NATIONAL INSTITUTE
FOR HEALTH AND WELFARE

HEALTH, WELL-BEING AND SERVICE USE
- National Study of the Adult Finnish Population (ATH)

Please respond to this questionnaire as soon as possible, preferably within 10 days. Return your response in the enclosed envelope; no stamp is needed.

You may also fill in the questionnaire online at www.thl.fi/ath/vastaa. To log in, you will need the form code – the number at the top of the covering letter. Your password is in the covering letter.

Thank you for your time!

INSTRUCTIONS TO RESPONDENTS

Answer the questions as follows:

- [X] Read the question carefully before answering.
- [X] Tick the most suitable alternative or write the information required in the space given with a ballpoint pen. **If possible do not use a pencil.**
- [■] If you make some marks to the answer box which you do not mean, please blacken the entire answer box.
- [X] You should only cross one best alternative for each question unless it is specifically stated that you may cross more than one.
- [X] There are further instructions for some questions.

Remember to answer all questions. Enter negative answers by circling the 'no' alternative or by writing '0' (zero) in the space given.

EXAMPLE 1.
How would you evaluate your state of health at present?

- [ ] very good
- [X] fairly good
- [ ] fair
- [ ] fairly poor
- [ ] poor

EXAMPLE 2.
Give your present height and weight

height 165 cm

weight 62 kg

Further information about the study:
ATH toll-free number 0800 97730 (9.00–11.00)
e-mail: ath-info@thl.fi
www.thl.fi/ath/osallistuvalle (in Finnish)

CONSENT TO PARTICIPATE IN THE ATH STUDY

I have read and understood the leaflet *"Information for study participants"*, and I have received a sufficiently comprehensive account of the research and of the collection, processing, linkage and disclosure of data performed as part of the Study.

I understand that my participation in the Study is voluntary.
By responding to this survey I confirm my participation in the Study.

BACKGROUND INFORMATION

1. Are you currently:

- [ ] married or in a registered relationship
- [ ] cohabiting
- [ ] separated or divorced
- [ ] widowed
- [ ] single

2. How many years altogether have you attended school or studied full time?
Including primary and comprehensive school.

_____ years

3. What is your form of accommodation at the moment:

- [ ] owner-occupied housing
- [ ] rented accommodation
- [ ] sheltered accommodation, rehabilitation home or retirement home
- [ ] other, where: _____

4. Do you live alone

- [ ] yes
- [ ] no, please enter the ages of **other** members of your household:

_____ years, _____ years, _____ years, _____ years, _____ years,

_____ years, _____ years, _____ years, _____ years, _____ years

5. At the moment, are you principally: *Please choose the option that best describes your situation*

- [ ] employed full-time
- [ ] employed part-time
- [ ] retired on an old age pension
- [ ] receiving a disability pension or rehabilitation benefit
- [ ] on part retirement
- [ ] unemployed or laid off, length of current period in months: _____
- [ ] on family leave, or a stay-at-home mother/father
- [ ] a student
- [ ] Other, describe: _____

6. Have you within the past 12 months ever:

	no	yes
feared that you will run out of food before you can get money to buy more	☐	☐
been unable to buy medicines because you did not have any money	☐	☐
not visited a doctor because you did not have any money	☐	☐

7. Does any of the following occur near your home, and if so, to what extent do they bother you?

	no	yes, but does not bother me	bothers me slightly	bothers me a lot
dangerous intersections and/or traffic routes	☐	☐	☐	☐
slippery pedestrian paths in winter	☐	☐	☐	☐
poorly lit traffic routes/roads and paths	☐	☐	☐	☐
traffic or industrial noise, smell or dust	☐	☐	☐	☐
long distances to health services	☐	☐	☐	☐
long distances to other services (e.g. shops)	☐	☐	☐	☐
poor public transport	☐	☐	☐	☐

HEALTH

8. How tall are you? _____ cm *please round to nearest centimeter*

9. How much do you weigh when wearing light clothing? _____ kg *please round to nearest kilogram*

10. How would you describe your state of health at present?

☐ good
☐ fairly good
☐ average
☐ fairly poor
☐ poor

11. Do you have any longstanding illness or health problem?

☐ yes
☐ no

12. Are you limited because of a health problem in activities people usually do? Would you say you are…

☐ severely limited
☐ limited but not severely
☐ not limited at all *(proceed to question 14)*

13. Have you been limited for at least the past 6 months?

☐ yes
☐ no

14. How many whole days have you been absent from work or unable to perform your regular tasks during the past year (12 months)?

If you are unable to remember precisely, an estimate suffices. Do not include pregnancy-related absences.

_____ days

15. Have you had any of the following conditions diagnosed or treated by a doctor over the past 12 months?

	yes
high blood pressure, hypertension	☐
high blood cholesterol	☐
arthrosis of the back, sciatica, lower back pain or other back condition	☐
depression	☐
other mental health problem	☐
asthma	☐
diabetes	☐
hay fever or other allergic rhinitis	☐
none of the above mentioned illnesses	☐

16. Have you had any of the following symptoms or troubles over the past 30 days?

	yes
headache	☐
joint ache	☐
neck and shoulder problems	☐
back pain	☐
insomnia	☐
incontinence	☐
tinnitus (ringing in the ears)	☐
none of the above mentioned symptoms	☐

The next five (5) questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please circle the one answer that comes closest to the way you have been feeling.

17. Over the past 4 weeks, for how much of the time have you felt:
Please choose one alternative on each line.

	all of the time	most of the time	a good bit of the time	some of the time	a little of the time	not at all
very nervous	☐	☐	☐	☐	☐	☐
in such a low mood that nothing could cheer you up	☐	☐	☐	☐	☐	☐
calm and peaceful	☐	☐	☐	☐	☐	☐
downhearted and sad	☐	☐	☐	☐	☐	☐
happy	☐	☐	☐	☐	☐	☐

18. Do you ever feel lonely:

☐ never
☐ very rarely
☐ sometimes
☐ fairly often
☐ all the time

19. Over the past 12 months, have you ever had a period of two weeks or more when you have felt most of the time:

	no	yes
down, melancholic or depressed	☐	☐
that you have lost your interest in most things that usually give you pleasure (hobbies, work, and other activities)	☐	☐

The following question deal with thoughts and feelings regarding harming yourself. Some people experience difficulties in their lives that prompt such thoughts and feelings.

