



www.thl.fi/finsote/vastaa

Respondent code:

Password:

FinSote

National study of health, well-being and service use



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

Please respond to this questionnaire as soon as possible, preferably within 10 days. Return your response in the enclosed envelope; no stamp is needed.

You may also fill in the questionnaire online at thl.fi/finsote/vastaa. To log in, you will need the form code – the number at the top of the covering letter. Your password is in the covering letter.

Thank you for your responses!

INSTRUCTIONS TO RESPONDENTS

An	swer the questions as follows:	
X	Tick the most suitable alternative or write the info ballpoint pen.	rmation required in the space given with a
	If you make some marks to an answer box which y answer box.	ou do not mean, please blacken the entire
X	You should only tick one best alternative for each of you may select more than one alternative.	question unless it is specifically stated that
X	There are further instructions for some questions. negative answers by ticking the 'no' alternative or	Remember to answer all questions. Enter 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
	fairly good	height165_ cm
	fair fairly poor	
	poor	weight $\bigcirc \angle$ 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

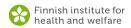
You can also complete the questionnaire online!

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.

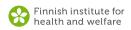
Please ensure that you complete the online questionnaire within 10 days.



LIVING CONDITIONS AND QUALITY OF LIFE

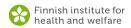
1.	Do you live alone?		
	yes → move on the question 3		
	no		
•	Hanner of the second and the second are in all discourses of a second of the second of		
2.	How many of your household members including yourself are: (Please enter 0 for no		
		cou	nt
ur	der 7 years old		
7-	17 years old		
18	–69 years old		
ag	ed 70 and over		
	A		
3. □	Are you currently:		
	married or in a registered relationship		
Н	cohabiting		
Н	separated or divorced		
Н	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 sit	uation	
	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
fea	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 (7 - 11), please consider the past two weeks.

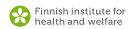
7.	How safe do you feel in your daily life?					
	not at all					
	a little					
	a moderate amount					
	very much					
	extremely					
8.	How would you rate your quality of life?					
	very poor					
	poor					
	neither poor nor good					
Ц	good					
	very good					
9.	How satisfied are you with?					
		very dissatisfied	fairly dissatisfied	neither satisfied nor dissatisfied	fairly satisfied	very satisfied
yoı	ur health					
yoı	ur ability to perform your daily living civities					
yoı	urself					
yoı	ur personal relationships					
the	e conditions of your living place					
10	In the last two weeks, how completely we	re vou able to	do the follo	wing·		
	m die tast tilo neets, non completely me					
		not at all	a little	moderately	mostly	completely
do	you have enough energy for everyday life?					
ha	ve you enough money to meet your needs?					
11.	Below are listed some statements regardir box that best describes your experiences i			. For each state	ement, plea	ase check the
		never	rarely	sometimes	often	all the time
l ha	ave felt hopeful about the future					
l h	ave felt useful					
l ha	ave felt relaxed					
l h	ave dealt with problems well					
l ha	ave thought clearly					
l ha	ave felt closeness with other people					
	ave managed to make my own decisions on					



INCLUSION AND FUNCTIONAL CAPACITY

12.	Do you participate in the activities of any cl community (e.g. a sports club, residents' as					ual
	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 you cope at home? You can choose multiple option		nold who has	s limited functi	onal capacity,	or is ill, to
	no <i>→ move on the question 16</i>					
	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 agre	ement)?		
	no					
Ш	yes					
16.	Can you usually perform the following action	ons?				,
			yes, with no problem	yes, with some difficulty	yes, but with great difficulty	no, I cannot
ru	n a short distance (about 100 m)					
Wá	alk about 500 m without stopping to rest					
	ad ordinary newspaper print (with or without ectacles)					
	low a conversation between several people (without a hearing aid)	ith or				
	The following questions concern memory a	nd learni	ng:			
		very wel	l well	adequately	y poorly	very poorly
ho	w well does your memory work?					
ho	w easily do you learn new things?					

