

FinSote – National Study of Health, Wellbeing and Social and Health Services

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/finsote/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:

- Tick the most suitable alternative or write the information required in the space given with a ballpoint pen.
-  If you make some marks to an answer box which you do not mean, please blacken the entire answer box.
- You should only tick one best alternative for each question unless it is specifically stated that you may select more than one alternative.
- There are further instructions for some questions. Remember to answer all questions. Enter negative answers by ticking the 'no' alternative or by writing '0' (zero) in the space provided.

EXAMPLE 1.

How would you evaluate your state of health at present?

- very good
- 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:

toll-free number 0800 97730 (9.00–11.00)

e-mail: finsote-info@thl.fi

www.thl.fi/finsote/osallistuvalla



CONSENT

I have read the "Information for study participants" leaflet and received sufficient information about the study and the related collection, processing, compilation and disclosure of information. I understand that my participation in this study is voluntary and that all information I provide will be handled in confidence. If necessary, I am able to withdraw my consent later on by contacting the National Institute for Health and Welfare.

I consent to my responses being combined with the register data mentioned in the information sheet

LIVING CONDITIONS AND QUALITY OF LIFE

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. Do you live alone?

- yes
- no

4. 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-time 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: _____

5. 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?	<input type="checkbox"/>	<input type="checkbox"/>
been unable to buy medicines because you did not have any money	<input type="checkbox"/>	<input type="checkbox"/>
not visited a doctor because you did not have any money	<input type="checkbox"/>	<input type="checkbox"/>





6. Does any of the following occur near your home, and if so, to what extent does it bother you?

	no	yes, but it does not bother me	it bothers me slightly	it bothers me a lot
dangerous intersections and/or traffic routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slippery pedestrian paths in winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
poorly lit traffic routes/roads and paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
noise, smell or dust caused by traffic or industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long distances to health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long distances to other services (e.g. shops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
poor public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When answering questions number (7 - 9), please consider the past two weeks.

7. How would you rate your quality of life?

- very poor
- poor
- neither poor nor good
- good
- very good

8. How satisfied are you with:

	very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied
your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your ability to perform your daily living activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the conditions of your living place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 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?	<input type="checkbox"/>				
have you enough money to meet your needs?	<input type="checkbox"/>				





INCLUSION AND FUNCTIONAL CAPACITY

10. 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	<input type="checkbox"/>				
telephone	<input type="checkbox"/>				
over the internet (e-mail, chat, Skype, Facebook, etc.) or by letter	<input type="checkbox"/>				

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

- no
 yes, actively
 yes, occasionally

12. Do you ever feel lonely:

- never
 very rarely
 sometimes
 fairly often
 all the time

13. 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?	<input type="checkbox"/>	<input type="checkbox"/>					
who will provide practical help for you when you need it?	<input type="checkbox"/>	<input type="checkbox"/>					



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

- no (*proceed to question 16*)
- yes, my spouse
- yes, my child or grandchild
- yes, my own or my spouse's parents
- yes, some other person. Whom? _____

15. Are you an official informal caregiver (have entered into an agreement)?

- no
- yes

16. Can you usually perform the following actions?

	yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
run a short distance (about 100 m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walk about 500 m without stopping to rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read ordinary newspaper print (with or without spectacles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
follow a conversation between several people (with or without a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walk up one flight of stairs without stopping to rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move about outdoors in summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move about outdoors in winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
light housework (vacuum cleaning, washing dishes, making beds, doing laundry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
minor repairs around the home (replacing a light bulb or a smoke alarm battery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
day-to-day financial transactions (paying bills, withdrawing cash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shopping for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18. The following questions concern memory, learning and concentration.

	very well	well	adequately	poorly	very poorly
how well does your memory work?	<input type="checkbox"/>				
how easily do you learn new things?	<input type="checkbox"/>				
how well can you concentrate on things?	<input type="checkbox"/>				

19. If your functional capacity is impaired, do you need and get help for your daily activities?

- 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

20. 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
	<input type="checkbox"/>											

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

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

HEALTH

22. How tall are you?

_____ cm *please round to nearest centimetre*

23. How much do you weigh when wearing light clothing?

_____ kg *please round to nearest kilogramme*

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

- good
- fairly good
- average
- fairly poor
- poor



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

- yes
 no (*proceed to question 28*)

26. Does your long-term illness or health problem require regular treatment or monitoring by a health care professional (e.g. a doctor or nurse)?

