



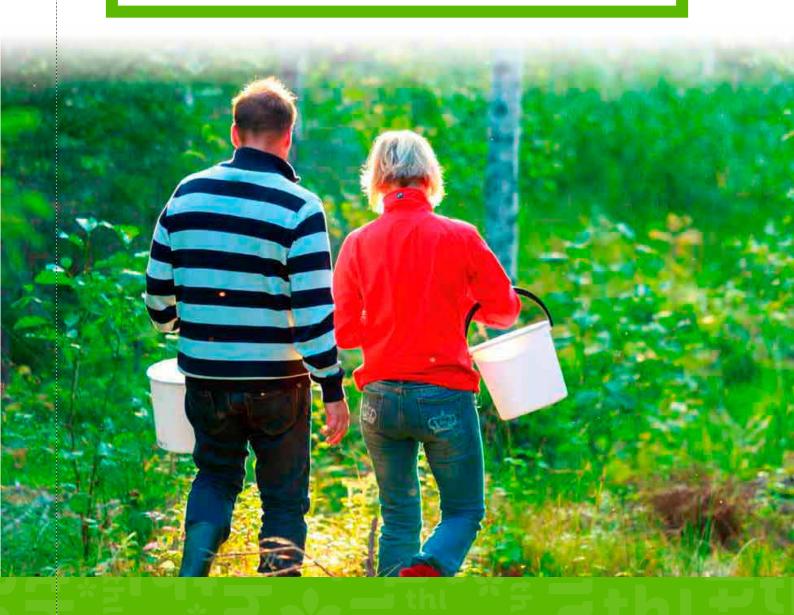
www.thl.fi/finsote/vastaa

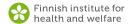
Respondent code:

Password:

FinSote

National study of health, well-being and service use





FinSote - NATIONAL STUDY OF HEALTH, WELL-BEING AND SERVICE USE

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 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 responses!

INSTRUCTIONS TO RESPONDENTS

An	swer the questions as follows:						
X	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.						
X	You should only tick one best alternative for each question unless it is specifically stated that you may select more than one alternative.						
X	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?	EXAMPLE 2.					
	of health at present? very good	Give your present height and weight					
	X fairly good	height165_cm					
	fair						
	fairly poor	weight62_kg					
	poor						

More information about the survey:

thl.fi/finsote/osallistuvalle

Toll-free number tel. +358 (0)800 97730 (at 9.00-11.00) e-mail: finsote-info@thl.fi

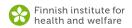
You can also complete the questionnaire online!

The questionnaire is available at www.thl.fi/finsote/vastaa.

You will need the personal code and password (see the top of the front cover) to log in to the online questionnaire. When completing the questionnaire online:

- 1. Copy the internet address into the address field of your web browser and press the Enter key on your keyboard.
- 2. Fill in your personal code and password in the appropriate boxes.
- 3. Under the title "Open questionnaires" press "Continue"
- 4. Complete the questionnaire.
- 5. At the end of the questionnaire, confirm your answers by clicking on the Send button.

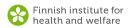
Please ensure that you complete the online questionnaire within 10 days.



LIVING CONDITIONS AND QUALITY OF LIFE

1. Do you live alone?		
yes → move on the question 3		
no		
2. How many of your household members including yourself are: (Please	enter (for none)
		count
under 7 years old		
7–17 years old		
18–69 years old		
aged 70 and over		
3. Are you currently:		
married or in a registered relationship		
cohabiting		
separated or divorced		
widowed		
single		
4. How many years altogether have you attended school or studied full ti Including primary and comprehensive school.	ime?	
years		
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?		
been unable to buy medicines because you did not have any money		
not visited a doctor because you did not have any money		

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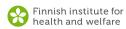
When answering questions number (6 - 10), please consider the past two weeks.

