



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

# Health on Equal Term?

**A survey on health and living conditions in Sweden 2021**

# 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 problems following an accident, any reduced physical function or any other long-term health problem?

- No
- Yes, go to question 2B

## 2B. Does this condition mean that your ability to work is reduced or hinder 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 make out normal text in a newspaper without difficulty?

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

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

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

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

- Yes, go to question 7
- No

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

a) Can you walk up steps without difficulty? E.g. get on a bus or train

- Yes
- No

b) Can you take a short walk (about 5 minutes) at a reasonably fast pace?

- Yes
- No

c) Do you need any aids or the help of another person to move around outdoors?

- Yes
- No

**7. How tall are you?** Answer in whole centimetres.

**8. How much do you weigh?** Answer in whole kilos. If you are pregnant, state how much you normally weigh.

## Self-perceived health and well-being

**9. State how well the statements below fit how you have perceived your situation in the past two weeks.**

a) I've been feeling optimistic about the future

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

b) I've feeling useful

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

c) I've been feeling relaxed

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

d) I've been dealing with problems well

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

e) I've been thinking clearly

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

f) I've been feeling close to other people

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

g) I've been able to make up my own mind about things

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

**10. The following questions ask about how you have been feeling in the past 30 days. For each question, please select the option that best describes how often you had this feeling.**

**In the past month, how often did you feel...**

a) ...nervous?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

b) ...hopeless?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

c) ...restless or fidgety?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

d) ...so depressed that nothing could cheer you up?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

e) ...that everything was an effort?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

f) ...worthless?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

## Symptoms and difficulties

### 11. 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

**12. Do you currently feel stressed?** 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



**13. How is your dental health?**

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

**14. a) In the past three months, have you felt you needed dental care but did not go to the dentist?**

- No go to question 15
- Yes

**b) Why didn't you go to the dentist?** You may select more than one option.

- My symptoms went away
- Financial reasons
- I don't like going (am afraid of the dentist)
- I didn't have time
- Other reasons

## Your state of health

### 15. Do you have any of the following conditions?

a) High blood pressure?

- 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) Diabetes?

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

### 16. What type of diabetes do you have?

- Type 1 diabetes
- Type 2 diabetes
- Another type of diabetes
- I don't know what type of diabetes I have

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

- No never
- Yes, more than 12 months ago
- Yes, in the past months

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

- No never
- Yes, more than 12 months ago
- Yes, in the past months

**19. Have you ever attempted to take your own life?**

- No never
- Yes, more than 12 months ago
- Yes, in the past months

## Physical activity

If your activities vary during the year, try to take some kind of average. Question 20 a) deals with regular exercise and training activities that leave you out of breath and sweaty, while 20 b) deals with moderately strenuous physical activity that leaves you breathing somewhat more heavily than normal, for example brisk walking, gardening, cycling or swimming.

**20. 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

**20. 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 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

**21. 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 22 a-d, it may vary during the year, but try to take some kind of average. Select one option.

**22. 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 or cooked vegetables, 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
- Once or twice a week
- Less than once a week or never

**22. 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
- Once or twice a week
- Less than once a week or never

**22. 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

**22. 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 and use of snuff and other preparations

23. **Do you smoke?** Refers to tobacco products such as cigarettes, cigarillos and pipe tobacco. E-cigarettes are not included.

- No
- Yes, sometimes
- Yes, every day. Enter number per day.

24. a) **Do you use e-cigarettes or other electronic smoking devices?**

- No, go to question 25
- Yes, sometimes
- Yes, every day

24. b) **Are the e-cigarettes with or without nicotine?**

- With nicotine
- Without nicotine
- Both with and without nicotine
- Don't know

25. **Do you take snuff or chew tobacco?**

- No
- Yes, sometimes
- Yes, every day

26. **Have you ever smoked or used moist tobacco (“snus”) daily for a period of at least 6 months?** You may select more than one option.

- No
- Yes, I have smoked cigarettes or other tobacco products
- Yes, I have used e-cigarettes or other electronic smoking products
- Yes, I have used moist tobacco (“snus”)

27. **Have you ever used cannabis (e.g. hashish or marijuana)?**

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

**28. Have you ever used an illicit drug other than cannabis (e.g. amphetamines, cocaine, heroin, ecstasy or LSD)?**

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

**29. 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

**30. Have you ever used prescription drugs classified as narcotics (such as Tramadol or benzodiazepines) in a way other than as prescribed by a doctor?**

By this we mean that you have taken these kinds of drugs without a doctor's prescription, more often than prescribed or in a higher dose than prescribed.

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

## Gaming habits

**31. 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, go to question 33

**32. During the past months, have you ...**

a) ...gambled with more money than you really could afford to lose?

- Never
- Sometimes
- Often
- Almost always

b) ...needed to gamble with larger amounts to get the same sense of thrill?

- Never
- Sometimes
- Often
- Almost always

c) ...returned another day to win back money that you lost?

- Never
- Sometimes
- Often
- Almost always

d) ...borrowed money or sold something to get money for gambling?

