

[www.thl.fi/finsote/vastaa](http://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](http://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

#### 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

#### More information about the survey:

[thl.fi/finsote/osallistuvalla](http://thl.fi/finsote/osallistuvalla)

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

### You can also complete the questionnaire online!

The questionnaire is available at [www.thl.fi/finsote/vastaa](http://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 0 for none)

	count
under 7 years old	<input type="text"/>
7-17 years old	<input type="text"/>
18-69 years old	<input type="text"/>
aged 70 and over	<input type="text"/>

### 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 time? Including primary and comprehensive school.

\_\_\_\_\_ 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?	<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"/>



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

**6. How safe do you feel in your daily life?**

- 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?**

	very dissatisfied	fairly dissatisfied	neither satisfied nor dissatisfied	fairly 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"/>
abilities to use public transport or other means of transport	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have you enough money to meet your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dealt with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have thought clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt closeness with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have managed to make my own decisions on things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INCLUSION AND FUNCTIONAL CAPACITY**

**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. 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 → move on the question 15
- yes, my spouse
- yes, my child or grandchild
- yes, some other person. Whom? \_\_\_\_\_

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

- no
- yes

**15. Has your need for services been assessed by a professional?**

*Please choose only one alternative*

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

**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"/>
move from one room to another in your home	<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"/>



**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"/>
cooking or heating meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
washing yourself in a shower, bath or sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking medication (remembering to take medication, correct dosage, opening the packaging, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. The following questions concern memory and learning:**

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



## HEALTH

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**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 → 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*

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

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

- no
- yes

**SOCIAL AND HEALTH CARE SERVICES**

**29. What is your opinion of the following statements regarding health care services?**

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
These 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 the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
These services increase social equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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.*

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
These 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 the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
These services increase social equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
regular treatment for long-term follow-up (e.g. diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for the elderly (e.g. services brought home, sheltered housing, residential home for elderly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
social assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**32. 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"/>

**33. 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"/>

**34. 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?**

*You can choose multiple options*

- yes, for myself
- yes, for my child
- no, but I am considering getting one for myself
- no, but I am considering getting one for my child
- no, and I have not considered it

**THE USE OF HEALTH SERVICES**

**35. 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	I would have needed but did not receive	I have used but it was not adequate	I have used 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"/>
dental hygienist services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**36. Have you used health care services (e.g. doctor, nurse, hospital, dentist, dental hygienist) in the past 12 months?**

- no → *move on the question 47*
- yes



**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 doctor	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
at a hospital outpatient clinic	<input type="text"/> times	<input type="text"/> times
at home (community nursing)	<input type="text"/> times	<input type="text"/> times
other	<input type="text"/> times	<input type="text"/> times

	a dentist	mouth hygienist / dental technician
in public dental care	<input type="text"/> times	<input type="text"/> times
in private dental care	<input type="text"/> times	<input type="text"/> times

**38. 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"/>

**39. 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



**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to explain my situation to several employees or many different times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the opening hours were difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the place of care was hard to reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excessively high fees made it difficult to receive treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excessively long waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41. Have you used a service voucher to access health care services in the past 12 months?**

- yes, the service voucher compensated part of the price of the service
- yes, the service voucher compensated the whole price of the service
- no
- not sure

**42. Where did you last see a health care professional (doctor, nurse, or other professional)?**

*Take note of both a telephone contact or a visit to a health centre, private medical clinic or 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 professional, select the one you met most)**

- a GP
- a specialist or consultant
- a nurse or public health nurse
- another health professional



**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to make an appointment without undue delay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you examined without undue delay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were things explained to you in an understandable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you treated respectfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your personal information handled confidentially?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your privacy respected during any examinations you had?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could you ask questions or express concerns about the recommended care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you get to participate in the decisions concerning your care as much as you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you asked for your consent before treatment or examinations began?	<input type="checkbox"/>	<input type="checkbox"/>	<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 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	sometimes	never	does not apply to me
information is transferred between the personnel at my treatment unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information is transferred between the treatment unit and the hospital or other specialised medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information is transferred between home nursing and other health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information is transferred between my treatment unit and social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the ways in which I take care of my illness have been agreed with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in case of multiple illnesses: all my illnesses are comprehensively taken into account in my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
residential services for older adults (e.g. assisted living, care home, family care, respite care)	<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"/>
residential services for disabled people (assisted, guided, supported housing, assisted living)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
social worker's guidance or counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to explain my situation to several employees or many different times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the opening hours were difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the service unit was hard to reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my financial situation made it difficult to receive the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excessively high customer charges made it difficult to receive the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49. Which social welfare services have you most recently used (in the past 12 months)?**

- treatment and care services provided at home for older adults (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
- residential services for disabled people
- social worker's guidance or counselling services
- I have not used social welfare services → *move on the question 55*

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

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

**51. Have you used a service voucher to access social welfare services in the past 12 months?**

- yes, the service voucher compensated part of the price of the service
- yes, the service voucher compensated the whole price of the service
- 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were things explained to you in an understandable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you treated respectfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive information about the handling of your case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could you ask questions or express concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to participate in the decisions made about your own affairs and their management as much as you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to access the service without undue delay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the service meet your need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your wishes taken into account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you meet the same professional as before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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