20. Have you thought about suicide over the past 12 months?

☐ no
☐ yes

FUNCTIONAL AND WORKING CAPACITY

21. How often are you in contact in the following ways with your friends and relatives who do not live in the same household with you?

	daily or almost daily	1–3 times a week	1–3 times a month	less than once a month	never
meeting in person	☐	☐	☐	☐	☐
by phone	☐	☐	☐	☐	☐
over the Internet (e-mail, chat, Skype, Facebook, etc.) or by letter	☐	☐	☐	☐	☐

22. Do you participate in the activities of any club, association, hobby group or religious or spiritual community (sports club, residents' association, political party, choir, parish)?

☐ no
☐ yes, actively
☐ yes, occasionally

23. Please estimate how you would expect to receive help from the following when you need help or support. *You may choose one or more alternatives on each line.*

	spouse, partner	other next of kin	close friend	close col-league	close neigh-bour	other person close to you	no one
who do you believe truly cares about you, whatever may happen?	☐	☐	☐	☐	☐	☐	☐
who will provide practical help when you need it?	☐	☐	☐	☐	☐	☐	☐

24. Do you regularly help <u>someone living in your household</u> who has limited functional capacity, or is ill, to cope at home? *You can choose multiple options.*

☐ no *(proceed to question 26)*
☐ yes, my spouse
☐ yes, my child or grandchild
☐ yes, my own or my spouse's parents
☐ yes, my own or my spouse's grandparents
☐ yes, some other person, whom? _____

25. Are you a formally appointed informal caregiver? (contract signed)

☐ no
☐ yes

26. Did you vote in the most recent elections:

	no	yes	I don't remember
local election	☐	☐	☐
Parliament election	☐	☐	☐
presidential election	☐	☐	☐
European Parliament election	☐	☐	☐

27. Can you usually perform the following actions?

	yes, no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
run a short distance (about 100 m)	☐	☐	☐	☐
walk about 500 m without stopping to rest	☐	☐	☐	☐
read ordinary newspaper print (with or without spectacles)	☐	☐	☐	☐
follow a conversation between several people (with or without a hearing aid)	☐	☐	☐	☐

28. The following questions concern memory, learning and concentration:

	very well	well	adequately	poorly	very poorly
How well does your memory work?	☐	☐	☐	☐	☐
How easily do you learn new things?	☐	☐	☐	☐	☐
How well can you concentrate on things?	☐	☐	☐	☐	☐

29. What is/was your most recent job like?

	light	fairly light	a bit strenuous	quite strenuous	very strenuous	I have never been in paid employment
physically	☐	☐	☐	☐	☐	☐
mentally	☐	☐	☐	☐	☐	☐

30. Are the following statements about home and work accurate for you? *Please select the most suitable option for you in each section.*

	completely accurate	fairly accurate	fairly inaccurate	completely inaccurate	don't know / not applicable
when I come home, I stop thinking about my work	☐	☐	☐	☐	☐
I feel I am neglecting domestic issues because of my work	☐	☐	☐	☐	☐
I sometimes neglect my family when I am wholly absorbed in my work	☐	☐	☐	☐	☐
I often find it difficult to concentrate on my work because of domestic issues	☐	☐	☐	☐	☐
I have more energy to be with the children when I also go to work	☐	☐	☐	☐	☐

31. Assuming that the best working capacity you have ever had would score 10 on a scale of 0 to 10, how would you score your working capacity at present? *Please tick the number that best applies to your working capacity.*

No working capacity	0	1	2	3	4	5	6	7	8	9	10	Best working capacity
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

32. How do you assess your current working capacity? *If you are not employed at present, please answer as for your most recent job.*

	very good	fairly good	fair	fairly poor	very poor	I have never been in paid employment
considering the physical demands of your work	☐	☐	☐	☐	☐	☐
considering the mental demands of your work	☐	☐	☐	☐	☐	☐

33. Do you think that your health will allow you to work until retirement age?

- ☐ no
- ☐ probably not
- ☐ probably yes
- ☐ yes
- ☐ I am retired

34. How physically strenuous is your work? *Please choose the alternative that best fits your situation.*

- ☐ I am not employed; or, my work is mainly done sitting down, and I do not walk a lot
- ☐ I walk quite a lot in my work but do not have to lift or carry heavy loads
- ☐ I have to lift and carry a lot in my work or walk up stairs or up hills
- ☐ my work is physically heavy; I have to lift and carry heavy loads or dig, shovel, chop, etc.

LIFESTYLE

The following three questions (35-37 concern how you get exercise at work, on the way to work and in your leisure time. If you exercise in different ways at different times of the year, please select the alternative that best describes your average situation.

35. How much do you exercise and strain yourself physically in your free time?
Exercise on the way to and from work/study not included.

