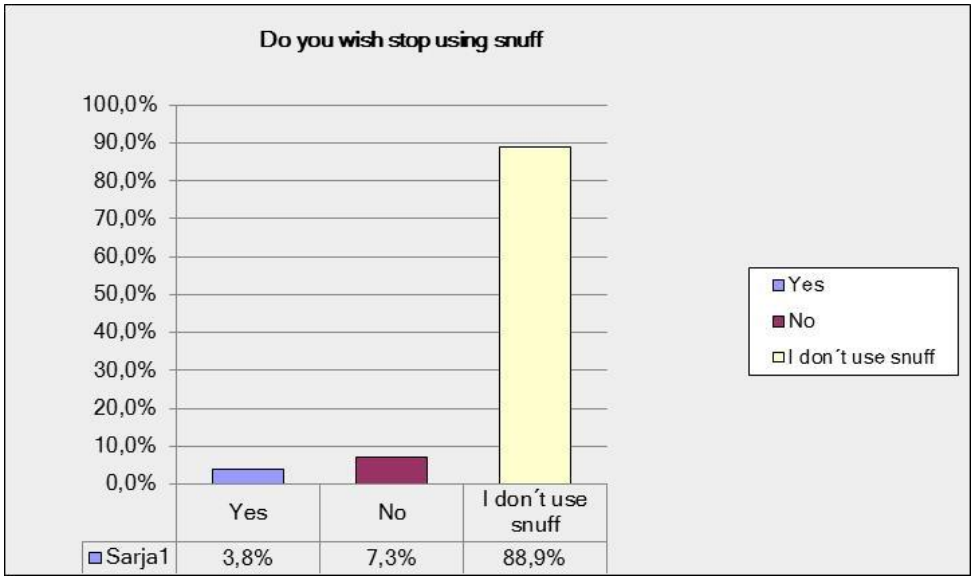
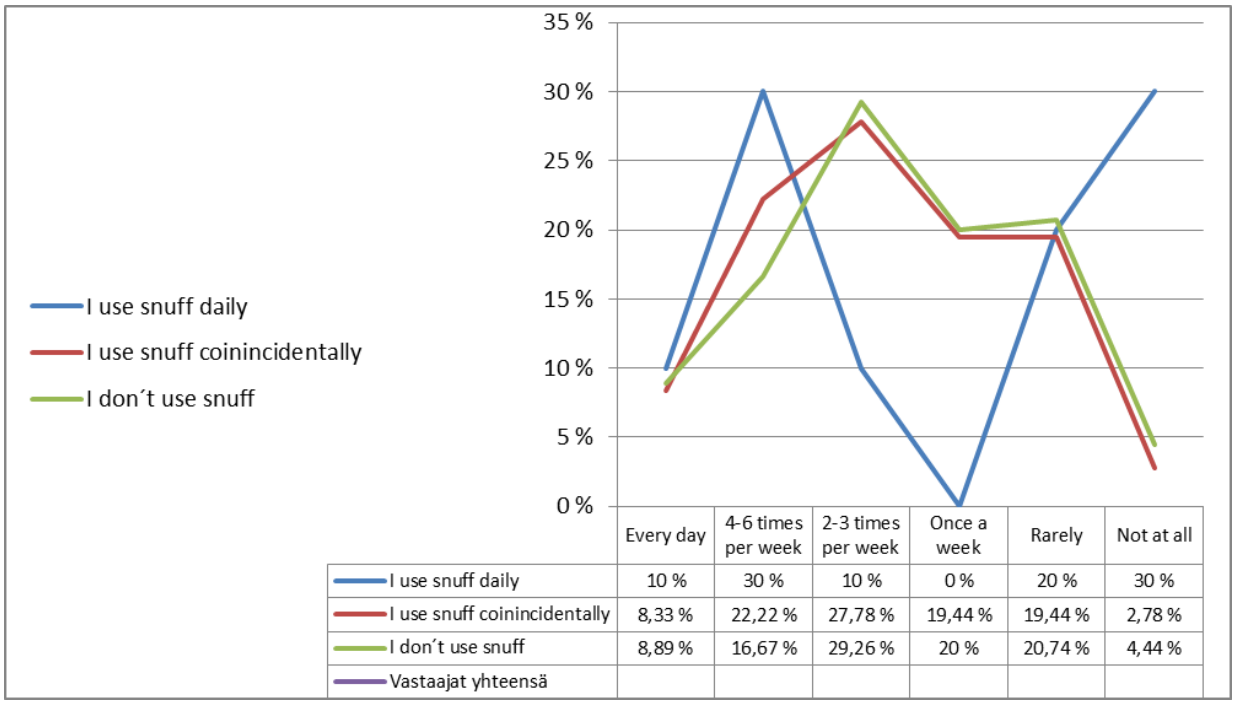


Figure 54. Wish of stop using snuff



	Every day	4-6 times per week	2-3 times per week	Once a week	Rarely	Not at all
I use snuff daily	10 %	30 %	10 %	0 %	20 %	30 %
I use snuff coinincidentally	8,33 %	22,22 %	27,78 %	19,44 %	19,44 %	2,78 %
I don´t use snuff	8,89 %	16,67 %	29,26 %	20 %	20,74 %	4,44 %
Vastaajat yhteensä						

Figure 55. Cross-tabulation between snuff usage and exercise habits

When asked about respondents alcohol consumption, over one third (38.6%) of them answered that they use alcohol once a month or less frequently. 27.8% answered that they use alcohol 2-4 times per month. 7.9% answered their alcohol usage to be 2-3 times per week and 2.8% answered to use alcohol 4 times or more per week. In other hand only 22.8% did not use alcohol at all (Figure 56).

