

The Finnish Mobile Clinic

Follow-up Survey

**AU27\_Non-participation questionnaire**

Last name

First names

Date of birth

Social security number

Address

**You did not participate in the health examination organized by the Finnish Mobile Clinic. In order to develop the operations and to interpret the results correctly, it is important to clarify the reason of your nonattendance. That is why we kindly ask you to fill in this form and to return it in the enclosed envelope. In case the party concerned is unable to respond, an acquainted contact can fill in the form.**

**1. What is your current (or the last former) profession?** (It means the profession during the past 12 months. In case you don't work in your profession now, we ask you to write down the profession, where you have worked last for at least a period of 12 months. Hence, you write down the profession, if you are now for example a student, housewife, pensioner et cetera but you have once worked in a profession.)

-profession:

2. Mark a cross in the box that mostly corresponds to the reason of your nonattendance. Just one cross. In case needed, you can give an additional explanation in the end of the form.

1. I considered myself to be healthy
2. I did not participate in the study due to an occupational hindrance (or due to school et cetera)
3. I did not participate in the study due to circumstances at home (e.g. little children)
4. I did not participate in the study because I cannot participate easily on my own without an escort
5. I did not participate because I was pregnant
6. I did not participate because I was sick the day of the study

Which illness:

7. I was already attended by a physician due to my illness

Which illness:

8. I was being treated at

A. a hospital

B. a psychiatric hospital

C. a tuberculosis sanitarium

D. somewhere else

Where?

Which illness:

9. I was temporarily out of the region

A. business trip

B. studying

C. undertaking military service

D. holiday trip

E. other reason

10. I had moved to a new location indefinitely

New address:

11. I did not participate in the study for some other reason

The reason:

Possible additional information:

The person who fills in the form

-the person himself or a relative

-Health insurance office or the Finnish Mobile Clinic

Signature of the person who fills in the form