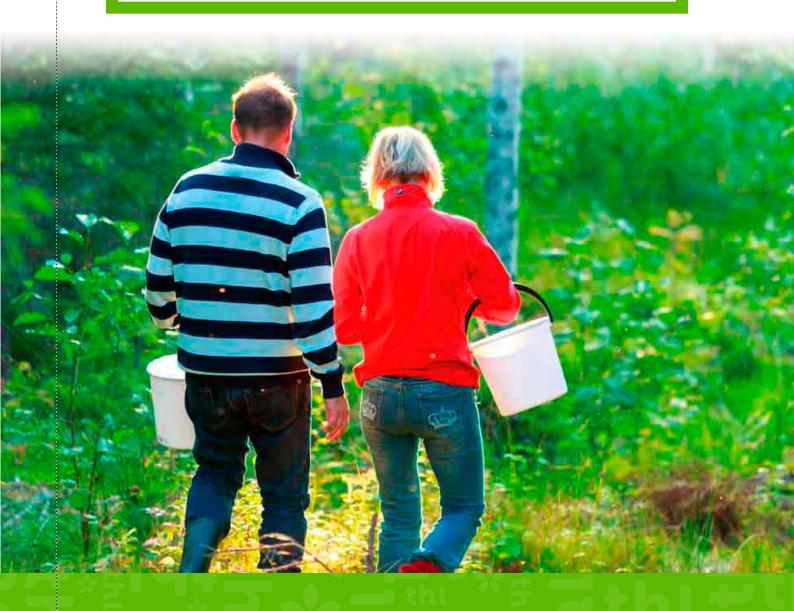




www.thl.fi/finsote/vastaa Respondent code: Password:

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

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.							
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	EXAMPLE 2.						
of health at present?	Give your present height and weight						
fairly good	height 165_ cm						
fairly poor	weight62_kg						

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

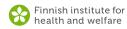
You can also complete the questionnaire online!

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 0 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 i		

- 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. At the moment, are you principally: Please choose the option that best describes your situation

- employed full-time
- employed part-time
- retired on an old age pension
- receiving a disability pension or rehabilitation benefit
- on part-time retirement
- unemployed or laid off,
- length of current period in months: _____ months
- _____ on family leave, or a stay-at-home mother
- a student
- other, describe:

6. 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		



When answering questions number (7 - 11), please consider the past two weeks.

7.	How safe	do you	feel in	your	daily li	fe?
----	----------	--------	---------	------	----------	-----

not at all
a little
a moderate amount
very much
extremely

8. How would you rate your quality of life?

very poor
poor
neither poor nor good
good
very good

9. How satisfied are you with?

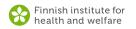
	very dissatisfied	fairly dissatisfied	neither satisfied nor dissatisfied	fairly satisfied	very satisfied
your health					
your ability to perform your daily living activities					
yourself					
your personal relationships					
the conditions of your living place					

10. 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?					
have you enough money to meet your needs?					

11. 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

12.	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
13.	Do you ever feel lonely:
	never
	very rarely
	sometimes
	fairly often
	all the time
14.	Do you regularly help <u>someone living in your household</u> who has limited functional capacity, or is ill, to cope at home? You can choose multiple options
	no \rightarrow move on the question 16
	yes, my spouse
	yes, my child or grandchild
	yes, my own or my spouse's parents
	yes, some other person. Whom?
15.	Are you an official informal caregiver (have entered into an agreement)?

yes

16. Can you usually perform the following actions?

	yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
run a short distance (about 100 m)				
walk about 500 m without stopping to rest				
read ordinary newspaper print (with or without spectacles)				
follow a conversation between several people (with or without a hearing aid)				

17. The following questions concern memory and learning:

	very well	well	adequately	poorly	very poorly
how well does your memory work?					
how easily do you learn new things?					

