



Health

1. **How would you describe your health in general?**

- Very good
- Good
- Fair
- Poor
- Very poor

2. **Do you have any long-term illness, any discomfort following an accident, any reduced physical function or any other long-term health problem?**

- No
- Yes



Does this condition mean that your ability to work is reduced or hinders you in your other day-to-day activities?

- No, not at all
- Yes, to some extent
- Yes, a great deal

3. **Can you see and distinguish normal text in daylight without difficulty?**

- Yes, without glasses
- Yes, with glasses
- No

4. **Can you hear what is being said in a conversation between several persons without difficulty?**

- Yes, without a hearing aid
- Yes, with a hearing aid
- No

5. **Can you run a short distance (about 100 metres)?**

- Yes *Continue to question 7*
- No

6. **Are you limited in any of the following activities because of your health?**

Mark one alternative on each row.

	Yes	No
a. Can you walk up steps without difficulty? <i>e.g. steps up to a bus or train</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Can you take a short walk (about 5 minutes) at a reasonably fast pace?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you need any aids or the help of another person to move around outdoors?	<input type="checkbox"/>	<input type="checkbox"/>

7. **How tall are you?**

Answer in whole centimetres.

cm

8. **How much do you weigh?**

Answer in whole kilos. If you are pregnant, report how much you normally weigh.

kg





Perceived health and well-being

9. Please indicate for each of the five statements which is closest to how you have been feeling over the last 2 weeks.

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
a. I have felt cheerful and in good spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have felt active and vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My daily life has been filled with things that interest me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Over the past few weeks, have you felt unhappy and depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

11. Over the past few weeks, have you been losing confidence in yourself?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

12. Over the past few weeks, have you felt constantly tense?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

13. Over the past few weeks, have you thought of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

14. Over the past few weeks, have you felt that you couldn't overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual



Symptoms and difficulties

15. Do you have any of the following discomforts or symptoms?

a) Aches in your shoulders or neck?

- No
- Yes, minor discomfort
- Yes, severe discomfort

b) Aches or pains in your back, hip pain or sciatica?

- No
- Yes, minor discomfort
- Yes, severe discomfort

c) Aches or pains in your hands, elbows, legs or knees?

- No
- Yes, minor discomfort
- Yes, severe discomfort

d) Eczema or skin eruptions?

- No
- Yes, minor discomfort
- Yes, severe discomfort

e) Ringing in your ears (tinnitus)?

- No
- Yes, minor discomfort
- Yes, severe discomfort

f) Incontinence (leakage of urine)?

- No
- Yes, minor discomfort
- Yes, severe discomfort

g) Recurrent stomach or bowel problems?

- No
- Yes, minor discomfort
- Yes, severe discomfort

h) Anxiety or worry?

- No
- Yes, minor discomfort
- Yes, severe discomfort

i) Headaches or migraine?

- No
- Yes, minor discomfort
- Yes, severe discomfort

j) Sleeping difficulties?

- No
- Yes, minor discomfort
- Yes, severe discomfort

k) Tiredness?

- No
- Yes, minor discomfort
- Yes, severe discomfort

l) Dizziness?

- No
- Yes, minor discomfort
- Yes, severe discomfort

16. Do you feel stressed at present?

By stressed, we mean a condition where you feel tense, restless, nervous, uneasy or unable to concentrate.

- Not at all
- To some extent
- Quite a lot
- Very much

17. How is your dental health?

- Very good
- Quite good
- Neither good nor poor
- Quite poor
- Very poor



State of health

18. Do you have any of the following illnesses?

a) Diabetes?

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

b) Asthma?

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

c) Allergies?

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

d) High blood pressure?

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

19. Do you have any of the following disabilities?

a) Neuropsychiatric disability (e.g. ADHD, Asperger syndrome)?

- No
- Yes

b) Intellectual disability that began before the age of 18 (e.g. mental retardation)?

- No
- Yes

20. Have you ever been diagnosed with depression by a doctor?

- No, never
- Yes, once
- Yes, several times

21. Have you ever been in a situation where you seriously considered taking your own life?

- No, never
- Yes, more than 12 months ago
- Yes, during the last 12 months

22. Have you ever attempted to take your own life?

- No, never
- Yes, more than 12 months ago
- Yes, during the last 12 months



Physical activity

If your activities vary during the year, try to take some kind of average. Question 23 a) deals with regular exercise and training activities that leave you out of breath and sweaty, while 23 b) deals with moderately strenuous physical activity that leaves you breathing somewhat more heavily than normal, for example brisk walking, gardening, cycling or swimming.

