



HEALTH ON EQUAL TERMS?

**A survey of health and living conditions in Sweden
2007**

SOME FACTS ABOUT THE SURVEY

How does the survey work?

The questionnaire survey is produced jointly by the Swedish National Institute for Public Health (FHI), the Western Götaland Region and Gävleborg County Council. The survey is carried out with the help of Statistics Sweden (SCB).

During March-April 2007 the Swedish-language questionnaire is being distributed by post and is also available through the Internet at web address www.insamling.scb.se. Log-in with the user ID and password given in the accompanying letter.

The completed postal and Internet questionnaires are collected by Statistics Sweden. Here the answers are recorded and the material is sent as digital files to FHI and the relevant county councils for further processing. The material is de-identified before leaving Statistics Sweden.

Once the material has been assembled and analysed it will form a basis for a number of reports on public health.

Can anyone see my answers?

The information you give is protected under the Official Secrets Act and the provisions of the Personal Data Act. The confidentiality of statistics under chapter 9, paragraph 4, of the Official Secrets Act requires everyone working on the survey to observe professional secrecy.

The reported results never show what individual respondents have answered. The number at the top of the form is to enable Statistics Sweden to see during the collection who has answered and who should be sent a reminder. Once Statistics Sweden's processing is complete, all personal particulars are removed before the material is sent to FHI and the relevant county councils for further processing.

Data material from the survey may only be released to other county councils than the two mentioned, or to researchers, after scrutiny as to their confidentiality.

What if I want to change my answers?

You have the opportunity to alter things until August. Since Statistics Sweden removes all particulars of identity, no alterations can be made after the material has been handed over to FHI and the county councils.

Stamped-addressed envelope

Return the enquiry in the enclosed stamped-addressed envelope, or answer it via the Internet.

Kindly answer as soon as possible.

With thanks for your cooperation!

Instructions:

The questionnaire will be read by machine. As you answer, please therefore note the following:

- Use a ballpoint pen with black or blue ink. Do not use a pencil.
- Write clear figures:

- Write clear CAPITAL letters:

- Mark answers with crosses like this:  And not like this: 
- Should you wish to change your answer, fill in the whole box:
 - Do not write between or near the answer boxes
 - Write, instead on a comments page



Health

1. How do you rate your general health state?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

2. Thinking of your physical health, for how many days *during the past 30-day period* would you say that it has not been good (owing to illness, bodily troubles or injuries)?

State number of days between 0 and 30.

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 Days

3. Thinking of your mental health, for how many days *during the past 30-day period* would you say that it has not been good (owing to stress, depression or anxiety)?

State number of days between 0 and 30.

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 Days

4. For how many days *during the past 30-day period* did poor physical or mental health lower your work capacity or hinder you in your daily activities?

State number of days between 0 and 30.

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 Days

5. Do you have any long-term illness, problems following an accident, any functional impairment or other long-term health problem?

- 1 No
- 2 Yes



Do these problems mean that your work capacity is lowered or hinder you in your other daily activities?

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

6. Do you have one or more physical, mental or medicinal functional impairments ?

Not including occasional injury or disease.

- 1 Yes, one
- 2 Yes, two
- 3 Yes, three or more
- 4 No Go to question 8





7. Does your functional impairment /do your functional impairments cause you difficulties when taking part in daily activities?

- 1 [] Yes, always or nearly always
2 [] Yes, sometimes
3 [] No, never

8. Can you without difficulty see and pick out normal text in a daily newspaper?

- 1 [] Yes, without spectacles
2 [] Yes, with spectacles
3 [] No

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

- 1 [] Yes, without a hearing-aid
2 [] Yes, with a hearing aid
3 [] No

10. Can you run a fairly short distance (about 100 metres)?

- 1 [] Yes -> Go to question 12
2 [] No

11. Are you limited by your health state in any of the following activities?

Put a cross on every line.

Table with 2 columns: Yes (1), No (2). Rows: a) Can you walk up steps without difficulty? e.g. getting onto a bus or train; b) Can you take a fairly short walk (about 5 mins) at a fairly brisk pace?; c) Do you need aids or someone's help to move about outdoors?

