

10. WHAT IS YOUR STATUS WITHIN THE FAMILY?

- 1 living alone
- 2 head of the family } to question 14
(also cohabitation)
- 3 spouse of the family
(also cohabitation)
- 4 child of the family
(also adopted child)
- 5 mother or father of the head of
the family or his/her spouse
(also stepmother or stepfather)
- 6 other,
if so, what? _____

- 1
- 2
- 3
- 4
- 5
- 6

11. WHAT IS THE PRESENT (what was the most recent) OCCUPATION OF THE HEAD OF YOUR FAMILY?

If the head of the family is e.g. a pensioner, write down his/her last occupation lasting a minimum of 12 months.

Professional title: _____

--	--	--	--

12. IS THE HEAD OF YOUR FAMILY RECEIVING SOME KIND OF PENSION?

- 0 no, to question 14
- 1 yes

- 0
- 1

13. WHAT KIND OF PENSION IS HE/SHE RECEIVING?

- 1 war veterans' pension
- 2 old-age pension (employment pension, national pension, etc.)
- 3 invalidity pension
- 4 other,
if so, what? _____

14. WHAT EDUCATION HAVE YOU HAD?

- 1 less than primary education
- 2 primary school
- 3 part of secondary school
- 4 secondary school
- 5 part of senior secondary school
- 6 matriculated

- 1
- 2
- 3
- 4
- 5
- 6

15. HOW MUCH FURTHER EDUCATION HAVE YOU HAD?

- 1 no further education
- 2 only courses or on-the-job training
- 3 no more than 2 years of institutional studies
- 4 over 2 years of institutional studies
- 5 university degree

- 1
- 2
- 3
- 4
- 5

16. WHICH MUNICIPALITY HAVE YOU RESIDED IN LONGEST...

A. AS A CHILD (before you were 15)?

□ □ □ □

B. AS AN ADULT (after you were 15)?

□ □ □ □

17. IN HOW MANY DIFFERENT MUNICIPALITIES HAVE YOU RESIDED PERMANENTLY FOR AT LEAST ONE YEAR?

Number of municipalities

□ □

18. FOR HOW LONG HAVE YOU RESIDED IN YOUR PRESENT DOMICILE?

1 less than one year
years

□

□ □

19. WHAT IS THE DISTANCE BETWEEN YOUR DWELLING AND ...

A. THE NEAREST HEALTH CENTRE PHYSICIAN? km

□ □ □ □

B. THE NEAREST PRIVATE PHYSICIAN? km

□ □ □ □

C. THE NEAREST DENTIST? km

□ □ □ □

20. HOW LONG DOES IT TAKE YOU ON AVERAGE TO VISIT THE NEAREST PHYSICIAN WHEN USING YOUR CUSTOMARY MEANS OF TRANSPORTATION AND INCLUDING THE TIME SPENT IN THE WAITING ROOM?

_____ hours _____ minutes

□ □ □ □

21. HAVE ILLNESSES CAUSED YOU FINANCIAL PROBLEMS RECENTLY?

0 no
1 yes
2 can't tell

□

□

□

22. WHAT WAS THE TOTAL INCOME OF YOUR FAMILY LAST YEAR WITHOUT DEDUCTING TAXES BUT DEDUCTING INCOME-RELATED EXPENDITURE? (I.E. TAXABLE INCOME) (Give the interviewee a card). THIS CARD HAS A LETTER FOR EACH INCOME GROUP. WHICH OF THESE GROUPS WOULD YOU SAY THE INCOME OF YOUR FAMILY FELL INTO LAST YEAR?

letter: □

□ □

23. DOES YOUR FAMILY ENGAGE IN FARMING OR SILVICULTURE ON A HOLDING OWNED OR LEASED BY YOU?

Summerplace not counted.