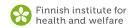
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18.	If your function	nal capa	icity is	impai	red, do	you no	eed an	ıd get h	elp fo	r your	daily a	ctivitie	es?
	I do not need h	elp and	do not	get it									
\Box	I would need h	elp but o	do not s	get it									
		-	•										
			J										
		•	eed										
	i get more netp	tilaliiii	ceu										
19.													
	No working capacity	0	1	2	3	4	5	6	7	8	9	10	Best working capacity
20.	Do you think t	hat you	r healtl	h will a	ıllow y	ou to w	ork u	ntil reti	ireme	nt age?	?		
	no												
	probably not												
	probably yes												
	yes												
	I am retired												
HE	ALTH												
21.	How tall are yo	ou?											
	cm,	please r	ound to	neare	st centi	meter							
22.	How much do	you wei	gh whe	en wea	ring lig	ght clot	thing?						
	kg, p	olease ro	ound to	neares	st kilogi	ramme							
23.	How would yo	u descri	be you	r state	of hea	lth at p	oreser	nt?					
	good												
	fairly good												
	average												
	fairly poor												
	I do not need help and do not get it I would need help but 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												
24.	Do you have a	not need help and do not get it all need help but do not get it help, but not enough help more help than I need ming that the best working capacity you have ever had would score 10 on a scale of 0 to 10, how would core your working capacity at present? Please tick the number that best applies to your working capacity or withing capacity at present? Please tick the number that best applies to your working capacity or withing capacity or withing that the best working capacity or withing that the best working capacity or within that your health will allow you to work until retirement age? Best working capacity The best working capacity or work until retirement age? Best working capacity The best working capacity or work until retirement age? Best working capacity The best working capacity or work until retirement age? Best working capacity The best working capacity or work until retirement age? Best working capacity The best working capacity or work until retirement age? Best working capacity Best working capacity The best working capacity or working capacity Best working capacity Best working capacity The best working capacity Best working capacity The best working capacity Best wor											
	yes												
	no <i>→ move on tl</i>	he quest	ion 26										
		would need help but do not get it get help, but not enough get enough help get more help than I need 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 0 1 2 3 4 5 6 7 8 9 10 Best working capacity capacity. No you think that your health will allow you to work until retirement age? The probably not probably yes yes am retired. ALTH How tall are you?											
25.						blem re	equire	regula	r treat	tment	or mon	itoring	g by a health care
25.	professional (blem re	equire	regula	r treat	tment	or mon	itoring	g by a health care
25.						blem re	equire	regula	r treat	tment (or mon	itoring	g by a health care

26. Are you limited because of a health proble	m in activiti	es people u	sually 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	. 45					al Para
28. Over the past 4 weeks, for how much of th	e time nave	you reit: Pie	ease cnoose	one aitern	ative on ea	cn une
	all the time		a good bit of the time	some of the time	a little of the time	not at all
very nervous						
in such a low mood that nothing could cheer you up						
calm and peaceful						
downhearted and sad						
happy						
The following question deals with thoughts and feeling in their lives that prompt such thoughts and feeling 29. Have you thought about suicide over the prompt in the pro	gs		ı yourself. Sc	ome people	experience	e difficulties
SOCIAL AND HEALTH CARE SERVIC				2		
30. What is your opinion of the following state	ements regar	aing nealth	n care servi	ces?		
	completely agree	somewha agree	nt neither a nor disa		newhat sagree	strongly disagree
These services function well in Finland						
I trust in the expertise and competence of the staff						
These services increase social equality						

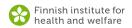
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31. What is your opinion of the following statements regarding social welfare services?

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					
2. What is your opinion of the following state	ements?				
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					
			more than	as much as	less than
health and medical care			currently	currently	currently
health and medical care			currently	currently	currently
social welfare services			currently	currently	currently
social welfare services			currently	currently	currently
social welfare services transfer payments, such as social benefits	uld use their	own funds (a			
social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wo	uld use their	own funds (a			
social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wor following services?	uld use their	own funds (a	s customer fee	es) in financi	ng the
social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wo	uld use their	own funds (a	s customer fee	es) in financi	ng the
social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wor following services? for health and medical care for social welfare services	ance that cov	ers costs res	s customer fee	as much as currently	ng the less than currently
social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wor following services? for health and medical care for social welfare services 5. Have you acquired a private medical insurain Finland, such as private doctors' fees, m	ance that cov	ers costs res	s customer fee	as much as currently	ng the less than currently
social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wor following services? for health and medical care for social welfare services 5. Have you acquired a private medical insurain Finland, such as private doctors' fees, myou can choose multiple options	ance that cov	ers costs res	s customer fee	as much as currently	ng the less than currently
 social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wor following services? for health and medical care for social welfare services 5. Have you acquired a private medical insurin Finland, such as private doctors' fees, myou can choose multiple options yes, for myself 	ance that cov	ers costs res	s customer fee	as much as currently	ng the less than currently
 social welfare services transfer payments, such as social benefits 4. To what extent do you wish customers wor following services? for health and medical care for social welfare services 5. Have you acquired a private medical insurain Finland, such as private doctors' fees, myou can choose multiple options yes, for myself yes, for my child 	ance that cov nedicine costs	ers costs res	s customer fee	as much as currently	ng the less than currently

