



## Health questionnaire

To be filled out by the student and brought to the appointment with the school nurse.

*This is not a document that will be saved in the health records, but to be used as a foundation for discussion.*

Name	Social security number (12 digits)
School	Class

**Do you have any disease, allergies or asthma?**

No     Yes: \_\_\_\_\_

**Do you take any medication regularly?**

No     Yes    Which one/ones? \_\_\_\_\_ What for? \_\_\_\_\_

**Are you currently seeing a doctor, physiotherapist, optician or other?**

No     Yes    What for? \_\_\_\_\_ Where? \_\_\_\_\_

**Do you smoke?**

No     Yes

**Do you use "snus"?**

No     Yes

**Girls: Have you started menstruating yet?**

No     Yes

**Boys: Can you pull your foreskin back?**

No     Yes

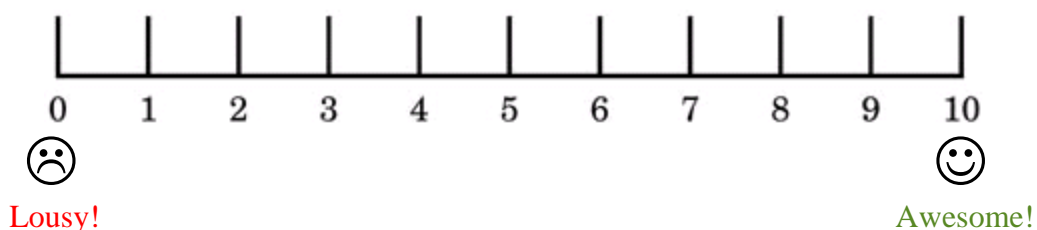
**Do you eat breakfast, lunch and dinner?** \_\_\_\_\_

**How many hours of sleep do you usually get every night?** \_\_\_\_\_

**Do you exercise regularly?**

No     Yes    What exercises do you do and how often? \_\_\_\_\_

**How happy are you with life? Mark one of the numbers below by drawing a circle around it.**



**Is there anything in particular that you feel like discussing with the school nurse?**

No     Yes    What? \_\_\_\_\_