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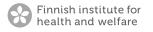


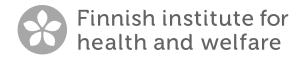
www.thl.fi/finsote/vastaa Respondent code: **3232333** Password: **DKSLLA** 

# FinSote

National study of health, well-being and service use

Carlo D





# 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 of health at present?

X	fairly good
	fair
	fairly poor
	poor

# EXAMPLE 2.

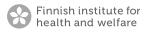
Give your present height and weight

height	165	cm
0		_

weight	62	kg
$\mathcal{O}$		- 0

#### More information about the survey:

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



# **BACKGROUND INFORMATION**

1.	Are you currently:
	married or in a registered relationship
	cohabiting
	separated or divorced
	widowed
	single
2.	Are you living in the same household with your partner or spouse at present?
	yes
	no
3.	What is your household structure?
	Other people living in your household refer to, for example, other relatives, friends or acquaintances who mainly live in the same household. Other type of household refers to, for example, a household shared by more than one family or between friends
	single household
	single parent with at least one child under 25
	single parent with a child/children over 25
	a couple with no child/children
	a couple with at least one child under 25
	a couple with a child/children over 25
	other type of household
4.	How many years altogether have you attended school or studied full time? Including primary and comprehensive school.
	years
5.	How many of the people living in your household are aged 13 or younger?
5.	How many of the people living in your household are aged 15 of younger?
6.	At the moment, are you principally:
	working
	unemployed
	retired (e.g. old-age pension, early retirement or given up entrepreneurship)
	unable to work (e.g. on disability pension)
	pupil, student, in further education or training, or in unpaid practical training
	in conscript or non-military service
	on family leave, or a stay-at-home mother/father
	other

Finnish institute for
health and welfare

# 7. Are you currently:

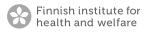
- employed full-time
- employed part-time
- I am not working

# 8. Your professional status:

- entrepreneur with employees
- entrepreneur or self-employed person with no employees
- employee or officeholders
- working in a family business without pay
- I am not working

# HEALTH

9.	How would you describe your state of health at present?
	very good
	good
	average
	poor
	very poor
10.	Do you have any longstanding illness or health problem?
	yes
	no
11.	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 13.
12.	Have you been limited for at least the past 6 months?
	yes
	no



# 13. Have you had any of the following illnesses or ailments in the past 12 months?

	yes	no
asthma		
chronic bronchitis, chronic obstructive pulmonary disease, emphysema		
coronary thrombosis, i.e., myocardial infarction, and its long-term consequences		
coronary disease, angina pectoris (=chest pain under physical stress)		
high blood pressure, hypertensional		
cerebral stroke (cerebral haemorrhage or cerebral infarction), and its long- term consequences		
osteoarthritis, or degenerative arthritis (excluding arthritis)		
low back ailments or other chronic back troubles		
neck or neck area symptoms or illnesses		
diabetes		
An allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded)		
Cirrhosis of the liver		
Urinary incontinence, problems in controlling the bladder		
Kidney problems		
depression		
High cholesterol or high blood lipids		

# 14. How would you describe the state of your teeth (natural or false) and gums?

very good
good
average
poor
very poor

# ACCIDENTS

#### 15. Have you had any of the following incidents or accidents over the past 12 months that caused you an injury of some degree? C

<b>)o not include an</b>	y accidents at work.
--------------------------	----------------------

	yes	no
road accident (Including commuting)		
accident at home		
leisure time accident (outside home)		

if you responded NO to all questions, move on the question 17.

### 16. Did you need healthcare services for the treatment of the most severe of the injuries referred to above?

yes, I needed treatment at the emergency care clinic of a hospital or some other care unit admitted as an overnight patient

yes, I needed treatment at the emergency care clinic of a hospital or some other care unit admitted as a patient, but not overnight

yes, I needed treatment provided by a physician or nurse (but not as a hospital patient)

I did not need any treatment

# WORK CAPACITY AND ABSENCE FROM WORK

17. 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

Completely incapable for work	0	1	2	3	4	5	6	7	8	9	10	Best capacity for work

#### 18. Have you been absent from work because of personal health issues over the past 12 months? Please include any illnesses, accidents and other health issues because of which you have been absent from work.

yes, please enter how many days you have been absent from work over the past 12 months:

davs

no

I am not working

# FUNCTIONAL CAPACITY

## 19. Do you wear glasses or contact lenses?

yes

no

I am blind  $\rightarrow$  move on the question 21.