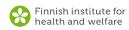


THE USE OF HEALTH SERVICES

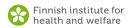
36.	Do you feel you received enough of the following health care services in the previous 12 months?
	Please note services provided by the municipality and private service providers.

	<u> </u>			
	l 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				
nurse's or public health nurse's appointment services				
dentist services				
dental hygienist services				
 37. Have you used health care services (e.g. doc months? no → move on the question 47 yes 38. How many times in the past 12 months have appointment or at your home because of an all, please enter 0. This does not include any times. 	you seen a doc illness you hav	tor, public health e or had? If you ho	ı nurse or a nui ave not seen a d	r se in an octor or nurse a
		a d	octor	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 de	n entist d	nouth hygienist / ental technician
in public dental care			times	times
in private dental care			times	times
9. When using the health services, do you typic	cally see the sar	ne		
	always	often	sometimes	never
doctor				
nurse				

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40. In the past 12 months, have you been treated at an inphealth centre)?	oatient unit	at a nospital (ii	ncluding inpat	ient unit at a
yes				
no				
41. Have the following factors interfered with you receiving Please choose only one alternative on each line.	ng treatmen	nt in the past 12	2 months?	
	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 yes, the service voucher compensated part of the price of yes, the service voucher compensated the whole price of no not sure 	f the service	tile past 12 illo	iiuis:	
43. Where did you last see a health care professional (doc telephone contact or a visit to a health centre, private med				ote of both a
at a health centre				
at a private medical clinic				
occupational health care				
hospital outpatient clinic some other place				
Some other place				
44. Who did you see? (If you met more than one professional,	select the or	ne you met most	-)	
a GP				
a specialist or consultant				
a nurse or public health nurse				
another health professional				

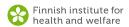


45.	The following question	ns concern access to t	reatment during vou	r most recent appoin	tment, mentioned above:

	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?					
6. The following questions relate to the inter care professional) during your most recen			nal you met (d	loctor/nurse	or other hea
	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?					
7. In the past 12 months, have you visited an substance abuse problems?	y of the follow	wing service	s because of n	nental health	issues or
		no	yes, becau mental he problen	alth sub	s, because of stance abuse problems
a health centre, occupational health care or stud care	dent health				
a psychiatry outpatient clinic					
an A-Clinic, detoxification or other substance ab treatment	use				
a private practice (e.g. doctor, psychologist)					
a psychiatric or other hospital					

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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.

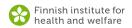
48. To what extent are the following true for the treatment of your long-term illness? If you have several diseases, please select the alternative based on the illness requiring most care.

uiseases, please select the alternative base			<i>-</i>		
	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?

	I have not needed	I would have needed but did not receive	I 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				



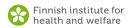
50. Have the following factors interfered with you receiving social welfare services in the past 12 months? *Please choose only one alternative on each line.*

	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					
treatment and care services provided at home for o services, rehabilitation services, home alteration we residential services for older adults (e.g. assisted livents 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	lder adults ork) ing, care ho	(e.g. home	care, meal de	elivery and	
 52. Do you think that the fee charged for the social so yes no no fee was charged for the service 	ervice you	usea most	recently was	s reasona	bie:
 53. Have you used a service voucher to access social and yes, the service voucher compensated part of the property yes, the service voucher compensated the whole property no 	rice of the s	service	ne past 12 mo	onths?	
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 aforementioned service that you most reco					evaluate the
aror emericioned service that you most ree	useu. se	one opti			
	absolutely yes	to some extent	not really	absolutely not	cannot say
Was it easy for you to find an appropriate service for your circumstances?	absolutely	to some		absolutely	cannot say
Was it easy for you to find an appropriate	absolutely	to some		absolutely	cannot say
Was it easy for you to find an appropriate service for your circumstances? Were you able to access the service without	absolutely	to some		absolutely	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?	absolutely	to some		absolutely	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?	absolutely	to some		absolutely	cannot say

