TERVEYDEN JA
HYVINVOINNIN LAITOS

REGIONAL HEALTH AND WELL-BEING STUDY, ATH 2014

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/2013. 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 1 6 5 cm

weigh 6 2 kg

For further information about the study, please contact :

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BACKGROUND INFORMATION

Tick the correct alternative or write the information number required in the space given.

1. Gender

☐ male
☐ female

2. Year of birth 19 _____

3. Marital status

☐ married or in a registered relationship
☐ cohabiting
☐ separated or divorced
☐ widowed
☐ single

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

_____ Years

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

☐ A dwelling owned by you or by a member of the family living in that dwelling
☐ A rental dwelling (owned by a local authority or a community interest company)
☐ Sheltered accommodation, rehabilitation home or home for elderly people
☐ Other, please specify:_____

6. How many of the people living in your household are (do not include yourself):

	none	1 person	2 persons	3 persons	4 persons	5+ persons
under the age of 3	☐	☐	☐	☐	☐	☐
aged 3 to 6	☐	☐	☐	☐	☐	☐
aged 7 to 17	☐	☐	☐	☐	☐	☐
aged 18 to 24	☐	☐	☐	☐	☐	☐
aged 25 to 64	☐	☐	☐	☐	☐	☐
aged 65 to 74	☐	☐	☐	☐	☐	☐
aged 75+	☐	☐	☐	☐	☐	☐

LIVING CONDITIONS, WORKING CONDITIONS AND WELL-BEING

7. A household may have different sources of income, and more than one of the people living in it may have an income. Considering the total income of your household, how difficult or easy is it to cover your costs?

- ☐ very difficult
- ☐ difficult
- ☐ fairly difficult
- ☐ fairly easy
- ☐ easy
- ☐ very easy

8. 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	☐	☐

9. 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 footpaths in winter	☐	☐	☐	☐
poorly lit traffic routes/roads and paths	☐	☐	☐	☐
traffic or industrial noise, smell or dust	☐	☐	☐	☐
long distances to services (e.g. shops)	☐	☐	☐	☐
poor public transport	☐	☐	☐	☐
environmental untidiness	☐	☐	☐	☐
buildings in poor condition or unattractive housing district	☐	☐	☐	☐
threat of dangerous wild animals/ predators	☐	☐	☐	☐
other, please specify: _____	☐	☐	☐	☐

10. How satisfied are you with the following characteristics of your present dwelling?

	very satisfied	fairly satisfied	neither satisfied nor dissatisfied	fairly dissatisfied	very dissatisfied
safety of the area/neighbourhood	☐	☐	☐	☐	☐
housing costs	☐	☐	☐	☐	☐

11. Do you have an Internet connection at your household?

☐ no
☐ yes

12. Do you use the Internet for the following?:

	no	yes
etransactions (online banking, social insurance institution [KELA], tax office, ticket sales, local public services, etc.)	☐	☐
finding information (timetables, health information, etc.)	☐	☐

13. 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?

	almost daily	1–2 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	☐	☐	☐	☐	☐

14. 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 -> *You can skip the three following numbered questions*
☐ yes, actively
☐ yes, occasionally

15. During the last 12 months, how often have you taken part in activities organised by the following types of organisations, associations, or clubs?

	never	less than once a month	1–3 times a month	1–2 times a month	3 times a week or more often
sports club	☐	☐	☐	☐	☐
culture association or organisation	☐	☐	☐	☐	☐
political or trade association (e.g. trade union)	☐	☐	☐	☐	☐
organisation for the unemployed	☐	☐	☐	☐	☐
parish	☐	☐	☐	☐	☐
organisation for older people (e.g. for pensions or front veterans, other old-age care organisations)	☐	☐	☐	☐	☐
child, youth or family organisation (e.g. Mannerheim League for Child Welfare)	☐	☐	☐	☐	☐
public health or patient organisation (e.g. Finnish Red Cross, Finnish Diabetes Association, Finnish Heart Association, Allergy and Asthma Federation)	☐	☐	☐	☐	☐
mental health or substance abuseorganisation (e.g. Finnish Association for Mental Health, A Clinic Foundation)	☐	☐	☐	☐	☐
disability organisation (e.g. Finnish Association of People with Mobility Disabilities, Finnish Central Association of the Visually Impaired)	☐	☐	☐	☐	☐
organisation for care giving relatives (e.g. Association of Care Giving Relatives and Friends, National Family Association Promoting Mental Health)	☐	☐	☐	☐	☐
informal activity group	☐	☐	☐	☐	☐
some other	☐	☐	☐	☐	☐

16. If you did take part in the activities of an organisation during the last 12 months, how did you first get information about the activities?
You can choose several options.