20.	<b>Do you have difficulty seeing?</b> If your wear glasses or contact lenses, please evaluate your vision when wearing them.
$\square$	No difficulty
$\square$	Some difficulty
	A lot of difficulty
	I do not see at all
21.	Do you use a hearing aid?
	yes
	no
	I am totally deaf $\rightarrow$ move on the question 24.
22.	When discussing with another person in a quiet room, do you have difficulty hearing what he or she is saying to you? If you have a hearing aid, assess your hearing when using it.
	No difficulty
	Some difficulty
	A lot of difficulty
	I do not hear at all
23.	When discussing with another person in a noisy room, do you have difficulty hearing what he or she is saying to you? If you have a hearing aid, assess your hearing when using it.
	No difficulty
	Some difficulty
	A lot of difficulty
	I do not hear at all
24.	Do you have difficulty walking half a kilometre on a level ground without any aids or assistance from another person?
	No difficulty
	Some difficulty
	A lot of difficulty
	Cannot do at all / Unable to do
25.	Do you have difficulty walking up or down one flight of stairs (about 12 steps)?
	No difficulty
	Some difficulty
	A lot of difficulty
	Cannot do at all / Unable to do

# **FEELINGS OF PAIN**

- 26. Have you experienced any physical pain over the past four weeks and what has it been like?
- I have not → move on the question 28.
   very mild
   mild
   moderate
   strong
   very strong
- 27. In the past four weeks, to what extent has pain affected your ordinary activities at work and/ or home?

not at all

a little

to some extent

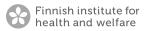
\_\_\_\_ quite a lot

very much

# **MENTAL HEALTH**

## 28. How often have you experienced the following problems over the past two weeks?

	not at all	on several days	more than half the time	almost daily
Little interest in or little pleasure from doing different things				
Low spirits, depression or feelings of hopelessness				
Difficulty falling as sleep or staying asleep, or too much sleep				
Tiredness or lack of strength				
Lack of appetite or overeating				
Feelings of inferiority or failure, or a feeling of having let down yourself or your family				
Difficulty concentrating on activities, such as reading a newspaper or watching television				
Slowed speech or movements that others could pay attention to or involuntary restlessness or fidgeted much more than usual				



The following question deal 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?

Health care services refer to, for instance, health centres and hospitals. Please choose only one alternative on each line.

	completely agree	somewhat agree	somewhat disagree	strongly disagree
In general, health services function well in Finland				
I trust in the expertise and competence of health service staff				
The health services increase social equity and fairness				

#### 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. Please choose only one alternative on each line.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
In general, social welfare services function well in Finland					
I trust in the expertise and competence of social service staff					
The social welfare services increase social equity and fairness					

# 32. What is your opinion of the following statements? I trust that when I need the following service, it will be available for me...

Please choose only one alternative on each line.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree
urgent treatment for a sudden, serious illness					
regular treatment and monitoring of a long-term illness (e.g. high blood pressure)					
services for the elderly (e.g. services brought home, sheltered housing, residential home for elderly)					
services for disabled people (e.g. transportation services, personal assistance, home alteration work)					
services for families with children (e.g. child welfare services, parenting and family counselling, home services)					
counselling and guidance provided by a social worker or counsellor					
basic social assistance provided by the Social Insurance Institution of Finland (Kela)					
supplementary or preventive social assistance provided by the municipality					

# 33. Social and health care services are undergoing a reform. The reform has many different objectives. Below there are listed the objectives set out for the reform at its various stages.

Which three of these objectives you find most important?

	choose the three most important objectives
primary services (e.g. health centre services and social welfare services) are strengthened	
the client's case is handled smoothly and information is transferred between professionals	
clients and patients have an increasing opportunity to make choices (e.g. on their place of care)	
everyone living in Finland will have equal access to services based on their needs (regardless of their income level, place of residence, origin or any other factor)	
everyone's responsibility on their own health and well-being and that of their family members will be increased	
service and treatment practices will be uniform in the entire country	
social and health care costs will remain reasonable	