6.	How safe do you feel in your daily l	ife?				
	not at all					
	a little					
	a moderate amount					
	very much					
	extremely					
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?					
				neither satisfied		
		very dissatisfied	fairly dissatisfied	nor dissatisfied	fairly satisfied	very satisfied
yo	our health					
	our ability to perform your daily living					
yc	ourself					
yc	our personal relationships					
th	e conditions of your living place					
	pilities to use public transport or ther means of transport					

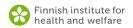
	not at all	a little	moderately	mostly	completel		
do you have enough energy for everyday life?							
have you enough money to meet your needs?							
10. Below are listed some statements regarding emotions and thoughts. For each statement, please check the box that best describes your experiences in the past two weeks.							
	never	rarely	sometimes	often	all the time		
I have felt hopeful about the future							
I have felt useful							
I have felt relaxed							
I have dealt with problems well							
I have thought clearly							
I have felt closeness with other people							
I have managed to make my own decisions on things							
INCLUSION AND FUNCTIONAL CAPACITY							

yes, actively

yes, occasionally



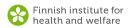
12. Do you ever feel lonely:				
never				
very rarely				
sometimes				
fairly often				
all the time				
 13. Do you regularly help someone living in year capacity, or is ill, to cope at home? You can choose multiple options no → move on the question 15 yes, my spouse yes, my child or grandchild 	our househo	<u>ld</u> who has	limited fund	tional
yes, some other person. Whom?				
 14. Are you an official informal caregiver (have no yes 15. Has your need for services been assessed Please choose only one alternative 			ment)?	
yes, within the past 12 months				
yes, at least a year (12 months) ago				
no				
_				
16. Can you usually perform the following act	tions?			
	yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
run a short distance (about 100 m)				
walk about 500 m without stopping to rest				
move from one room to another in your home				
read ordinary newspaper print (with or without spectacles)				
follow a conversation between several people (with or without a hearing aid)				



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

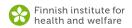
		with no oblem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
light housework (vacuum cleaning, was dishes, making beds, doing laundry, etc					
minor repairs around the home (replaci light bulb or a smoke alarm battery, etc					
day-to-day financial transactions (payir withdrawing cash, etc.)	g bills,				
shopping for food					
cooking or heating meals					
washing yourself in a shower, bath or sa	iuna				
dressing and undressing					
using the toilet					
taking medication (remembering to tak medication, correct dosage, opening th packaging, etc.)					
18. The following questions concern m	emory and	learning	;:		
	very well	well	adequately	, poorly	very poorly
how well does your memory work?					
how easily do you learn new things?					
19. If your functional capacity is impai	red do vou	need an	ıd get heln fo	or vour dail	v activities?
I do not need help and do not get it	, ao		- Der Heib Id	. , Juli dali	,
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					

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HEALTH

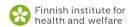
20.	How tall are you?
	cm, please round to nearest centimeter
21.	How much do you weigh when wearing light clothing?
	kg, please round to nearest kilogramme
22.	How would you describe your state of health at present?
	good
	fairly good
	average
	fairly poor
	poor
23.	Do you have any longstanding illness or health problem?
	yes
	no \rightarrow move on the question 25
24.	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
25.	Are you limited because of a health problem in activities people usually do?
	severely limited
	limited but not severely
	not limited at all → move on the question 27
26.	Have you been limited for at least the past 6 months?
	yes
	no



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

		most of the time	a good bit of the time	some of the time	a little of the time	not at all	
very nervous							
in such a low mood that nothing could cheer you up							
calm and peaceful							
downhearted and sad							
happy							
28. Have you thought about suicide over the past 12 months? no yes SOCIAL AND HEALTH CARE SERVICES							
no yes SOCIAL AND HEALTH CARE SER	RVICES						
no yes	RVICES		ording heal		ervices?		
no yes SOCIAL AND HEALTH CARE SER	RVICES	ents rega	rding healt neithe	er ior some	what s	strongly disagree	
no yes SOCIAL AND HEALTH CARE SER	RVICES g stateme	ents rega	rding healt neithe	er or some	what s		
no yes SOCIAL AND HEALTH CARE SER 29. What is your opinion of the followin	RVICES g stateme	ents rega	rding healt neithe	er or some	what s		

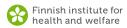
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30. What is your opinion of the following statements regarding social welfare services? For example, social welfare services refer to services for elderly people, services for families with children, home services, services for disabled people, counselling provided by a social worker or counsellor, and social assistance.