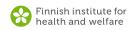


SOCIAL WELFARE BENEFITS AND ASSISTANCE

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

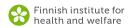
		I have not needed	I would have needed but did not receive	I have used but it was not adequate	I have used and it was adequate
support services for informal caregivers (e.g. possibil take time off)	ity to				
compensation for informal care					
basic social assistance provided by the Social Insurar Institution of Finland (Kela)	nce				
supplementary or preventive social assistance provice the municipality	led by				
you have not needed any social welfare benefits or ass		·	•		
months?					er the past i
	always	most of th time	e sometimes		does not appl to me or the services I hav 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					
.IFESTYLE					
9. How much exercise do you get in a week in the Think about the past 12 months. Take all regular, wanswer on several lines if necessary.					
hardly any regular weekly exercise → <i>move on the</i>	question 6	0			
low-intensity aerobic exercise (= does not make y	ou sweat o	r get out of l	reath, e.g. w	alking leisure	ly)
on days per week, total	hou	ırs	a	nd minutes p	er week
moderate-intensity aerobic exercise (= makes you	ı sweat a b	it and/or get	slightly out o	of breath, e.g.	Walking bri
high-intensity aerobic exercise (= makes you swea					
on days per week total	hou	ırs	3	nd minutes n	er week

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times				
51. How often have you eaten the following types of food	in the past 7 d	ays?		
	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)				
rarely or hardly ever not sure 53. Do you smoke currently (cigarettes, cigars or pipe)? yes, daily occasionally not at all I have never smoked				
54. Do you currently use any of the following products?				
	yes, daily	yes, occasionally	not at all	I have neve used
snus (Swedish type moist snuff)				
e-cigarettes with nicotine				
e-cigarettes without nicotine				
nicotine replacement therapy products such as patches or chewing gum				
55. Have you used cannabis (hashish, marijuana)?				

66.	Have you drunk alcoholic beverages over t	he past 12 mo	nths?			
	no <i>→ move on the question 70</i>					
	yes					
67.	How often do you consume beer, wine or of Also include the times when you only had a sm Choose the option that best describes your situ	nall amount, e.g	_		gth beer or a s	ip of wine.
	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 yo Please refer to the adjacent box.	u have on a ty	pical day v	vhen you are d	rinking?	
	1–2 servings	ONE ALCOH	AOI DORT	ION IS:		
	3–4 servings			dium-strength	n beer or cid	er. or
	5–6 servings	•	•	lar wine, or		, -
	7–9 servings	_		fortified wine		
	10 or more units	a standard	drink (4cl)) of strong spi	rits.	
69.	How often have you had six or more drinks	on one occasi	on?			
	never	EXAMPLES:				
	less than once a month			m-strength b	eer or cider	= 1.5 units
	once a month	0.5 l ('pint')	of strong	er A beer or s	strong cider	= 2 units
	once a week			wine (12%) w	vine = 6 units	5
	daily or almost daily	0.5 l bottle	of spirits	= 13 units		
	PERIENCES OF VIOLENCE Has anyone behaved violently towards you You may choose one or more alternatives	ı in the past 12	2 months?			
			no one	my current or previous partner or companion	another family member or relative	another familiar person or a stranger
	reatening you with physical harm in person, over none or online	ver the				
	structing you from moving, or grabbing, pushi oving you	ing or				
	tting with a fist or a hard object, kicking, strang weapon of some kind	gling or using				
	rassing you with sexually offensive words or a uching, calling you names, sexual innuendo)	ctions (e.g.				
	rced or attempted forced sexual intercourse or	other sexual				



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.

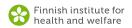
71. Do you have access to			
		yes	no
the internet at home, your workplace, library or some other p	olace?		
online banking codes, mobile certificate or any other means identification online?	of electronic		
72. Do you use the internet for the following:			
	l use it independently	I use it with another 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 electronically (e.g. by video link or chat)?		onals in the last 12	
	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 electro traditional phone calls or visits using electronic service If using the electronic services has not replaced calls or visits.	es has replaced.	12 months, estima	ite how many
I have not used electronic services			
By using the electronic services, I was able to avoid having to c	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					

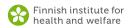
76. How do you feel about the following claims concerning the benefits of electronic social and health care **services?** If you cannot assess the electronic services, choose "neither agree nor disagree".