### 34. 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			

# 35. 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			

# 36. 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?

yes
no, but I have considered it
no, and I have not considered it

**37.** Have you experienced delay in getting health care in the past 12 months because the time needed to obtain an appointment was too long? *Here, delay means that you did not receive treatment or were not referred to an examination soon enough or at all.* 

yes	
no	
no	I have

- no, I have not needed any healthcare services
- **38.** Has your access to social services or receiving a specific service been delayed due to long waiting times over the past 12 months? *Here, delay means that you did not receive services soon enough or at all.*

yes
no
no, I have not needed any socialservices

**39.** Have you experienced delay in getting health care in the past 12 months due to distance or transportation problems? *Here, delay means that you did not receive treatment or were not referred to an examination soon enough or at all.* 

yes
no
no, I have not needed any healthcare services

# 40. Was there any time in the past 12 months when you needed the following kinds of health care, but could not afford it?

	no, I have never skipped them	no need
Medical care		
Dental care		
Prescribed medicines		
Mental health care (by a psychologist, psychotherapist or a psychiatrist for example)		

# **HOSPITAL CARE**

41. In the past 12 months, have you received treatment at a hospital at least overnight? Women, please exclude any potential nights spent at a hospital due to delivery.

yes, please enter how many nights you have spent in hospital care: \_\_\_\_\_\_ nights no

42. In the past 12 months, have you visited a hospital as an outpatient, being examined or receiving treatment, without having to stay overnight?

yes, please enter how many times you have visited a hospital as an outpatient: \_\_\_\_\_ times no

# MEDICAL CONSULTATIONS AND NEED OF HOME CARE

43.	When was the last time you received treatment from a dentist?
	less than 6 months ago
	6 – 11 months ago
	at least 12 months ago
	never
44.	When was the last time you visited a general practitioner (e.g. occupational doctor or health centre doctor) because of your own health?
	Please include any home visits and telephone consultations of a doctor, but do not include the times when you were at a hospital as a patient.

less than 12 months ago

at least 12 months ago

never

# 45. How many times have you visited a general practitioner (e.g. occupational doctor or health centre doctor) because of your own health over the past four weeks?

\_\_\_\_ times

#### 46. When was the last time you visited a medical specialist because of your own health?

For example, at an outpatient clinic of a hospital or a private practice. Please do not include the times when you were at a hospital as a patient.

less than 12 months ago

at least 12 months ago

never

# 47. How many times have you visited a medical specialist because of your own health over the past four weeks?

\_\_\_\_\_ times

#### 48. In the past 12 months, have you visited any of the following practitioners because of your own health:

	yes	no
physiotherapist or similar (e.g. osteopath, naprapath)		
psychologist, psychotherapist or psychiatrist		

# 49. Have you used home care services (home help service, home assistance or home nursing) over the past 12 months?

Home help services are meal service and help with cleaning, among others. Home nursing refers to medical care or rehabilitation at home.

」 yes │ no

#### 50. Over the past two weeks, have you used:

	yes	no
medicines prescribed by a doctor (other than contraceptive pills or hormones used solely for contraception)		
medicines not prescribed by a doctor (e.g. painkillers, natural health products or vitamins)		

# VACCINATIONS AND MEDICAL EXAMINATIONS

#### 51. Have you taken an influenza vaccine?

yes, this year or the year before. Enter the month and year when you took the influenza vaccine.

\_\_\_\_\_ month (e.g. 09), \_\_\_\_\_\_year (e.g. 2018)

yes, but not this year or the year before

no, I have never taken an influenza vaccine

### 52. When have you last had the following measurements taken by a health care professional?

	less than 12 months ago	1 year to less than 3 years ago	3 years to less than 5 years ago	at least 5 years ago	never
blood pressure					
blood cholesterol level					
blood sugar level					

#### 53. When was the last time you had a faecal occult blood test?

The test is used for cancer screening, for example.

less than 12 months ago
1 year to less than 2 years ago

2 years to less than 3 years ago

] at least 3 years ago

never

### 54. When was the last time you had a colonoscopy performed on you?

less than 12 months ago

1 year to less than 2 years ago

2 years to less than 3 years ago

\_\_\_\_\_ at least 3 years ago

never

The next question concerns women only. Men  $\rightarrow$  you can proceed to question 56.

#### 55. When was the last time you had the following examinations performed:

	less than 12 months ago	1 year to less than 3 years ago	3 years to less than 5 years ago	at least 5 years ago	never
mammography (breast X-ray)					
PAP smear (cervical cancer screening)					

# HEIGHT AND WEIGHT

#### 56. How tall are you?

\_\_\_\_\_ cm, please round to nearest centimetre

#### 57. How much do you weigh when wearing light clothing?

Pregnant women should enter their weight before pregnancy.

\_\_\_\_\_ kg, please round to nearest kilogramme.

