



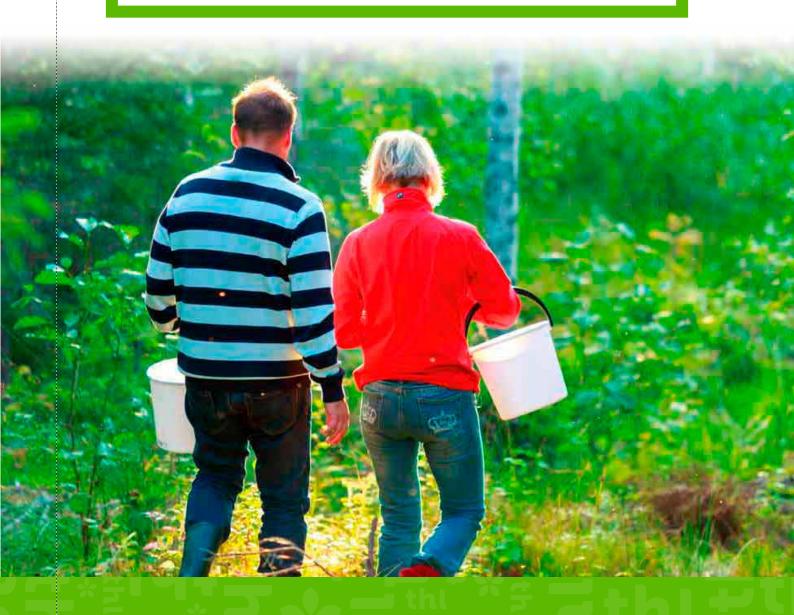
www.thl.fi/finsote/vastaa

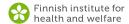
Respondent code:

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	Answer 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	EXAMPLE 2.						
	of health at present? very good	Give your present height and weight						
	X fairly good	height165_cm						
	fair							
	fairly poor	weight 62 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

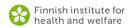
You can also complete the questionnaire online!

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.

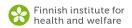
Please ensure that you complete the online questionnaire within 10 days.



LIVING CONDITIONS AND QUALITY OF LIFE

1.	Do you live alone?		
	yes \rightarrow move on the question 3		
	no		
2.	How many of your household members including yourself are: (Please	enter () for none)
			count
ur	der 7 years old		
7-	17 years old		
18	–69 years old		
ag	ed 70 and over		
3. 	Are you currently: married or in a registered relationship cohabiting separated or divorced widowed single How many years altogether have you attended school or studied full till Including primary and comprehensive school. years Have you within the past 12 months ever:	me?	
		no	yes
fe	ared that you will run out of food before you can get money to buy more?		
be	en unable to buy medicines because you did not have any money		
nc	t visited a doctor because you did not have any money		

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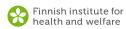


When answering questions number (6 - 10), please consider the past two weeks.

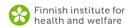
6.	How safe do you feel in your daily l	ife?				
	not at all					
] a little					
	a moderate amount					
	very much					
	extremely					
7.	How would you rate your quality of	ilife?				
	very poor					
	poor					
	neither poor nor good					
	good					
	very good					
8.	How satisfied are you with?					
				neither		
		very	fairly	satisfied nor	fairly	very
		dissatisfied	dissatisfied 	dissatisfied	satisfied 	satisfied
у	our health					
	our ability to perform your daily living					
V	ctivities					
у						
	ctivities					
у	ourself					
y tl	ourself our personal relationships					

not at all	a little	moderately	mostly	completel				
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 tim				
CAPACIT	Υ							
			_	_				
	regarding er lat best described in the structure of any club,	regarding emotions a lat best describes you have rarely have a later of any club, association of any club, association has been described by the control of any club, as a club	regarding emotions and thoughts. never rarely sometimes never rarely sometimes CAPACITY of any club, association, hobby gr	regarding emotions and thoughts. For each last best describes your experiences in the position of the position				

yes, occasionally



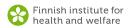
12. Do you ever feel lonely:				
never				
very rarely				
sometimes				
fairly often				
all the time				
 13. Do you regularly help someone living in year capacity, or is ill, to cope at home? You can choose multiple options no → move on the question 15 yes, my spouse yes, my child or grandchild 	our 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?

