



Health

1. How would you describe your health in general?

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

2. Do you have any long-term illness, 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?

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

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

- 1 Yes, without glasses
- 2 Yes, with glasses
- 3 No

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

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

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

- 1 Yes Continue to question 7
- 2 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.

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cm

8. How much do you weigh?

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

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kg





9. Do you have any of the following illnesses?

a) Diabetes?

- 1 No
- 2 Yes, but with no discomfort
- 3 Yes, minor discomfort
- 4 Yes, severe discomfort

b) Asthma?

- 1 No
- 2 Yes, but with no discomfort
- 3 Yes, minor discomfort
- 4 Yes, severe discomfort

c) Allergies?

- 1 No
- 2 Yes, but with no discomfort
- 3 Yes, minor discomfort
- 4 Yes, severe discomfort

d) High blood pressure?

- 1 No
- 2 Yes, but with no discomfort
- 3 Yes, minor discomfort
- 4 Yes, severe discomfort

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

a) Aches in your shoulders or neck?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

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

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

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

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

d) Headaches or migraine?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

e) Anxiety or worry?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

f) Tiredness?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

g) Sleeping difficulties?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

h) Eczema or skin eruptions?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

i) Ringing in your ears (tinnitus)?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

j) Incontinence (urine leakage)?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

k) Recurrent stomach or bowel problems?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort

l) Overweight, obesity?

- 1 No
- 2 Yes, minor discomfort
- 3 Yes, severe discomfort



Well-being

11. **Over the past few weeks, have you been able to concentrate on whatever you're doing?**
- Better than usual
 - Same as usual
 - Less than usual
 - Much less than usual
12. **Over the past few weeks, have you been able to enjoy your normal day-to-day activities?**
- More so than usual
 - Same as usual
 - Less so than usual
 - Much less than usual
13. **Over the past few weeks, have you lost much sleep because of worry?**
- Not at all
 - No more than usual
 - Rather more than usual
 - Much more than usual
14. **Over the past few weeks, have you been able to face up to your problems?**
- More so than usual
 - Same as usual
 - Less so than usual
 - Much less than usual
15. **Over the past few weeks, have you felt that you are playing a useful part in things?**
- More so than usual
 - Same as usual
 - Less so than usual
 - Much less than usual
16. **Over the past few weeks, have you been feeling unhappy and depressed?**
- Not at all
 - No more than usual
 - Rather more than usual
 - Much more than usual
17. **Over the past few weeks, have you felt capable of making decisions about things?**
- More so than usual
 - Same as usual
 - Less so than usual
 - Much less than usual
18. **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
19. **Over the past few weeks, have you felt constantly?**
- Not at all
 - No more than usual
 - Rather more than usual
 - Much more than usual
20. **Over the past few weeks, have you been thinking of yourself as a worthless person?**
- Not at all
 - No more than usual
 - Rather more than usual
 - Much more than usual
21. **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
22. **Over the past few weeks, all things considered, have you been feeling reasonably happy?**
- More so than usual
 - Same as usual
 - Less so than usual
 - Much less than usual

**23. Do you feel stressed at present?**

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

- 1 Not at all
- 2 To some extent
- 3 Quite a lot
- 4 Very much

24. Have you at any time in the past 12 months been in a situation where you have seriously considered taking your own life?

- 1 No
- 2 Yes, once
- 3 Yes, more than once

25. Have you at any time in the past 12 months attempted to take your own life?

- 1 No
- 2 Yes, once
- 3 Yes, more than once

Health care contacts**26. During the past three months, have you visited or been visited by any of the following?**

Applies to your own illness or condition. Mark one alternative on each row.

	No	Yes, once	Yes, more than once
a. Doctor at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doctor in primary health care, private/company doctor, or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse in primary health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Social service counselor	<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. Been admitted to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental health**27. How is your dental health?**

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



Physical activity

28. **How much have you moved around and been physically active during the past 12 months?**
If your level of activity varies, e.g. between summer and winter, try to find an average. Please mark only one alternative!

1 Sedentary leisure time

You mostly spend your free time with reading, TV, cinema, computer, or other sedentary pastimes. You walk, cycle, or otherwise exercise less than 2 hours a week.

2 Moderate exercise in leisure time

You walk, cycle, or otherwise exercise at least 2 hours a week, usually without sweating. Include in this walking to and from work, other walking, ordinary gardening, fishing, table tennis, bowling.

3 Moderate, regular exercise in leisure time

You exercise regularly 1-2 times a week for at least 30 minutes each time, running, swimming, tennis, badminton, or other activity that makes you sweat.

4 Regular exercise and training

You exercise by e.g. running, swimming, tennis, badminton, gymnastics or similar on average at least 3 times a week. This lasts for at least 30 minutes each time.

29. **How much time do you spend in a normal week doing moderately strenuous activities that make you warm?**

For example walking fast, gardening, heavy housework, cycling, swimming. This may vary during the year, but try to give some kind of average. Choose one alternative.

1 5 hours or more a week

2 More than 3 hours a week and less than 5

3 Between 1 and 3 hours a week

4 No more than one hour a week

5 Not at all

Food habits

30. **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. This may vary during the year, but try to give some kind of average. Choose one alternative.

1 3 times a day or more

2 Twice a day

3 Once 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 berries (fresh, frozen, preserved, juice, compote etc.) This may vary during the year, but try to give some kind of average. Choose one alternative.