0 no, to question 26
1 yes

□

□

□ □ □ □

24. WHAT IS THE TOTAL AREA OF THE HOLDING?

hectares

□ □ □ □

25. HOW MANY HECTARES OF IT ARE CULTIVATED?

hectares

□ □ □

26. ARE YOU RECEIVING A PENSION AT PRESENT?

- 0 no, to question 28
- 1 yes

0
1

27. WHAT KIND OF PENSION?

- 1 war veterans' pension
- 2 old age pension (employment pension, national pension, etc.)
- 3 invalidity pension
- 4 other, if so, what? _____

□
□

28. WHAT HAS YOUR PRINCIPAL OCCUPATION OR EMPLOYMENT BEEN DURING THE PAST 12 MONTHS?

Write down title, work description or type of employment with the greatest possible accuracy (cf. interviewing instructions). For those working part time any work done at least 4 hours a day all week or three full days a week is considered the principal occupation. For employed persons, write down the employer's name and the department (section, division) where the interviewee is employed. If a retired person, housewife, etc. is not employed for at least 4 hours a day or three days a week, his/her occupation is recorded as pensioner, housewife, etc.

Occupation: _____

Employer: _____

Department or similar: _____

If the interviewee is employed (also an assisting member of the family), to question 32.

□ □ □

(If the interviewee has not been employed during the past 12 months, i.e. is a pensioner, housewife, student or similar):

29. WHAT WAS YOUR OCCUPATION OR WHAT DID YOU LAST DO FOR AT LEAST ONE YEAR?

□ □ □

30. HOW MANY YEARS DID YOU DO THIS?

Years

□ □

31. HOW MANY YEARS AGO DID YOU LEAVE THIS EMPLOYMENT?

Years

to question 35

□ □

32. HOW MANY YEARS HAVE YOU BEEN EMPLOYED IN YOUR PRESENT OCCUPATION?

Years

□ □

33. HAVE YOU BEEN UNEMPLOYED OR LAID OFF DURING THE PAST 12 MONTHS?

- 0 no, to question 35
- 1 yes

0
1

34. HOW MANY WORKING DAYS IN ALL?

days

1 1 1

35. DO YOU (did you before retiring) GET THE MAJOR PART OF YOUR INCOME FROM WAGES OR SALARY PAID BY AN EMPLOYER, FROM THE MANAGEMENT OF A BUSINESS OF YOUR OWN OR FROM AN INDEPENDENT PROFESSION OR TRADE, OR DO YOU FALL OUTSIDE THESE CATEGORIES?

- 1 wage or salary paid by an employer
 - 2 from management of enterprise of one's own or from independent profession or trade
 - 3 assisting family member, e.g. son or wife at farmstead
 - 4 outside these categories, e.g. pensioner or student
- } to question 38

1

2

3

4

36. WHAT ARE (were) YOUR PRINCIPAL WORKING HOURS?

- 1 regular day hours
- 2 regular evening hours
- 3 regular night hours
- 4 two shifts
- 5 three shifts
- 6 other, if so, what? _____

1

2

3

4

5

6

37. HOW ARE (were) YOUR WAGES GENERALLY DETERMINED? IS (was) IT BY THE HOUR, BY THE MONTH OR A PIECE-TIME RATE OR SOMETHING ELSE?

- 1 hourly wage
- 2 monthly wage or salary
- 3 piecetime or job rate
- 4 other pay, which _____

1

2

3

4

PART B

STATE OF HEALTH

NOW I WILL ASK YOU A FEW QUESTIONS ABOUT YOUR HEALTH.

38. HOW GOOD DO YOU CONSIDER YOUR PRESENT STATE OF HEALTH?

- 1 good
- 2 fairly good
- 3 middling
- 4 rather poor
- 5 poor
- 6 can't say

1

2

3

4

5

6

39. HAVE YOU ANY DEFECT OR INJURY THAT LOWERS YOUR GENERAL WORKING CAPACITY OR ACTIVITY, OR ANY CHRONIC ILLNESS?

- 0 no, to question 46
- 1 yes

0
1

40. DEFINE OR DESCRIBE THIS ILLNESS OR INJURY.

Try to find out the name (diagnosis) of every illness or its major symptoms.