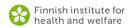
		rith no olem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
light housework (vacuum cleaning, washir dishes, making beds, doing laundry, etc.)	ng [
minor repairs around the home (replacing light bulb or a smoke alarm battery, etc.)	a [
day-to-day financial transactions (paying by withdrawing cash, etc.)	oills,				
shopping for food					
cooking or heating meals					
washing yourself in a shower, bath or saun	ıa [
dressing and undressing					
using the toilet					
taking medication (remembering to take medication, correct dosage, opening the packaging, etc.)					
.8. The following questions concern men	nory and le	earning	g:		
,	ery well	well	adequately	y poorly	very poorly
how well does your memory work?					
how easily do you learn new things?					
9. If your functional capacity is impairedI do not need help and do not get it	a, uo you n	eeu an	iu get netp 10	n your dall	y activities
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

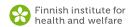
20.	How tall are you?
	cm, please round to nearest centimeter
21.	How much do you weigh when wearing light clothing?
	kg, please round to nearest kilogramme
22.	How would you describe your state of health at present?
	good
	fairly good
	average
	fairly poor
	poor
23.	Do you have any longstanding illness or health problem?
	yes
	no → 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	most of the time	a good bit of the time	some of	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						
The following question deals with thought experience difficulties in their lives that pro	ompt such	thoughts	and feeling		lf. Some	people
experience difficulties in their lives that pro 28. Have you thought about suicide ove no yes SOCIAL AND HEALTH CARE SEF	er the pas	thoughts	and feeling	is .		
experience difficulties in their lives that pro 28. Have you thought about suicide ove no yes	er the pas RVICES g statement completely	thoughts t 12 more	arding healt neithe	th care se	ervices?	strongly
experience difficulties in their lives that pro 28. Have you thought about suicide ove no yes SOCIAL AND HEALTH CARE SEF	er the pas	thoughts t 12 mor	arding healt neithe	th care se	ervices?	
experience difficulties in their lives that pro 28. Have you thought about suicide ove no yes SOCIAL AND HEALTH CARE SEF 29. What is your opinion of the following	er the pas RVICES g statement completely	thoughts t 12 more	arding healt neithe	th care se	ervices?	strongly

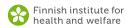
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30. What is your opinion of the following statements regarding social welfare services? For example, social welfare services refer to services for elderly people, services for families with children, home services, services for disabled people, counselling provided by a social worker or counsellor, and social assistance. neither

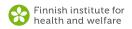
counsellor, and social assistance.								
	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree			
These services function well in Finland								
I trust in the expertise and competence of the staff								
These services increase social equality								
31. 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 revenue should be used for funding the following services?								
			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?					r fees) in
			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 Finlanc charged for days spent in hospita You can choose multiple options	l, such as priv			•	
yes, for myself					
yes, for my child					
no, but I am considering getting or	ne for myself				
no, but I am considering getting or	ne for my child				
no, and I have not considered it					
5. Do you feel you received enough months? Please note services prov				-	
				used I	
months? Please note services prov	ided by the mu	nicipality and pr I would have needed but did	ivate se	used I	have used
months? Please note services providences providences appointment services	ided by the mu	nicipality and pr I would have needed but did	ivate se	used I	have used
months? Please note services providences providences appointment services nurse's or public health nurse's appointment services	ided by the mu	nicipality and pr I would have needed but did	ivate se	used I	have used
5. Do you feel you received enough months? Please note services proved doctor's appointment services nurse's or public health nurse's appointment services dentist services dental hygienist services	ided by the mu	nicipality and pr I would have needed but did	ivate se	used I	have used

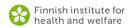
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37. How many times in the past 12 months have you seen a doctor, public health nurse or a nurse in an appointment or at your home because of an illness you have or had?

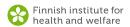
If you have not seen a doctor or nurse at all, please enter 0. This does not include any times when you have been admitted to a hospital as an inpatient.

		a de	octor	a nurse
at a health station (no dental appointmer	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	s never
doctor				
nurse				
39. In the past 12 months, have you been inpatient unit at a health centre)?	n treated at an i	npatient un	it at a hos	pital (including
yes				



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				

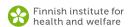


44. The following questions concern access to treatment during your most recent appointment, mentioned above:

	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?

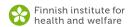
	I have not needed	I would have needed but did not receive	I have used but it was not adequate	I have used and it was adequate
treatment and care services provided at home (e.g. home care, meal delivery and other support services, rehabilitation services, home alteration work)				
residential services 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	sed (in th	e past 12	months)?
treatment and care services provided a and other support services, rehabilitation					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					
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 l					
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 th	e price of t	he servic	e	
yes, the service voucher compensated	the whol	e price of t	he 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?					
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?					

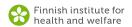
53. How do the following statements describe your experiences of social welfare services? Please evaluate the aforementioned service that you most recently used.

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.
	ves

no



SOCIAL WELFARE BENEFITS AND ASSISTANCE

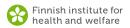
55. Do you feel you have been adequately provided with the following social welfare benefits or assistance over the past 12 months?

	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)				
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?