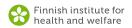
counsellor, and social assistance.								
	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree			
These services function well in Finland								
I trust in the expertise and competence of the staff								
These services increase social equality								
31. What is your opinion of the following statements? 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								
regular treatment for long-term follow- up (e.g. diabetes)								
services for the elderly (e.g. services brought home, sheltered housing, residential home for elderly)								
social assistance								
32. To what extent do you feel tax reve services?	nue should	be used fo	r funding t	he followin	g			
			more than currently	as much as currently	less than currently			
health and medical care								
social welfare services								

transfer payments, such as social benefits



financing the following services					
			e than rently	as much as currently	less than currently
for health and medical care					
for social welfare services					
4. Have you acquired a private med treatment of an illness in Finland charged for days spent in hospit You can choose multiple options	d, such as priv			_	
yes, for myself					
yes, for my child					
_ no, but I am considering getting o	-				
」no, but I am considering getting o⊓ no, and I have not considered it	ne for my chila				
	of the followi			-	
5. Do you feel you received enough	of the followi		ivate so I hav but it	ervice provi	
5. Do you feel you received enough months? Please note services prov	of the following of the multiple of the multiple of the multiple of the multiple of the moter of	I would have needed but did	ivate so I hav but it	ervice provi e used I was not	have used
doctor's appointment services nurse's or public health nurse's	of the following of the multiple of the multiple of the multiple of the multiple of the moter of	I would have needed but did	ivate so I hav but it	ervice provi e used I was not	have used
doctor's appointment services nurse's or public health nurse's appointment services	of the following of the multiple of the multiple of the multiple of the multiple of the moter of	I would have needed but did	ivate so I hav but it	ervice provi e used I was not	have used
the USE OF HEALTH SERVICES. Do you feel you received enough months? Please note services provided octor's appointment services appointment services dentist services dental hygienist services	of the following of the multiple of the multiple of the multiple of the multiple of the moter of	I would have needed but did	ivate so I hav but it	ervice provi e used I was not	have used

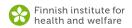
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37. How many times in the past 12 months have you seen a doctor, public health nurse or a nurse in an appointment or at your home because of an illness you have or had?

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.

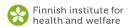
		a d	octor	a nurse
at a health station (no dental appointmen	nts)		times	times
at a private medical clinic			times	times
at a hospital outpatient clinic			times	times
at home (community nursing)			times	times
other			times	times
		a de	entist	mouth hygienist / dental technician
in public dental care			times	times
in private dental care			times	times
38. When using the health services, do y	ou typically see	the same	••	
	always	often	sometime	es never
doctor				
nurse				
39. In the past 12 months, have you bee inpatient unit at a health centre)?	n treated at an i	inpatient un	it at a hos	pital (including
yes no				



40. 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
I was sent back and forth from one service unit to another in connection with taking care of my case				
I had to explain my situation to several employees or many different times				
the opening hours were difficult				
the place of care was hard to reach				
excessively high fees made it difficult to receive treatment				
excessively long waiting times				
 41. Have you used a service voucher to access head yes, the service voucher compensated part of the yes, the service voucher compensated the whole no not sure 42. Where did you last see a health care profession Take note of both a telephone contact or a visit to hospital outpatient clinic. at a health centre at a private medical clinic occupational health care hospital outpatient clinic some other place 43. Who did you see? (If you met more than one profession of the place)	e price of e price of nal (doct a health	the service the service cor, nurse, or centre, privat	r other profe : te medical clir	ssional)? nic or
43. Who did you see? (If you met more than one prod a GP	fessional,	select the on	e you met mo	st)
a specialist or consultant				
a nurse or public health nurse				
another health professional				

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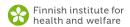


44. The following questions concern access to treatment during your most recent appointment, mentioned above:

	absolutely yes	to some extent	not really	absolutely not	cannot say
Were you able to contact the place of care without difficulty?					
Were you able to make an appointment without undue delay?					
Were you examined without undue delay?					

45. The following questions relate to the interaction with the professional you met (doctor/ nurse or other health care professional) during your most recent appointment.

	absolutely yes	to some extent	not really	absolutely not	cannot say
Was enough time spent with you during your appointment?					
Were things explained to you in an understandable way?					
Were you treated respectfully?					
Was your personal information handled confidentially?					
Was your privacy respected during any examinations you had?					
Could you ask questions or express concerns about the recommended care?					
Did you get to participate in the decisions concerning your care as much as you wanted to?					
Were you asked for your consent before treatment or examinations began?					