Disease 1: _____

Disease 2: _____

Disease 3: _____

Disease 4: _____

Disease 5: _____

41. DO YOU RECEIVE CONTINUOUS CARE BY A PHYSICIAN FOR ANY CHRONIC ILLNESS OF YOURS?

(This means consulting a physician at least once a year)

- 0 no
- 1 yes, to question 43
- 2 does not know

0
1
2

42. DO YOU THINK THAT CONTINUOUS CARE BY A PHYSICIAN WOULD BE BENEFICIAL FOR ANY OF THE MENTIONED CHRONIC ILLNESSES?

- 0 no
- 1 yes
- 2 does not know

0
1
2

43. ARE YOU MAKING CONTINUOUS USE OF ANY MEDICINE PRESCRIBED BY A PHYSICIAN FOR ANY OF THESE ILLNESSES?

- 0 does not take
- 1 does take

0
1

44. HAVE YOU BEEN OBLIGED BY YOUR ILLNESS OR DISABILITY TO CHANGE PROFESSION OR EMPLOYMENT?

- 0 no
- 1 yes

0
1

If not in employment, to question 46.

45. WHAT DISADVANTAGES DOES YOUR ILLNESS OR DISABILITY ENTAIL IN YOUR PRESENT OCCUPATION OR EMPLOYMENT?

- 1 no disadvantages whatsoever
- 2 forced to work only part time
- 3 unable to work
- 4 hampers work or going to work in other ways, if so, how? _____

PART C

DISABILITY

Some of the following questions (46 - 53) may be such that they can be omitted in cases where the interviewee clearly has no difficulty in moving or taking care of himself or in the functioning of his senses. Even in these cases the question should be answered on the form.

46. CAN YOU GET IN AND OUT OF BED?

- 1 not at all
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulties

1
2
3
4

47a. CAN YOU WALK BETWEEN ROOMS?

- 1 not at all
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulties

1
2
3
4

47b. CAN YOU WALK UP AND DOWN STAIRS?

- 1 not at all
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulties

1
2
3
4

48. CAN YOU WALK A DISTANCE OF 400 METERS?

- 1 not at all
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulty

1
2
3
4

49. CAN YOU DRESS AND UNDRRESS?

- 1 not at all
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulties

1
2
3
4

50. CAN YOU CUT YOUR TOENAILS?

- 1 not at all
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulties

1
2
3
4

51. IS YOUR EYE-SIGHT GOOD ENOUGH TO READ ORDINARY NEWSPAPER PRINT?
(With or without glasses)

- 1 cannot read at all
- 2 yes, but with difficulties
- 3 yes, without difficulties

1
2
3

52. CAN YOU HEAR WHAT IS SAID IN A CONVERSATION BETWEEN SEVERAL PEOPLE?
(With or without a hearing aid)

- 1 no
- 2 yes, but with difficulties
- 3 yes, without difficulties

1
2
3

53. CAN YOU CARRY A SHOP BAG OR SOME OTHER OBJECT OF 5 KILOS OR SO FOR AT LEAST 100 METERS?

- 1 no
- 2 yes, but with major difficulties
- 3 yes, but with minor difficulties
- 4 yes, without difficulties

1
2
3
4

54. HAVE YOU LOST A LIMB OR PART OF ONE, SUCH AS A FINGER, TOE, FOOT OR OTHER IN AN ACCIDENT?

- 0 no
- 1 yes,
if so, what? _____

0
1

55. HAS ONE OF YOUR LIMBS OR PART OF ONE BEEN AMPUTATED FOR SOME OTHER REASON?

- 0 no
- 1 yes,
if so, what? _____

0
1

56. (Interviewer answers these questions):

A. Does the interviewee have difficulties in speaking?

- 0 no
- 1 yes,
if so, of what kind? _____

0
1

B. Does the interviewee have poor eyesight?

- 0 no
- 1 sight seems somewhat impaired
- 2 sight definitely impaired
- 3 the interviewee is blind or nearly blind

0
1
2
3

C. Is the interviewee's hearing impaired?

- 0 no
- 1 hearing seems somewhat impaired
- 2 hearing definitely impaired
- 3 interviewee is deaf or nearly deaf

0
1
2
3

57. DO YOU HAVE ANY COMPLAINT OR ILLNESS WHICH HAS NOT BEEN MENTIONED IN THIS INTERVIEW BUT FOR WHICH YOU WOULD LIKE TO BE EXAMINED OR TREATED BY A PHYSICIAN?