# EXERCISE

58.	How physically strenuous is your work? Please choose the alternative that best describes your situation. Here, work refers to both paid and unpaid work, housework, studying or looking for a job (if unemployed).
	my work is mainly sedentary or standing work (e.g. writing, driving, computer work)
	I walk a lot in my work and my work requires moderate physical effort (e.g. cleaning, carrying light burdens, child care)
	my work is strenuous physical work (e.g. carrying heavy burdens, mining work, construction work)
	I am not working or carrying out any worklike tasks
59.	On how many days during an ordinary week do you walk uninterruptedly for at least 10 minutes (e.g. commute, way to and from school or going shopping)?
	At other times than working hours.
	Number of days:
60.	How much time do you spend walking in total during an ordinary day (walking uninterruptedly for at least 10 minutes)?
	At other times than working hours.
	10 – 29 minutes per day
	30 – 59 minutes per day
	1 - 2 hours per day
	2 - 3 hours per day
	over 3 hours per day
61.	On how many days during an ordinary week do you cycle uninterruptedly for at least 10 minutes (e.g. commute, way to and from school or going shopping)?
	At other times than working hours.
	Number of days:
62.	How much time do you spend cycling in total during an ordinary day (cycling uninterruptedly for at least 10 minutes)?
	At other times than working hours.
	10 – 29 minutes per day
	30 – 59 minutes per day
	1 – 2 hours per day
	2 – 3 hours per day
	over 3 hours per day

63.	How often do you engage in leisure exercise for a period of at least 30 minutes after which
	you are at least slightly out of breath and sweating?

Exercise on the way to and from work/study not included.

daily
4 - 6 times a week
3 times a week
2 times a week
once a week
2-3 times a month
a few times a year or less
I cannot exercise because of an illness or injury

#### 64. How much time do you use in total for recreational exercise during an ordinary week?

Do not include transfers from one place to another on foot or on bicycle.

during an ordinary week

\_\_\_\_\_ hours

\_\_\_\_\_ and minutes a week

65. On how many days during an ordinary week do you do exercise that strengthens muscles or enhances muscle tone?

Such as gym workout or circuit training.

Number of days: \_\_\_\_\_

### 66. How much time do you spend sitting and reclining on a typical day?

- less than 4 hours
  - 4 to less than 6 hours
- 6 to less than 8 hours
- 8 to less than 10 hours
- 10 to less than 12 hours
- 12 hours or more

# **DIETARY HABITS**

### 67. How often do you eat fruit and/or berries?

Nuts, almonds and juice squeezed from fresh fruit/berries or made from concentrate are not included.

one or more times a day
4 - 6 times a week
1 - 3 times a week
less often than once a week
never → move on the question 69.

### 68. How many portions of fruit and/or berries do you eat on average during a day?

One portion is, for example, a medium-sized fruit or 1 dl of berries. Nuts, almonds and juice squeezed from fresh fruit/berries or made from concentrate are not included.

portions

#### 69. How often do you eat vegetables?

Potatoes, vegetable soups or juices made of concentrate or freshly squeezed ingredients are not included. One portion is, for example, 1.5 dl of salad or grated vegetables or at least three tablespoons of beans. Legumes are included in the daily portions only once regardless of the amount consumed.

one or more times a day

4 – 6 times a week

1 - 3 times a week

less often than once a week

never  $\rightarrow$  move on the question 71.

#### 70. How many portions of vegetables do you eat on average during a day?

Potatoes or juices are not included. One portion is, for example, 1.5 dl of salad or grated vegetables or at least three tablespoons of beans. Legumes are included in the daily portions only once regardless of the amount consumed.

\_\_\_\_ portions

# 71. How often do you drink 100% pure fruit or vegetable juice, excluding juice made from concentrate or sweetened juice?

Do not include juices or juice drinks made from concentrate or containing sweeteners or supplements.