23. a) **How much time do you spend in a normal week on physical training that leaves you out of breath – for example running, fitness training, or ball sports?**
- 0 minutes/no time
 - Less than 30 minutes
 - 30–59 minutes (0.5–1 hour)
 - 60–89 minutes (1–1.5 hours)
 - 90–119 minutes (1.5–2 hours)
 - 2 hours or more
- b) **How much time do you spend in a normal week on daily activities – for example walking, cycling, or gardening? Count all time together (at least 10 minutes at a time)**
- 0 minutes/no time
 - Less than 30 minutes
 - 30–59 minutes (0.5–1 hour)
 - 60–89 minutes (1–1.5 hours)
 - 90–149 minutes (1.5–2.5 hours)
 - 150–299 minutes (2.5–5 hours)
 - 5 hours or more

24. **How much do you sit during a normal day, not counting sleep?**

- More than 15 hours
- 13–15 hours
- 10–12 hours
- 7–9 hours
- 4–6 hours
- 1–3 hours
- Never

Food habits

For question 25 d), it may vary during the year, but try to take some kind of average. Indicate one alternative.

25. a) **How often do you eat vegetables and root vegetables?** *This means all kinds of vegetables, leguminous plants and root vegetables (but not potatoes). Includes fresh, frozen, preserved, cooked, vegetable juice, vegetable soups etc.*
- 3 times a day or more
 - Twice a day
 - Once a day
 - 5-6 times a week
 - 3-4 times a week
 - 1-2 times a week
 - Less than once a week or never



b) How often do you eat fruits and berries?

Applies to all types of fruit and berries (fresh, frozen, preserved, juice, compote etc.).

- 3 times a day or more
- Twice a day
- Once a day
- 5-6 times a week
- 3-4 times a week
- 1-2 times a week
- Less than once a week or never

c) How often do you drink soda, juice, or other sweetened drinks?

- 4 times a week or more
- 2-3 times a week
- Once a week
- Less than once a week
- Never

d) How often do you eat fish or shellfish as a main course?

- 4 times a week or more
- 2-3 times a week
- Once a week
- Less than once a week
- Never

Smoking, snuff, and use of other products

Questions about smoking cover tobacco products such as cigarettes, cigarillos and pipe tobacco.

26. Do you smoke?

- Yes, daily
 - Yes, sometimes
 - No
- times per day

27. Do you take snuff or chew tobacco?

- Yes, daily
- Yes, sometimes
- No

28. Have you previously smoked, or taken snuff or chewed tobacco, for at least 6 months?

- Yes, smoked
- Yes, taken snuff/chewed tobacco
- No

29. Have you ever used hashish or marijuana?

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days





30. Have you ever used an illicit drug other than hashish or marijuana (e.g. amphetamine, cocaine, heroin, ecstasy, or LSD)?

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

31. Have you ever used anabolic-androgenic steroids or growth hormones without a doctor's prescription?

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

32. Have you ever used prescribed drugs in a non-prescribed way?

Meaning you have taken such drugs without a doctor's prescription, more often than a doctor has prescribed, or in greater amount than a doctor has prescribed.

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

Gaming habits

33. Have you in the past 12 months bought lottery tickets or bet money on a game?

By game, we mean for example scratch cards, bingo, casino games, football pools, betting on horses or similar and games for money on the internet such as poker or online betting.

- Yes
- No **→** Continue to question 35

34. During the past 12 months, have you ...

Mark each row with a cross.

	Never	Sometimes	Often	Almost always
a. ... gambled with more money than you really could afford to lose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ... needed to gamble with larger amounts to get the same sense of thrill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ... returned another day to win back money that you lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ... borrowed money or sold something to get money for gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Sunbathing habits

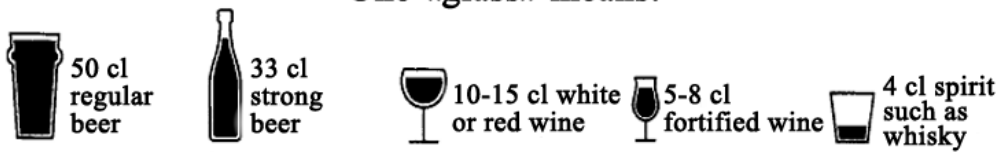
35. Approximately how many times *during the last 12 months* have you gotten sunburned so that your skin became both sore and red?

- Never
- 1–2 times
- 3–5 times
- More than 5 times

Alcohol habits

By alcohol we mean beer with medium or strong alcohol content, cider, wine, fortified wine, and spirits. Answer the questions as accurately and honestly as possible.

One «glass» means:



36. How often did you drink alcohol in *the past 12 months*?

- 4 times a week or more
- 2-3 times a week
- 2-4 times a month
- Once a month or less
- Never → Continue to question 39

37. How many "glasses" (see example) did you drink on a typical day when you drank alcohol in *the past 12 month*?

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more
- Don't know

38. How often did you drink six "glasses" or more at a time in *the past 12 months*?

- Daily or almost every day
- Every week
- Every month
- Less than once a month
- Never

Economic situation

39. Could you or your household, within one month, manage to pay an unexpected expense of 11,000 crowns without borrowing or asking for help?

- Yes
- No



40. During *the last 12 months*, have you ever had difficulty in managing the regular expenses for food, rent, bills etc.?