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 47.

46. 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	some- times	never	does not apply to me
information is transferred between the personnel at my treatment unit					
information is transferred between the treatment unit and the hospital or other specialised medical care					
information is transferred between home nursing and other health care					
information is transferred between my treatment unit and social welfare services					
the ways in which I take care of my illness have been agreed with me					
in case of multiple illnesses: all my illnesses are comprehensively taken into account in my treatment					

THE USE OF SOCIAL SERVICES

47. Do you feel you have been adequately provided with the following social welfare services in the past 12 months?

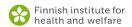
	I have not needed	I would have needed but did not receive	I have used but it was not adequate	I have used and it was adequate
treatment and care services provided at home (e.g. home care, meal delivery and other support services, rehabilitation services, home alteration work)				
residential services for older adults (e.g. assisted living, care home, family care, respite care)				
services for disabled people (e.g. transportation services, personal assistance, apartment alteration work)				
residential services for disabled people (assisted, guided, supported housing, assisted living)				
social worker's guidance or counselling services				

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48. 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	some- times	never	does not apply to me or the social services I have used
I was sent back and forth from one service unit to another in connection with taking care of my case					
I had to explain my situation to several employees or many different times					
the opening hours were difficult					
the service unit was hard to reach					
my financial situation made it difficult to receive the service					
excessively high customer charges made it difficult to receive the service					
49. Which social welfare services have yo	ou most r	ecently us	ed (in th	e past 12	months)?
treatment and care services provided a and other support services, rehabilitat					e, meal delivery
residential services for older adults (e.	g. assisted	d living, ca	re home,	family ca	re, respite care)
services for disabled people					
residential services for disabled people	e				
social worker's guidance or counselling					
I have not used social welfare services	→ move o	n the quest	ion 55		
50. Do you think that the fee charged for reasonable?	the soci	al service y	you used	most rec	ently was
yes					
no la					
no fee was charged for the service					
51. Have you used a service voucher to a	ccess soc	ial welfar	e service:	s in the p	ast 12 months?
yes, the service voucher compensated	part of th	e price of t	he servic	е	
yes, the service voucher compensated	the whol	e price of t	he service	<u> </u>	
no					
not sure					



52. How has the interaction with the personnel been? Please evaluate the service you have used most recently. Select one option only for each statement.

	absolutely yes	to some extent	not really	absolutely not	cannot say
Was enough time spent with you during your meeting?					
Were things explained to you in an understandable way?					
Were you treated respectfully?					
Did you receive information about the handling of your case?					
Could you ask questions or express concerns?					
Were you able to participate in the decisions made about your own affairs and their management as much as you wanted?					

53. How do the following statements describe your experiences of social welfare services? Please evaluate the aforementioned service that you most recently used.

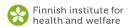
Select one option only for each statement.

	absolutely yes	to some extent	not really	absolutely not	cannot say
Was it easy for you to find an appropriate service for your circumstances?					
Were you able to access the service without undue delay?					
Did the service meet your need?					
Were your wishes taken into account?					
Did you meet the same professional as before?					

54.	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

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SOCIAL WELFARE BENEFITS AND ASSISTANCE

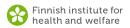
55. Do you feel you have been adequately provided with the following social welfare benefits or assistance over the past 12 months?

	I have not needed	I would have needed but did not receive	I have used but it was not adequate	I have used and it was adequate
support services for informal caregivers (e.g. possibility to take time off)				
compensation for informal care				
basic social assistance provided by the Social Insurance Institution of Finland (Kela)				
supplementary or preventive social assistance provided by the municipality				

If you have not needed any social welfare benefits or assistance in the past 12 months, proceed to question 57.