- ☐ I read, watch TV and do things that are not very strenuous physically
- ☐ I walk, cycle or do light housework and gardening, etc., several hours a week
- ☐ I engage in exercise or sport such as running, skiing, swimming or ball games, several hours a week

36. How often do you engage in leisure exercise for a period of at least 30 minutes after which you are at least slightly out of breath and sweating? *Exercise on the way to and from work/study not includedarbetet.*

- ☐ daily
- ☐ 4–6 times a week
- ☐ 3 times a week
- ☐ 2 times a week
- ☐ once a week
- ☐ 2–3 times a month
- ☐ a few times during the year or less
- ☐ I cannot exercise because of an illness or injury

37. For how many minutes do you walk or cycle on your way to and from work?
Note! Refers to the time used travelling to and from work in total

- ☐ I'm not working or I work at home
- ☐ I only use motor vehicles
- ☐ less than 15 minutes per day
- ☐ 15–30 minutes per day
- ☐ 30–60 minutes per day
- ☐ over an hour per day

38. How often have you eaten and drunk the following types of food or drink over the past 7 days?

	never	on 1–2 days	on 3–5 days	on 6–7 days
fatty cheeses (e.g. Edam, Emmental, Oltermanni)	☐	☐	☐	☐
low-fat cheeses (e.g. Polar-15, Edam 17, cottage cheese)	☐	☐	☐	☐
fish	☐	☐	☐	☐
fresh vegetables or green salad	☐	☐	☐	☐
cooked vegetables (excluding potatoes)	☐	☐	☐	☐
fruit or berries	☐	☐	☐	☐
hamburgers, pizza, savoury pies	☐	☐	☐	☐
buns, Danish pastry, biscuits, cakes, etc.	☐	☐	☐	☐
chocolate or other sweets	☐	☐	☐	☐
juices with added sugar or soft drinks	☐	☐	☐	☐
dark bread (rye bread, rye crispbread, etc.)	☐	☐	☐	☐
vegetable oil or liquid margarine (e.g. Flora Culinesse)	☐	☐	☐	☐
butter or buttermargarine mixture (e.g. Oivariini)	☐	☐	☐	☐
margarine (e.g. Flora, Keiju)	☐	☐	☐	☐
skimmed milk or buttermilk	☐	☐	☐	☐

39. Can you have a meal at the canteen at your workplace or educational institution?

- ☐ yes
- ☐ no
- ☐ I am not employed and not studying

40. How often do you usually brush your teeth / dental prostheses?

- ☐ more than twice a day
- ☐ twice a day
- ☐ once a day
- ☐ not every day
- ☐ never

41. Has any of the persons mentioned below encouraged you to do any of the following over the past 12 months? *You may choose more than one alternative on each line.*

	no one	doctor or dentist	a Public Health Nurse, or some other health care professional	family member	someone else
exercise more	☐	☐	☐	☐	☐
change your dietary habits for health reasons	☐	☐	☐	☐	☐
lose weight	☐	☐	☐	☐	☐
drink less alcohol	☐	☐	☐	☐	☐
quit smoking	☐	☐	☐	☐	☐

42. How many hours do you usually sleep during the night?

On average _____ hours

43. Do you feel that you get enough sleep?

☐ yes, almost always
☐ yes, often
☐ rarely or hardly ever
☐ don't know

44. Have you ever smoked?

☐ no *(if you have not smoked, proceed to question 47)*
☐ yes

45. Have you ever smoked daily for a period of at least one year? For how many years altogether?

☐ I have never smoked daily
☐ I have smoked daily for a total of _____ years

46. Do you smoke at the moment (cigarettes, cigars or pipe)?

☐ yes, daily
☐ occasionally
☐ not at all

47. Do you currently use snuff?

☐ yes, daily
☐ occasionally
☐ not at all currently
☐ I have never used snuff

48. Do you currently use electronic cigarettes (e-cigarettes)?

☐ yes, daily
☐ occasionally
☐ not at all currently
☐ I have never used electronic cigarettes

49. Have you drunk alcoholic beverages over the past 12 months?

☐ no *(proceed to question 54)*
☐ yes

50. How often do you consume alcoholic beverages? *Include the times when you only had a small amount, e.g. a bottle of medium beer or a sip of wine. Choose the option that best describes your situation.*

☐ never
☐ monthly or less
☐ 2 to 4 times a month
☐ 2 to 3 times a week
☐ 4 or more times a week

ONE ALCOHOL PORTION IS:
1 bottle (33cl) of medium strength beer or cider, or
1 glass (12cl) of usual mild wine, or
1 small glass (8cl) of fortified wine, or
a standard drink (4cl) of strong spirits

51. How many drinks containing alcohol do you have on a typical day when you are drinking? *Please refer to the adjacent box.*

☐ 1 or 2
☐ 3 or 4
☐ 5 or 6
☐ 7, 8 or 9
☐ 10 or more units

EXAMPLES:
0,5 l ('pint') of medim beer or cider = 1.5 units
0,5 l ('pint') of stronger A beer or strong cider = 2 units
0,75 l bottle of table wine (12%) wine = 6 units
0,5 l bottle of spirits = 13 units

52. How often do you have six or more drinks on one occasion?

☐ never
☐ less than monthly
☐ monthly
☐ weekly
☐ daily or almost daily

53. How many glasses, bottles or restaurant servings of the following types of alcoholic beverages have you consumed over the past 7 days? *If you have consumed none, please enter 0.*

	over the past 7 days
medium strength (III) beer, medium cider or long drinks *(sold in food shops, alcohol content 2.9% to 4.7%)*	_____ bottles (à 33 cl)
stronger A beer, strong cider or long drinks (only sold in Alko shops, alcohol content over 4.7%)	_____ bottles (à 33 cl)
wine	_____ glass (1 glass = appr. 12 cl)
spirits or other strong drinks	_____ restaurant portions (appr. 4 cl)

54. Have you used cannabis (hashish, marijuana)?

- ☐ I have never tried it
- ☐ Yes, in the past 12 months
- ☐ Yes, but not in the past 12 months

The following questions concern gambling. In the following, GAMBLING concerns money games – lotteries such as Lotto or Keno, slot machines such as fruit machines, scratchcard lotteries, betting on sports and horse races, games run by Veikkaus, betting, casino games and Internet gambling such as online poker.

