

[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. 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?	<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 ( 7 - 11 ), please consider the past two weeks.

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

- 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	<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"/>

**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?	<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"/>

**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	<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

**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 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 16  
 yes, my spouse  
 yes, my child or grandchild  
 yes, my own or my spouse's parents  
 yes, some other person. Whom? \_\_\_\_\_

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

- no  
 yes

**16. Can you usually perform the following actions?**

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

**17. 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"/>



**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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**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**

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

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

- yes
- no → 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 → *move on the question 28*

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

- yes
- no

**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	<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*

**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	<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 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"/>

**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	<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"/>

**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	<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"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for social welfare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

	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"/>

### 37. 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

### 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)	<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

### 39. 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"/>



**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	<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"/>

**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
- not sure

**43. 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

**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?	<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"/>

**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?	<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"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a psychiatry outpatient clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an A-Clinic, detoxification or other substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a private practice (e.g. doctor, psychologist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a psychiatric or other hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other place of care	<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 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	<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**

**49. 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"/>



**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	<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"/>

**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 → *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 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 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?	<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"/>

**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?	<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"/>

**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?**

	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 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)	<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

**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 → move on the question 60

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



**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	<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"/>

**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	I have never used
snus (Swedish type moist snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e-cigarettes with nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e-cigarettes without nicotine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nicotine replacement therapy products such as patches or chewing gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 past 12 months?**

- no → 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 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.

**69. 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

**EXPERIENCES OF VIOLENCE**

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





## 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?	<input type="checkbox"/>	<input type="checkbox"/>
online banking codes, mobile certificate or any other means of electronic identification online?	<input type="checkbox"/>	<input type="checkbox"/>

### 72. 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"/>

### 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	<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"/>

### 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	<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"/>

**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	<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"/>





## CORONAEPIDEMIC

### 77. Has the coronavirus pandemic negatively affected your financial situation?

- very much
- quite a lot
- to some extent
- a little
- not at all

### 78. People may have concerns about coronavirus. Have you been worried...

	not at all	A little	A lot
about becoming infected with the coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you may infect others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
about the Government's ability to handle the coronavirus crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
about the health care system's ability to treat all coronavirus patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
about a close relative or friend contracting the coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 79. 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?

	yes, I have cancelled or postponed an appointment myself	an appointment with a social welfare and health care service has been cancelled 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an appointment with a doctor or nurse for another reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mental health care (by a psychologist, psychotherapist or a psychiatrist for example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services supporting living at home (e.g. home care, home care support services, rehabilitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**80. Have the coronavirus pandemic or the subsequent restrictive measures affected your everyday life?**

*If the list includes things that are not a part of your life at all, select "Not applicable".*

	No influence	Yes, decreased	Yes, increased	Not applicable
Keeping in touch with friends and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping difficulties, nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacking (eating sweets, chocolate, soft drinks, crisps etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating vegetables (including cooked, not potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working remotely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**81. 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	I got enough help
accessing food (e.g. going grocery shopping, home meals/goods delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accessing medicine (e.g. going to a pharmacy, medicine delivery to your home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**82. 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)