☐ the internet (e.g. the organisation's home page or social media, such as facebook, discussion forums)
☐ magazines published by organisations, local newspaper or other media
☐ relative or friend
☐ health care or social welfare unit, employment office (e.g. recommended by doctor, nurse or social worker)
☐ otherwise, how? _____

17. During the last 12 months, why did you take part in an organisation's activities?
You can choose several options.

☐ I want to help other people
☐ I want to learn new things or get more information
☐ I want to meet new people
☐ I want to belong to a group
☐ I want to take part in my child's/children's hobbies
☐ I want to meet other people in the same situation and get peer support
☐ I want to influence social issues
☐ Voluntary work is useful for my studies and/or work
☐ I get help/support in my life situation
☐ I get something meaningful to do
☐ Other reason, what? _____

18. Why haven't you taken part in any organisation's activities? *If you have taken part in the activities of some organisation, move to the next question. You can choose several options.*

☐ I feel no need for it
☐ The kinds of activities I am interested in are not organised in my neighbourhood
☐ I do not know enough about the organisations active in my neighbourhood
☐ I do not have time
☐ Poor means of transportation
☐ I or someone close to me has poor health or functional capacity which prevents me from taking part
☐ annan orsak, vilken? _____

19. 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 colleague	close neighbour	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?	☐	☐	☐	☐	☐	☐	☐

20. Have you yourself time over the past 12 months helped someone not belonging to your household in any of the following matters in your free? Whom?

You may choose more than one alternative on each line.

	no, I have not	yes, my children or grandchildren	yes, other persons
child care	☐	☐	☐
house and garden work (cooking, cleaning, gardening, snow removal etc.)	☐	☐	☐
shopping, banking and other similar matters	☐	☐	☐
health and hygiene (dressing, washing, medication, etc.)	☐	☐	☐
mental support (listening or supporting in difficult times)	☐	☐	☐
financial support	☐	☐	☐

21. How often have you yourself helped someone who does not live in your household over the past 12 months?

Please choose only one alternative on each line

	never	once or a few times in the year	once or twice a month	once or twice a week	every day or most days
children or grandchildren	☐	☐	☐	☐	☐
other persons	☐	☐	☐	☐	☐

22. Do you regularly help someone living in your household who has limited functional capacity, or is ill, to cope at home?

You may choose more than one alternative on each line.

☐ no -> *You can skip the next question*
☐ yes, my spouse
☐ yes, my child or grandchild
☐ yes, some other person? _____

23. Are you the official informal caregiver for this person (have you entered an agreement with the municipality)?

☐ no
☐ yes

24. Have you yourself received help in any of the following chores and actions over the past 12 months? From whom? *You may choose more than one alternative on each line*

	I can manage without help	no, from no one, although I would have needed it	yes, from family members living in the same household with me	yes, from family members living in another household	yes, from relatives, friends or neighbours	yes, from the local authority (home care, transport service, etc.)	yes, from a private service provider	yes, from someone else (e.g. a volunteer organisation)
house and garden work (cooking, cleaning, gardening, snow removal, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
shopping, banking and other similar chores	☐	☐	☐	☐	☐	☐	☐	☐
health and hygiene (dressing, washing, medication, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
listening or supporting in difficult times (mental support)	☐	☐	☐	☐	☐	☐	☐	☐
financial support	☐	☐	☐	☐	☐	☐	☐	☐

25. How often do you receive help from the above persons and parties in the mentioned chores and actions?

	not at all	once or a few times in the year	once or twice a month	once or twice a week	every day or most days	several times a day
family members living in the same household	☐	☐	☐	☐	☐	☐
family members not living in the same household with you	☐	☐	☐	☐	☐	☐
relatives, friends or neighbours	☐	☐	☐	☐	☐	☐
local authority	☐	☐	☐	☐	☐	☐
private service provider	☐	☐	☐	☐	☐	☐
someone else (e.g. a volunteer organisation)	☐	☐	☐	☐	☐	☐
altogether from all of the above	☐	☐	☐	☐	☐	☐

26. Did you vote in the most recent elections?

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

27. How much do you trust the following parties or what they do?

On each line, choose alternative that matches your opinion: (I do not trust at all --- I trust completely).