- 0 no, to question 59
- 1 yes

0
1

58. DEFINE OR DESCRIBE THIS COMPLAINT. (Diagnosis or major symptoms)

1. complaint: _____

2. complaint: _____

3. complaint: _____

PART D

DAYS OF RESTRICTED ACTIVITY

59. HOW MANY WHOLE DAYS HAVE YOU SPENT IN BED BECAUSE OF ILLNESS
(ALSO PREGNANCY OR CHILDBIRTH) ...

A. LAST WEEK AND THE WEEK BEFORE THAT ALTOGETHER?

If none, write 00 and go on to B Days

(to women under 45):

HOW MANY OF THESE DAYS WERE DUE TO PREGNANCY OR CHILDBIRTH? Days

B. DURING THE PAST 12 MONTHS ALTOGETHER?

If none, write 000 and go on to question 60 Days

(to women under 45):

HOW MANY OF THESE DAYS WERE DUE TO PREGNANCY OR CHILDBIRTH? Days

60. HOW MANY WHOLE DAYS HAVE YOU BEEN ABSENT FROM WORK OR NEGLECTED YOUR ORDINARY DUTIES BECAUSE OF ILLNESS (ALSO PREGNANCY OR CHILDBIRTH) ...

A. LAST WEEK AND THE WEEK BEFORE THAT ALTOGETHER?

If none, write 00 and go on to B Days

(to women under 45):

HOW MANY OF THESE DAYS WERE DUE TO PREGNANCY OR CHILDBIRTH? Days

B. DURING THE PAST 12 MONTHS ALTOGETHER?

If none, write 000 and go on to question 62 Days

(to women under 45):

HOW MANY OF THESE DAYS WERE DUE TO PREGNANCY OR CHILDBIRTH? Days

61. HOW MANY CONSECUTIVE DAYS WERE YOU ABSENT FROM WORK OR DID YOU FAIL TO ATTEND TO YOUR NORMAL DUTIES MOST RECENTLY ON ACCOUNT OF ILLNESS?

Days

PART E
 MENTAL HEALTH

62. HAVE YOU SUFFERED LATELY FROM ...

- | | | |
|--------------------------------------|-------|--------------------------|
| A. HEADACHE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| B. IMPAIRED MEMORY OR CONCENTRATION? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| C. OVEREXERTION? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| D. DEJECTION OR DEPRESSION? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| E. NERVOUSNESS OR TENSION? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| F. LACK OF STAMINA OR FATIGUE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| G. SLEEPLESSNESS? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| H. IRRITABILITY? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| I. SOME OTHER DISORDER | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |

→ If so, what? _____

If none of these, to question 65

63. HOW HAVE THESE DISORDERS AFFECTED YOUR PRESENT WORKING CAPACITY AND FUNCTIONAL CAPACITY?

- | | |
|---------------------------------------------------------|--------------------------|
| 1 not at all | <input type="checkbox"/> |
| 2 to some extent | <input type="checkbox"/> |
| 3 a good deal | <input type="checkbox"/> |
| 4 very much | <input type="checkbox"/> |
| 5 wholly incapable of working because of said disorders | <input type="checkbox"/> |

64. DO YOU CONSIDER THAT YOU NEED TREATMENT OR OTHER HELP (FOR INSTANCE, FROM A PHYSICIAN, PSYCHIATRIST OR PSYCHOLOGIST) FOR ANY OF THE DISORDERS YOU MENTIONED?