- yes
 no (*proceed to question 28*)

27. Has a care plan including the objectives of the treatment and related monitoring been prepared for you?

- yes
 no
 I don't know

28. Are you limited because of a health problem in activities people usually do?

- severely limited
 limited but not severely
 not limited at all (*proceed to question 30*)

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

- yes
 no

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

	yes
high blood pressure, hypertension	<input type="checkbox"/>
(cerebral) stroke	<input type="checkbox"/>
high blood cholesterol	<input type="checkbox"/>
coronary thrombosis, myocardial infarction	<input type="checkbox"/>
coronary disease, angina pectoris (=chest pain under physical stress)	<input type="checkbox"/>
arthrosis of the back, sciatica, back pain or other back condition	<input type="checkbox"/>
chronic bronchitis, emphysema	<input type="checkbox"/>
depression	<input type="checkbox"/>
other mental health issue	<input type="checkbox"/>
asthma	<input type="checkbox"/>
diabetes	<input type="checkbox"/>
a substance abuse or addiction problem	<input type="checkbox"/>
none of the above-mentioned illnesses	<input type="checkbox"/>



31. Over the past 4 weeks, for how much of the time have you felt:

Please choose one alternative on each line

	all 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	<input type="checkbox"/>					
in such a low mood that nothing could cheer you up	<input type="checkbox"/>					
calm and peaceful	<input type="checkbox"/>					
downhearted and sad	<input type="checkbox"/>					
happy	<input type="checkbox"/>					

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

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

- no
 yes

SOCIAL AND HEALTH CARE SERVICES

33. What is your opinion of the following statements regarding health care services? Health care services refer to, for instance, health centres and hospitals.

Please choose only one alternative on each line.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
in general, health services function well in Finland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust in the expertise and competence of health service staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the health services increase social equity and fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





34. What is your opinion of the following statements regarding social welfare services? For example, social welfare services refer to services for elderly people, services for families with children, home services, services for disabled people, counselling provided by a social worker or counsellor, and social assistance. Please choose only one alternative on each line.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
in general, social welfare services function well in Finland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust in the expertise and competence of social service staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the social welfare services increase social equity and fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. What is your opinion of the following statements? Please choose only one alternative on each line. I trust that when I need the following service, it will be available for me...

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
urgent treatment for a sudden, serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
regular treatment and monitoring of a long-term illness (e.g. high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
treatment and care services provided at home (e.g. home care, meal delivery and other support services, rehabilitation services, home alteration work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other services for elderly people (e.g. sheltered housing, residential home for elderly people, family care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for disabled people (e.g. transportation services, personal assistance, home alteration work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for families with children (e.g. child welfare services, parenting and family counselling, home services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
counselling and guidance provided by a social worker or counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basic social assistance provided by the Social Insurance Institution of Finland (Kela)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
supplementary or preventive social assistance provided by the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





36. Social and health care services are undergoing a reform. The reform has many different objectives. Below there are listed the objectives set out for the reform at its various stages. Which three of these objectives you find most important?

choose three most important objectives	
primary services (e.g. health centre services and social welfare services) are strengthened	<input type="checkbox"/>
the client's case is handled smoothly and information is transferred between professionals	<input type="checkbox"/>
clients and patients have an increasing opportunity to make choices (e.g. on their place of care)	<input type="checkbox"/>
everyone living in Finland will have equal access to services based on their needs (regardless of their income level, place of residence, origin or any other factor)	<input type="checkbox"/>
everyone's responsibility on their own health and well-being and that of their family members will be increased	<input type="checkbox"/>
service and treatment practices will be uniform in the entire country	<input type="checkbox"/>
social and health care costs will remain reasonable	<input type="checkbox"/>

37. In the following section, we will ask you about ways in which regular people and service users can make their views and experiences known and participate in developing the services. How important do you consider the below issues and do you have personal experience of participation?

	highly important	quite important	not very important	not at all important	not sure	I have participated in this way
an opportunity to influence the service or treatment provided to you	<input type="checkbox"/>					
regularly collecting the experiences of service users, for example using customer surveys	<input type="checkbox"/>					
residents and service users are included in planning, developing and evaluating the services (e.g. customer panels and joint development together with employees)	<input type="checkbox"/>					





FREEDOM OF CHOICE

Since the beginning of 2014, possibilities to choose or change the place of care in public health care (health station or hospital) have increased for residents of Finland. The following questions concern the freedom of choice.