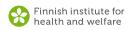
	always	most of the time	someti- mes	never	does not apply to me or the services I have used
it was easy to apply for benefits (e.g. filling out forms, availability of information on where to apply for benefits)					
I received enough advice (e.g. how to apply for support, submitting forms with attachments)					
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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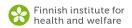


61. Do you feel that you get enough sle	ep?				
yes, almost always					
yes, often					
rarely or hardly ever					
not sure					
62. Do you smoke currently (cigarettes	, cigars or pipe)?				
yes, daily					
occasionally					
not at all					
I have never smoked					
63. Have you drunk alcoholic beverage	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 armik (4cl) 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				

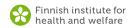
ACCIDENTS AND EXPERIENCES OF VIOLENCE

67. Do you use any of the following aids or safet You may choose one or more alternatives	ty equipmen	ıt?					
walking stick, forearm crutches or crutches							
a rollator or kickcycle							
a wheelchair							
a hearing aid							
68. Have you fallen down in the past 12 months	?						
no I have not → move on the question 69							
yes, indoors at home	how many t	imes?	times				
yes, in the yard or garden at home	how many t	imes?	times				
yes, outdoors in the street or in a public place	how many t	imes?	times				
69. Has anyone behaved violently towards you in the past 12 months? You may choose one or more alternatives							
	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, ov the phone or online	er						
obstructing you from moving, or grabbing, pushi or shoving you	ng						
hitting with a fist or a hard object, kicking, strangling or using a weapon of some kind							
THE USE OF E-SERVICES							
E-services include, for example, using a digital syste websites providing health-related information. Plea used social welfare and health care e-services.							
70. Do you have access to							
)	/es	no			
the internet at home, your workplace, library or s	some other p	lace?					
online banking codes, mobile certificate or any o electronic identification online?	ther means o	of [

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71. Do you use the internet for the followin	g:				
	l uso ind pende	le-	I use it with a person's he someone 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					
72. How many times have you arranged to 12 months electronically (e.g. by video	-		lowing profe	ssionals i	n the last
	not at a	all	once	more	than once
a doctor					
a nurse (e.g. registered nurse or home care worker)					
a social worker or social instructor					
other social or health care professional					
If using the electronic services has not replanded in the lectronic services By using the electronic services, I was able	e to avoid ha	aving t	o call or visit		times
74. How do you feel about the following cla	ilms about 6	electro	onic services?		
	complete- ly agree	some what agree	agree nor	some- what disagree	strongly disagree
face-to-face 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 comes to my personal details					
data connections are poor in my area					
I need help with using the online social and health care services					

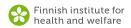


75. How do you feel about the following claims concerning the benefits of electronic social and health care services?

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

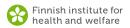
	complete- ly agree	some- what agree	neither agree nor disagree	some- what disagree	strongly disagree		
help me to maintain healthy lifestyle							
help me to assess the need for services							
supporting me in finding and choosing the most suitable services							
make it easier for me to use services 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							
CORONAEPIDEMIC							
76. People may have concerns about coronavirus. Have you been worried							
		not	at all #	little	A lot		
about becoming infected with the coronaviru	S						
that you may infect others							
about the Government's ability to handle the crisis	coronavirus	5					
about the health care system's ability to treat coronavirus patients	all						
about a close relative or friend contracting th	e coronavirı	us [

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77. Since early March 2020, have you not used any of the forms of care or treatment mentioned below even though you would have needed them?

mentioned below even though you would have needed them:								
	yes, I have cancelled or post- poned an appoint- ment myself	an appoint- ment with a social welfare and health care ser- vice has been can- celled or postponed	no, I have never skipped them	no need				
an appointment with a doctor or nurse in relation to a long-term health condition								
an appointment with a doctor or nurse for another reason								
dental care								
mental health care (by a psychologist, psychotherapist or a psychiatrist for example)								
services supporting living at home (e.g. home care, home care support services, rehabilitation)								
78. Have the coronavirus pandemic or the subseq everyday life? If the list includes things that are napplicable".								
everyday life? If the list includes things that are r								
everyday life? If the list includes things that are r	ot a part of No	your life at o	all, select "I Yes,	Not Not				
everyday life? If the list includes things that are napplicable".	ot a part of No	your life at o	all, select "I Yes,	Not Not				
everyday life? If the list includes things that are napplicable". Keeping in touch with friends and relatives	ot a part of No	your life at o	all, select "I Yes,	Not Not				
everyday life? If the list includes things that are reapplicable". Keeping in touch with friends and relatives Feeling lonely	ot a part of No	your life at o	all, select "I Yes,	Not Not				
everyday life? If the list includes things that are rapplicable". Keeping in touch with friends and relatives Feeling lonely Feeling optimistic about the future	ot a part of No	your life at o	all, select "I Yes,	Not Not				
everyday life? If the list includes things that are rapplicable". Keeping in touch with friends and relatives Feeling lonely Feeling optimistic about the future Daily exercise	ot a part of No	your life at o	all, select "I Yes,	Not Not				



79. Have you received help with food shopping and getting medication during the coronavirus pandemic or because of the limitations it imposed?

	I have not needed any help	I needed help but I did not get it	I got help, but not enough	l got enough help			
accessing food (e.g. going grocery shopping, home meals/goods delivery)	e						
accessing medicine (e.g. going to a pharmacy, medicine delivery to your home)							
80. 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