12. Have you any of the following diseases?

Put a cross on every line.

Table with 4 columns: No (1), Yes, but no distress (2), Yes, slight distress (3), Yes, great distress (4). Rows: a) Diabetes; b) Asthma; c) Allergy; d) High blood pressure

13. How tall are you?

Answer in whole centimetres.

Form for height measurement in centimeters, showing a box divided into three sections.

14. How much do you weigh?

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

Form for weight measurement in kilograms, showing a box divided into three sections.





15. Have you any of the following disorders or symptoms?

a) Pain in the shoulders or neck?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

b) Back pain, backache, hip pains or ischias?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

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

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

d) Headache or migraine?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

e) Anxiety, worry or anguish?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

f) Fatigue?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

g) Sleeping problems?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

h) Eczema or skin rashes?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

i) Ringing in the ears (tinnitus)?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

j) Incontinence (urine leakage)?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

k) Recurrent bowel trouble?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort

l) Excess weight, obesity?

- 1 No
- 2 Yes, mild discomfort
- 3 Yes, great discomfort





16. **Have you been able to concentrate on all your activities *in the past few weeks*?**

- 1 Better than usual
- 2 As usual
- 3 Worse than usual
- 4 Much worse than usual

17. ***In the past few weeks* have you felt that you can appreciate what you have accomplished during the day?**

- 1 More than usual
- 2 As usual
- 3 Worse than usual
- 4 Much less than usual

18. **Have you had any trouble sleeping due to worry *in the past few weeks*?**

- 1 None at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

19. **Have you been able to manage your problems *in the past few weeks*?**

- 1 Better than usual
- 2 As usual
- 3 Worse than usual
- 4 Much worse than usual

20. **Do you feel that you have accomplished things *in the past few weeks*?**

- 1 More than usual
- 2 As usual
- 3 Less than usual
- 4 Much less than usual

21. **Have you felt dejected and depressed *in the past few weeks*?**

- 1 Not at all
- 2 No more than usual
- 3 More than usual
- 4 Much more than usual

22. **Have you been able to make various decisions *in the past few weeks*?**

- 1 Better than usual
- 2 As usual
- 3 Worse than usual
- 4 Much worse than usual

23. ***In the past few weeks* have you lost faith in yourself?**

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

24. **Have you felt constant tension *in the past few weeks*?**

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

25. **Have you felt worthless *in the past few weeks*?**

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

26. **Have you felt that you cannot manage your problems *in the past few weeks*?**

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

27. **Have you been relatively happy *in the past few weeks*?**

- 1 More than usual
- 2 As usual
- 3 Less than usual
- 4 Much less than usual





28. Do you feel stressed at present?

By stressed is meant a state where one feels tense, restless, nervous, worried or distracted.

- 1 Not at all
- 2 To some extent
- 3 Fairly much
- 4 Very much

29. Have you at any time found yourself in a situation when you have seriously considered taking your own life?

- 1 No
- 2 Yes, once
- 3 Yes, several times

30. Have you ever tried to take your own life?

- 1 No
- 2 Yes, once
- 3 Yes, several times

31. Have you during the past three months used one or more of the following medical preparations?

Put a cross on every line.

	No	Yes
	1	2
a) Stomach ulcer/gastritis medicine	<input type="checkbox"/>	<input type="checkbox"/>
b) Asthma/allergy medicine	<input type="checkbox"/>	<input type="checkbox"/>
c) Diabetes medicine	<input type="checkbox"/>	<input type="checkbox"/>
d) Blood-pressure-lowering medicine	<input type="checkbox"/>	<input type="checkbox"/>
e) Sleeping drugs	<input type="checkbox"/>	<input type="checkbox"/>
f) Antidepressive medicine	<input type="checkbox"/>	<input type="checkbox"/>
g) Sedative/anxiety-reducing medicine	<input type="checkbox"/>	<input type="checkbox"/>
h) Painkilling medicine on prescription	<input type="checkbox"/>	<input type="checkbox"/>
i) Prescription-free painkilling medicine	<input type="checkbox"/>	<input type="checkbox"/>
j) Blood-fat-reducing medicine	<input type="checkbox"/>	<input type="checkbox"/>
k) Other medicine	<input type="checkbox"/>	<input type="checkbox"/>

32. Have you during the past three months had contact with the medical services?

Regarding your own trouble or illness.