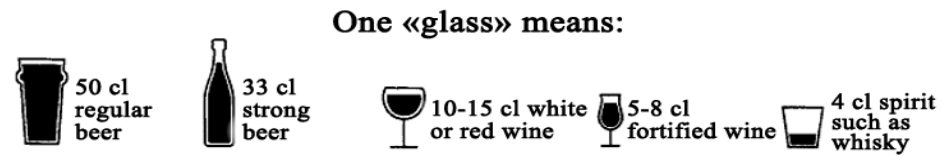
- Never
- Sometimes
- Often
- Almost always



## Alcohol habits

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

Figure. The picture shows what is meant by a glass. Different number of centilitres for different types of alcohol.



**33. 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, go to question 36

**34. How many "glasses" (see example above question 33) 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

**35. How often did you drink six "glasses"(see example above question 33) or more at a time in the past 12 months?**

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

## Environmental health

**36. Does traffic noise (road, train or air traffic) in or near your home cause any of the following disturbances?** By “in or near your home”, we mean indoors or outdoors in the immediate area, such as on your balcony, in the courtyard, in the garden or near the entrance.

a) It is hard to be on the balcony or patio

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

b) It is hard to carry on a normal conversation

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

c) It is hard to sleep

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

d) I am woken up

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

e) It is hard to have the window open during the day

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

f) It is hard to sleep with the window open

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

## Economic situation

**37. Could you or your household be able to pay unexpected costs of 12,000 crowns within a month without borrowing or asking for help?**

- Yes
- No

**38. In 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

### 39. What is your highest completed level of education?

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

### 40. What is your present form of employment? You may select more than one option.

- Work as an employee. Enter percentage 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 here:

Questions 41 and 42 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 43.

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

- Yes
- No

### 42. During the past 12 months, how many days have you been away from work because of poor health?

- None
- 1-7 days
- 8-30 days
- More than 30 days

## Safety and discrimination

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

- No
- Yes, sometimes
- Yes, often

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

- Yes
- No, go to question 45

**44. b) Where did the violence occur?** You may select more than one option.

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

**45. In the past 12 months, have you been subjected to a threat or threats of violence that made you afraid?**

- Yes
- No

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

- No, go to question 47
- Yes, sometimes
- Yes, several times

**46. b) Was the discriminatory behaviour or treatment related to any of the following? You may select more than one option.**

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

## Social relations

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

- Yes
- No

**48. 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

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

- Yes
- No

**50. Have you taken part in any of the following activities in the past 12 months?** You may select more than one option.

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



## Background

### 51. What is your year of birth?

Enter year:

### 52. How do you define your gender identity?

- Female
- Male
- Other
- I don't know

### 53. How would you define your sexual identity?

- Heterosexual
- Bisexual
- Homosexual
- Other, please specify:
- Don't know

**54. Are you or have you been a transgender person?** 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
- Don't know

**55. Sweden has five recognised national minorities and indigenous peoples: Jews, Roma, Swedish Finns, Tornedalians and Sami. Do you identify with any of these national minorities or indigenous peoples?** You may select more than one option.

- No
- Yes, Jews
- Yes, Roma
- Yes, Swedish Finns
- Yes, Tornedalians
- Yes, Sami

**56. a) Who do you live with?** This means the people you live with at least half of the time. You may select more than one option.

- No one
- Parents or siblings
- Spouse or partner
- Other adult/s
- Children, go to question 56b

**56. b) If you have children: How many?** You may select more than one option.

- 0-5 years old. Enter number here:
- 6-12 years old. Enter number here:
- 13-17 years old. Enter number here:
- 18 years or over. Enter number here:

The following questions relate to the COVID-19 pandemic. When referring to the COVID-19 pandemic, we mean the time from March 2020 onwards.

**57. Have you tested positive for COVID-19?**

- No
- Yes

**58. During the COVID-19 pandemic, have you avoided seeking medical care (e.g. healthcare, dental care, mental healthcare or antenatal/postnatal care)?**

- No
- Yes, at some point
- Yes, several times

**59. During the COVID-19 pandemic, have you had a scheduled medical appointment cancelled by the provider (e.g. the medical centre, dentist, psychologist or maternity care provider)?**

- No
- Yes, at some point
- Yes, several times

**60. During the COVID-19 pandemic, to what extent have you been worried about falling seriously ill as a result of COVID-19?**

- Not at all
- To some extent
- Quite a lot
- A lot

**61. During the COVID-19 pandemic, to what extent have you been worried about a loved one falling seriously ill as a result of COVID-19?**

- Not at all
- To some extent
- Quite a lot
- A lot

**62. During the COVID-19 pandemic, to what extent have you been troubled by loneliness?**

- Not at all
- To some extent
- Quite a lot
- A lot

**63. During the COVID-19 pandemic, to what extent have you been troubled by loneliness compared with before?**

- Less than before
- No difference from before
- More than before

**64. During the COVID-19 pandemic, have any of the following happened to you? You may select more than one option.**

- I have been furloughed
- I have been notified of redundancies
- I have become unemployed
- I have been on sick leave
- I have left my course of education without graduating
- I have not experienced any of the above

**65. During the COVID-19 pandemic, how often have you been outdoors in parks, areas of natural beauty or green spaces (e.g. on walks, cycling, or gardening)?**

- Never
- Once or a couple of times per year
- A few times per month
- A few times per week
- Every day

**66. During the COVID-19 pandemic, how often have you been outdoors in parks, areas of natural beauty or green spaces (e.g. on walks, cycling, or gardening) compared with before?**

- Less than before
- No difference from before
- More than before

**THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE!**