55. During the last 12 months, have you felt that gambling might be a problem for you?

- ☐ I do not play money games
- ☐ never
- ☐ sometimes
- ☐ often
- ☐ almost always

ACCIDENTS AND VIOLENCE

56. Have you sustained injuries in an accident over the past 12 months? How did the accident occur, and what treatment did you receive? *You may choose more than one option.*

	no	yes, home treatment	yes, treatment by a nurse	yes, treatment by a doctor	yes, treatment in a hospital
at work or on my way to or from work	☐	☐	☐	☐	☐
at home, in free time	☐	☐	☐	☐	☐
in free time, while exercising	☐	☐	☐	☐	☐
elsewhere in free time	☐	☐	☐	☐	☐

57. Do you use the following protective equipment?

	always	often	sometimes	not at all	not applicable
helmet when riding a bicycle	☐	☐	☐	☐	☐
safety belt on the back seat of a car	☐	☐	☐	☐	☐
life jacket or other flotation device in a boat	☐	☐	☐	☐	☐
studded footwear or ice grips when walking outdoors in slippery conditions	☐	☐	☐	☐	☐
reflector when it is dark	☐	☐	☐	☐	☐

58. Has anyone behaved violently towards you over the past 12 months?

You can choose multiple options.

	no one	unknown person or casual acquaintance	present spouse, cohabitant or partner	other person well known to you (other family member, ex-spouse, friend, close aquaintance, colleague)
threats of physical harm made over the phone, in a letter or online	☐	☐	☐	☐
threats of physical harm made in person	☐	☐	☐	☐
obstruction of movement, grabbing, pushing or shoving	☐	☐	☐	☐
slapping	☐	☐	☐	☐
hitting with a fist or a hard object, kicking, strangling or using a weapon	☐	☐	☐	☐
forced sexual intercourse	☐	☐	☐	☐
forced other sexual activity	☐	☐	☐	☐
attempt at forced sexual intercourse or other sexual activity	☐	☐	☐	☐
other violent behaviour, please describe in one word: _____	☐	☐	☐	☐

59. Have strangers on the street or elsewhere in a public place (e.g. in a shop, restaurant) treated you unfairly over the last 12 months?

- ☐ yes
- ☐ no

60. Has your own supervisor, colleague or customer at work treated you unfairly over the last 12 months?

- ☐ yes
- ☐ no
- ☐ I have not been employed during the past 12 months

SERVICES

61. What is your opinion of the following statements regarding social welfare and health care services

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
In general, health services function well in Finland	☐	☐	☐	☐	☐
In general, social welfare services function well in Finland	☐	☐	☐	☐	☐

62. Do you feel you have been adequately provided with the following social and health care services or benefits over the past 12 months? *Please note services provided by the local authority and private service providers.*

	no need	I would have needed, but service or benefit was not received	the service or benefit was provided, but was not adequate	I have received adequate services or benefits
reception services of a doctor	☐	☐	☐	☐
reception services of a nurse	☐	☐	☐	☐
dentist services	☐	☐	☐	☐
services for the disabled (e.g. transportation services, personal assistance, apartment alteration work)	☐	☐	☐	☐
maternity and child health clinic services	☐	☐	☐	☐
other services for families with children (e.g. child welfare services, parenting and family counselling clinic, home services)	☐	☐	☐	☐
social worker's guidance and counselling services	☐	☐	☐	☐
support services for informal caregivers (e.g. possibility to take time off)	☐	☐	☐	☐
care fee for informal care	☐	☐	☐	☐
social assistance	☐	☐	☐	☐

63. Have the following factors interfered with you receiving the health services you needed over the last 12 months?

	always	usually	sometimes	never	not applicable
difficult travel	☐	☐	☐	☐	☐
high customer fees	☐	☐	☐	☐	☐

64. Have the following factors interfered with you receiving the social services you needed over the last 12 months?

	always	usually	sometimes	never	not applicable
difficult travel	☐	☐	☐	☐	☐
high customer fees	☐	☐	☐	☐	☐

65. How many times over the past 12 months have you gone to see a doctor or nurse or seen a doctor or nurse at your home because of an illness you yourself have or had (or because of pregnancy or childbirth)? *Do not include those times when you were admitted to a hospital, if any.*

	never	once	2–3 times	4–6 times	more than 6 times
I saw a doctor	☐	☐	☐	☐	☐
I saw a nurse	☐	☐	☐	☐	☐

66. How many times over the past 12 months have you had contact with the following:

	never	once	2–3 times	4–6 times	more than 6 times
By phone					
with a doctor	☐	☐	☐	☐	☐
with a nurse	☐	☐	☐	☐	☐
with another health care professional	☐	☐	☐	☐	☐
with a social worker or social instructor	☐	☐	☐	☐	☐
Via electronic services					
with a doctor	☐	☐	☐	☐	☐
with a nurse	☐	☐	☐	☐	☐
with another health care professional	☐	☐	☐	☐	☐
with a social worker or social instructor	☐	☐	☐	☐	☐

67. Have you used the possibility to change your health centre (public health care) over the past 12 months? *The service is considered to be public in this context also when the municipality has selected a private service provider to be responsible for some of the health centre's services.*

- ☐ I have not used the services of the health centre during the past 12 months
- ☐ I have not changed my health centre
- ☐ I have changed my health centre

68. Have you used the possibility to select or change your hospital (public health care) over the past 12 months? *The service is considered to be public in this context also when the municipality has selected a private service provider to be responsible for some of the hospital treatments.*

- ☐ I have not needed treatment or examinations at a specialised medical care outpatient clinic or inpatient ward over the past 12 months
- ☐ I have not selected or changed my hospital
- ☐ yes, I have selected or changed my hospital

69. How do the following statements describe your experiences of health services when you have used them over the past 12 months?

	always	most of the time	sometimes	never	does not apply to me (I have not used health services)
I was taken into care without undue delay	☐	☐	☐	☐	☐
I was examined without undue delay	☐	☐	☐	☐	☐
the end result of the service corresponded to the need	☐	☐	☐	☐	☐
my problem was handled smoothly and information run between professionals	☐	☐	☐	☐	☐