Cross-tabulation was made between variables of alcohol consumption and gender. Surprisingly, the result was that girls did consume alcohol more often than boys (Figure 57).

It must be remembered that most of the respondents taking part to this study are minors. Average age of adolescents taking part of this study was 17.44 years old and they should not even have the opportunity to drink or have alcohol in their possession. That is why these results are quite alarming.

In questionnaire it was also asked how many portions of alcohol the respondents will consume when they are drinking and the results were quite shocking. Most of the answers were over the general Finnish alcohol consumption guidelines. One quarter (25.8%) answered to have 10 or more portions of alcohol when drinking. 18.8% of respondents answered to have 7-9 portions of alcohol and 23.1% answered to have 5-6 portions of alcohol. Only 15.8% answered to have 3-4 portions and 16.5% to have 1-2 portions when drinking (Figure 58).

When asked about how often the respondents drink 6 or more portions of alcohol 26.1% answered never, 36.0% answered less frequently than once a month. 26.8% answered once a month, 14% uses 6 portions or more alcohol once a week and 1.9% answered to use 6 or more portions of alcohol in a daily basis (Figure 59).

Cross-tabulation between the variables of consumption of 6 or more alcohol portions and gender revealed that not only the girls are drinking alcohol more often but also they use 6 or more portions of alcohol more often than boys (Figure 60).