- 1 3 times a day or more
- 2 Twice a day
- 3 Once 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

Smoking, snuff, and use of other products

31. Do you smoke every day?

- 1 Yes **—————>** *Continue to question 34*
- 2 No

32. Do you smoke now and then?

- 1 No
- 2 Yes

33. Have you previously smoked daily for at least 6 months?

- 1 No
- 2 Yes

34. Do you use snuff every day?

- 1 Yes **—————>** *Continue to question 36*
- 2 No

35. Do you use snuff now and then?

- 1 No
- 2 Yes

36. Have you ever used hashish or marijuana?

- 1 No
- 2 Yes, more than 12 months ago
- 3 Yes, in the past 12 months
- 4 Yes, in the past 30 days

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

- 1 No
- 2 Yes, more than 12 months ago
- 3 Yes, in the past 12 months
- 4 Yes, in the past 30 days





38. 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.

- 1 No
- 2 Yes, more than 12 months ago
- 3 Yes, in the past 12 months
- 4 Yes, in the past 30 days

Gaming habits

39. 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 44

40. During the past 12 months, have you gambled with more money than you really could afford to lose? Would you say...

- Never
- Sometimes
- Often
- Almost always

41. During the past 12 months, did you need to gamble with larger amounts to get the same sense of thrill? Would you say...

- Never
- Sometimes
- Often
- Almost always

42. During the past 12 months, have you returned another day to win back money that you lost? Would you say...

- Never
- Sometimes
- Often
- Almost always

43. During the past 12 months, have you borrowed money or sold something to get money for gambling? Would you say...

- Never
- Sometimes
- Often
- Almost always

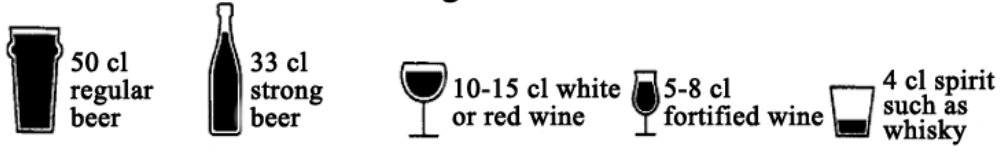




Alcohol habits

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:



44. How often did you drink alcohol in *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 less
- 5 Never **→** Continue to question 47

45. 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

46. How often do you drink six "glasses" or more at a time?

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

Sexual health

47. Have you had sex with a man during the past 12 months?

- Yes
- No

48. Have you had sex with a woman during the past 12 months?

- Yes
- No





49. How often do you use a condom when you have sex with a steady partner?

- Never
- Almost never
- Sometimes
- Almost always
- Always
- Not relevant for me

50. How often do you use a condom when you have sex with a temporary partner?

- Never
- Almost never
- Sometimes
- Almost always
- Always
- Not relevant for me

Economic situation

51. If you should suddenly find yourself in an unforeseen situation where you had to find 15 000 kronor in *one week*, would you manage it?

- Yes
- No

52. 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

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

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

Below are some questions for those of you who are gainfully employed (you should also answer if you are on sick leave or leave of absence or parental leave). If you are not gainfully employed, go on to question 55.

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

- Yes
- No



55. What is your present form of employment?*More than one answer can be given.*

- 1 Work as an employee →

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 % of full-time
- 1 Self-employed
- 1 Leave of absence or parental leave
- 1 Studying, training
- 1 Labour market measures
- 1 Unemployed
- 1 Retired
- 1 Sickness benefit (disability pension)
- 1 Long term sick leave (more than 3 months)
- 1 Taking care of own household
- 1 Other, write in the rectangle:

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56. What is/was your main job?*If you are not at work at the moment, state what 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 put for example:**

B	U	S	S	C	H	A	U	F	F	Ö								
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Your job (if possible, please, write your main job in Swedish):

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57. 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.*

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Safety and social relations

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

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

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

- 1 Yes
- 2 No  Go on to question 60

b) Where did the violence occur?

More than one answer can be given.

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

60. Have you, during *the past 12 months* been subjected to a threat or threats of violence, so that you were scared?

- 1 Yes
- 2 No

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

- 1 No Go on to question 63
- 2 Yes, sometimes
- 3 Yes, several times

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

More than one alternative can be marked.

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





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

- 1 Yes
2 No

64. Can you get help from any person or persons if you have practical problems or are ill?
E.g. get advice, borrow things, help with shopping, repairs etc.

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

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

- Yes
 No

66. Have you taken part in any of the following activities *in the past 12 months?*
More than one answer can be given.

- 1 Study circle/course at your workplace
1 Study circle/course in your free time
1 Trade union meeting
1 Other association meeting
1 Theatre/cinema
1 Art exhibition
1 Religious gathering
1 Sporting event
1 Written a comment in a newspapers/periodicals/blog
1 Demonstration of some kind
1 Public entertainment *e.g. nightclub, danceclub or similar*
1 Large family gathering
1 Private party at someone's home
1 Chatted or made comments in a social network site on the internet
1 Participated in social network activities on the internet e.g. games, discussion forums
1 None of the above

Background

67. What is your sexual orientation?

- Heterosexual
 Bisexual
 Homosexual
 I don't know
 Other

68. 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





69. What year were you born?

Year:

1	9		
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70. 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

Children → How many children do you live with?

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b) How old are the children who live with you?

You can mark more than one alternative.

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

Question 71 to 73 should only be answered by parents/guardians of children younger than 18 years living at home.

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

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

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

- Mild
- Moderate
- Severe

73. Does this influence your life?

- No, not at all
- Yes, to some degree
- Yes, to a large degree

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