	I do not trust them at all				I trust them completely
public health care	☐	☐	☐	☐	☐
public social welfare (social services, social assistance, etc.)	☐	☐	☐	☐	☐
courts of law	☐	☐	☐	☐	☐
the police	☐	☐	☐	☐	☐
decisionmaking in your municipality	☐	☐	☐	☐	☐
people in general	☐	☐	☐	☐	☐

HEALTH

28. How tall are you? *(to the nearest centimeter)*

_____ cm

29. How much do you weigh when wearing light clothing? *(to the nearest kilogramme)*

_____ kg

30. How would you describe your current state of health?

☐ good
☐ rather good
☐ moderate
☐ rather poor
☐ poor

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

	no	yes
high blood pressure, hypertension	☐	☐
(cerebral) stroke	☐	☐
high blood cholesterol	☐	☐
coronary thrombosis, myocardial infarction	☐	☐
coronary disease, angina pectoris (=chest pain under physical strain)	☐	☐
cancer	☐	☐
rheumatoid arthritis or other inflammatory arthritis	☐	☐
arthrosis of the knee or hip	☐	☐
arthrosis of the back, sciatica, low back pain or other back condition	☐	☐
chronic bronchitis, emphysema	☐	☐
depression	☐	☐
other mental health problem	☐	☐
asthma	☐	☐
diabetes	☐	☐

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

	no	yes
fever (temperature over 38°C)	☐	☐
headache	☐	☐
cough	☐	☐
diarrhea (at least three times a day on at least one day)	☐	☐
vomiting	☐	☐
joint ache	☐	☐
back pain, back ache	☐	☐
toothache	☐	☐
chest pain under physical strain	☐	☐
insomnia	☐	☐
stomach pain	☐	☐
incontinence	☐	☐
tinnitus (ringing in the ears)	☐	☐
dizziness	☐	☐
uncontrollable tremor	☐	☐

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

☐ no
☐ yes

34. When have you last had the following measurements taken by a health care professional? *Please choose one alternative on each line.*

	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	☐	☐	☐	☐	☐

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.

35. 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	☐	☐	☐	☐	☐	☐
so down in the dumps that nothing could cheer you up	☐	☐	☐	☐	☐	☐
calm and peaceful	☐	☐	☐	☐	☐	☐
downhearted and sad	☐	☐	☐	☐	☐	☐
happy	☐	☐	☐	☐	☐	☐

36. Do you ever feel lonely?

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

37. 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 doings)	☐	☐

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

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

☐ no
☐ yes

FUNCTIONAL AND WORKING CAPACITY

39. Can you usually perform the following actions?

	yes, no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
walk about 500 m without stopping to rest	☐	☐	☐	☐
walk up one flight of stairs without stopping to rest	☐	☐	☐	☐
move about outdoors in summer	☐	☐	☐	☐
move about outdoors in winter	☐	☐	☐	☐
use public transport	☐	☐	☐	☐
move from one room to another in your home	☐	☐	☐	☐

40. Can you usually perform the following everyday chores and actions?

	yes, no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
light housework (vacuuming, washing dishes, making beds, doing laundry, etc.)	☐	☐	☐	☐
minor repairs (replacing a light bulb or a smoke alarm battery, etc.)	☐	☐	☐	☐
day-to-day financial transactions (paying bills, withdrawing cash, etc.)	☐	☐	☐	☐
grocery shopping	☐	☐	☐	☐
cooking or heating meals	☐	☐	☐	☐
chewing food (all kinds of food, including hard bread, etc.)	☐	☐	☐	☐
washing yourself in a shower, bath or sauna	☐	☐	☐	☐
personal hygiene (combing hair, brushing teeth, shaving, washing face and hands, etc.)	☐	☐	☐	☐
cutting toenails	☐	☐	☐	☐
dressing and undressing	☐	☐	☐	☐
going to the toilet	☐	☐	☐	☐
medication (remembering to take the medication, correct dosage, opening the package, etc.)	☐	☐	☐	☐
reading ordinary newspaper print (with or without spectacles)	☐	☐	☐	☐
following a conversation between several people (with or without a hearing aid)	☐	☐	☐	☐