- | | |
|-----------------------------------------|--------------------------|
| 0 does not consider it necessary | <input type="checkbox"/> |
| 1 considers it might help somewhat | <input type="checkbox"/> |
| 2 definitely feels a need for treatment | <input type="checkbox"/> |
| 3 can't say | <input type="checkbox"/> |

65. DURING THE PAST 12 MONTHS, HAVE YOU BEEN TO SEE ...

- | | | |
|--------------------|-------|--------------------------|
| A. A PSYCHIATRIST? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| B. A PSYCHOLOGIST? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |

PART F

USE OF MEDICAL SERVICES

66. WHEN DID YOU LAST SEE A DOCTOR ABOUT YOUR ILLNESS (ALSO PREGNANCY OR CHILDBIRTH)?

- 1 less than 1/2 year ago
- 2 1/2 - 1 year ago } to question 67B
- 3 over a year ago } to question 71
- 4 never

1
2
3
4

67. HOW MANY TIMES HAVE YOU SEEN A DOCTOR ABOUT YOUR ILLNESS (ALSO PREGNANCY OR CHILDBIRTH) OTHER THAN AS A HOSPITAL IN-PATIENT ...

A. LAST WEEK AND THE WEEK BEFORE THAT ALTOGETHER?

If not at all, write 00 and go on to B Times
(to women under 45):

HOW MANY OF THESE WERE DUE TO PREGNANCY OR CHILDBIRTH? Times

B. DURING THE PAST 12 MONTHS ALTOGETHER?

If not at all, write 00 and go on to question 70 Times
(to women under 45):

HOW MANY OF THESE WERE DUE TO PREGNANCY OR CHILDBIRTH? Times

68. ABOUT WHICH ILLNESSES OR DISORDERS HAVE YOU SEEN A DOCTOR OTHER THAN AS A HOSPITAL IN-PATIENT IN THE PAST 12 MONTHS?
(Diagnosis or principal symptoms)

- 1. illness _____
- 2. illness _____
- 3. illness _____
- 4. illness _____
- 5. illness _____

<input type="text"/>

69. WHICH ILLNESS WAS THE REASON FOR YOUR LAST VISIT TO A PHYSICIAN?
Write in the relevant number from the previous answer:

<input type="text"/> <input type="text"/> <input type="text"/>

70. HOW MANY DAYS HAVE YOU BEEN IN HOSPITAL FOR TREATMENT DURING THE PAST 12 MONTHS?

If none, write 000.

Days

<input type="text"/> <input type="text"/> <input type="text"/>

71. HOW MANY TIMES DURING THE PAST 12 MONTHS HAVE YOU VISITED ...

A. A RHEUMATISM DISPENSARY?

If none, write 00

Times

B. A TUBERCULOSIS DISPENSARY?

If none, write 00

Times

C. A MENTAL HEALTH CENTRE?

If none, write 00

Times

72. HOW MANY TIMES HAVE YOU SEEN A PUBLIC HEALTH NURSE, HOME CARE NURSE OR PARISH NURSE ...

A. LAST WEEK AND THE WEEK BEFORE THAT ALTOGETHER?

If none, write 00 and
go on to B

Times

(to women under 45):

HOW MANY OF THESE WERE DUE TO
PREGNANCY OR CHILDBIRTH?

Times

B. DURING THE PAST 12 MONTHS ALTOGETHER?

If none, write 00 and
go on to question 75

Times

(to women under 45):

HOW MANY OF THESE WERE DUE TO
PREGNANCY OR CHILDBIRTH?

Times

73. ABOUT WHICH ILLNESSES OR DISORDERS HAVE YOU SEEN A PUBLIC HEALTH NURSE, HOME CARE NURSE OR PARISH NURSE DURING THE PAST 12 MONTHS?
(Diagnosis or principal symptoms)

1. illness _____

2. illness _____

3. illness _____

4. illness _____

5. illness _____

74. WHICH ILLNESS WAS THE REASON FOR THE LAST VISIT?

Write the relevant number from the previous answer:

**PART G
MEDICATION**

75. ARE YOU ENTITLED TO ANY FREE MEDICINE UNDER THE SICKNESS INSURANCE ACT?

- 0 no
- 1 yes

→ Copy the codes of the illnesses for which the interviewee is entitled to free medicine from the interviewee's social security card.

