Finnish institute for health and welfare

FinSote

A-Posti Oy **Posti Green**
Matti Mallinen
Puistokatu 1
00100 Helsinki

www.thl.fi/finsote/vastaa

Respondent code: **3232333**

Password: **DKSLLA**

Separate the cover and survey from each other at the broken line

FinSote

National study of health, well-being and service use

www.finsote.fi

Finnish institute for health and welfare

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:

☒ 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:

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?

_____

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

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 → *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, hypertension	☐	☐
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?
Do not include any 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:*

_____ days

☐ no

☐ I am not working

FUNCTIONAL CAPACITY

19. Do you wear glasses or contact lenses?

☐ yes

☐ no

☐ I am blind → *move on the question 21.*

20. Do you have difficulty seeing? *If your wear glasses or contact lenses, please evaluate your vision when wearing them.*

- ☐ No difficulty
- ☐ 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 → *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

26. The following questions concern memory, learning and concentration.

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

27. Do you have difficulty biting and chewing on hard foods such as a firm apple?

☐ No difficulty
☐ Some difficulty
☐ A lot of difficulty
☐ Cannot do at all / Unable to do

TAKING CARE OF YOURSELF AND EVERYDAY CHORES

28. Do you usually have difficulty performing the following tasks without assistance?

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all / Unable to do
Eating	☐	☐	☐	☐
Going to bed or sitting down on or getting up from a chair	☐	☐	☐	☐
Getting dressed or undressed	☐	☐	☐	☐
Going on toilet	☐	☐	☐	☐
Having a bath or shower	☐	☐	☐	☐

If you responded 'no difficulty' on all items, you can move on to question 31.

29. Do you usually get assistance for any of the functions listed above?

☐ yes, for at least one of the functions
☐ no

30. Would you need help (or more assistance) for the functions listed above?

☐ yes, for at least one of the functions
☐ no

31. Do you usually have difficulty performing the following daily chores without assistance?

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all / Unable to do	does not concern me
Preparing food	☐	☐	☐	☐	☐
Using the telephone	☐	☐	☐	☐	☐
Going shopping	☐	☐	☐	☐	☐
Dosing and taking medication	☐	☐	☐	☐	☐
Doing light household chores (e.g. doing the dishes, ironing, making beds)	☐	☐	☐	☐	☐
Doing demanding household chores (e.g. washing floors or windows, vacuum cleaning)	☐	☐	☐	☐	☐
Taking care of financial matters (e.g. paying bills)	☐	☐	☐	☐	☐

If you responded 'no difficulty' or 'not applicable' on all items, you can move on to question 34.

32. Do you usually get assistance for any of the daily chores listed above?

☐ yes, for at least one of the daily
☐ no

33. Would you need help (or more assistance) for the daily chores listed above?

☐ yes, for at least one of the daily
☐ no

FEELINGS OF PAIN

34. Have you experienced any physical pain over the past four weeks and what has it been like?

☐ I have not → *move on the question 36.*
☐ very mild
☐ mild
☐ moderate
☐ strong
☐ very strong

35. 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

36. 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.

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

- ☐ no
- ☐ yes

SOCIAL AND HEALTH CARE SERVICES

38. 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	neither agree nor disagree	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	☐	☐	☐	☐	☐

39. 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	☐	☐	☐	☐	☐

40. 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	☐	☐	☐	☐	☐

41. 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	☐

42. 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	☐	☐	☐

43. 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	☐	☐	☐

44. 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

45. 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 not needed any healthcare services

46. 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

47. 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

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

	yes, I have skipped them	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

49. In the past 12 months, have you received treatment at a hospital at least overnight?

☐ yes, please enter how many nights you have spent in hospital care: _____ nights
☐ no

50. 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

51. 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

52. 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

53. 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

54. 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

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

_____ times

56. 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	☐	☐

57. 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

58. 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

59. 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

60. 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	☐	☐	☐	☐	☐

61. 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

62. 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 → you can proceed to question 64.

63. 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

64. How tall are you?

_____ cm, please round to nearest centimetre

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

_____ kg, please round to nearest kilogramme.

EXERCISE

66. 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

67. 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: _____

68. 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

69. 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: _____

70. 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

71. 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

72. 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.

_____ hours

_____ and minutes a week

73. 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: _____

74. 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

75. 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 77.*

76. 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

77. 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 → *move on the question 79.*

78. 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

79. 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

80. 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

81. Do you smoke at present (other tobacco products than e-cigarettes)?

- ☐ yes, daily
- ☐ yes, occasionally
- ☐ not at all → *move on the question 84.*

82. Do you smoke manufactured or hand-rolled cigarettes each day?

- ☐ yes
- ☐ no

83. How many cigarettes do you smoke on average during a day?

_____ cigarettes

84. 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

85. 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

86. Do you currently use snuff?

- ☐ yes, daily
- ☐ occasionally
- ☐ not at all
- ☐ I have never used it

87. Do you currently use electronic cigarettes (e-cigarettes)?

- ☐ yes, daily
- ☐ occasionally
- ☐ not at all
- ☐ I have never used electronic cigarettes

ALCOHOL

88. Have you drunk alcoholic beverages over the past 12 months?

- ☐ no → *move on the question 93.*
- ☐ yes

89. 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

90. How many drinks containing alcohol do you have on 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 usual mild wine or
1 small glass (8cl) of fortified wine or
a standard drink (4cl) of strong spirits.

91. 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 medim 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

92. How many glasses, bottles or restaurant servings of the following types of alcoholic beverages have you consumed in the past 7 days? 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

93. 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

94. To what extent do other people care for what you do?

- ☐ a lot
- ☐ moderately
- ☐ not sure
- ☐ a little
- ☐ not at all

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

- ☐ very easy
- ☐ easy
- ☐ possible
- ☐ difficult
- ☐ very difficult

96. 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	☐	☐	☐	☐	☐

97. 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

98. Did you vote in the most recent Parliamentary elections?

- ☐ no
- ☐ yes
- ☐ I don't remember

PROVIDING CARE AND ASSISTANCE

99. 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.

- ☐ yes
- ☐ no → *move on the question 103.*

100. 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

101. 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

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

- ☐ no
- ☐ yes

When answering questions number (103 - 104), please consider the past two weeks.

103. How would you rate your quality of life?

- ☐ very poor
- ☐ poor
- ☐ neither poor nor good
- ☐ good
- ☐ very good

104. 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	☐	☐	☐	☐	☐

105. 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