38. Did you know that you have a legal right to:

	no	yes
choose the health station/health centre you register with anywhere in Finland?	<input type="checkbox"/>	<input type="checkbox"/>
choose, together with your doctor, the unit that provides you with specialised health care (hospital) anywhere in Finland?	<input type="checkbox"/>	<input type="checkbox"/>
choose a particular doctor, nurse or similar health care professional (e.g. physiotherapist, psychologist, speech therapist) whenever possible?	<input type="checkbox"/>	<input type="checkbox"/>
seek treatment in another EU country?	<input type="checkbox"/>	<input type="checkbox"/>

39. In the past 12 months, have you exercised your right to change your health station (public health care)? Here, a health care service is considered public health care even if the municipality relies on a private service provider to deliver some health station services.

- I have not used health station services in the past 12 months
- I have not changed my health station
- I have changed my health station, I changed my health station
 - to another health station in my municipality
 - to a health station in another municipality in Finland
 - to a health station in another EU country

40. In the past 12 months, have you exercised your right to choose or change your hospital (public health care)? Here, a health care service is considered public health care even if the municipality relies on a private service provider to deliver some forms of hospital treatment

- I have not needed hospital treatment or examinations
- I have not chosen or changed my hospital
- yes, I have chosen or changed my hospital, I chose
 - the hospital closest to me that provides the treatment I need
 - a hospital elsewhere in Finland that provides the treatment I need
 - a hospital in another EU country that provides the treatment I need

41. In the near future, are you considering changing your...

	no	maybe	yes
health station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





42. What is your opinion of the following statements? Please choose only one alternative on each line. I find it important that I can personally make the choice on my...

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
health station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. There are options from which I can genuinely make a choice on my preferred...

	several	a couple	hardly any options
health station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. What is your opinion of the following statements? Please choose only one alternative on each line. To make a choice on my place of care, I have enough information about...

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
the medical quality of the services of different places of care (e.g. success of medical procedures, patient safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
customer satisfaction at different places of care (good treatment, possibility to influence the care provided for the patient, confidentiality, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
waiting times at different places of care (e.g. to see a doctor or a nurse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the service selection provided at different places of care (what services are available at the place of care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
what measures I must take if I wish to change to another health station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
what measures I must take if I wish to change to another hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





45. Below are listed issues which people might think about when choosing a health station. Please select the three issues which you find most important when making the choice.

	select the three most important issues
good location of the health station	<input type="checkbox"/>
easy access by transport (by public transport or your car, e.g. parking spaces)	<input type="checkbox"/>
availability of doctor's appointments	<input type="checkbox"/>
availability of public health nurse's/nurse's appointments	<input type="checkbox"/>
the opening hours of the health station	<input type="checkbox"/>
good quality of care at the health station	<input type="checkbox"/>
the health station has special expertise in the services I need	<input type="checkbox"/>
a long-term care relationship with a specific doctor or nurse	<input type="checkbox"/>
the comfort of the facilities	<input type="checkbox"/>
accessibility: e.g. automatic doors, smooth walking routes and clear guide signs and instructions.	<input type="checkbox"/>
occupational health care services are provided at the same place	<input type="checkbox"/>
other reason, please specify: _____	<input type="checkbox"/>

46. How important do you consider being able to select a private health service at the same price as a public one? Please choose only one alternative.

- highly important
- quite important
- not very important
- not at all important
- not sure

47. The opportunity to choose is currently primarily concerned with health care services. How important do you find it that the freedom of choice will be extended to also cover...

	highly important	quite important	not very important	not at all important	not sure
services for elderly people	<input type="checkbox"/>				
other social welfare services	<input type="checkbox"/>				





THE USE OF E-SERVICES

48. Do you have access to...

	yes	no
the internet at home, your workplace, library or some other place?	<input type="checkbox"/>	<input type="checkbox"/>
online banking codes or mobile certificate for electronic identification online?	<input type="checkbox"/>	<input type="checkbox"/>

49. Do you use the internet for the following:

	no	yes
e-transactions (online banking, social insurance institution [Kela], taxoffice, ticket sales, local public services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
finding information (timetables, health information, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