70. Over the past 12 months, how many times have you visited:

	never	once	2–3 times	4–6 times	more than 6 times
dentist	☐	☐	☐	☐	☐
the surgery of a dental assistant or dental hygienist	☐	☐	☐	☐	☐

71. Have you been vaccinated against influenza over the past 12 months?

- ☐ no
- ☐ yes

72. When have you last had the following measurements taken by a health care professional?
Choose one alternative in every row.

	during the past 12 months	1 to 5 years ago	more than 5 years ago	never	don't know
blood pressure	☐	☐	☐	☐	☐
blood cholesterol level	☐	☐	☐	☐	☐
blood sugar level	☐	☐	☐	☐	☐
waist circumference	☐	☐	☐	☐	☐
weight	☐	☐	☐	☐	☐

73. Have you had any of the following screenings or examinations over the past 5 years?

	no	yes, during the past 1 year	yes, during the past 1–5 years
mammography (screening test for breast cancer), women	☐	☐	☐
PAPA test (cervical cancer screening)	☐	☐	☐
PSA screening from blood sample related to prostate examination (men)	☐	☐	☐

74. Over the past 12 months, have you visited any of the following because of mental health problems or intoxicant abuse problems:

	no	yes, because of mental health problems	yes, because of drug abuse problems
outpatient care (e.g. occupational health care, A clinic, mental health clinic)	☐	☐	☐
institutional care (e.g. psychiatric hospital or other hospital for detoxification)	☐	☐	☐

75. Which social services have you last used over the past 12 months?
Please select one option based on the service you have used most recently.

- ☐ services for the elderly (e.g. housing services, home services, residential homes)
- ☐ services for the disabled (e.g. transportation services, personal assistance, apartment alteration work)
- ☐ services for families with children (e.g. child welfare services, home services, parenting and family counselling clinic)
- ☐ guidance or advice given by a social worker
- ☐ none of the above *(proceed to question 77)*

76. How do the following statements describe your experiences of social welfare services over the past 12 months? *Please assess the service you have used most recently.*

	always	most of the time	sometimes	never	does not apply to me (I have not used social welfare services)
my problem was handled without undue delay	☐	☐	☐	☐	☐
the end result of the service corresponded to the need	☐	☐	☐	☐	☐
my problem was handled smoothly and information run between professionals	☐	☐	☐	☐	☐

QUALITY OF LIFE

When answering questions number (77-79), please consider the past two weeks.

77. How would you rate your quality of life?

☐ very poor
☐ poor
☐ neither poor nor good
☐ good
☐ very good

78. How satisfied are you with:

	very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied
your health	☐	☐	☐	☐	☐
your ability to perform your daily living activities	☐	☐	☐	☐	☐
yourself	☐	☐	☐	☐	☐
your personal relationships	☐	☐	☐	☐	☐
the conditions of your living place	☐	☐	☐	☐	☐

79. In the last two weeks, how completely were you able to do the following

	not at all	a little	moderately	mostly	completely
do you have enough energy for everyday life?	☐	☐	☐	☐	☐
have you enough money to meet your needs?	☐	☐	☐	☐	☐

The following five sections related to accidents concern 1) home accidents, 2) accidents during exercise, 3) occupational accidents, 4) traffic accidents and 5) other leisure-time accidents. These questions focus on how the accident occurred, what kind of injuries it caused and what kind of treatment the injuries required.

HOME ACCIDENTS

80. Have you had an accident at home over the past 12 months? *An accident at home is an accident that occurs at home, in the home yard area, at the holiday home, summer cottage or other accommodation and which causes injuries due to, for example, falling down, sustaining a burn or becoming injured by a sharp object such as a knife or broken glass.*

☐ no *(go to question 87. to the 'Accidents during exercise' section)*
☐ yes, how many times in total over the past 12 months? _____ times

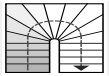
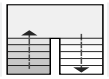
81. How did the accident at home occur? If you have had several accidents at home over the past 12 months, please describe the three most recent. *Please enter your answer for each accident at home separately by selecting a suitable option for each accident (Accident 1, Accident 2, Accident 3).* ***Please select the option that best describes your situation for each accident at home.***

	Accident 1	Accident 2	Accident 3
tripping, falling down, slipping or falling from a low height (under 1 m)	☐	☐	☐
falling from higher than 1 m	☐	☐	☐
collision with a person or object	☐	☐	☐
poisoning or exposure to other harmful agent	☐	☐	☐
electric shock	☐	☐	☐
abnormal temperatures; burn (fire, combustion gas, etc.), frostbite	☐	☐	☐
injury caused by a sharp object	☐	☐	☐
If some other cause, please specify:	_____	_____	_____

82. Did your being in a hurry, tired or careless contribute to the accident at home?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

83. In what kind of place or space did the accident at home occur? *Please select an option that best describes your situation for each accident at home.*

	Accident 1	Accident 2	Accident 3
room (living room, bedroom, children's room, etc.)	☐	☐	☐
kitchen	☐	☐	☐
toilet, bathroom or sauna facilities	☐	☐	☐
yard area, balcony, terrace	☐	☐	☐
garage, hobby room	☐	☐	☐
basement, attic, storage room or shed	☐	☐	☐
rotating indoor stairs 	☐	☐	☐
straight indoor stairs the length of the entire flight 	☐	☐	☐
indoor stairs in two parts with a landing 	☐	☐	☐
If some other place, please specify:	_____	_____	_____

84. What was the most serious injury caused by an accident at home?
Please select an option that best describes your situation for each accident at home.