41. 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 information and new things to do?	☐	☐	☐	☐	☐
How well can you concentrate on things?	☐	☐	☐	☐	☐

42. If your functional capacity is impaired, do you need and do you get help for your everyday actions?

☐ I do not need help and do not get it
☐ I would need help but do not get it
☐ I get help, but not enough
☐ I get enough help
☐ I get more help than I need

FOOD

43. 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)	☐	☐	☐	☐
skimmed milk or buttermilk	☐	☐	☐	☐

44. Where do you usually have lunch (between 10 a.m. and 3 p.m.) on weekdays?

☐ at home
☐ at a restaurant, diner or fast-food place
☐ at a sheltered home or day centre
☐ somewhere else than the above
☐ I do not eat lunch

45. Who usually prepares your main meal on weekdays?

- ☐ I do myself
- ☐ my spouse or cohabitee
- ☐ other person close to me
- ☐ a home care worker prepares it, or I have a ready meal delivered
- ☐ I eat out or bring a take-out meal to eat at home

BRUSHING YOUR TEETH

46. How many of your own teeth do you have left?

- ☐ none
- ☐ 1 to 9 own teeth
- ☐ 10 to 19 own teeth
- ☐ 20+ own teeth

47. Do you wear dental prostheses?

- ☐ no
- ☐ yes

48. 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

EXERCISE

The following questions concern how you get exercise at work, on the way to work and in your free time. If you exercise in different ways at different times of the year, please circle the alternative that best describes your average situation.

49. How often do you go for a walk outdoors for at least 20 minutes?

- ☐ 5 or more times a week
- ☐ 4 times a week
- ☐ 3 times a week
- ☐ 1–2 times a week
- ☐ less often than once a week
- ☐ I cannot exercise because of an illness or injury

50. How much do you exercise and strain yourself physically in your free time?

Please choose the alternative that best fits your situation.

☐ 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
☐ I spend most of my time in bed

51. How physically active are you during a week?

Think about the past year (12 months).

Consider all regular weekly physical activity which lasts at least 10 minutes per session. Select all alternatives that correspond to your physical activity habits, and add the weekly amount of each type of activity (frequency per week, duration in hours and minutes). If you are not weekly engaged in any type of regular physical activity select alternative "hardly any regular weekly physical activity" and pass the other alternatives.

	days a week	**hours and minutes a week altogether**
☐ hardly any regular activity a week		
☐ low-intensity activity (= does not make you warm or out of breath, e.g. slow walking)	_____ days a week	tot._____hrs and _____minutes a week
☐ moderate-intensity activity (= makes you warm and/or slightly out of breath, e.g. brisk walking)	_____ days a week	tot._____hrs and _____minutes a week
☐ high-intensity activity (= makes you sweat and/or out of breath, e.g. jogging or running)	_____ days a week	tot._____hrs and _____minutes a week
☐ muscle-strengthening exercise (= circuit training or gym training with at least 8–12 repeats for a muscle group per workout)	_____ days a week	tot._____hrs and _____minutes a week
☐ activity that requires or develops balance (= e.g. tai chi, dancing, games, balance exercises on, for example, one leg, uneven ground or on hands and knees)	_____ days a week	tot._____hrs and _____minutes a week

52. How many hours do you spend sitting on an average weekday?
If you never sit, please enter 0

hours on average: _____

SMOKING

53. Have you ever smoked?

☐ no (*You can go to the next section*)
☐ yes

54. 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 _____

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

☐ yes, daily
☐ occasionally
☐ not at all

ALCOHOL AND DRUGS

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

☐ no -> *You can skip the four following numbered questions*
☐ yes

57. 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.
Please choose the alternative that best fits your situation.

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

58. How many drinks containing alcohol do you have on a typical day when you are drinking?

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

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

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

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

EXAMPLES:
0.5 l ('pint') of medium 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%) = 6 units
0.5 l bottle of spirits = 13 units

60. 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	_____ restaurantportions (appr. 4 cl)

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, casino games and Internet gambling such as online poker.