56. How do the following statements describe your experiences of applying for social benefits over the past 12 months?

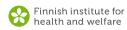
	always	most of the time	someti- mes	never	does not apply to me or the services I have used
it was easy to apply for benefits (e.g. filling out forms, availability of information on where to apply for benefits)					
I received enough advice (e.g. how to apply for support, submitting forms with attachments)					
Kela advised me to contact my municipal social services in order for my matter to be handled					
my situation was taken into account in the decision-making					
I understood the decision I received					



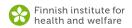
LIFESTYLE

	Overall, how physically active Think about the past 12 months. can write your answer on several	Take all regular,	weekly phys	sical exertio	n in conside	eration. You	
	hardly any regular weekly exerc	ise <i>→ move on th</i>	e question 5	8			
	low-intensity aerobic exercise (= does not make you sweat or §	get out of breath	, e.g. walkin	g leisurely)			
	on days per week,	total	hours		and n	ninutes per w	/eek
	moderate-intensity aerobic exe (= makes you sweat a bit and/or	rcise					
	on days per week,	total	hours		and n	ninutes per w	/eek
	high-intensity aerobic exercise (= makes you sweat a lot and/or						
	on days per week,	total	hours		and n	ninutes per w	<i>r</i> eek
	E.g. exercising at a gym, home exphysically strenuous household o	•		•	•	•	
59.	How often have you eaten the	following types		the past 7 d	lays?		
			once a week or less frequently	2–6 times a week	1–2 times a day		
fres	sh vegetables or green salad						
coc	oked vegetables (excluding pota	toes)					
frui	it or berries						
	tter or butter and margarine mix variini)	ture (e.g.					
	I meat and meat products (inclunb, game, sausages, and cold cu	• • •					
	Who usually prepares your ma myself	in meal on wee	kdays?				
	my spouse or cohabitant						
\equiv	other person close to me			_			
	a home care worker prepares it		-	ered			
1 1	I eat out or bring a take-out mea	ai to eat at home					

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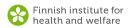
61. Do you feel that you get enough sle	ep?				
yes, almost always					
yes, often					
rarely or hardly ever					
not sure					
62. Do you smoke currently (cigarettes	, cigars or pipe)?				
yes, daily					
occasionally					
not at all					
I have never smoked					
63. Have you drunk alcoholic beverage	s over the past 12 months?				
no \rightarrow move on the question 67					
yes					
64. 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					
401 more times a week					
65. How many drinks containing alcohological drinking? Please refer to the adjacent	ol do you have on a typical day when you are t box.				
1–2 servings	ONE ALCOHOL PORTION IS:				
3–4 servings	ONE ALCOHOL PORTION IS: 1 bottle (33cl) of medium-strength beer or cider, or				
5–6 servings	1 glass (12cl) of regular wine, or				
7–9 servings	1 small glass (8cl) of fortified wine, or a standard drink (4cl) of strong spirits.				
10 or more units	a standard armix (4ct) or strong spirits.				
66. How often have you had six or more	e drinks on one occasion?				
never	EXAMPLES:				
less than once a month	0.5 l ('pint') of medium-strength beer or cider = 1.5				
once a month	units 0.5 I ('pint') of stronger A beer or strong cider = 2 units				
once a week	0.75 I bottle of table wine (12%) wine = 6 units				
daily or almost daily	0.5 I bottle of spirits = 13 units				



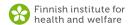
ACCIDENTS AND EXPERIENCES OF VIOLENCE

	 7. Do you use any of the following aids or safet You may choose one or more alternatives walking stick, forearm crutches or crutches a rollator or kickcycle a wheelchair a hearing aid 8. Have you fallen down in the past 12 months no I have not → move on the question 69 yes, indoors at home 			times	
	yes, in the yard or garden at home	how many ti	mes?	times	
	yes, outdoors in the street or in a public place	how many ti	mes?	times	
6	9. Has anyone behaved violently towards you in You may choose one or more alternatives	in the past 1	2 months?		
		no one	my current or previous partner or companion	another family member or relative	another familiar person or a stranger
	threatening you with physical harm in person, ove the phone or online	er			
	obstructing you from moving, or grabbing, pushir or shoving you	ng			
	hitting with a fist or a hard object, kicking, strangling or using a weapon of some kind				
T	HE USE OF E-SERVICES				
E-	THE USE OF E-SERVICES -services include, for example, using a digital system to be seen to be seed social welfare and health care e-services.			_	
E- W	-services include, for example, using a digital syste rebsites providing health-related information. Plea			_	
E- W	-services include, for example, using a digital syste rebsites providing health-related information. Plea sed social welfare and health care e-services.		e questions e	_	
E- w us	-services include, for example, using a digital syste rebsites providing health-related information. Plea sed social welfare and health care e-services.	se answer th	e questions e	even if you h	ave not