- 1 No
- 2 Yes



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33. Have you during the past three months visited or been visited by any of the following?*For your own trouble or illness. Put a cross on every line.*

	No	Yes, once	Yes, several times
	1	2	3
a) Doctor in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Doctor at health centre, in private practice, company doctor or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) District nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Youth clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Welfare officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Naprapath, chiropractor, homeopath or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Have you been admitted to hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. a) Have you during the past three months considered yourself in need of medical care but refrained from seeking care?

- 1 No **—————>** Go to question 35
 2 Yes

b) What was the reason/were the reasons for not seeking medical care?*Several alternatives possible.*

- 1 The problem passed off
 1 Too long waiting time
 1 Difficult to get through on the telephone
 1 Did not get an appointment quickly enough
 1 Negative experience of earlier visits
 1 Economic reasons
 1 Didn't have time
 1 Didn't know where to apply
 1 Other reason

35. What do you think about your dental health?

- 1 Very good
 2 Quite good
 3 Neither good nor bad
 4 Quite poor
 5 Very poor

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36. When did you last visit a dentist/dental hygienist?

- 1 Less than a year ago
- 2 Less than two years ago
- 3 Three to five years ago
- 4 More than five years ago
- 5 Have never visited a dentist / dental hygienist
- 6 Don't know/don't remember

37. a) Have you *during the past three months* considered yourself in need of dental care but have refrained from seeking care?

- 1 No **—————>** *Go to question 38*
- 2 Yes

b) What was your reason/were your reasons for not seeking dental care?

Several alternatives possible.

- 1 The problem passed off
- 1 Economic reasons
- 1 Reluctant to go (fear of dentists)
- 1 Had no time
- 1 Other reason

Living habits

38. How much have you moved about and exerted yourself physically in your free time *during the past 12 months*?

If your activity varies between e.g. summer and winter, try and give an average. Note! Mark only one alternative.

- 1 Sedentary free time (Free time spent sitting down)
You spend time mostly reading, with TV, cinema or other sedentary occupation during your free time. You walk, cycle or move about in other ways for less than 2 hours a week.
- 2 Moderate exercise in free time
You walk, cycle or move about in other ways for at least two hours a week without sweating. This includes cycling to and from work, other walks, normal gardening, fishing, table-tennis, bowling.
- 3 Moderate regular exercise in free time
You exercise regularly 1-2 times a week for at least 30 minutes a time. running, swimming, tennis, badminton or other activity that makes you sweat.
- 4 Regular exercise and training
You spend time for example running, swimming, tennis, badminton, exercise gymnastics or similar on at least three occasions a week. Each occasion lasts at least 30 minutes.



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39. How many hours in a normal week do you do moderately strenuous activities that make you hot?

E.g. walks at a brisk pace, gardening, fairly hard housework, cycling, swimming. This may vary during the year, but try and give some kind of an average. Mark one alternative.

- 1 5 hours a week or more
 2 More than 3 hours but less than 5 hours a week
 3 Between 1 and 3 hours a week
 4 At most one hour a week
 5 Not at all

40. a) How often do you eat green vegetables and root vegetables?

Applies to all types of vegetable, peas & beans and root vegetables (except potatoes). Applies to fresh, frozen, tinned, stewed, vegetable juices, vegetable soups etc. This may vary during the year but try and give some kind of average. Give one alternative.

- 1 3 times a day or more often
 2 2 times a day
 3 1 time a day
 4 5-6 times a week
 5 3-4 times a week
 6 1-2 times a week
 7 A few times a month or never

b) How often do you eat fruit and berries?

Applies to all types of fruit and berry (fresh, frozen, tinned, juices, stewed, etc.). This may vary over the year but try and give some kind of average. Mark one alternative.