- No
- Yes, once
- Yes, more than once


Work, education and employment

41. What is the highest level of education that you have completed?

- Elementary school, primary school, or similar
- 2 years of upper secondary school/high school
- 3-4 years of upper secondary school/high school
- Some higher education
- University or college, less than 3 years
- University or college, 3 years or more

42. What is your present form of employment?

More than one answer can be given.

- Work as an employee →  % of full-time
- Self-employed
- Leave of absence or parental leave
- Studying, training
- Labour market measures
- Unemployed
- Retired
- Sickness benefit (disability pension)
- Long-term sick leave (more than 3 months)
- Taking care of own household

Other, write in the box:

43. What is/was your main job?

If you are employed at the moment, state what kind of work you have mainly had.

Try to give as detailed a work title as possible.

For example: Instead of assistant, write purchasing assistant. Please use block capitals!

Example: Instead of driver, write for example:

BUSSCHAUFFÖR

Write your occupation or job in CAPITAL letters:

If possible, please, write your main job in Swedish.

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44. What are/were your main tasks?

Describe your main working tasks. For example, if you are a project manager or similar, write what you do - such as "responsible for improving the working environment in social care for the elderly". If you are a factory worker, describe what you do or make.

If you are a manager, describe what type of manager you are and if you have other managers subordinate to you. For example, head of department with three subordinate division managers, or shop manager without subordinate managers.

Questions 45 and 46 should only be answered if you have a skilled profession (those who are on sickness leave, parental leave, or leave of absence must also answer). If you do not have a skilled profession, continue to question 47.

45. Are you worried about losing your job in the coming year?

- Yes
- No

46. During *the last 12 months*, how many days have you been away from work owing to poor health?

- No days
- 1–7 days
- 8–30 days
- More than 30 days

Safety and discrimination

47. Do you ever avoid going out alone for fear of being assaulted, robbed or otherwise victimised?

- No
- Yes, sometimes
- Yes, often





48. a) During *the past 12 months*, have you been subjected to physical violence?

- Yes
 No **➔** *Continue to question 49*

b) **Where did the violence occur?**

More than one answer can be given.

- At work/in school
 At home
 In someone else's home/residential area
 In a public place/place of entertainment
 On or in connection with a train, bus, metro
 Somewhere else

49. During *the past 12 months*, have you been subjected to a threat or threats of violence, so that you were scared?

- Yes
 No

50. During *the past three months*, have you been treated in a way that made you feel discriminated against?

- No **➔** *Continue to question 52*
 Yes, sometimes
 Yes, several times

51. Was the discriminatory behaviour/treatment related to any of the following?

More than one alternative can be marked.

- Ethnicity
 Gender
 Sexual orientation
 Age
 Disability
 Religion
 Skin colour
 Appearance
 Gender identity and/or gender expression
 Other
 Don't know

Social relations

52. Do you have anyone you can share your innermost feelings with and confide in?

- Yes
 No

53. Can you get help from any person or persons if you have practical problems or are ill?

For example, getting advice, borrowing things, help with shopping, repairs etc.

- Yes, always
 Yes, most of the time
 No, mostly not
 No, never





54. Do you think that, in general, people can be trusted?

- Yes
- No

55. Have you taken part in any of the following activities *in the past 12 months*?

More than one answer can be given.

- Study circle/course at your workplace and in free time
- Union meeting or other association meeting
- Theater/movies
- Art exhibition/museum
- Religious gathering
- Sporting event
- Written in a blog, or a letter to the editor of a newspaper/periodical
- Demonstration of some kind
- Public event (e.g. dance recital, visit to a market, or similar)
- Larger family reunion
- Private party
- Followed social networks on the Internet
- Written a contribution, participated in discussions, or played with others on the Internet
- None of the above

Background

56. What is your sexual orientation?

- Heterosexual
- Bisexual
- Homosexual
- I don't know
- Other

57. Are you or have you been transgender?

Transgender is a collective word usually including individuals with a gender identity and/or gender expression that sometimes or always differs from the norms relating to the gender that was registered for them at birth.

- Yes
- No

58. What year were you born?

Year:



59. a) With whom do you share a home?

That is, who do you live with during most of the week. You can mark more than one alternative.

- Nobody
 Parents/siblings
 Spouse/partner
 Other adult

Thank you for your responses; this was your last question!

- Children **→** *Continue to question 59b*

b) How many children do you live with, and how old are they?

You can indicate more than one alternative.

- 0–6 years number
 7–12 years number
 13–17 years number
 18 years or older number

Questions 60 to 62 should only be answered by parents/guardians of children younger than 18 years living at home.

60. Do any of these children have one or more long-term illnesses, functional disabilities, or other long-term health problem?

- No **→** *Thank you for your responses; this was your last question!*
 Yes

61. What degree of severity do you consider these illnesses, disabilities, or health problems to have?

- Mild
 Moderate
 Severe

62. Does this affect your life?

- No, not at all
 Yes, to some extent
 Yes, to a great extent

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!