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	l use inde pende	it :- so	I use it with a person's he omeone else u my beha	lp or ises it on	l don't use it
e-services (e.g. My Kanta, MyTax, the Social Insurance Institution of Finland [Kela])					
finding information					
2. How many times have you arranged to vis 12 months electronically (e.g. by video lir	-		owing profe	ssionals i	n the las
	not at a		once	more	than onc
a doctor					
a nurse (e.g. registered nurse or home care worker)					
a social worker or social instructor					
other social or health care professional					
estimate how many traditional phone cal replaced. If using the electronic services has not replace	ls or visits	using e	electronic se		-
replaced. If using the electronic services has not replace I have not used electronic services By using the electronic services, I was able to	ls or visits ed calls or v	using e	electronic se nswer zero. call or visit	ervices ha	-
estimate how many traditional phone call replaced. If using the electronic services has not replaced. I have not used electronic services By using the electronic services, I was able to	ls or visits ed calls or v	using e	electronic se nswer zero. call or visit	ervices ha	ıs
estimate how many traditional phone call replaced. If using the electronic services has not replace. I have not used electronic services By using the electronic services, I was able to the company of the electronic services. 4. How do you feel about the following clain	ls or visits ed calls or v	using e	electronic se nswer zero. call or visit	ervices ha	times strong
estimate how many traditional phone call replaced. If using the electronic services has not replaced. I have not used electronic services By using the electronic services, I was able to the services. 4. How do you feel about the following clain face-to-face encounters cannot be replaced.	ls or visits ed calls or v to avoid ha ns about e complete-	visits, and ving to lectron somewhat	nswer zero. call or visit ic services? neither agree nor	some- what	times strong
estimate how many traditional phone call replaced. If using the electronic services has not replaced. I have not used electronic services. By using the electronic services, I was able to the service of the service	ls or visits ed calls or v to avoid ha ns about e complete-	visits, and ving to lectron somewhat	nswer zero. call or visit ic services? neither agree nor	some- what	times strong
estimate how many traditional phone call replaced. If using the electronic services has not replaced. I have not used electronic services By using the electronic services, I was able to the company of the company	ls or visits ed calls or v to avoid ha ns about e complete-	visits, and ving to lectron somewhat	nswer zero. call or visit ic services? neither agree nor	some- what	ıs
estimate how many traditional phone call replaced. If using the electronic services has not replaced. I have not used electronic services. By using the electronic services, I was able to the service encounters cannot be replaced by electronic contacts. the electronic services are not accessible to me e.g. due to my visual impairment. the services I need are not available electronically. I am concerned about data security when it.	ls or visits ed calls or v to avoid ha ns about e complete-	visits, and ving to lectron somewhat	nswer zero. call or visit ic services? neither agree nor	some- what	times strong
estimate how many traditional phone call replaced. If using the electronic services has not replaced. I have not used electronic services. By using the electronic services, I was able to the service encounters cannot be replaced by electronic contacts. the electronic services are not accessible to me e.g. due to my visual impairment. the services I need are not available.	ls or visits ed calls or v to avoid ha ns about e complete-	visits, and ving to lectron somewhat	nswer zero. call or visit ic services? neither agree nor	some- what	times strong



75. How do you feel about the following claims concerning the benefits of electronic social and health care services?

If you cannot assess the electronic services, choose "neither agree nor disagree".

	complete- ly agree	some- what agree	neither agree nor disagree	some- what disagree	strongly disagree
help me to maintain healthy lifestyle					
help me to assess the need for services					
supporting me in finding and choosing the most suitable services					
make it easier for me to use services regardless of where I am and when					
make it easier for me to collaborate with professionals					
help me to take an active role in looking after my own health and welfare					
help tailor the service to my individual needs					
help me to take care of the health, welfare and functional capacity of family or friends					

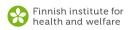
DIGI MODULE

This year we are researching how people use electronic services in more depth. Next, we will specify the things described above in "The use of e-services" section. Answer the questions even if you only use services by phone or in person.