\_\_\_\_ one or more times a day

4-6 times a week

1-3 times a week

less often than once a week

never

# **72.** How often do you drink sugared soft drinks, for example lemonade or cola? *Please exclude light, diet or artifically sweetened soft drinks.*

one or more times a day

4 - 6 times a week

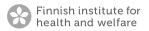
1-3 times a week

less often than once a week

never

# **SMOKING**

73.	Do you smoke at present (other tobacco products than e-cigarettes)?
	yes, daily
	yes, occasionally
	not at all $\rightarrow$ move on the question 76.
74.	Do you smoke manufactured or hand-rolled cigarettes each day?
	yes
	no
75.	How many cigarettes do you smoke on average during a day?
	cigarettes
76.	Have you ever smoked daily for a period of at least one year? For how many years altogether?
	I have never smoked daily
	I have smoked daily for a total of years
77.	How often are you exposed to tobacco smoke indoors (at home, at work, at public places, at restaurants, etc.)?
	Every day, 1 hour or more a day
	Every day, less than 1 hour per day
	At least once a week (but not every day)
	Less than once a week
	Never or almost never
78.	Do you currently use snuff?
	yes, daily
	occasionally
	not at all
	I have never used it
79.	Do you currently use electronic cigarettes (e-cigarettes)?
	yes, daily
	occasionally
	not at all
	I have never used electronic cigarettes



# ALCOHOL

80.	Have	vou	drunk	alcoholic	beverages	over the	past 12	months?
•••		,					P	

$\_$ no $\rightarrow$ move on the question 85.

yes

### 81. 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.

	wine. Choose the option that best describes yo	ur situation.
	never	
	around once a month or less	
	2-4 times a month	
	2 – 3 times a week	
	4 or more times a week	
82.	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	ONE ALCOHOL PORTION IS:
	3 – 4 servings	1 bottle (33cl) of medium strength beer or cider or
	5 – 6 servings	1 glass (12cl) of usual mild wine or
	7 – 9 servings	1 small glass (8cl) of fortified wine or
	10 or more units	a standard drink (4cl) of strong spirits.
83.	How often have you had six or more dri	nks on one occasion?
	never	EXAMPLES:
	less than once a month	0,5 l ('pint') of medim 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
84.		t servings of the following types of alcoholic beverages If you have consumed none, please enter 0.
		during the past

	7 days
medium-strength (III) beer, medium-strength cider or long drinks (alcohol content 2.9% to 4.7%)	
stronger A beer, strong cider or long drinks (alcohol content over 4.7%)	
wine	
spirits or other strong drinks	

# SOCIAL SUPPORT AND PARTICIPATION

- 85. How many people close to you do you have that you can turn to when encountering serious personal problems?
  - none
  - 1 2
  - 3-5
  - 6 or more

## 86. To what extent do other people care for what you do?

- a lot
- \_\_\_\_ moderately
- \_\_\_\_ not sure
- \_\_\_\_\_ a little
- not at all

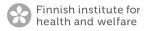
## 87. How easy it is for you to get help from your neighbours if you need it?

- very easy
- easy
- \_\_\_\_ possible
- difficult
- \_\_\_\_ very difficult

## 88. What is your opinion of the following statements?

Please mark for each statement the alternative that best describes your experience.

	strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	completely agree
I feel that what I do every day is significant					
I get positive feedback on what I do					
I belong to a group or community that is important for me					
Other people need me					
I can influence the course of my life					
I feel my life has a meaning					
I can strive for things that are important for me					
I receive help when I really need it					
I feel trusted					
I can influence some things in my living environment					



89. 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

#### 90. Did you vote in the most recent Parliamentary elections?

no
yes
I don't remember

Г

# **PROVIDING CARE AND ASSISTANCE**

91. Are you assisting one or more people at least once a week due to problems caused by ageing, chronic illness or other functional disabilities?

You are providing assistance in such tasks as having a wash, shopping groceries or cleaning. This does not refer to paid employment as, for example, a nurse or personal assistant.

92.	ls th	nis I	perso	n: (Se	elect	the	on
	no	<b>→</b>	move	on th	e que	rstion	95
	yes						

# 92. Is this person: (Select the one to whom you are providing the most care at least once a week.)

If you are assisting more people than one, give your response regarding the person who you assist the most.

] a family member

- 」 other than a family member
- 93. How many hours do you use in total assisting one or more people during a week?

Include all the people you are assisting during a week.

- less than 10 hours a week
- at least 10 but less than 20 hours a week
- at least 20 hours a week

#### 94. Are you an official informal caregiver (have entered into an agreement)?

\_\_\_\_ no

When answering questions number (95 - 96), please consider the past two weeks.

# 95. How would you rate your quality of life?

very poor
poor
neither poor nor good
good
very good

# 96. 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					

### 97. Did you fill in this form alone, or did someone assist you?

- I filled it in alone
- I was assisted by a person living in the same household
- I was assisted by someone else

# THANK YOU FOR YOUR TIME!

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