50. What kind of experiences do you have of the internet from the perspective of the following issues?

	Based on my experience, for this purpose, the internet is			
	very useful	quite useful	useless	I have never used it
finding information about illnesses, symptoms or healthy ways of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
support provided by peer groups (e.g. weight loss group), health advice or other self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using social and health care services (e.g. scheduling an appointment, prescriptions, laboratory results, decisions on social welfare services or benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
comparing services and places of care (quality, waiting times, prices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



THE USE OF HEALTH SERVICES

51. How many times in the past 12 months have you seen a doctor, public health nurse or a nurse in an appointment or at your home because of an illness you have or had (or because of pregnancy or childbirth)? *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 station (no dental appointments)	<input type="text"/> times	<input type="text"/> times
at a private medical clinic	<input type="text"/> times	<input type="text"/> times
in occupational health care	<input type="text"/> times	<input type="text"/> times
at a hospital outpatient clinic	<input type="text"/> times	<input type="text"/> times
in public dental care	<input type="text"/> times	<input type="text"/> times
in private dental care	<input type="text"/> times	<input type="text"/> times

52. In the past 12 months, how many times have you had contact with the following health care professionals:

	not at all	once	2-3 times	4-6 times	more than 6 times
By phone					
with a doctor	<input type="checkbox"/>				
with a public health nurse or a nurse	<input type="checkbox"/>				
with some other health care professional	<input type="checkbox"/>				
Via the internet (computer, mobile phone or other device)					
with a doctor	<input type="checkbox"/>				
with a public health nurse or a nurse	<input type="checkbox"/>				
with some other health care professional	<input type="checkbox"/>				

53. When using the health services, do you typically see the same....

	always	often	sometimes	never
doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



54. In the past 12 months, have you been treated at an inpatient unit at a hospital (including inpatient unit at a health centre)?

- yes
 no

55. Think about your experiences of using health services in the past 12 months. How were the below aspects achieved in your case?

	always	most of the time	sometimes	never	does not concern me (I have not used health services)
I was able to contact the place of care smoothly	<input type="checkbox"/>				
I was able to make an appointment without undue delay	<input type="checkbox"/>				
I was examined without undue delay (e.g. laboratory tests, X-ray, ultrasound)	<input type="checkbox"/>				
my privacy was respected in the examinations and treatments	<input type="checkbox"/>				
the treatment appointment was beneficial for me	<input type="checkbox"/>				
my problem was handled smoothly and information was transferred between professionals	<input type="checkbox"/>				

56. Think about your experiences of care personnel (doctors, nurses and other staff providing your care) in the past 12 months. How were the below aspects achieved in your case?

	always	most of the time	sometimes	never	does not concern me (I have not used health services)
I was treated with respect	<input type="checkbox"/>				
conversations took place so that they could not be heard by outsiders	<input type="checkbox"/>				
my information was handled confidentially	<input type="checkbox"/>				
personnel spent enough time with me during the appointments	<input type="checkbox"/>				
I was given enough time to ask about my health status or the treatment I was given	<input type="checkbox"/>				
matters were explained to me in a way that I could understand them	<input type="checkbox"/>				
I could participate in the decisions on my treatment or the examinations made as much as I wanted to	<input type="checkbox"/>				
I was asked for my consent before starting treatment or examinations	<input type="checkbox"/>				





57. Have the following factors interfered with you receiving treatment in the past 12 months?
Please choose only one alternative on each line.

	always	most of the time	sometimes	never	does not concern me (I have not used health services)
I was sent back and forth from one service unit to another in connection with taking care of my case	<input type="checkbox"/>				
I had to explain my situation to several employees or many different times	<input type="checkbox"/>				
the opening hours were difficult	<input type="checkbox"/>				
the place of care was hard to reach	<input type="checkbox"/>				
my financial situation made it difficult to receive treatment	<input type="checkbox"/>				
excessively high customer charges made it difficult to receive treatment	<input type="checkbox"/>				

58. Do you feel you received enough of the following health care services in the previous 12 months? *Please note services provided by the municipality and private service providers.*

	I have not needed it	I would have needed it, but did not receive the service	I have used the service but it was not adequate	I have used the service and it was adequate
doctor's appointment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nurse's or public health nurse's appointment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dentist services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Have you been vaccinated against influenza in the past 12 months?