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

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

CHANGES OF LIFESTYLE

62. 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	nurse or occupatio-nal health nurse	family member	someone else
exercise more	☐	☐	☐	☐	☐
change your dietary habits for health reasons	☐	☐	☐	☐	☐
lose weight	☐	☐	☐	☐	☐
drink less alcohol	☐	☐	☐	☐	☐
quit smoking	☐	☐	☐	☐	☐

SLEEP

63. How many hours do you usually sleep during one night?

Average _____ hours

64. Do you feel that you get enough sleep?

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

ACCIDENTS AND VIOLENCE

65. Have you had any accident that required counselling or treatment by a health care professional over the past 12 months? What were the circumstances of the accident and what kind of treatment did you get for your injuries? *You can choose several options.*

	no	yes, home treatment	yes, treatment by a nurse	yes, treatment by a doctor	yes, treatment in a hospital
in working hours, outside the home	☐	☐	☐	☐	☐
in free time, indoors at home	☐	☐	☐	☐	☐
in free time, in the yard/garden at home	☐	☐	☐	☐	☐
in free time, while exercising outside the home	☐	☐	☐	☐	☐
in some other context:	☐	☐	☐	☐	☐

66. Has someone behaved violently towards you over the past 12 months? *You can choose several options.*

	no one	unknown person or casual acquaintance	present spouse, cohabitee or partner	other person well known to you (other family member, exspouse, friend, close acquaintance, colleague)
threats of physical harm made over the phone, by letter, by e-mail or by text message	☐	☐	☐	☐
threats of physical harm made in person	☐	☐	☐	☐
obstruction of movement, grabbing hold, 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:	☐	_____	_____	_____

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

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

68. 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 crampons when walking outdoors in slippery conditions	☐	☐	☐	☐	☐
hip protectors	☐	☐	☐	☐	☐

69. Do you use the following aids? *You may choose more than one alternative.*

- ☐ walker
- ☐ walking stick (including walking poles)
- ☐ kicksled or kickbike
- ☐ hearing aid
- ☐ dosette box
- ☐ I do not use any of the above devices

The following questions, 'falling down' is understood to mean falling from an upright position to your knees or flat In on the ground, or falling down stairs, but not falling because of an external impulse such as being hit by a car.

70. Have you ever fallen down while walking over the past 12 months?

☐ no, --> *You can move to the next section*

☐ yes, indoors at home _____ times

☐ yes, in the yard/garden at home _____ times

☐ yes, outdoors in the street or in a public place _____ times

71. Have you had to seek treatment because of falling down?

☐ no, I treated myself at home
☐ yes, I saw a nurse
☐ yes, I saw a doctor
☐ yes, I was treated in a hospital

SERVICES

72. How many times over the past 12 months have you seen a doctor or nurse in a surgery or seen them at your home because of an illness you have or had?

If you have not seen a doctor or nurse at all, please enter 0. This does not include any times when you have been admitted to a hospital as an inpatient.

	I saw a doctor	I saw a nurse
at a health centre	_____ times	_____ times
at a private health clinic	_____ times	_____ times
at a hospital outpatient clinic	_____ times	_____ times
on a house call by a doctor or nurse	_____ times	_____ times
elsewhere, please specify:	_____ times	_____ times

73. How many times over the past 12 months have you had contact by phone with the following because of an illness you yourself have or had? *If you have not had contact with a doctor or nurse at all, please enter 0*

with a doctor _____ times

with a nurse _____ times

74. Over the past 12 months, have you visited any of the following:

	no	yes
a dentist at a health centre	☐	☐
a dentist in private practice	☐	☐
other dentist (university, hospital, etc.)	☐	☐
dental technician	☐	☐
the surgery of a dental assistant or dental hygienist	☐	☐

75. Do you feel you have a need for dental care at present?

☐ no
☐ yes

76. Has a statutory service needs assessment been drawn up for you?

Choose only one alternative.