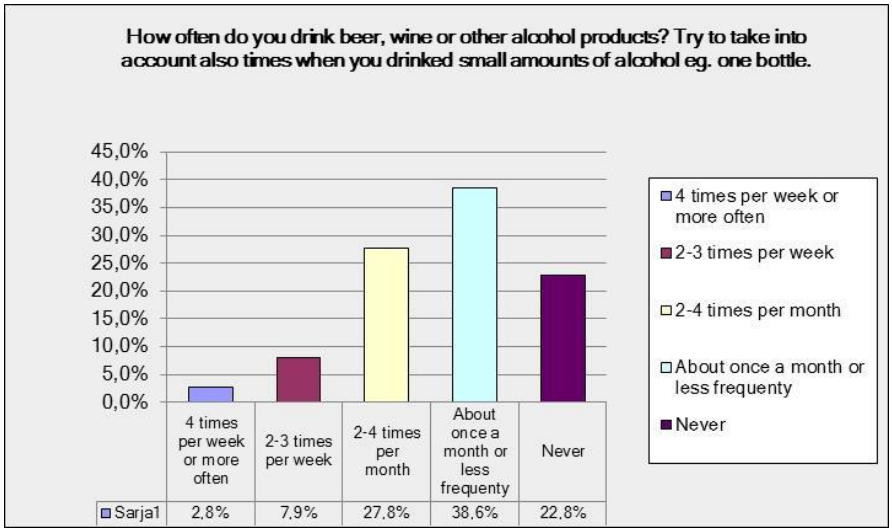


Figure 56. Alcohol consumption

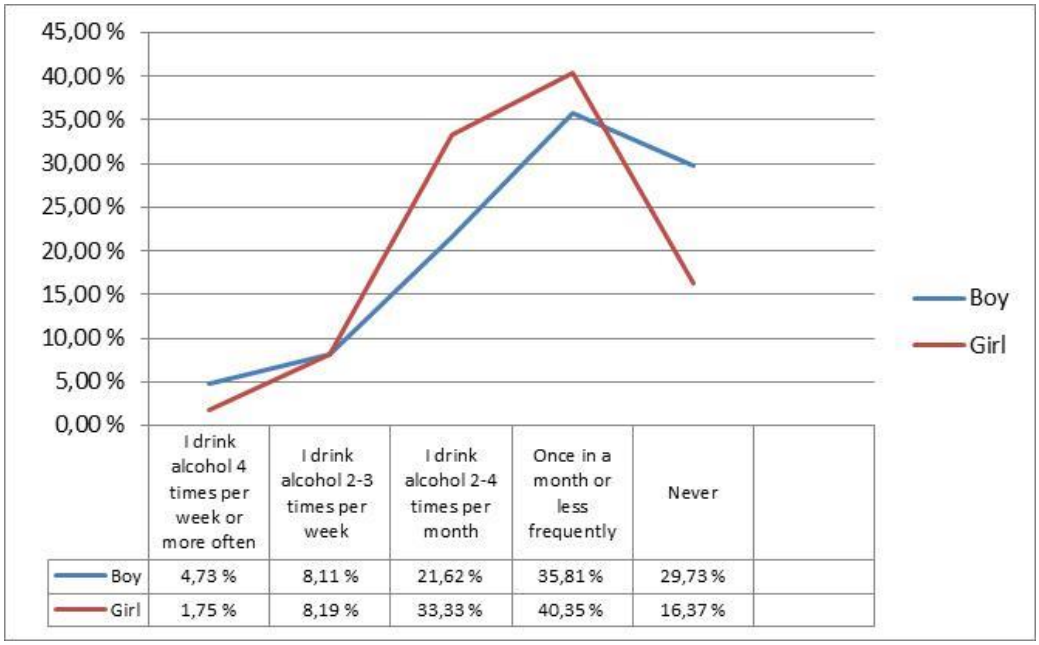


Figure 57. Cross-tabulation of Alcohol consumption and gender

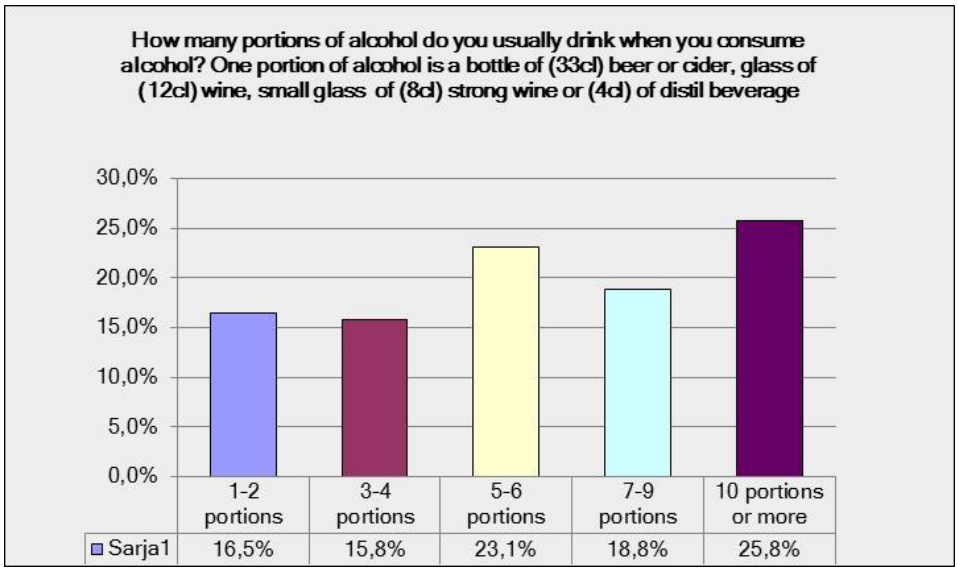


Figure 58. Number of alcohol portions consumed

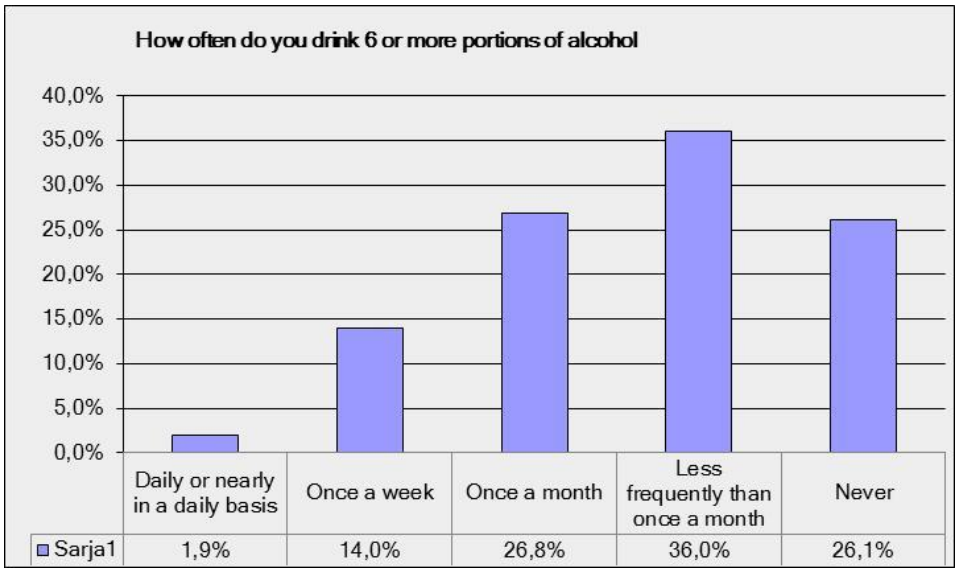
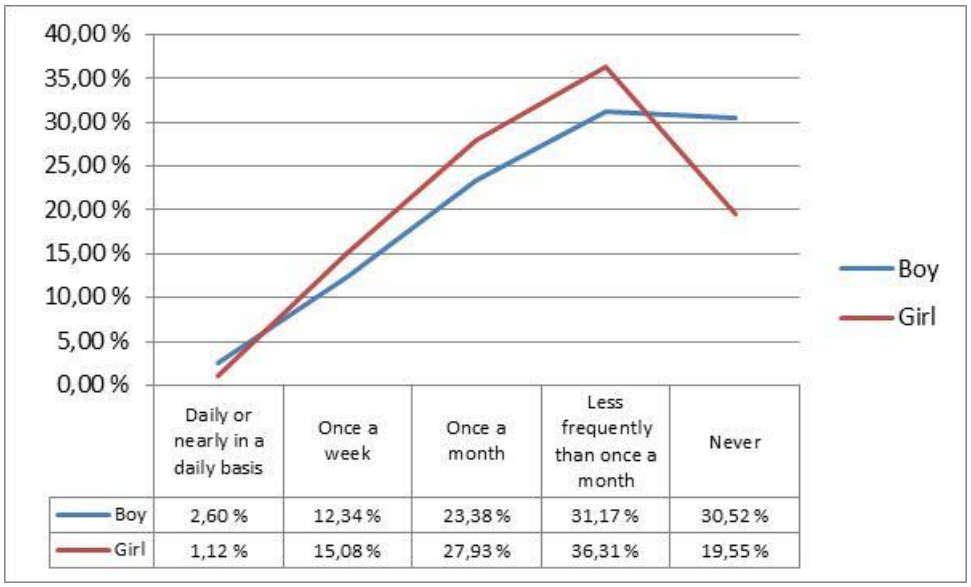