	Accident 1	Accident 2	Accident 3
no injuries	☐	☐	☐
bruises, contusions or wounds	☐	☐	☐
sprain, strain or dislocation or muscle injury	☐	☐	☐
fracture	☐	☐	☐
concussion	☐	☐	☐
head area injury	☐	☐	☐
eye injury	☐	☐	☐
dental injury	☐	☐	☐
burn injury	☐	☐	☐
frost injury	☐	☐	☐
psychological trauma	☐	☐	☐
If some other injury, please specify:	_____	_____	_____

85. What kind of treatment did you receive? *Please select an option that best describes your situation for each accident at home.*

	Accident 1	Accident 2	Accident 3
self treatment	☐	☐	☐
treatment by a nurse	☐	☐	☐
treatment by a doctor in emergency or acute care	☐	☐	☐
hospital care at the ward	☐	☐	☐
hospital care (surgery)	☐	☐	☐

86. Were you under the influence of alcohol, pharmaceuticals affecting your functioning or drugs when the accident occurred?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

ACCIDENTS DURING EXERCISE

87. Have you had an exercise injury over the past 12 months?

☐ no *(go to question 96. to the 'Traffic accidents' section)*
☐ yes, how many times in total over the past 12 months? _____ number

88. In what context did the exercise injury occur? If you have had several exercise injuries over the past 12 months, please describe the three most recent. *Please enter your answer for each injury separately by ticking the corresponding column (Accident 1, Accident 2 or Accident 3).*

	Accident 1	Accident 2	Accident 3
during free time	☐	☐	☐
at an educational institute	☐	☐	☐
during exercise at work	☐	☐	☐

89. How did the exercise injury occur?
Please select an option that best describes your situation for each exercise injury.

	Accident 1	Accident 2	Accident 3
tripping, falling down, slipping or falling from a low height (under 1 m)	☐	☐	☐
falling from higher than 1 m	☐	☐	☐
collision with a person or object	☐	☐	☐
injury caused by game or sport equipment	☐	☐	☐
temperature (hot, cold)	☐	☐	☐
performance error	☐	☐	☐
previous injury, overstraining	☐	☐	☐
if the injury occurred in some other way, please specify:	_____	_____	_____

90. Did your being in a hurry, tired or careless contribute to the accident?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

91. In what kind of place or space did the exercise injury occur?
Please select an option that best describes your situation for each exercise injury.

	Accident 1	Accident 2	Accident 3
sports or gym hall, hall for ball games	☐	☐	☐
ice hall, ice field or rink	☐	☐	☐
sports field	☐	☐	☐
pedestrian and bicycle way, zebra crossing	☐	☐	☐
running track, cross-country track	☐	☐	☐
forest, field, shoreline or other cross-country or natural environment	☐	☐	☐
sea, lake, river or other corresponding body of water	☐	☐	☐
yard or parking area, park, market etc.	☐	☐	☐
workplace sports facility	☐	☐	☐
home or home yard, yard at the holiday home	☐	☐	☐
on a trip abroad	☐	☐	☐
If some other place or space, please specify:	_____	_____	_____

92. Which sport was in question when the exercise injury occurred?
Please select an option that best describes your situation for each exercise injury.

	Accident 1	Accident 2	Accident 3
football	☐	☐	☐
floorball	☐	☐	☐
volleyball	☐	☐	☐
ice hockey, bandy, ringette	☐	☐	☐
skating, rollerblading	☐	☐	☐
fitness-enhancing physical activity (jogging, walking, Nordic walking, etc.)	☐	☐	☐
gym workout, weight lifting	☐	☐	☐
backpacking, hiking, orienteering	☐	☐	☐
skiing, down-hill skiing, snowboarding	☐	☐	☐
swimming or other water sport (rowing, canoeing, stand-up-paddling)	☐	☐	☐
bicycling	☐	☐	☐
motor sports (including water skiing, water scooter)	☐	☐	☐
martial arts	☐	☐	☐
animal sports (e.g. riding, dog races, combined driving)	☐	☐	☐
golf, bowling, pétanque, billiards (Sports that use a solid ball)	☐	☐	☐
trampoline	☐	☐	☐
If some other sport, please specify:	_____	_____	_____

93. What was the most serious injury caused by the exercise injury?
Please select an option that best describes your situation for each exercise injury.

	Accident 1	Accident 2	Accident 3
no injuries	☐	☐	☐
bruises, contusions or wounds	☐	☐	☐
sprain, strain or dislocation or muscle injury	☐	☐	☐
fracture	☐	☐	☐
concussion	☐	☐	☐
head area injury	☐	☐	☐
eye injury	☐	☐	☐
dental injury	☐	☐	☐
burn injury	☐	☐	☐
frost injury	☐	☐	☐
psychological trauma	☐	☐	☐
If some other injury, please specify:	_____	_____	_____

94. What kind of treatment did you receive?
Please select an option that best describes your situation for each exercise injury.

	Accident 1	Accident 2	Accident 3
self treatment	☐	☐	☐
treatment by a nurse	☐	☐	☐
treatment by a doctor in emergency or acute care	☐	☐	☐
hospital care at the ward	☐	☐	☐
hospital care (surgery)	☐	☐	☐

95. Were you under the influence of alcohol, pharmaceuticals affecting your functioning or drugs when the accident occurred?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

TRAFFIC ACCIDENTS

96. Have you been in a traffic accident over the past 12 months? *A traffic accident refers to an accident such as a collision or running off the road involving a car or some other vehicle, and to vulnerable road user traffic accidents, which involve pedestrians or bicycle riders.*

☐ no *(go to question 104. to the 'Occupational accidents' section)*
☐ yes, how many times in total over the past 12 months? _____ number

97. How did the traffic accident occur? If you have been in several traffic accidents over the past 12 months, please describe the three most recent. *Please enter your answer for each traffic accident separately by selecting a suitable option for each accident (Accident 1, Accident 2, Accident 3).* ***Please select the option that best describes your situation for each traffic accident.***

	Accident 1	Accident 2	Accident 3
a collision with a (moving) motor vehicle (including being run over or colliding with a car as a pedestrian or bicycle rider)	☐	☐	☐
a single accident with no other participants (e.g. running off the road, crashing to a solid object, falling down as a pedestrian or bicycle rider)	☐	☐	☐
collision with a parked vehicle	☐	☐	☐
animal accident	☐	☐	☐
If some other cause, please specify:	_____	_____	_____

98. When the accident occurred, what was your role in the traffic:
Please select an option that best describes your situation for each traffic accident.