- 1 3 times a day or more often
 2 2 times a day
 3 1 time a day
 4 5-6 times a week
 5 3-4 times a week
 6 1-2 times a week
 7 A few times a month or never

Tobacco products including snuff

The questions cover all tobacco products, i.e. cigarettes, cigarillos, cigars, and pipes.

41. Do you smoke daily?

- 1 Yes **—————>** Go to question 44
 2 No

42. Do you ever smoke occasionally?

- 1 No
 2 Yes

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43. Have you earlier smoked daily for at least 6 months?

- 1 No
2 Yes

44. Do you take snuff daily?

- 1 Yes **→** Go to question 47
2 No

45. Do you ever take snuff occasionally?

- 1 No
2 Yes

46. Have you earlier taken snuff daily for at least 6 months?

- 1 No
2 Yes

47. How often do you spend time indoors in premises where other people are smoking or have just done so?

Put a cross on every line.

	Every day	Once/a few times a week	Once/a few times a week	More seldom or never
	1	2	3	4
a) In your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In a cafe, bar or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In another place indoors, e.g. in friends' homes, in cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Have you ever used hash or marijuana?

- 1 No
2 Yes, more than a year ago
3 Yes, in the past year
4 Yes, in the past few months

Gambling habits

49. Have you at any time during the *past 12 months* bought lottery tickets or placed bets?

By gambling is meant e.g. scrape-cards, bingo, casino, football pools, betting on horses, games of chance or similar and Internet games such as poker or betting

- 1 No **→** Go to question 52
2 Yes

50. How much money have you spent on gambling *during the past 7 days*?

I have spent Swedish crowns

- 1 Have not placed any bets during the past 7 days

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51. How many times during the past 12 months have you ...*Put a cross on each line.*

	Never	1-2 times	3 times or more
	1	2	3
a) ... tried to reduce your gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ... felt restless and irritated if you have been unable to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ... lied about how much you have gambled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol habits

By "alcohol" is meant medium-strength beer, strong beer, high-alcohol-content cider, wine, fortified wines and spirits. Answer the questions as accurately and honestly as possible.

By "a glass" is meant:**52. How often have you drunk alcohol during the past 12 months?**

- 1 4 times a week or more
- 2 2-3 times a week
- 3 2-4 times a month
- 4 Once a month or more seldom
- 5 Never → Go to question 56

53. How many "glasses" (see example) do you drink on a typical day when you drink alcohol?

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

54. How often do you drink six "glasses" or more on the same occasion?

- 1 Daily or almost every day
- 2 Every week
- 3 Every month
- 4 More seldom than once a month
- 5 Never

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55. How often *during the past 12 months* have you drunk so much alcohol that you have become drunk?

- 1 Daily or almost daily
 2 A few times a week
 3 Once a week
 4 2-3 times a month
 5 Once a month
 6 Once or a few times in six months
 7 More seldom or never

Economic circumstances

56. Should you suddenly find yourself in an unforeseen situation in which you had to get hold of 15,000 Swedish crowns *in a week*, could you manage this?

- 1 Yes
 2 No

57. Has it happened *during the past 12 months* that you have had difficulty in managing your current expenditure for food, rent, bills, etc?

- 1 No
 2 Yes, once
 3 Yes, on several occasions

Work and occupation

58. What is your present occupation?
Several alternatives may be given.

- 1 Gainfully employed \longrightarrow % of full-time
 1 Leave of absence or parental leave
 1 Studying or training
 1 Labour-market measure
 1 Unemployed
 1 Old-age pensioner
 1 Sick leave/activity support (early-retirement pension, sickness pension)
 1 Long-term sick-listed (more than 3 months)
 1 Managing own household
 1 Other, write in box

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59. a) What is/was/your occupation or what are/were your main work tasks?

If you are not gainfully employed at present, state the occupation/work tasks you have mainly had.

Try go give a job description that accurately describes your chief work task. Instead of teacher write, e.g. pre-school teacher, primary teacher etc.