## 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compensation for informal care	<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"/>
supplementary or preventive social assistance provided by the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received enough advice (e.g. how to apply for support, submitting forms with attachments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kela advised me to contact my municipal social services in order for my matter to be handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my situation was taken into account in the decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the decision I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## LIFESTYLE

### 57. Overall, how physically active are you every week?

Think about the past 12 months. Take all regular, weekly physical exertion in consideration. You can write your answer on several lines if necessary.

hardly any regular weekly exercise → move on the question 58

low-intensity aerobic exercise

(= does not make you sweat or get out of breath, e.g. walking leisurely)

\_\_\_\_\_ on days per week, total \_\_\_\_\_ hours \_\_\_\_\_ and minutes per week

moderate-intensity aerobic exercise

(= makes you sweat a bit and/or get slightly out of breath, e.g. Walking briskly)

\_\_\_\_\_ on days per week, total \_\_\_\_\_ hours \_\_\_\_\_ and minutes per week

high-intensity aerobic exercise

(= makes you sweat a lot and/or get out of breath, e.g. jogging or running)

\_\_\_\_\_ on days per week, total \_\_\_\_\_ hours \_\_\_\_\_ and minutes per week

### 58. On how many days during an ordinary week do you engage in exercise that maintains or develops muscle tone?

E.g. exercising at a gym, home exercises, fitness classes, ball games and racked sports, or physically strenuous household chores. If you do not engage in any exercise, please write '0'.

\_\_\_\_\_ times

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

	once a week or less frequently	2-6 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"/>
red meat and meat products (including beef, pork, lamb, game, sausages, and cold cuts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 60. Who usually prepares your main meal on weekdays?

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



**61. Do you feel that you get enough sleep?**

- 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 beverages over the past 12 months?**

- no → *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

**65. 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.

**66. 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







**71. Do you use the internet for the following:**

	I use it independently	I use it with another person's help or someone else uses it on my behalf	I don't use it
e-services (e.g. My Kanta, MyTax, the Social Insurance Institution of Finland [Kela])	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
finding information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**72. How many times have you arranged to visit any of the following professionals in the last 12 months electronically (e.g. by video link or chat)?**

	not at all	once	more than once
a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a nurse (e.g. registered nurse or home care worker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a social worker or social instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other social or health care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**73. If you have used social and health care services electronically in the last 12 months, estimate how many traditional phone calls or visits using electronic services has replaced.**

*If using the electronic services has not replaced calls or visits, answer zero.*

I have not used electronic services

By using the electronic services, I was able to avoid having to call or visit \_\_\_\_\_ times

**74. How do you feel about the following claims about electronic services?**

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
face-to-face encounters cannot be replaced by electronic contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the electronic services are not accessible to me e.g. due to my visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the services I need are not available electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about data security when it comes to my personal details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
data connections are poor in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need help with using the online social and health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help me to assess the need for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
supporting me in finding and choosing the most suitable services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make it easier for me to use services regardless of where I am and when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make it easier for me to collaborate with professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help me to take an active role in looking after my own health and welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help tailor the service to my individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
help me to take care of the health, welfare and functional capacity of family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to connect to a WIFI network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy for me to choose the right search terms when I am looking for information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can assess the reliability of online information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to complete online forms (e.g. tax return, passport application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to download apps to my mobile device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognize attempts at fraud (e.g. unexpected emails about winning the lottery or attempts to collect money disguised as investment advice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 78-82 concern the use of electronic services. If you have not used electronic services or smart technology you can proceed to question 83.

I have not used electronic services or smart technology → move on the question 83

**78. Have you used any of the following electronic services in a social or health care in the past 12 months? If you have used service, assess the quality of service using a school grade (4-10).**

	no	yes	school grade
My Kanta (e.g. personal prescriptions and health data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Omaolo (e.g. symptom assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Terveyskylä.fi (e.g. Diabetes Hub and Mental Hub)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
The electronic service in my municipality or region (e.g. Hyvis.fi, Maisa, Miunpalvelut, NettiRassi, Oulun omahoito or Virtu.fi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
The electronic service of my own occupational health service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

	no	no but I would be interested	yes
searched for information to promote my personal health and wellbeing or sought information about diseases, their symptoms or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taken risk tests, symptom assessments, a health check or a written evaluation of my personal functional capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used a diet or exercise app to support activity, wellbeing or a healthy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used wearable technology such as a smart watch to support activity, wellbeing or a healthy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

	no	no but I would be interested	yes
sought information on health or social services in my region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
scheduled an appointment in a social or health care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
made an application for social service or social assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
requested a renewal of a medical prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used smart technology to support independent living, such as a smart security bracelet or device that automatically calls for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	no	no but I would be interested	yes
viewed the patient/customer data recorded by professionals about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
received laboratory or other test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
received my personal treatment or service plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	no	no but I would be interested	yes
disclosed my personal measurements or other information to professionals related to the customer relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used an app that supports monitoring or treatment of an illness, symptoms or pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
responded to customer feedback surveys or given informal feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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](http://www.thl.fi/finsote)