18. 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

19. Assuming that the best working capacity you have ever had would score 10 on a scale of 0 to 10, how would you score your working capacity at present? *Please tick the number that best applies to your working capacity*

No working capacity	0	1	2	3	4	5	6	7	8	9	10	Best working capacity

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

no
probably not
probably yes
yes
I am retired

HEALTH

21. How tall are you?

_____ cm, please round to nearest centimeter

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

_____ kg, please round to nearest kilogramme

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

good	
<i>c</i> · · ·	

____ fairly good

average

____ fairly poor

poor

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

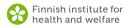
yes

no \rightarrow move on the question 26

25. 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



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

- severely limited
- limited but not severely

not limited at all \rightarrow move on the question 28

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

yes yes

28. 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						
in such a low mood that nothing could cheer you up						
calm and peaceful						
downhearted and sad						
һарру						

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

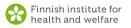
29. Have you thought about suicide over the past 12 months?

no
yes

SOCIAL AND HEALTH CARE SERVICES

30. 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					
I trust in the expertise and competence of the staff					
These services increase social equality					



31. 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					
I trust in the expertise and competence of the staff					
These services increase social equality					

32. 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					

33. 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			

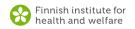
34. To what extent do you wish customers would use their own funds (as customer fees) in financing the following services?

	more than currently	as much as currently	less than currently
for health and medical care			
for social welfare services			

35. 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

36. 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.

	l have not needed	I would have needed but did not receive	l have used but it was not adequate	l have used and it was adequate
doctor's appointment services				
nurse's or public health nurse's appointment services				
dentist services				
dental hygienist services				

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

 $no \rightarrow move on the question 47$ yes

38. 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)	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 dentist	mouth hygienist / dental technician
in public dental care	times	times
in private dental care	times	times

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

	always	often	sometimes	never
doctor				
nurse				

40. 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

41. 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					
 42. 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 no sure 					
43. Where did you last see a health care professional (doct	or, nurse, oi	r other profess	ional)? Take no	ote 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

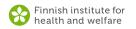
44. Who did you see? (If you met more than one professional, select the one you met most)

a GP

a specialist or consultant

a nurse or public health nurse

another health professional



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

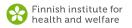
	absolutely yes	to some extent	not really	absolutely not	cannot say
Were you able to contact the place of care without difficulty?					
Were you able to make an appointment without undue delay?					
Were you examined without undue delay?					

46. 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?					

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

	no	yes, because of mental health problems	yes, because of substance abuse problems
a health centre, occupational health care or student health care			
a psychiatry outpatient clinic			
an A-Clinic, detoxification or other substance abuse treatment			
a private practice (e.g. doctor, psychologist)			
a psychiatric or other hospital			
other place of care			



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 49.

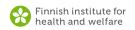
48. To what extent are the following true for the treatment of your long-term illness? If you have several diseases, please select the alternative based on the illness requiring most care.

	always	usually	sometimes	never	does not apply to me
information is transferred between the personnel at my treatment unit					
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

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

	l have not needed	l would have needed but did not receive	l have used but it was not adequate	l 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				



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

	always	most of the time	sometimes	never	does not apply to me or the social welfare 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					

51. 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 \rightarrow move on the question 57

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

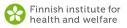
yes
no
no f

no fee was charged for the service

53. 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 voluence compensated part of the price of the service

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



54. 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?					

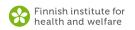
55. How do the following statements describe your experiences of social welfare services? Please evaluate the aforementioned service that you most recently used. Select one option only for each statement.

	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?					

56. 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

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

	l have not needed	l would have needed but did not receive	l have used but it was not adequate	l 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				

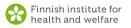
If you have not needed any social welfare benefits or assistance in the past 12 months, proceed to question 59.

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

	always	most of the time	sometimes	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

59.	How much exercise do you get in a week in the course of your work, commute, and spare time? 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	\rightarrow move on the question	on 60	
	low-intensity aerobic exercise (= dc	es not make you swe	eat or get out of breath, e.g.	walking leisurely)
	on days per week, to	otal	hours	and minutes per week
	moderate-intensity aerobic exercis	e (= makes you sweat	a bit and/or get slightly ou	t of breath, e.g. Walking briskly)
	on days per week, to	otal	hours	and minutes per week
	high-intensity aerobic exercise (= m	akes you sweat a lot	and/or get out of breath, e.	g. jogging or running)
	on days per week, to	otal	hours	and minutes per week