Example: Instead of driver write e.g.:

B	U	S		D	R	I	V	E	R										
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Occupation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b) Describe your main job task

60. How comfortable do you feel with your work tasks?

- 1 Very comfortable
- 2 Fairly comfortable
- 3 Neither comfortable nor uncomfortable
- 4 Fairly uncomfortable
- 5 Very uncomfortable

61. Are you worried about losing your job within a year from now?

- 1 Yes
- 2 No

62. a) Have you an ill or old relative or friend whom you help with daily activities, see to or nurse?

- 1 Yes
- 2 No **→** *Go to question 63*

b) How many hours a week on average does this involve for you?

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hours a week



Security and social relations

63. Do you ever refrain from going out alone for fear of being attacked, robbed or otherwise molested?

- 1 No
- 2 Yes, sometimes
- 3 Yes, often

64. a) Have you during the *past 12 months* been subjected to physical violence?

- 1 Yes
- 2 No **—————▶** Go to question 65

b) Where did the violence take place?

Several alternatives possible.

- 1 At my workplace/at work/at school
- 1 In my home
- 1 In another person's home/home area
- 1 In a public place/at a place of entertainment/on a train, bus, underground train
- 1 Somewhere else

65. Have you during *the past 12 months* been subjected to threats of physical violence so that you became frightened?

- 1 Yes
- 2 No

66. Have you *during the past three months* been treated or received in such a way that you have felt wronged?

- 1 No **—————▶** Go to question 68
- 2 Yes, occasionally
- 3 Yes, several times

67. Was the wrongful treatment/reception associated with any of the following?

Several alternatives possible.

- 1 Ethnic affiliation
- 1 Gender (sex)
- 1 Sexual disposition (preference)
- 1 Age
- 1 Disability
- 1 Religion
- 1 Skin colour
- 1 Appearance
- 1 Other
- 1 Don't know

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

- 1 Yes
2 No

69. Can you get help from another person/other persons if you have practical problems or are ill?
E.g. get advice, borrow things, help with food shopping, repairs, etc.

- 1 Yes, always
2 Yes, most of the time
3 No, mostly not
4 No, never

70. Do you believe in general that one can trust most people?

- 1 Yes
2 No

71. Have you taken part in any of the following activities during the past 12 months:
Several alternatives possible.

- 1 Study circle/course at your workplace
1 Study circle/course in free time
1 Trade/professional union meeting
1 Other association meeting
1 Theatre/cinema
1 Art exhibition
1 Religious meeting
1 Sports event
1 Writing letters to the press
1 Demonstration of any kind
1 Public place of entertainment, e.g. night club, dance or similar
1 Largish family meeting
1 Private party in somebody's home
1 None of the above

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72. How far do you trust the following social institutions/politicians?*Place a cross on each line.*

	Very much	Fairly much	Not all that much	Not at all	Have no opinion
	1	2	3	4	5
a) Medical services	<input type="checkbox"/>				
b) Educational system	<input type="checkbox"/>				
c) Police	<input type="checkbox"/>				
d) Social services	<input type="checkbox"/>				
e) Employment services	<input type="checkbox"/>				
f) National insurance service	<input type="checkbox"/>				
g) Law courts	<input type="checkbox"/>				
h) Parliament	<input type="checkbox"/>				
i) Politicians in your county council/region	<input type="checkbox"/>				
j) Politicians in your municipality	<input type="checkbox"/>				
k) Trade and professional unions	<input type="checkbox"/>				

Background**73. What year were you born?**Year: **74. Are you a man or a woman?**

- 1 Man
2 Woman

75. What type of home do you live in?

- 1 Private house/terrace house
2 Co-operative flat/condominium
3 Rented accommodation
4 Lodgings/student flat/room
5 Other

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76. With whom do you share your home?
I.e. live with for the larger part of the week.
You can give several alternatives.

1 Nobody

1 Parents/brothers/sisters

1 Husband/wife/partner

1 Other adult(s)

1 Children **—————>** **How old are the children you live with/who live with you?**

1 0-6 years

1 7-12 years

1 13-17 years

1 18 years or older

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

If you have further information you wish to add, you are welcome to write it down here. What you write will be forwarded to the Swedish National Institute of Public Health and to the relevant county council together with your answers.

Kindly send the questionnaire to Statistics Sweden (SCB) in the attached stamped-addressed envelope.

