



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

# National public health survey 2024

**A survey on health and its conditions**

## Health and well-being

### 1. How would you describe your general health?

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

### 2. How tall are you? Answer in whole centimetres.

3. How much do you weigh? Answer in whole kilograms. If you are pregnant, state how much you normally weigh.

### 4. Below are some statements about feelings and thoughts. Please tick in the box that best describes your experience of each over the last 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 been 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

**5. 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.**

**During the past 30 days, about how often did you feel...**

a) ...nervous?

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

b) ...hopeless?

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

c) ...restless or fidgety?

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

f)...worthless?

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

## Functional capacity

**6. a) Do you have any long-term illness, any problems following an accident, any reduced function, or any other long-term health problem?**

- No, go to question 7
- Yes

**b) Does this condition mean that your ability to work is reduced, or does it hinder you in your other day-to-day activities?**

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

**7. Can you see and make out regular text in a newspaper without difficulty?**

- Yes, without glasses or contact lenses
- Yes, with glasses or contact lenses
- No

**8. 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

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

- Yes, go to question 13
- No

**10. Can you walk one stairstep without difficulty? For example, get onto a bus or a train.**

- Yes
- No

**11. Can you take a short walk (about 5 minutes) at a fairly brisk pace?**

- Yes
- No

**12. Do you need any aids or the help of another person to move around outdoors?**

- Yes
- No

## Symptoms and problems

**13. Do you have any of the following discomfort or symptoms?**

a) Aches or pain in the neck or shoulders?

- No
- Yes, mild discomfort
- Yes, severe discomfort

b) Aches or pains in the back or hips, or sciatica?

- No
- Yes, mild discomfort
- Yes, severe discomfort

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

- No
- Yes, mild discomfort
- Yes, severe discomfort

d) Incontinence (urine leakage)?

- No
- Yes, mild discomfort
- Yes, severe discomfort

e) Worry or anxiety?

- No
- Yes, mild discomfort
- Yes, severe discomfort

f) Difficulty sleeping?

- No
- Yes, mild discomfort
- Yes, severe discomfort

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

**By stressed we mean a state when a person feels tense, restless, nervous, uneasy, or unable to concentrate.**

- Not at all
- Somewhat
- Quite a lot
- Very much

**15. How would you describe your dental health?**

- Very good
- Fairly good
- Neither good nor bad
- Rather bad
- Very bad

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

- No, go to question 17
- Yes

b) What was the reason or reasons for not seeking dental care?

You can choose more than one option.

- The problem went away
- Financial reasons
- Reluctant to go (fear of dentists)
- Didn't have the time
- Other reason

## Physical and mental health

**17. Do you have any of the following conditions?**

a) High blood pressure?

- No
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

b) Asthma?

- No
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems



c) Allergies?

- No
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

d) Diabetes?

- No, go to question 19
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

**18. What type of diabetes do you have?**

- Type 1 diabetes
- Type 2 diabetes
- Other type of diabetes
- Don't know

**19. Has a doctor ever diagnosed you with depression?**

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

**20. 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 12 months

**21. Have you ever tried to take your own life?**

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

## Physical activity

If your activities vary during the year, try to give some kind of average. Question 22 a) is about regular exercise and training activities that leave you out of breath and sweaty, while 22 b) is about moderately strenuous physical activity that increases your pulse somewhat, for example brisk walking, gardening, cycling, or swimming.

Add up the time for the whole week.

**22.a) In a typical week, how much time do you spend exercising on a level that makes you out of breath, such as running, fitness class or ball games?**

- 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) In a typical week, how much time are you physically active in other ways, for example walks, bicycling, or gardening?**

- 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

**23. How much time do you spend sitting during a typical day, not counting sleep?**

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

## Sex life

**24. How satisfied are you with your current sex life?**

- Very satisfied
- Fairly satisfied
- Not so satisfied
- Not at all satisfied

## Food habits

The answers to Question 25 a-d may vary throughout the year but try to give an average. Select only one option.

**25. a) How often do you eat vegetables and root vegetables? Includes all vegetables, legumes, and root vegetables (except potatoes), fresh, frozen, preserved, or cooked. Includes also 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 per week or never

**b) How often do you eat fruits and berries?** Includes all types of fruit and berries (fresh, frozen, preserved, juices, compotes 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 per week or never

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

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

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

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

## **Smoking, using snus (snuff) and other products**

**26. Do you smoke?** Includes tobacco products such as cigarettes, heated tobacco/heat-not-burn products, cigars, cigarillos, and pipe tobacco. E-cigarettes not included.

- No
- Yes, sometimes
- Yes, daily. Enter number per day:

**27. a) Do you use e-cigarettes?**

- No, go to question 28
- Yes, sometimes
- Yes, daily

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

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

**28. Do you use snus that contains tobacco (portion or loose snus)?**

- No
- Yes, sometimes
- Yes, daily

**29. Do you use tobacco-free nicotine snus (nicotine pouches)?**

- No
- Yes, sometimes
- Yes, daily

**30. Have you ever smoked or used snus daily for a period of at least 6 months?**

You can choose more than one option.

- No
- Yes, smoked cigarettes or other tobacco products
- Yes, used e-cigarettes
- Yes, used snus that contains tobacco
- Yes, used tobacco-free nicotine snus

**31. Have you used cannabis (for example hash or marijuana)?**

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

**32. Have you used any narcotic drugs other than cannabis (for example 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

**33. Have you 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

**34. Have you 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

## **Gambling habits**

**35. In the last 12 months, have you gambled or bought lottery tickets for yourself?** Gambling refers to e.g. lotteries or scratch cards, bingo, poker, electronic gaming machines, slot machines, other casino games, sports betting, and betting on horses or similar, including online gambling such as poker or online betting. It also includes private gambling, like betting or playing poker with friends.