- no
- yes





60. 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	I don't know
blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
blood cholesterol level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
blood sugar level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
waist circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Have you had any of the following screenings or examinations during the past 5 years?

	no	yes, during the past 1 year	yes, during the past 1–5 years
colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mammography (screening test for breast cancer), women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAPA test (cervical cancer screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSA screening from a blood sample related to prostate examination (men)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. In the past 12 months, have you visited any of the following services because of mental health issues or substance abuse problems?

	no	yes, because of mental health problems	yes, because of substance abuse problems
a health centre, occupational health care or student health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a mental health clinic or psychiatry outpatient clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an A-Clinic, detoxification or other substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a private practice (doctor, psychologist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a psychiatric or other hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other place of care, please specify where: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





The following question is concerned with people with a long-term illness. If you do not have a long-term illness, you may move on to question 63.

63. To what extent are the following true for the treatment of your long-term illness?

If you have several diseases, please select the alternative based on the illness requiring most care.

	always	usually	sometimes	never	does not apply to me
information is transferred between the personnel at my treatment unit	<input type="checkbox"/>				
information is transferred between the treatment unit and the hospital or other specialised medical care	<input type="checkbox"/>				
information is transferred between home nursing and other health care	<input type="checkbox"/>				
information is transferred between my treatment unit and social welfare services	<input type="checkbox"/>				
the ways in which I take care of my illness have been agreed with me	<input type="checkbox"/>				
in case of multiple illnesses: all my illnesses are comprehensively taken into account in my treatment	<input type="checkbox"/>				





THE USE OF SOCIAL SERVICES

64. Do you feel you have been adequately provided with the following social and health care services or benefits over the past 12 months? Also note in the final column which service you used most recently. *Please note services provided by the municipality 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	I used this service most recently
treatment and care services provided at home (e.g. home care, meal delivery and other support services, rehabilitation services, home alteration work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other services for elderly people (e.g. sheltered housing, residential home for elderly people, family care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for disabled people (e.g. transportation services, personal assistance, apartment alteration work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for families with children (e.g. child welfare services, parenting and family counselling, home services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
social worker's guidance and counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basic social assistance provided by the Social Insurance Institution of Finland (Kela)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
supplementary or preventive social assistance provided by the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Do you think that the fee charged for the social service you used most recently was reasonable?

If you have not needed social welfare services in the past 12 months, proceed to question 68

- yes
- no
- no fee was charged for the service

66. How long did you have to wait to access the social service you needed?

Please choose only one alternative.

- not at all or less than a week
- 1-2 weeks
- 3-4 weeks
- longer than a month but less than 3 months
- 3 months or longer





67. In the past 12 months, how many times have you had contact with a social worker or a social counsellor?

	not at all	once	2–3 times	4–6 times	more than 6 times
by phone	<input type="checkbox"/>				
via the internet (computer, mobile phone or other device)	<input type="checkbox"/>				

68. How has the interaction with the personnel been when you have used social welfare services in the past 12 months? Please choose only one alternative on each line. Please assess the service you have used most recently.

	always	most of the time	sometimes	never	does not concern me (I have not used social welfare services)
the personnel treated me with respect	<input type="checkbox"/>				
matters were explained to me in a way that I could understand them	<input type="checkbox"/>				
personnel spent enough time with me during the appointments	<input type="checkbox"/>				
personnel gave me enough time to ask questions about my situation and the service I was using	<input type="checkbox"/>				
I received information about the handling of my case	<input type="checkbox"/>				
I could participate in the decisions concerning me as much as I wanted to	<input type="checkbox"/>				

69. 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 concern me (I have not used social welfare services)
my problem was handled without undue delay	<input type="checkbox"/>				
the end result of the service corresponded to my need	<input type="checkbox"/>				
my problem was handled smoothly and information was transferred between professionals	<input type="checkbox"/>				





70. Have the following factors interfered with you receiving social welfare services in the past 12 months? Please choose only one alternative on each line.

	always	most of the time	sometimes	never	does not concern me (I have not used social welfare services)
I was sent back and forth from one service unit to another in connection with taking care of my case	<input type="checkbox"/>				
I had to explain my situation to several employees or many different times	<input type="checkbox"/>				
the opening hours were difficult	<input type="checkbox"/>				
the service unit was hard to reach	<input type="checkbox"/>				
my financial situation made it difficult to receive the service	<input type="checkbox"/>				
excessively high customer charges made it difficult to receive the service	<input type="checkbox"/>				

71. Have you used private social welfare services at your own expense in the past 12 months? Social welfare services refer to, for instance, services for elderly people, home services and services for disabled people.