☐ yes, within the past 12 months
☐ yes, at least a year (12 months) ago
☐ no

77. Have you regularly participated in a group for promoting your health and well-being over the past 12 months? *Individual one-off lectures or discussions do not count.*

☐ no, --> *You can move to the next question*

	yes, it helped	yes, it did not help
dieting or weight control group or course, or other group aiming at changes in dietary and exercise habits	☐	☐
neck or back exercise group	☐	☐
group or course for quitting smoking	☐	☐
group for quitting the use of alcohol (e.g. AA)	☐	☐
group for quitting the use of some other intoxicant (e.g. NA)	☐	☐
gambling addiction group	☐	☐
patient selfhelp group (e.g. group of cardiac patients, diabetics or mental health patients)	☐	☐
relaxation exercise or mental training (e.g. yoga, pilates, mindfulness, meditation)	☐	☐
discussion group for grief, divorce, or other life crisis	☐	☐
other	☐	☐

78. Do you feel you have received enough information on the following municipal services over the past 12 months?

	no need	not enough information	enough information
health care services	☐	☐	☐
daycare services	☐	☐	☐
social services	☐	☐	☐
education services	☐	☐	☐
library services	☐	☐	☐
cultural services	☐	☐	☐
physical activity services	☐	☐	☐
services for youth	☐	☐	☐

79. Do you feel you have been adequately provided with the following services in your home municipality over the past 12 months?

	no need	would have needed, but service not received	have used, service was inadequate	have used, service was adequate
library services	☐	☐	☐	☐
indoors sports facilities (swimming baths, gym, etc.)	☐	☐	☐	☐
outdoors sports facilities (sports fields, outdoor exercise routes, etc.)	☐	☐	☐	☐
cultural services (cinema, theatre, concerts, exhibitions, etc.)	☐	☐	☐	☐
folk and workers high schools	☐	☐	☐	☐

80. Do you feel you have been adequately provided with the following social and health care services over the past 12 months?

Please note services provided by the local authority and/or private service providers

	no need	would have needed, but service not received	have used, service was inadequate	have used, service was adequate
health centre physician's surgery	☐	☐	☐	☐
nurse's surgery at a health centre	☐	☐	☐	☐
dental care	☐	☐	☐	☐
physiotherapy	☐	☐	☐	☐
mental health services	☐	☐	☐	☐
services for the disabled	☐	☐	☐	☐
services for drug abusers	☐	☐	☐	☐
social worker's surgery	☐	☐	☐	☐
social ombudsman's services	☐	☐	☐	☐
patient advocate's services	☐	☐	☐	☐
health centre/hospital ward	☐	☐	☐	☐
hospital outpatient clinic	☐	☐	☐	☐
retirement home	☐	☐	☐	☐
home services	☐	☐	☐	☐
home nursing	☐	☐	☐	☐
course of rehabilitation at an institution	☐	☐	☐	☐
service centres and day centres for the aged, local clubs	☐	☐	☐	☐
social assistance	☐	☐	☐	☐
support for caring relatives	☐	☐	☐	☐
financial and debt counselling	☐	☐	☐	☐

81. How often have you used the following cultural services over the past 12 months?

	1 or more times a week	1–3 times a month	a few times in the year	not during the past 12 months
theatre, dance, circus or other performing arts	☐	☐	☐	☐
concert of classical music	☐	☐	☐	☐
concert of popular or rock music	☐	☐	☐	☐
museum or art exhibition	☐	☐	☐	☐
library	☐	☐	☐	☐
cinema	☐	☐	☐	☐
spectator at a sports or fitness event	☐	☐	☐	☐
spectator at some other cultural event	☐	☐	☐	☐

The following five (5) questions concerning the quality of life form part of the quality of life project of the World Health Organisation (WHO), WHOQOL-BREF, which is available in several languages and provides internationally comparable data. We ask you to think about your life in the past four weeks. Please answer the following questions.

82. How would you rate your quality of life?

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

83.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	☐	☐	☐	☐	☐
your transport	☐	☐	☐	☐	☐

84. 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?	☐	☐	☐	☐	☐
Have you enough opportunities for leisure time activities?	☐	☐	☐	☐	☐

85. To what extent do you feel your life to be meaningful?

☐ not at all
☐ a little
☐ moderately
☐ mostly
☐ completely

86. Did you fill in this form alone, or did someone assist you?

☐ I filled it in alone
☐ I filled it in together with my spouse
☐ I filled it in together with another family member
☐ I filled it in together with a nurse or home care helper
☐ I was assisted by someone else. Please specify ? _____

THANK YOU FOR YOUR TIME!

You can see the results of the survey at www.thl.fi/ATH