	Accident 1	Accident 2	Accident 3
pedestrian	☐	☐	☐
bicycle rider	☐	☐	☐
car driver	☐	☐	☐
motorcycle or moped driver	☐	☐	☐
driver of some other vehicle	☐	☐	☐

99. Did your being in a hurry, tired or careless contribute to the traffic accident?
Please select an option that best describes your situation for each traffic accident.

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

100. In what kind of place or space did the traffic accident occur?
Please select an option that best describes your situation for each traffic accident.

	Accident 1	Accident 2	Accident 3
pavement	☐	☐	☐
walkway or bicycle path	☐	☐	☐
zebra crossing, crossing of a bicycle path and road	☐	☐	☐
street or road in a residential area	☐	☐	☐
road outside a residential area	☐	☐	☐
motorway	☐	☐	☐
other, e.g. public parking area	☐	☐	☐
yard of a block of flats or detached house	☐	☐	☐
country, forest or field area	☐	☐	☐
sea, lake, river or other similar body of water	☐	☐	☐
If some other place, please specify:	_____	_____	_____

101. What was the most serious injury you sustained by the traffic accident?
Please select an option that best describes your situation for each traffic accident.

	Accident 1	Accident 2	Accident 3
no injuries	☐	☐	☐
bruises, contusions or wounds	☐	☐	☐
sprain, strain or dislocation or muscle injury	☐	☐	☐
fracture	☐	☐	☐
concussion	☐	☐	☐
head area injury	☐	☐	☐
eye injury	☐	☐	☐
dental injury	☐	☐	☐
burn injury	☐	☐	☐
frost injury	☐	☐	☐
psychological trauma	☐	☐	☐
If some other injury, please specify:	_____	_____	_____

102. What kind of treatment did you receive?
Please select an option that best describes your situation for each traffic accident.

	Accident 1	Accident 2	Accident 3
self treatment	☐	☐	☐
treatment by a nurse	☐	☐	☐
treatment by a doctor in emergency or acute care	☐	☐	☐
hospital care at the ward	☐	☐	☐
hospital care (surgery)	☐	☐	☐

103. Were you under the influence of alcohol, pharmaceuticals affecting your functioning or drugs when the traffic accident occurred?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

OCCUPATIONAL ACCIDENTS

104. Have you been in an occupational accident over the past 12 months? *Please also take in account accidents that occurred on your way to or from work, in practical training, in a study environment, volunteer work or situations comparable to them*

☐ no *(go to question 112. to the 'Other leisure-time accidents' section)*
☐ yes, how many times in total over the past 12 months? _____ times

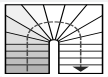
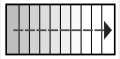
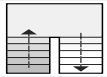
105. How did the occupational accident occur? If you have been in several occupational accidents over the past 12 months, please describe the three most recent. *Please enter your answer for each occupational accident separately by selecting a suitable option for each accident (Accident 1, Accident 2, Accident 3). Please select the option that best describes your situation for each accident.*

	Accident 1	Accident 2	Accident 3
collapse of structures	☐	☐	☐
falling down, slipping	☐	☐	☐
falling	☐	☐	☐
falling object	☐	☐	☐
becoming entangled, being crushed	☐	☐	☐
being hurt by a sharp object	☐	☐	☐
sudden movement, lifting	☐	☐	☐
If some other cause, please specify:	_____	_____	_____

106. Did your being in a hurry, tired or careless contribute to the occupational accident?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

107. In what kind of place or space did the occupational accident occur?
Please select an option that best describes your situation for each occupational accident.

	Accident 1	Accident 2	Accident 3
at work, outside the home	☐	☐	☐
on the way to or from work, on a business trip	☐	☐	☐
when working at home	☐	☐	☐
rotating indoor stairs 	☐	☐	☐
straight indoor stairs the length of the entire flight 	☐	☐	☐
indoor stairs in two parts with a landing 	☐	☐	☐
If other, please specify:	_____	_____	_____

108. What was the most serious injury caused by the occupational accident?
Please select an option that best describes your situation for each occupational accident.

	Accident 1	Accident 2	Accident 3
no injuries	☐	☐	☐
bruises, contusions or wounds	☐	☐	☐
sprain, strain or dislocation or muscle injury	☐	☐	☐
fracture	☐	☐	☐
concussion	☐	☐	☐
head area injury	☐	☐	☐
eye injury	☐	☐	☐
dental injury	☐	☐	☐
burn injury	☐	☐	☐
frost injury	☐	☐	☐
psychological trauma	☐	☐	☐
If some other injury, please specify:	_____	_____	_____

109. What kind of treatment did you receive for your injuries?
Please select an option that best describes your situation for each occupational accident.

	Accident 1	Accident 2	Accident 3
self treatment	☐	☐	☐
treatment by a nurse	☐	☐	☐
treatment by a doctor in emergency or acute care	☐	☐	☐
hospital care at the ward	☐	☐	☐
hospital care (surgery)	☐	☐	☐

110. Var man medveten om den riskfaktor som orsakade arbetsolyckan?

	Accident 1	Accident 2	Accident 3
yes	☐	☐	☐
no	☐	☐	☐

111. Are you able to influence occupational safety issues at your workplace?

☐ yes
☐ no

OTHER LEISURE-TIME ACCIDENTS

112. Have you been in any other kind of leisure time accidents over the past 12 months?
Other leisure time accidents refer to injuries sustained elsewhere than via exercise injuries, occupational accidents, accidents at home or traffic accidents such as slipping on a shopping trip, becoming injured when doing voluntary work or when camping, boating or when in a camping van.