- yes
 no

SOCIAL AND HEALTH CARE FUNDING AND COSTS

72. To what extent do you feel tax revenue should be used for funding the following services?

	more than currently	as much as currently	less than currently
health and medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transfer payments, such as social benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. To what extent do you wish customers would use their own funds (as customer fees) in financing the following services?

	more than currently	as much as currently	less than currently
for health and medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



74. Should client fees be graded according to people's income so that people with a large income would pay a larger portion of the service price as customer charges than those with a small income?

	yes, definitely	maybe	no
for health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75. Have you used a service voucher in the past 12 months?

	ja	nej	jag vet inte eller är inte säker
för att köpa hälso- och sjukvårdstjänster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
för att köpa socialservice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. Have you acquired a private medical insurance that covers costs resulting from the treatment of an illness in Finland, such as private doctors' fees, medicine costs and fees charged for days spent in hospital?

- yes
- no, but I have considered it
- no, and I have not considered it

LIFESTYLE

The following three questions (76 - 78) concern how you get exercise in your leisure time and on the way to and from work. If you exercise in different ways at different times of the year, please select the alternative that best describes your average situation.

77. 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

78. 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 included.*

- 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 a year or less
- I cannot exercise because of an illness or injury



79. 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 from 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

80. How often have you eaten the following types of food in the past 7 days?

	once a week or less frequently	1-6 times a week	1-2 times a day	3 or more times a day
fresh vegetables or green salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooked vegetables (excluding potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fruit or berries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
butter or butter and margarine mixture (e.g. Oivariini)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. How often do you usually brush your teeth / dental prosthesis?

- more than twice a day
- twice a day
- once a day
- less often than every day
- never

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

	no one	a doctor or dentist	a public health nurse, or some other health care professional	a family member	someone else
to exercise more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to change your dietary habits for health reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to drink less alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





83. Do you feel that you get enough sleep?

- yes, almost always
- yes, often
- rarely or hardly ever
- not sure

84. Do you smoke currently (cigarettes, cigars or pipe)?

- yes, daily
- occasionally
- not at all
- I have never smoked

85. Do you currently use any of the following products?

	yes, daily	yes, occasionally	not at all	I have never used
snus (Swedish type moist snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e-cigarettes with nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e-cigarettes without nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nicotine replacement therapy products such as patches or chewing gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prescription medication for smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cannabis (hashish, marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- no (*proceed to question number 87*)
- yes

87. How often do you consume beer, wine or other alcoholic beverages? Also include the times when you only had a small amount, e.g. a bottle of medium-strength beer or a sip of wine.

Choose the option that best describes your situation.

- never
- around once a month or less
- 2–4 times a month
- 2–3 times a week
- 4 or more times a week





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

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

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

89. How often have you had six or more drinks on one occasion?

- never
- less than once a month
- once a month
- once a week
- daily or almost daily

EXAMPLES:
 0.5 l ('pint') of medium-strength 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

ACCIDENTS AND VIOLENCE

90. Do you use any of the following protective or safety equipment?

	always	often	sometimes	not at all	does not concern me
helmet when riding a bicycle	<input type="checkbox"/>				
safety belt on the back seat of a car	<input type="checkbox"/>				
life jacket or other flotation device in a boat	<input type="checkbox"/>				
studded footwear or ice grips when walking outdoors in slippery conditions	<input type="checkbox"/>				
reflector when it is dark	<input type="checkbox"/>				





91. Has anyone behaved violently towards you in the past 12 months?

You may choose one or more alternatives.

	no one	unknown person or a casual acquaintance	present spouse, cohabitant or partner	other person well known to me (other family member, ex-spouse, friend, close acquaintance, colleague)
threatening you with physical harm in person, over the phone or online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
obstructing you from moving, or grabbing, pushing or shoving you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hitting with a fist or a hard object, kicking, strangling or using a weapon of some kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
harassing you with sexually offensive words or actions (e.g. touching, calling you names, sexual innuendo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
forced or attempted forced sexual intercourse or other sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. 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 a home care helper
 - I was assisted by someone else. Please specify who (e.g. a neighbour) _____
-
- someone else filled this form in on my behalf. Please specify who _____
-

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/finsote