76. Assess your ability to use the internet.

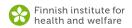
	complete- ly agree	some- what agree	neither agree nor disagree	some- what disagree	strongly disagree
I know how to open the webpage I want"					
I know how to connect to a WIFI network					
It is easy for me to choose the right search terms when I am looking for information online					
I can assess the reliability of online information					
I know how to complete online forms (e.g. tax return, passport application)					
I know how to download apps to my mobile device					

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77. Assess your data protection skills.

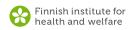
	complete- ly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
I can recognize the risks related to data protection (e.g. using the same password in several places)					
I can recognize attempts at fraud (e.g. unexpected emails about winning the lottery or attempts to collect money disguised as investment advice)					
Questions 78-82 concern the use of electronic sersmart technology you can proceed to question &	•	ou have not	used eled	ctronic serv	rices or
I have not used electronic services or smar	t technolo	gy → move	on the qu	estion 83	
78. Have you used any of the following electromonths? If you have used service, assess t					•
		no	у	es sch	ool grade
My Kanta (e.g. personal prescriptions and hea	lth data)				
Omaolo (e.g. symptom assessment)					
Terveyskylä.fi (e.g. Diabetes Hub and Mental H	lub)				
The electronic service in my municipality or re Hyvis.fi, Maisa, Miunpalvelut, NettiRassi, Oulu or Virtu.fi)		to			
The electronic service of my own occupationa service.	l health				
79. Have you done the following things on a technology in the last 12 months?	mobile de	evice, com	puter or ι	ısing smar	t
			no	no but I would be interested	yes
searched for information to promote my persona or sought information about diseases, their symp			g		
taken risk tests, symptom assessments, a healt evaluation of my personal functional capacity	th check o	r a written			
used a diet or exercise app to support activity, healthy lifestyle	wellbeing	ora			
used wearable technology such as a smart wat activity, wellbeing or a healthy lifestyle	ch to sup	oort			



80. Have you done the following things on a mobile device, computer or using smart technology in the last 12 months?

33			
	no	no but I would be interested	yes
sought information on health or socialservices in my region			
scheduled an appointment in a social or health care service			
made an application for social service or social assistance			
requested a renewal of a medical prescription			
used smart technology to support independent living, such as a smart security bracelet or device that automatically calls for help			
81. Have you done the following things on a mobile device, com technology in the last 12 months?	puter o	r using smar	t
	no	no but I would be interested	yes
viewed the patient/customer data recorded by professionals about me			
received laboratory or other test results			
received my personal treatment or service plan			
82. Have you done the following things on a mobile device, com technology in the last 12 months?	puter o	r using smar	t
	no	no but I would be interested	yes
disclosed my personal measurements or other information to professionals related to the customer relationship			
received advice or guidance from health care or social welfare professionals, e.g., based on the test results or the monitoring data I provided them			
used an app that supports monitoring or treatment of an illness, symptoms or pregnancy			
responded to customer feedback surveys or given informal feedback			

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83. If you have used social or health care services in the traditional way (paper, visit, or call) in the last 12 months, were you referred to electronic services (e.g. My Kanta)?
yes, I was referred no, I wasn't referred I haven't used them cannot say
84. Have you taken care of any social and health care issues on behalf of another person (e.g. next of kin, dependant) in the past 12 months? I have not yes, traditionally (on paper / letter, visit or call) yes, electronically
85. The My Kanta service is being developed all the time. Below is a list of activities which are not yet available. Which activities are the most important to you? Choose no more than three important activities
Service to record my own measurement results e.g. blood pressure values Vaccination card Explanations of what my laboratory results mean To view my social care record Acting on behalf of an adult family member or friend My medicines view (medicine, dose, when to take it) Approved health service voucher view Upcoming social and health care appointments view (time, place, visit instructions) Valid diagnoses view
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 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!

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