Figure 59. Consumptions of 6 or more alcohol portions



	Daily or nearly in a daily basis	Once a week	Once a month	Less frequently than once a month	Never
Boy	2,60 %	12,34 %	23,38 %	31,17 %	30,52 %
Girl	1,12 %	15,08 %	27,93 %	36,31 %	19,55 %

Figure 60. Cross-tabulation between the variables of consumption of 6 or more alcohol portions and gender

Respondents relationship to drugs was also covered in the questionnaire and it revealed that 85.8% of respondents have never used or tried drugs. 12.3% had tried drugs and 1.9% answered that they use drugs (Figure 61). In 2008–2009, an estimated 11% of students in the 1st and 2nd years of upper secondary school had tried illegal drugs at some time in their lives. [16:37]

In questionnaire mixed usage of alcohol and other narcotics was asked and 97% of respondents have not used alcohol and other narcotics combined in order to get intoxicated. In other hand 7.0% of respondents answered that they have tried or used alcohol and narcotics together (Figure 62).

When asked more specifically what they have used with alcohol Ketipinor was mentioned several times. Ketipinor is an antipsychotic certified for the treatment of schizophrenia, bipolar disorder, and depressive disorder. Other narcotics mentioned by respondents were Opamox, Imovane, pain killers, Diapam, and Subutex.

A deeper analysis was performed between the variables of respondents general spirit and usage of alcohol and narcotics together in order to get intoxicated. Cross-tabulation in Figure 63 presents that respondents which has used alcohol and narcotics together in order to get intoxicated felt more low spirited than the other group. Pearson correlation was 0.163 which means that there is a not significant but slight correlation between these two variables. P-Value was 0,004 which means that this analysis is valid.