- 1. code of illness: _____
- 2. code of illness: _____
- 3. code of illness: _____
- 4. code of illness: _____
- 5. code of illness: _____

0
1

76. HOW MANY DIFFERENT PRESCRIBED MEDICINES ARE YOU USING AT THE MOMENT?

If none, write 00 and
go to question 78

Medicines

--	--

77. WHAT ARE THE NAMES OF THE MEDICINES AND WHICH OF THEM ARE ENTIRELY PAID UNDER THE SICKNESS INSURANCE?

Medicine 1. _____

0
1

--	--	--	--

Medicine 2. _____

0
1

--	--	--	--

Medicine 3. _____

0
1

--	--	--	--

Medicine 4. _____

0
1

--	--	--	--

Medicine 5. _____

0
1

--	--	--	--

Medicine 6. _____

0
1

--	--	--	--

Medicine 7. _____

0
1

--	--	--	--

Medicine 8. _____

0
1

--	--	--	--

Medicine 9. _____

0
1

--	--	--	--

Medicine 10. _____

0
1

--	--	--	--

--	--

78. DID YOU MAKE USE YESTERDAY OR THE DAY BEFORE OF ANY PILLS, POWDERS OR OTHER MEDICINES NOT PRESCRIBED FOR YOU BY A PHYSICIAN AGAINST ...

- | | | |
|--------------------------------------|-------|--------------------------|
| A. HEADACHE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| B. PAINS IN THE JOINTS OR ELSEWHERE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| C. COLDS, COUGHS OR FEVER? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| D. INSOMNIA OR NERVOUSNESS? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| E. VITAMINS OR TONICS? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| F. MEDICINES AGAINST OTHER TROUBLES? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |

PART H
DENTAL CARE AND CONDITION OF TEETH

79. DO YOU CONSIDER THE PRESENT CONDITION OF YOUR TEETH (ALSO DENTURES) ...

- 1 GOOD,
- 2 FAIRLY GOOD,
- 3 AVERAGE,
- 4 FAIRLY POOR, OR
- 5 POOR?

80. WHEN DID YOU LAST HAVE A TOOTHACHE OR OTHER TOOTH TROUBLE?

- 1 during the past month
- 2 during the past 6 months
- 3 during the past 12 months
- 4 not during the past 12 months, but sometime before that
- 5 never

81. HOW MANY OF YOUR OWN NATURAL TEETH ARE MISSING?

- 1 no tooth missing; go to question 83
- 2 1 - 5 teeth
- 3 6 - 10 teeth
- 4 more than 10 teeth but not all
- 5 all teeth missing

82. DO YOU HAVE REMOVABLE DENTURES?

- 0 no
1 yes

83. ESTIMATE HOW MANY OF YOUR TEETH NEED FILLING.

Teeth
(00, if none)

84. HOW MANY OF YOUR TEETH DO YOU THINK SHOULD BE REMOVED?

Teeth
(00 if none)

□ □

85. DO YOU CONSIDER THAT YOU NEED DENTURES?

- 1 no
- 2 yes, for the upper jaw
- 3 yes, for the lower jaw
- 4 yes, for both jaws

1
2
3
4

86. CAN YOU CHEW HARD FOOD, FOR INSTANCE HARD BREAD OR APPLES?

- 1 no
- 2 yes, but chewing is awkward
- 3 yes, without difficulty

1
2
3

87. DO YOU VISIT A DENTIST REGULARLY FOR A CHECK-UP ...
(without knowing whether there is anything wrong with your teeth)

- 1 AT LEAST ONCE A YEAR,
- 2 ONCE EVERY TWO YEARS,
- 3 LESS FREQUENTLY, OR
- 4 DO YOU EVER HAVE YOUR TEETH EXAMINED?

