



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 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 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 distinguish normal text in daylight without difficulty?

- Yes, without glasses
- Yes, with glasses
- No

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

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

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

- Yes *Continue to question 7*
- 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.

cm

8. How much do you weigh?

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

kg





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. Mark one alternative on each row.

	All of the time	Often	Some of the time	Rarely	None of the time
a. I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Over the past few weeks, have you felt constantly unhappy and depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

11. 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

12. Over the past few weeks, have you felt constantly tense?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

13. Over the past few weeks, have you thought of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

14. 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





Symptoms and difficulties

15. 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

16. Do you feel stressed at present?

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

17. How is your dental health?

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





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

- No **—————>** *Continue to question 19*
 Yes

b) Why didn't you go to the dentist?

More than one answer can be given.

- My symptoms went away
 Financial reasons
 I do not like going (am afraid of the dentist)
 I did not have time
 Other reason

State of health

19. Do you have any of the following illnesses?

a) Diabetes?

- 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) High blood pressure?

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

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

- No, never
 Yes, more than 12 months ago
 Yes, during the last 12 months

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

- No, never
 Yes, more than 12 months ago
 Yes, during the last 12 months

22. Have you ever attempted to take your own life?

- No, never
 Yes, more than 12 months ago
 Yes, during the last 12 months





Physical activity

If your activities vary during the year, try to take some kind of average. Question 23 a) deals with regular exercise and training activities that leave you out of breath and sweaty, while 23 b) deals with moderately strenuous physical activity that leaves you breathing somewhat more heavily than normal, for example brisk walking, gardening, cycling or swimming.

23. 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

24. 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 25 a-d, it may vary during the year, but try to take some kind of average. Indicate one alternative.

25. 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.
- 3 times a day or more
 - Twice a day
 - Once a day
 - 5-6 times a week
 - 3-4 times a week
 - 1-2 times 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
 1-2 times 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, snuff, and use of other products**26.** *Questions about smoking cover tobacco products such as cigarettes, cigarillos and pipe tobacco.***Do you smoke?**

- No
 Yes, sometimes
 Yes, daily
-  pieces per day

27. **Do you use e-cigarettes or other electronic smoking products (such as e-cigarillos or e-cigars)?** *More than one answer can be given.**With nicotine**Without nicotine*

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, occasionally | <input type="checkbox"/> Yes, occasionally |
| <input type="checkbox"/> Yes, every day | <input type="checkbox"/> Yes, every day |

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

- No
 Yes, sometimes
 Yes, daily

29. **Have you ever smoked or used moist tobacco (“snus”) daily for a period of at least 6 months?***More than one answer can be given.*

- 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”)



30. Have you ever used hashish or marijuana?

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

31. Have you ever used an illicit drug other than hashish or marijuana (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

32. 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

33. 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

34. 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 36

35. During the past 12 months, have you ... Indicate one alternative on each line.

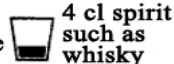
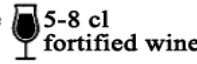
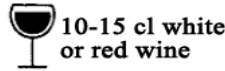
	Never	Sometimes	Often	Almost always
a. ... gambled with more money than you really could afford to lose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ... needed to gamble with larger amounts to get the same sense of thrill?	<input type="checkbox"/>	<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:



36. 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 → Continue to question 39

37. 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

38. How often did you drink six "glasses" or more at a time in *the past 12 months*?

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

Environmental health

39. 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"/>



40. About how many times in the past 12 months have you been sunburnt so that your skin became red and painful?

- Never
- 1-2 times
- 3-5 times
- More than 5 times

Economic situation

41. Could you or your household, within one month, manage to pay an unexpected expense of 11,000 crowns without borrowing or asking for help?

- Yes
- No

42. 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

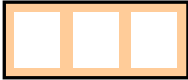
Work, education and employment

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

- 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

44. What is your present form of employment?

More than one answer can be given.

- Work as an employee →  % 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 in the box:





Safety and discrimination

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

- No
- Yes, sometimes
- Yes, often

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

- Yes
- No  Continue to question 51

b) Where did the violence occur?


More than one answer can be given.

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

51. During *the past 12 months*, have you been subjected to a threat or threats of violence, so that you were scared?

- Yes
- No

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

- No  Continue to question 53
- Yes, sometimes
- Yes, several times

b) Was the discriminatory behaviour or treatment related to any of the following?

More than one answer can be given.

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





Social relations

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

- Yes
 No

54. 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

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

- Yes
 No

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

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

Background

57. What year were you born?

Year:

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58. How do you define your gender identity?

- Female
 Male
 Other
 Don't know



59. What is your sexual orientation?

- Heterosexual
 Bisexual
 Homosexual
 Other: please specify in the box:
 I don't know

60. 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
 Don't know

61. a) Who do you live with?

This means the people you live with at least half of the time. More than one answer can be given.

- Nobody
 Parents or siblings
 Spouse or partner
 Other adult

Thank you for your responses; this was your last question!

- Children → *Continue to question 61b*

b) If you have children: How many?

More than one answer can be given.

- Aged 0-5 number
 Aged 6-12 number
 Aged 13-17 number
 Aged 18 or over number

+

+

Questions 62 to 64 should only be answered by parents or guardians of children younger than 18 years living at home.

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

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

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

- Mild
 Moderate
 Severe

64. Does this affect your life?

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

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

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