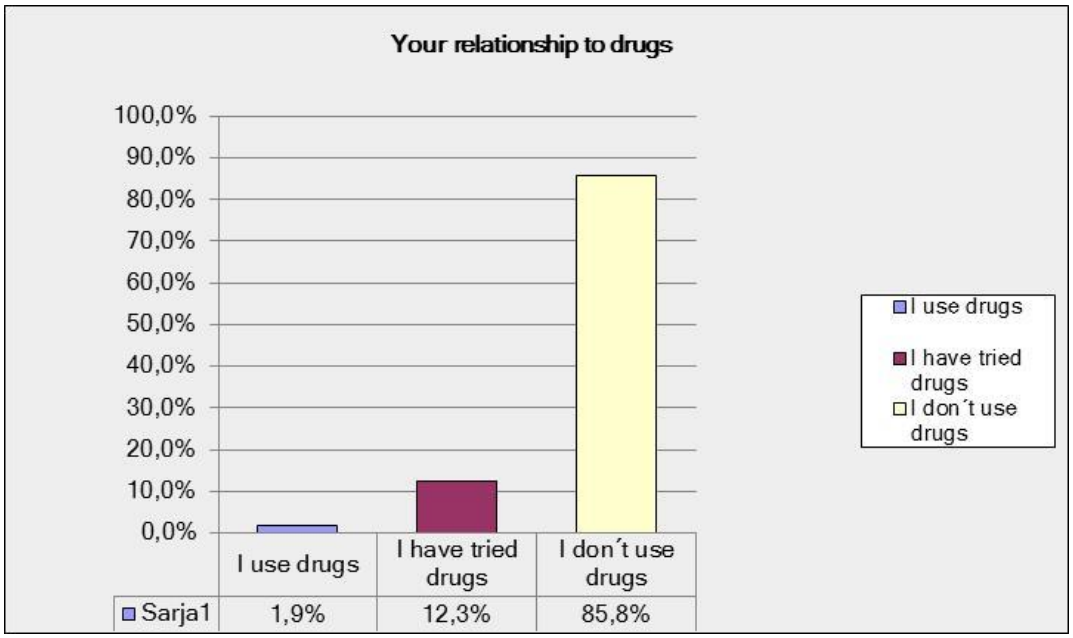


Figure 61. Relationship to drugs

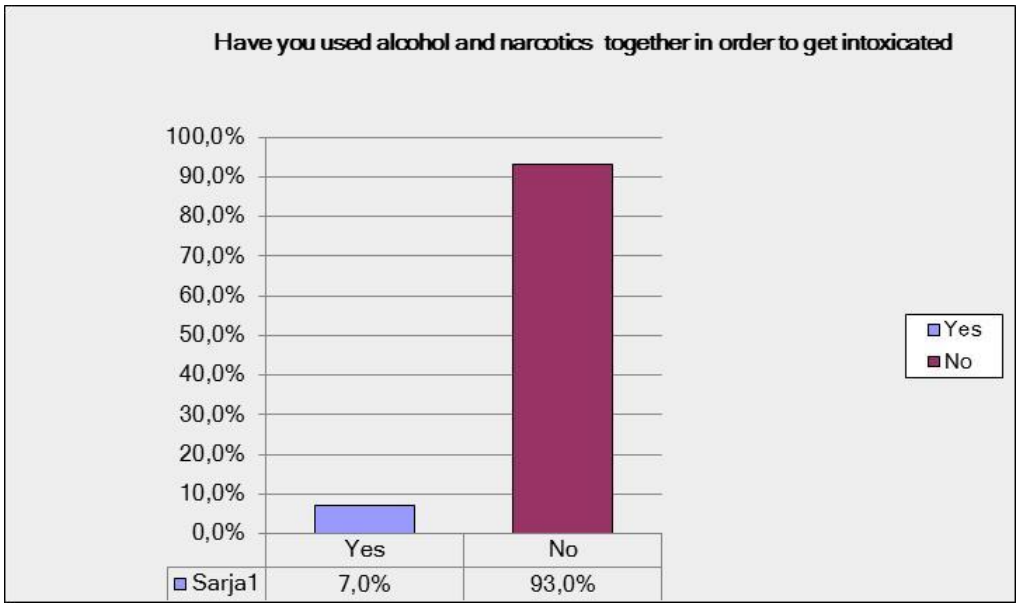


Figure 62. Combined consumption of alcohol and narcotics

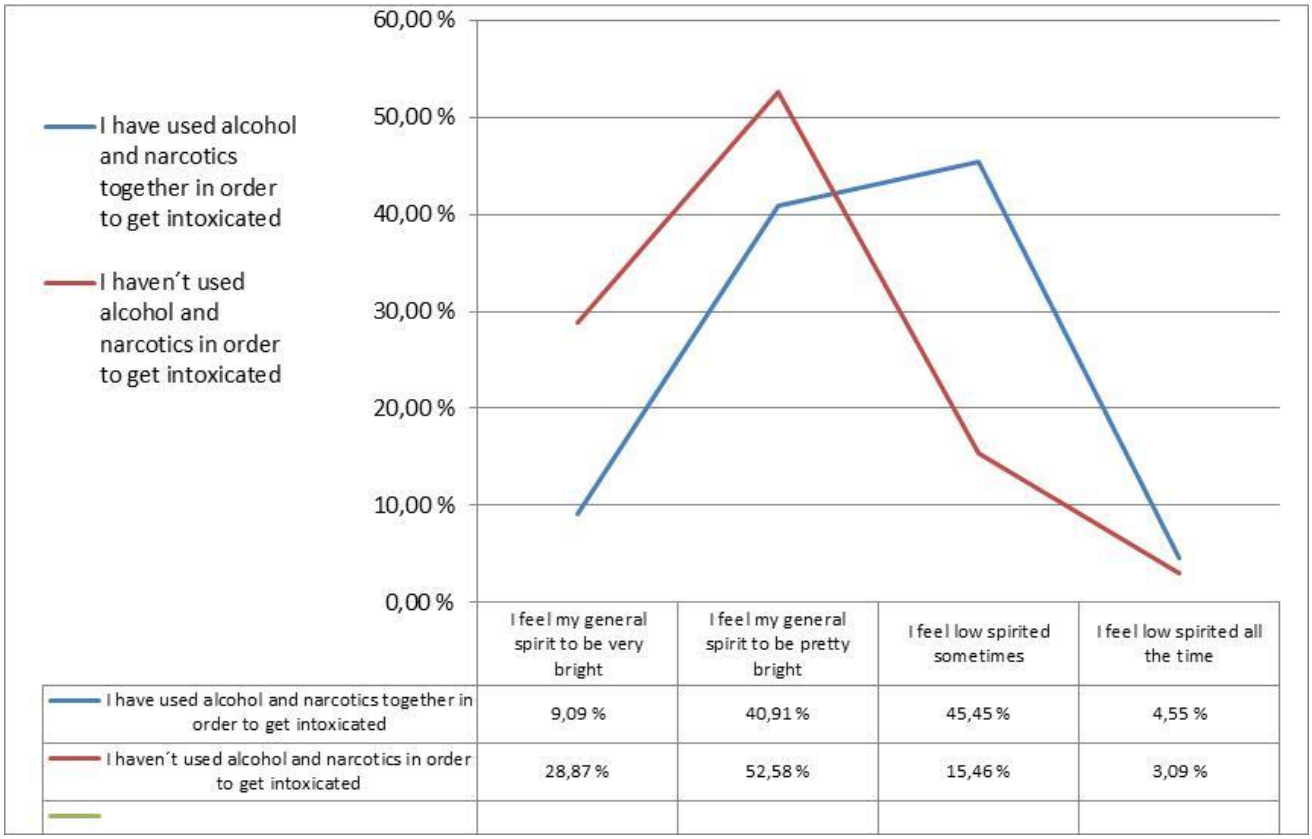


Figure 63. Cross-tabulation of combined consumption of alcohol and narcotics in order to get intoxicated and respondents feelings of their general spirit.

As seen in Figure 64. consumption of spirits during the past year has stayed at the same level in 47.0% of respondents. 41.1% of respondents answered that the consumption of spirits has decreased. Only 11.9% answered that the consumption of spirits has increased, which is a positive sign.