☐ no *(go to question 117, section 'Absences from work due to illness')*
☐ yes, how many times in total over the past 12 months? _____ times

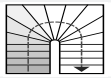
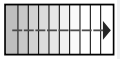
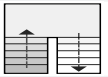
113. How did the leisure time accident occur? If you have been in several leisure time accidents over the past 12 months, please describe the three most recent. *Please enter your answer for each leisure time accident separately by selecting a suitable option for each accident (Accident 1, Accident 2 or Accident 3).*

	Accident 1	Accident 2	Accident 3
tripping, falling down, slipping or falling from a low height (under 1 m)	☐	☐	☐
falling from higher than 1 m	☐	☐	☐
collision with a person or object	☐	☐	☐
poisoning or exposure to other harmful agent	☐	☐	☐
electric shock	☐	☐	☐
abnormal temperatures; burn (fire, combustion gas, etc.), frostbite	☐	☐	☐
injury caused by a sharp object	☐	☐	☐
If some other cause, please specify:	_____	_____	_____

114. Did your being in a hurry, tired or careless contribute to the leisure time accident?

	Accident 1	Accident 2	Accident 3
no	☐	☐	☐
yes	☐	☐	☐

115. In what kind of place or space did the leisure time accident occur?
Please select an option that best describes your situation for each accident.

	Accident 1	Accident 2	Accident 3
pedestrian and cycle paths	☐	☐	☐
driveway	☐	☐	☐
yard or parking area for a public building	☐	☐	☐
yard or parking area for a residential building	☐	☐	☐
countryside, e.g. forest or field area	☐	☐	☐
outdoors elsewhere, e.g. at a bus stop, park or market place	☐	☐	☐
inside a public building	☐	☐	☐
rotating indoor stairs 	☐	☐	☐
straight indoor stairs the length of the entire flight 	☐	☐	☐
indoor stairs in two parts with a landing 	☐	☐	☐
If other, please specify:	_____	_____	_____

116. What was the most serious injury caused by the leisure time accident?
Please select an option that best describes your situation for each accident.

	Accident 1	Accident 2	Accident 3
no injuries	☐	☐	☐
bruises, contusions or wounds	☐	☐	☐
sprain, strain or dislocation or muscle injury	☐	☐	☐
fracture	☐	☐	☐
concussion	☐	☐	☐
head area injury	☐	☐	☐
eye injury	☐	☐	☐
dental injury	☐	☐	☐
burn injury	☐	☐	☐
frost injury	☐	☐	☐
psychological trauma	☐	☐	☐
If some other injury, please specify:	_____	_____	_____

ABSENCES FROM WORK DUE TO ILLNESS

*The following questions concern the treatment you received for injuries due to accidents or violence, as well as your absences from work due to such incidents. If you have had several accidents during the past 12 months, please specify **the three most recent ones**. Please specify the number of days for each accident in the appropriate field (Accident 1, Accident 2 or Accident 3).*

117. How many days did you have to stay in hospital because of your injuries?

	Accident 1	Accident 2	Accident 3
Home accidents	_____ days	_____ days	_____ days
Accidents during exercise	_____ days	_____ days	_____ days
Traffic accidents	_____ days	_____ days	_____ days
Occupational accidents	_____ days	_____ days	_____ days
Other leisure-time accidents	_____ days	_____ days	_____ days
Violence	_____ days	_____ days	_____ days

118. For how many days was it difficult or impossible for you to cope with your regular daily chores and activities because of your injuries? (in addition to possible days in hospital)

	Accident 1	Accident 2	Accident 3
Home accidents	_____ days	_____ days	_____ days
Accidents during exercise	_____ days	_____ days	_____ days
Traffic accidents	_____ days	_____ days	_____ days
Occupational accidents	_____ days	_____ days	_____ days
Other leisure-time accidents	_____ days	_____ days	_____ days
Violence	_____ days	_____ days	_____ days

119. How many days did you have to be absent from work due to your injuries (including days in hospital)?

	Accident 1	Accident 2	Accident 3
Home accidents	_____ days	_____ days	_____ days
Accidents during exercise	_____ days	_____ days	_____ days
Traffic accidents	_____ days	_____ days	_____ days
Occupational accidents	_____ days	_____ days	_____ days
Other leisure-time accidents	_____ days	_____ days	_____ days
Violence	_____ days	_____ days	_____ days

VIOLENCE

120. Has anyone demanded money or property from you by threats or extortion over the past 12 months?
You may choose more than one option.

- ☐ no one
- ☐ unknown person or casual acquaintance
- ☐ present spouse, cohabitant or partner
- ☐ other person well known to you (other family member, ex-spouse, friend, close acquaintance, colleague)

121. If you have been a victim of violence over the past 12 months, did you seek help from:
You may choose more than one option.

- ☐ services offered by various organisations (e.g. Rape Crisis Centre Tukinainen, Tyttöjen Talo, Victim Support Finland, Monika Multicultural Women's Association, shelters, crisis centres, municipal sexual therapists or corresponding)
- ☐ health care or social welfare services (e.g. hospital or health centre emergency clinic)
- ☐ I have not been a victim of violence over the past 12 months. *You can skip the next question.*

122. How were you treated when you sought the above mentioned services?
You may choose more than one option.

- ☐ appropriately and expertly
- ☐ helpfully and sympathetically
- ☐ cruelly
- ☐ indifferently
- ☐ in some other manner _____

FOR MEN, THIS CONCLUDES THE SURVEY.

THANK YOU FOR YOUR TIME!

Please remember to remove the covering letter before sending the questionnaire.
You can see the results of the survey at www.thl.fi/ath

The following questions only apply to women.

123. How many children have you borne?

☐ none
☐ in total _____ childbirths

124. Have you had any abortions?

☐ no
☐ yes _____ abortions

125. Have you had miscarrieges or ectopic pregnancies?

☐ no
☐ yes _____ pregnancies

THANK YOU FOR YOUR TIME!

Please remember to remove the covering letter before sending the questionnaire.
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