1
2
3
4

88. HOW LONG IS IT SINCE YOU LAST VISITED A DENTIST?

- 1 less than six months ago
 - 2 1/2 - 1 year ago
 - 3 1 - 2 years ago
 - 4 over 2 years ago
 - 5 never
- } to question 93

1
2
3
4
5

89. HOW MANY TIMES HAVE YOU VISITED A DENTIST DURING THE PAST 12 MONTHS?

Times

□ □

90. FOR WHAT REASON DID YOU LAST VISIT A DENTIST?
(for your first visit, if you had several visits for treatment)

- 1 YOU NOTICED A DEFECT YOURSELF
 - 2 TO HAVE YOUR TEETH INSPECTED OR CLEANSED, OR
 - 3 FOR SOME OTHER REASON,
- if so, what? _____

1
2
3

91. WERE ANY OF THE FOLLOWING STEPS TAKEN WHEN YOU VISITED THE DENTIST DURING THE MOST RECENT SERIES OF VISITS...

- | | | |
|-----------------------------------------------------------|-------|--------------------------|
| A. CHECKING OF ALL THE TEETH? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| B. FILLING A CAVITY IN A TOOTH OR TREATING A GUM TROUBLE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| C. MAKING OF CROWN, PIN-TOOTH OR BRIDGE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| D. TOOTH EXTRACTED? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| E. A DENTURE MADE? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| F. EDUCATION IN TEETH CLEANING? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |

92. HOW MUCH MONEY HAVE YOU SPENT ON DENTIST'S AND DENTAL TECHNICIAN'S FEES DURING THE PAST 12 MONTHS?

Marks

--	--	--	--

93. WHEN CLEANING YOUR TEETH, DO YOU GENERALLY USE...

(0 = no, 1 = yes)

- | | | |
|------------------|-------|--------------------------|
| A. A TOOTHBRUSH? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| B. A TOOTHPICK? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |
| C. DENTAL FLOSS? | 0 no | <input type="checkbox"/> |
| | 1 yes | <input type="checkbox"/> |

94. HOW FREQUENTLY DO YOU BRUSH YOUR TEETH?

- | | | |
|---|---------------------------|--------------------------|
| 1 | never | <input type="checkbox"/> |
| 2 | less than every other day | <input type="checkbox"/> |
| 3 | every other day | <input type="checkbox"/> |
| 4 | once a day | <input type="checkbox"/> |
| 5 | more than once a day | <input type="checkbox"/> |

PART I

MEDICAL EXAMINATIONS

95. HOW MANY TIMES HAVE YOU BEEN EXAMINED BY A DOCTOR DURING THE PAST 12 MONTHS WITHOUT YOUR CONTACTING HIM BECAUSE OF SOME ILLNESS?

Ordinary medical examinations, employment examinations, examinations for driving licences or other certificates, etc. are included

Times

--	--

96. BY A PUBLIC HEALTH NURSE?

Times

--	--

97. BY A DENTIST?

Times

U U

98. HOW MANY OTHER MEDICAL EXAMINATIONS HAVE YOU BEEN TO IN THE PAST 12 MONTHS?
Mass chest X-rays, PAP tests, etc.

If none, write 00 and go
on to question 100

Times

U U

99. WHAT KIND OF EXAMINATION HAVE YOU BEEN TO? _____

U

U

PART J
SMOKING

NOW I WILL ASK YOU A FEW QUESTIONS CONCERNING SMOKING:

100. HAVE YOU EVER BEEN A REGULAR SMOKER FOR A TOTAL OF AT LEAST ONE YEAR?
(Regular smoking means smoking at least one cigarette, cigar, cigarillo
or pipe every day or almost every day)