In questionnaire it was also asked if respondents think that they need help in controlling their consumption of spirits. 67% of respondents think that they don´t need help in their spirit consumption and 37.9% thought that they would like to control their spirit consumption more (Figure 65).

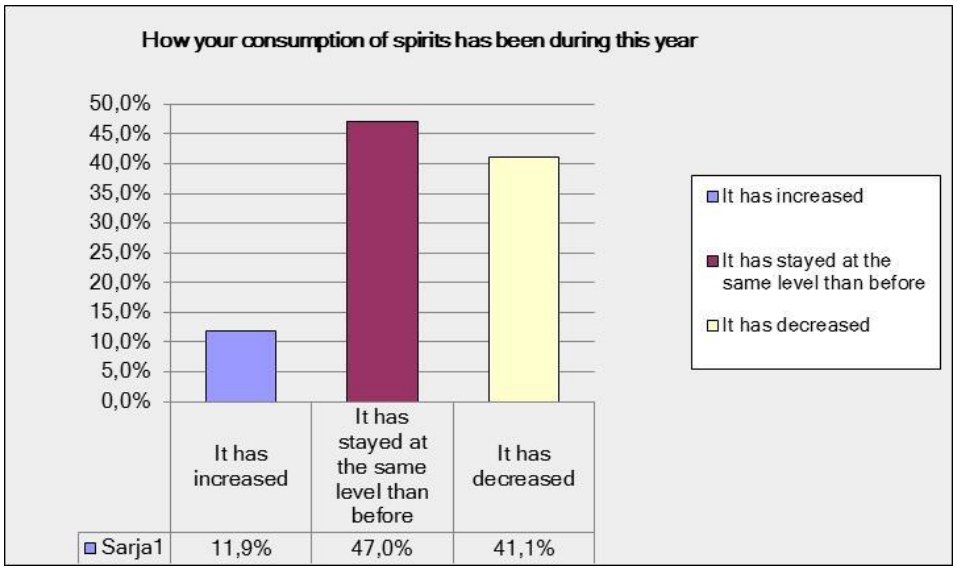


Figure 64. Consumption of spirits during the past year

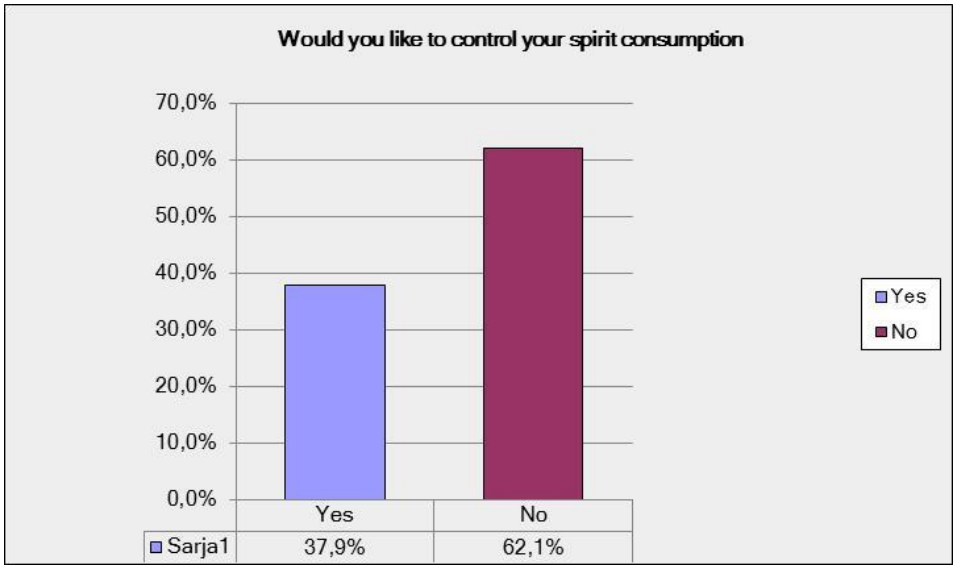


Figure 65. Cotrol of alcohol consumption

5 CONCLUSIONS

Wellness consists of physical, psychological, social, and spiritual dimensions of adolescents' lives. This study reinforces the earlier study findings of complexity of wellness and how all these different aspects of wellness interact together in order to create a holistic view to adolescents life.

The purpose of this study was to reveal possible health problems and give targeted results to health care professionals and school staff to intervene with problems that comes to the fore from this study. Study results will be presented to the staff of Etelä-Kymenlaakso Vocational College at 21th of May 2013. City of Kotka, Health Promotion unit will also be informed about the study findings and also will be invited to presentation at Ekami.

The main results of this study were that respondents with more positive experience of their own health status did also had more positive view of their general spirit. This finding might help professionals in the future to plan more targeted health promotion projects to student´s with bad health status and in that way also to help them to increase their general spirit status.

Cross-tabulation between school lunch eating habits and problems in concentration at school revealed clear evidence that respondents answering not to eat lunch at school had more problems in concentration during the school day. This finding might help school professionals to launch a campaign which would encourage students to eat meal at school. Result from that kind of campaign could be in a long run also a change in the school´s learning outcomes.

The respondents' level of general spirit was very high, as only one fifth of students felt low-spirited sometimes or all the time. Cross-tabulation of gender versus perception of own immediate future revealed that there was clear evidence that girls had more negative perception of their immediate future than boys. This finding could give health care professionals and school staff working with the adolescent girls a basis where to start to build a health promotion project targeted mainly to girls and maybe the project could emphasize more to the aspects of girls psychological and spiritual wellness.