60. 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

61. 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				
cooked vegetables (excluding potatoes)				
fruit or berries				
butter or butter and margarine mixture (e.g. Oivariini)				
red meat and meat products (including beef, pork, lamb, game, sausages, and cold cuts)				

62. Do you feel that you get enough sleep?

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

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

yes, daily

occasionally

not at all

I have never smoked

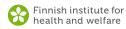
64. Do you currently use any of the following products?

	yes, daily	yes, occasionally	not at all	l have never used
snus (Swedish type moist snuff)				
e-cigarettes with nicotine				
e-cigarettes without nicotine				
nicotine replacement therapy products such as patches or chewing gum				

65. Have you used cannabis (hashish, marijuana)?

I have never tried it

- yes, within the past 12 months
- yes, but not within the past 12 months



66.	Have you drunk alcoholic beverages over the	ne past 12 months?			
	no \rightarrow move on the question 70				
	yes				
67.	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				
68.	How many drinks containing alcohol do you Please refer to the adjacent box.	ı have on a typical day when you are drinking?			
	1–2 servings	ONE ALCOHOL PORTION IS:			
	3–4 servings	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			
	10 or more units	a standard drink (4cl) of strong spirits.			

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

never	EXAMPLES:
less than once a month	0.5 I ('pint') of medium-strength beer or cider = 1.5 units
once a month	0.5 I ('pint') of stronger A beer or strong cider = 2 units
once a week	0.75 l bottle of table wine (12%) wine = 6 units
daily or almost daily	0.5 l bottle of spirits = 13 units

EXPERIENCES OF VIOLENCE

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

You may choose one or more alternatives 5

	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, over the phone or online				
obstructing you from moving, or grabbing, pushing or shoving you				
hitting with a fist or a hard object, kicking, strangling or using a weapon of some kind				
harassing you with sexually offensive words or actions (e.g. touching, calling you names, sexual innuendo)				
forced or attempted forced sexual intercourse or other sexual activity				

THE USE OF E-SERVICES

E-services include, for example, using a digital system to make an appointment, My Kanta, and websites providing health-related information. Please answer the questions even if you have not used social welfare and health care e-services.

71. Do you have access to...

	yes	no
the internet at home, your workplace, library or some other place?		
online banking codes, mobile certificate or any other means of electronic identification online?		

72. Do you use the internet for the following:

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

73. 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			
a nurse (e.g. registered nurse or home care worker)			
a social worker or social instructor			
other social or health care professional			

74. 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

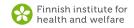
By using the electronic services, I was able to avoid having to call or visit ______ times

75. 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					
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					

76. 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".*

	completely agree	somewhat agree	neither agree nor disagree	somewhat 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.

77. Assess your ability to use the internet.

	completely agree	somewhat agree	neither agree nor disagree	somewhat 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					

78. Assess your data protection skills.

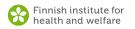
	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
I can recognize the risks related to data protection (e.g. using the same password in several places)					
I can recognize attempts at fraud (e.g. unexpected emails about winning the lottery or attempts to collect money disguised as investment advice)					

Questions 79-83 concern the use of electronic services. If you have not used electronic services or smart technology you can proceed to question 84.

I have not used electronic services or smart technology \rightarrow move on the question 84

79. 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)			
Omaolo (e.g. symptom assessment)			
Terveyskylä.fi (e.g. Diabetes Hub and Mental Hub)			
The electronic service in my municipality or region (e.g. Hyvis.fi, Maisa, Miunpalvelut, NettiRassi, Oulun omahoito or Virtu.fi)			
The electronic service of my own occupational health service.			



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
searched for information to promote my personal health and wellbeing or sought information about diseases, their symptoms or treatment			
taken risk tests, symptom assessments, a health check or a written evaluation of my personal functional capacity			
used a diet or exercise app to support activity, wellbeing or a healthy lifestyle			
used wearable technology such as a smart watch to support activity, wellbeing or a healthy lifestyle			

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
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			

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
viewed the patient/customer data recorded by professionals about me			
received laboratory or other test results			
received my personal treatment or service plan			

83. 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			
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			



84. 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
85.	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
86.	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
87.	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