	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					



CORONAEPIDEMIC

77. Has the coronavirus pandemic negatively affected you	ır financial situ	iation?		
very much				
quite a lot				
to some extent				
a little				
not at all				
78. People may have concerns about coronavirus. Have yo	ou been worrie	d		
		not at all	A little	A lot
about becoming infected with the coronavirus				
that you may infect others				
about the Government's ability to handle the coronavirus cri	sis			
about the health care system's ability to treat all coronavirus	patients			
about a close relative or friend contracting the coronavirus				
U				
79. Since early March 2020, have you not used any of the f though you would have needed them?	orms of care o	r treatment m	entioned be	low even
79. Since early March 2020, have you not used any of the f	yes, I have cancelled or postponed an appointment myself	an appointment with a social welfare and health care service has been	no, I have never skipped them	low even
79. Since early March 2020, have you not used any of the f	yes, I have cancelled or postponed an appointment	an appointment with a social welfare and health care service has been cancelled or	no, I have never skipped	
79. Since early March 2020, have you not used any of the f though you would have needed them? an appointment with a doctor or nurse in relation to a long-	yes, I have cancelled or postponed an appointment	an appointment with a social welfare and health care service has been cancelled or	no, I have never skipped	
79. Since early March 2020, have you not used any of the f though you would have needed them? an appointment with a doctor or nurse in relation to a long-term health condition	yes, I have cancelled or postponed an appointment	an appointment with a social welfare and health care service has been cancelled or	no, I have never skipped	
79. Since early March 2020, have you not used any of the f though you would have needed them? 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	yes, I have cancelled or postponed an appointment	an appointment with a social welfare and health care service has been cancelled or	no, I have never skipped	



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				
Feeling lonely				
Feeling optimistic about the future				
Daily exercise				
Alcohol use				
Sleeping difficulties, nightmares				
Snacking (eating sweets, chocolate, soft drinks, crisps etc.)				
Eating vegetables (including cooked, not potatoes)				
Working remotely				
Online grocery shopping				
81. Have you received help with food shopping and getting	g medication	during the co	onavirus pa	ndemic or
81. Have you received help with food shopping and getting because of the limitations it imposed?	g medication of the second of	I needed help but I did not get it	onavirus pa I got help, but not enough	I got enough
because of the limitations it imposed? accessing food (e.g. going grocery shopping, home meals/	I have not needed any	I needed help but I did not	I got help, but not	l got enough
because of the limitations it imposed?	I have not needed any	I needed help but I did not	I got help, but not	l got enough
accessing food (e.g. going grocery shopping, home meals/goods delivery) accessing medicine (e.g. going to a pharmacy, medicine delivery to your home)	I have not needed any help	I needed help but I did not	I got help, but not	l got enough
accessing food (e.g. going grocery shopping, home meals/goods delivery) accessing medicine (e.g. going to a pharmacy, medicine	I have not needed any help	I needed help but I did not	I got help, but not	l got enough
because of the limitations it imposed? accessing food (e.g. going grocery shopping, home meals/ goods delivery) accessing medicine (e.g. going to a pharmacy, medicine delivery to your home) 82. Did you fill in this form alone, or did someone assist your	I have not needed any help	I needed help but I did not	I got help, but not	l got enough
accessing food (e.g. going grocery shopping, home meals/goods delivery) accessing medicine (e.g. going to a pharmacy, medicine delivery to your home) 82. Did you fill in this form alone, or did someone assist your little did it in alone	I have not needed any help	I needed help but I did not	I got help, but not	l got enough
accessing food (e.g. going grocery shopping, home meals/goods delivery) accessing medicine (e.g. going to a pharmacy, medicine delivery to your home) 82. Did you fill in this form alone, or did someone assist your little dit in alone I filled it in together with my spouse	I have not needed any help	I needed help but I did not	I got help, but not	l got enough
accessing food (e.g. going grocery shopping, home meals/goods delivery) accessing medicine (e.g. going to a pharmacy, medicine delivery to your home) 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 have not needed any help	I needed help but I did not	I got help, but not	l got enough

THANK YOU FOR YOUR TIME!

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

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