Respondents' alcohol consumption habits were surprising. It must be remembered that most of the respondents taking part to this study are minors. Average age of adolescents taking part of this study was 17.44 years old and they should not even have the opportunity to drink or have alcohol in their possession. Only 22.8% of respondents answered that they did not use alcohol at all.

Cross-tabulation between the variables of gender and alcohol consumption and also gender and drinking 6 or more portions of alcohol presented results that not only the girls are drinking alcohol more often but also they use 6 or more portions of alcohol more often than boys.

Deeper analysis was performed between the variables of respondents' general spirit and usage of alcohol and narcotics together in order to get intoxicated. Result was clear and respondents which have used alcohol and narcotics together in order to get intoxicated felt more low spirited than the others.

All in all the study results showed that the girls should be addressed more in health promotion projects. Alcohol consumption among the girls was quite alarming and that is a issue that should be taken into account when planning health promotion projects targeted to this group.

As a conclusion most of the life habits even good or bad are formed during adolescence years. That is why it is so essential to promote adolescents´ health- and wellbeing status in an early stage and in other hand prevent bad life habits occurring.

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7 APPENDICES

Appendix 1. Questionnaire

TERVEYSKYSELY OPISKELIJALLE

LUOTTAMUKSELLINEN

OLE HYVÄ JA VASTAA KYSYMYKSIIN YMPYRÖIMÄLLÄ MIELIPIDETTÄSI VASTAAVAN TAI SITÄ LÄHINNÄ OLEVAN VAIHTOEHDON NUMERO. ÄLÄ KIRJOITA NIMEÄSI LOMAKKEESEEN.

TAUSTA

1. Olen
   1. Poika
   2. Tyttö

2. Olen _____- vuotias

3. Asuinalueesi postinumero :_____

4. Perheeseeni kuuluu
   1. Äiti ja Isä
   2. Äiti ja Isäpuoli
   3. Isä ja Äitipuoli
   4. Vain Äiti
   5. Vain Isä
   6. Joku muu huoltaja

5. Minulla on sisaruksia
   1. Kyllä
   2. Ei

Jos vastasit kyllä, montako? _____

6. Vanhempani ovat (voit ympyröidä enemmän kuin yhden vaihtoehdon)
   1. Kokoaikatöissä
   2. Osa-aikatöissä
   3. Kotiäiti/ -isä
   4. Lomautettu
   5. Työtön
   6. Opiskelija

7. Peruskoulun päättötodistukseni keskiarvo oli

TERVEYDENTILA

8. Koen oman terveydentilani
    1. Erittäin hyväksi
    2. Melko hyväksi
    3. Ei hyväksi eikä huonoksi
    4. Melko huonoksi
    5. Erittäin huonoksi

9. Pituuteni on _____

10. Painoni on_____

11. Minulla on todettu pitkäaikaissairauksia (esim. astma, epilepsia, diabetes, reuma)
    1. Ei
    2. Kyllä

Jos vastasit kyllä, mitä?_____

12. Minulla on allergioita? (esim. lääkeaine, ruoka-aine, eläimet, siitepölyt)
    1. Ei
    2. Kyllä

Jos vastasit kyllä, mitä?_____

13. Olen huomannut omassa terveydentilassani kyseisiä muutoksia

(Rastita oheiseen taulukkoon)

Onko sinulla	**Ei**	**Kyllä**	**Lisätietoja**
hartia- tai niskasärkyä			
selkäkipuja			
toistuvia vatsavaivoja			
toistuva päänsärky/migreeni			

RAVITSEMUS JA LIIKUNTA

14. Syön päivittäin aamupalaa?
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

15. Syön päivittäin lounasta?
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

16. Syön päivittäin päivällistä?
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

17. Syön päivittäin välipalaa?
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

18. Syön päivittäin iltapalaa?
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

19. Perheeni ateriointia iltapäivällä ja illalla kuvaa seuraavista vaihtoehdoista parhaiten
    1. Syömme yhteisen aterian, jolloin yleensä kaikki ovat ruokapöydässä
    2. Valmistetaan ateria, mutta koko perhe ei syö yhtä aikaa
    3. Ei varsinaista ateriaa, vaan jokainen ottaa itselleen syötävää

20. Kouluruokailuani kuvaa seuraavista vaihtoehdoista parhaiten
    1. Syön yleensä tarjotun ruoan
    2. Syön yleensä leivän, juoman ja / tai salaatin, mutta harvoin pääruokaa
    3. En juuri syö kouluruokaa

21. Syön kasviksia päivittäin
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

22. Syön hedelmiä päivittäin
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

23. Syön viljatuotteita päivittäin
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

24. Syön maitotaloustuotteita päivittäin
    1. hyvin usein
    2. melko usein
    3. harvoin
    4. en koskaan

25. Harrastan hengästyttävää liikuntaa tai urheilua vapaa-aikanani vähintään puolen tunnin ajan yhtäjaksoisesti
    1. Joka päivä
    2. 4-6 kertaa viikossa
    3. 2-3 kertaa viikossa
    4. Kerran viikossa
    5. Harvemmin
    6. En lainkaan

