



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

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 → **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 glasses
 Yes, with glasses
 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?

Select one alternative in each row.

	Yes	No
a. Can you walk up steps without difficulty? <i>e.g. get on 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"/>

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 reason

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 **→** Go to Question 17
- 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 12 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 12 months

19. **Have you ever attempted 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 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

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

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

- 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

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

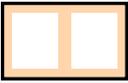
- 4 times a week or more
- 2–3 times a week
- Once a week
- Less than once a week
- Never

- 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 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 →  pieces a day

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

- No → Go to Question 25
 Yes, sometimes
 Yes, every day

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. 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

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 medicines (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

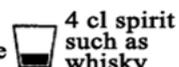
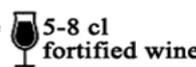
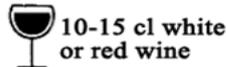
32. During the past 12 months, have you... Select one option in each line.

	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"/>

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:



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) 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" 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.

	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
It is hard to be on the balcony or patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to carry on a normal conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am woken up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to have the window open during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is hard to sleep with the window open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

42. What are or 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 43 and 44 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 45.

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

- Yes
 No

44. 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

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

- No
 Yes, sometimes
 Yes, often

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

- Yes
 No → Go to Question 47

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

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

- Yes
 No

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

- No → Go to Question 49
 Yes, sometimes
 Yes, several times

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

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

- Yes
 No

50. 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

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

- Yes
- No

52. 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

53. What is your year of birth?

Year:

54. How do you define your gender identity?

- Female
 Male
 Other
 Don't know

55. How would you define your sexual identity?

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

56. 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

57. 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

58. 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

Thank you for your responses!

→ **Go to Question 58b**

b) If you have children: How many?

You may select more than one option.

- 0–5 years old number
- 6–12 years old number
- 13–17 years old number
- 18 years or over number

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