- Yes
- No, go to question 37

**36. During the past 12 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

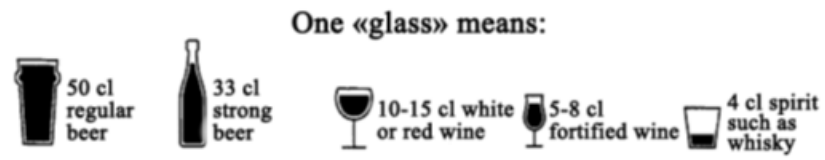
## Alcohol habits

By alcohol we mean beer with a medium or strong alcohol content, cider, wine, fortified wine, and spirits.

### 37. 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 per month or less often
- Never, go to question 40

Figure. This picture shows what is meant by a glass. Different amounts for different types of alcohol.



38. How many "glasses" did you drink on a typical day when you drank alcohol in the past 12 months? See example above what is meant by a glass (Figure).

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

39. How often did you drink six "glasses" on one occasion in the past 12 months? See example above what is meant by a glass (Figure).

- Daily or almost daily
- Every week
- Every month
- Less often than once a month
- Never



## Environmental health

**40. 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) Difficult to spend time on balcony or patio

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

b) Difficult to carry on a normal conversation

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

c) Difficult to fall asleep

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

d) Being woken up

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

e) Difficult to have an open window during the day

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

f) Difficult to sleep with an open window

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

**41. How often do you spend time outdoors in parks, natural areas or green spaces (including lakes, rivers and seas)?**

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

## Financial situation

**42. Would you or your household be able to pay, within a month, an unexpected expense of 14,000 SEK without needing to borrow or ask for help?**

- Yes
- No

**43. In the last 12 months, have you ever had difficulty paying your regular expenses for food, rent, bills, etc.?**

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

## Work and employment

**44. What is your main occupation at the moment?** Select only one option. If several options apply, mark the one that best applies.

- Employee, % of full-time
- Self-employed or Farmer
- Student
- Unemployed or employed within a labour market programme, go to question 46
- On leave of absence or parental leave
- Long-term unemployed (more than 3 months)
- On sickness or activity benefit (early retirement pension due to sickness or disability)
- Retired (full old-age pension or contractual pension), go to question 46
- Housewife/homemaker (not retired), go to question 46
- Other

Question 45 is to be answered only by those who are in employment (those on sick leave, parental leave or leave of absence should also answer). If you are not working, go to question 46.

**45. Are you worried about losing your job in the next 12 months?**

- Yes
- No

## Safety and victimisation

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

- No
- Yes, sometimes
- Yes, often

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

- Yes
- No, go to question 48

**b) The perpetrator of the violence was ...** You can choose more than one option.

- Current or former partner
- Other family member or close relative
- Other relative or acquaintance
- Someone I met in my work or studies (for example a boss or a client)
- Sports coach or similar leader
- Someone unknown
- Don't want to answer

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

- Yes
- No

**49. a) In the past 3 months, have you been treated in a way that has left you feeling victimised?**

- No, go to question 50
- Yes, at some point
- Yes, several times

**b) Was the victimisation related to any of the following?** You can choose more than one option.

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

## National minorities and indigenous peoples

**50. Do you belong to any of Sweden's national minorities: Jews, Roma, Swedish Finns, Tornedalians or the indigenous Sami people?** You can choose more than one option.

- No
- Yes I'm a Jew
- Yes I'm a Roma
- Yes I'm a Swedish Finn
- Yes I'm a Tornedalian
- Yes I'm a Sami

## Social relationships and trust

**51. Do you have someone you can share your innermost feelings with and confide in?**

- Yes
- No

**52. Can you get help from someone if you have practical problems or are ill?** For example, getting advice, borrowing things, help with shopping, repairs.

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

**53. Do you experience loneliness?**

- No
- Yes, but rarely
- Yes, sometimes
- Yes, often
- Yes, always

**54. In general, do you think that people can be trusted?**

- Yes
- No

**55. How much do you trust each of the following institutions?**

a) Health care

- Very much
- Fairly much
- Fairly little
- Very little
- No opinion

b) The police

- Very much
- Fairly much
- Fairly little
- Very little
- No opinion

c) Schools

- Very much
- Fairly much
- Fairly little
- Very little
- No opinion

d) The national parliament

- Very much
- Fairly much
- Fairly little
- Very little
- No opinion

e) Politicians in your municipality

- Very much
- Fairly much
- Fairly little
- Very little
- No opinion

f) Politicians in your region

- Very much
- Fairly much
- Fairly little
- Very little
- No opinion

## Gender identity and sexual identity

**56. How would you define your gender identity?**

- Female
- Male
- Non-binary
- Wish not to categorise myself
- Not sure

**57. Are you, or have you been, a transperson?** A transperson has a gender identity and/or a gender expression that does not correspond to the legal sex assigned at birth. For example, someone who is born and raised as a woman but feels more like a man.

- Yes
- No
- Not sure

**58. How would you define your sexual identity?** Select only one option. If several options apply, mark the one that best applies.

- Heterosexual, this was the last question
- Homosexual
- Bisexual
- Pansexual
- Asexual
- Other
- Not sure, this was the last question

**59. Are you as open about your sexual identity as you want to be?**

- Yes
- Partially yes
- No
- Not sure

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