IHMISSUHTEET, MIELIALA JA JAKSAMINEN

26. Tunnen mielialani yleensä
    1. Erittäin valoisaksi ja hyväksi
    2. Melko valoisaksi ja hyväksi
    3. Tunnen itseni joskus alakuloiseksi
    4. Olen jatkuvasti alakuloinen

27. Suhtaudun tulevaisuuteen
    1. Erittäin toiveikkaasti
    2. Melko toiveikkaasti
    3. En myönteisesti enkä synkästi
    4. Tulevaisuus näyttää minusta melko synkältä
    5. Tulevaisuus näyttää minusta erittäin synkältä

28. Minua kuvaa seuraavista vaihtoehdoista parhaiten (Rastita oheiseen taulukkoon)

Oletko tyytyväinen	**Hyvin tyytyväinen**	**Melko tyytyväinen**	**En osaa sanoa**	**Melko tyytymätön**	**Hyvin tyytymätön**
itseesi					
suhteeseesi vanhempiisi					
ystävyyssuhteisiisi					
seurustelusuhteeseesi					
elämäntilanteeseesi					
opiskelupaikkaasi					
Onko elämääsi haitannut viime aikoina	**Hyvin paljon**	**Melko paljon**	**En osaa sanoa**	**Melko vähän**	**Hyvin vähän**
jännittyneisyys					
ahdistuneisuus					
stressi					
masentuneisuus					
yksinäisyys					
keskittymisvaikeudet					

29. Nukun arkiöisin
    1. alle 6 tuntia
    2. 6-7 tuntia
    3. 8 tuntia
    4. yli 8 tuntia

30. Minun on helppo nousta aamulla ylös
    1. ei koskaan
    2. harvoin
    3. melko usein
    4. hyvin usein

31. Minun vaikeuksia saada unta iltaisin
    1. ei koskaan
    2. harvoin
    3. melko usein
    4. hyvin usein

32. Nukun levottomasti
    1. en koskaan
    2. harvoin
    3. melko usein
    4. hyvin usein

33. Pystyn keskustelemaan vanhempieni kanssa omista asioistani
    1. Usein
    2. Melko usein
    3. Silloin tällöin
    4. En juuri koskaan
    5. En osaa sanoa

34. Minulla on läheinen ystävä jonka kanssa voin keskustella luottamuksellisesti lähes kaikista omista asioistani
    1. On useampia läheisiä ystäviä
    2. On yksi läheinen ystävä
    3. Ei ole läheistä ystävää
    4. En osaa sanoa

PÄIHTEET

35. Käytän tupakkaa
    1. Yli askin päivässä
    2. Alle askin päivässä
    3. Tupakoin vain satunnaisesti, en päivittäin
    4. En tupakoi

36. Jos käytät tupakkaa niin haluaisitko lopettaa tupakoinnin
    1. Kyllä
    2. En

37. Vanhempani tupakoivat (Voit ympyröidä tarvittaessa enemmän kuin yhden vaihtoehdon.)
    1. Äiti tupakoi
    2. Isä tupakoi
    3. Äiti tupakoi ennen, nyt lopettanut
    4. Isä tupakoi ennen, nyt lopettanut
    5. Kumpikaan vanhemmista ei ole tupakoinut

38. Käytän nuuskaa
    1. Päivittäin
    2. Satunnaisesti
    3. En käytä nuuskaa

39. Jos käytät nuuskaa niin haluaisitko lopettaa
    1. Kyllä
    2. En

40. Kuinka usein juot olutta, viiniä tai muita alkoholijuomia? Koeta ottaa mukaan myös ne kerrat, jolloin nautit vain pieniä määriä, esim. pullon keskiolutta tai tilkan viiniä.
    1. ei koskaan
    2. noin kerran kuussa tai harvemmin
    3. 2-4 kertaa kuussa
    4. 2-3 kertaa viikossa
    5. 4 kertaa viikossa tai useammin

41. Kuinka monta annosta alkoholia yleensä olet ottanut niinä päivinä, jolloin käytit alkoholia? Yksi alkoholiannos on pullo (33 cl) keskiolutta tai mietoa siideriä, lasi (12 cl) mietoa viiniä, pieni lasi (8 cl) väkevää viiniä, ravintola-annos (4 cl) väkeviä.
    1. 1-2 annosta
    2. 3-4 annosta
    3. 5-6 annosta
    4. 7-9 annosta
    5. 10 tai enemmän

42. Kuinka usein olet juonut kerralla kuusi tai useampia annoksia?
    1. en koskaan
    2. harvemmin kuin kerran kuussa
    3. kerran kuussa
    4. kerran viikossa
    5. päivittäin tai lähes päivittäin

43. Suhteeni huumeisiin on
    1. en käytä
    2. olen kokeillut _____kertaa
    3. käytän

Jos vastasit ”käytän” niin kuinka kauan olet käyttänyt ja mitä? _____

44. Olen käyttänyt lääkkeitä tai lääkkeitä + alkoholia päihtymistarkoituksessa
    1. En
    2. Kyllä

Jos vastasit kyllä, niin mitä _____

45. Mahdollinen päihteiden käyttöni kuluneen vuoden aikana on
    1. Vähentynyt
    2. Pysynyt ennallaan
    3. Lisääntynyt
    4. Haluaisin hallita alkoholin käyttöäni

KIITOS VASTAUKSISTASI!