0 no, to question 109
1 yes

0
1

101. AT WHAT AGE DID YOU START SMOKING REGULARLY?

Age in years

U U

102. DO YOU SMOKE CIGARETTES REGULARLY NOW?
(Cigarettes include "home rolled")

0 no
1 yes, to question 105

0
1

103. HAVE YOU SMOKED CIGARETTES REGULARLY AT SOME EARLIER PERIOD
(and quit)?

0 no, to question 106
1 yes

0
1

104. HOW LONG IS IT SINCE YOU LAST SMOKED CIGARETTES REGULARLY?

- 1 less than 1 month
- 2 1 - 11 months
- 3 1 - 9 years
- 4 10 years or more

1
2
3
4

to question 106

105. HOW MANY CIGARETTES A DAY DO YOU SMOKE ON AVERAGE?

- 1 1 - 9
- 2 10 - 19
- 3 20 - 29
- 4 30 cigarettes or more

1
2
3
4

NOW A FEW QUESTIONS ABOUT CIGAR AND PIPE SMOKING:

106. DO YOU SMOKE CIGARS OR CIGARILLOS REGULARLY?

(One a day or nearly every day)

0 no
1 yes

0
1

107. DO YOU SMOKE PIPE REGULARLY?

(At least a pipe a day or nearly every day)

0 no
1 yes

0
1

108. DO YOU USUALLY INHALE WHEN YOU SMOKE (or did you inhale, if you have quit?)

0 no
1 yes

0
1

PART K

FOOD

109. HOW MANY GLASSES DAILY DO YOU DRINK OF ...

If none, write 00.

A. LOW-FAT MILK?	Glasses
B. WHOLE MILK?	Glasses
C. FAT-FREE MILK?	Glasses
D. CLABBERED MILK?	Glasses
E. YOGHURT OR CULTURED MILK?	Cartons

EE
EE
EE
EE
E

110. HOW MANY SLICES OF BREAD A DAY DO YOU USUALLY EAT?

If none, write 00.

Slices

EE

111. HOW MANY CUPS OF COFFEE A DAY DO YOU DRINK ON AVERAGE?

If none, write 00.

Cups

EE

112. HOW MANY CUPS OF TEA A DAY DO YOU DRINK ON AVERAGE?

If none, write 00.

Cups

EE

113. HOW MANY LUMPS OR TEASPOONFULS OF SUGAR DO YOU TAKE IN A CUP OF COFFEE OR TEA?

If none, write 00.

Lumps or
teaspoonfuls

E

114. DO YOU USE AN ARTIFICIAL SWEETENER (like Hermesetas, Bit-Sacketter, etc.)?

0 no
1 yes,
if so, what? _____

0
1

E

115. DO YOU ADD SALT TO YOUR FOOD AT THE TABLE ...

- 1 USUALLY,
 - 2 SOMETIMES, OR
 - 3 NEVER?
-

1
2
3

115b: DOES YOUR FAMILY MAKE USE OF MINERAL SALT?

- 0 no
 - 1 yes
 - 2 does not know
-

0
1
2

116. HOW MANY TIMES A DAY, APART FROM ACTUAL MEALS, DO YOU TAKE SWEETS, CHEWING GUM, SWEETENED SOFT DRINKS OR OTHER SWEET SNACKS?

Times

□

PART L

INTERVIEWER'S COMMENTS

117. Who provided the information concerning the interviewee?

- 1 the interviewee alone
- 2 the interviewee together with another person
- 3 someone else,
if so, who? _____
(e.g. spouse, daughter, etc.)

1

2

3

118. Is the interviewee, in your view, receiving sufficient care for his/her illness or does he/she perhaps need health care, social welfare or rehabilitation services?

- 1 receives sufficient care and does not need said services
- 2 needs services; mark those of the following which he/she primarily needs:

1

2

medical services:

- 01 general practitioner's examination or treatment
- 02 specialist examination or treatment
- 03 health check-ups
- 04 home care
- 05 dental treatment
- 06 health education
- 07 mental health services
- 08 rehabilitation or physiotherapy
- 09 other,

if so, what? _____

social services:

- 10 household help
- 11 institutional care
- 12 aids
- 13 better housing conditions
- 14 alcoholics' clinic
- 15 other,

if so, what? _____

The interview lasted _____ min.

Interviewer: _____

Interviewer's notes: