thl Healthy Finland

www.thl.fi/healthyfinland/participate

User id:

Password:

Healthy Finland

National survey of health, well-being and service use

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

Healthy Finland - National survey of health, well-being and service use

Please respond to this questionnaire as soon as possible, preferably within 10 days. Thank you for your responses!

By answering the survey, I agree that my personal data will be processed in accordance with the privacy statement and that my survey response can be linked to the results received from my health and welfare register data.

Participation is voluntary.

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/healthyfinland
Toll-free number tel. +358 (0)800 97730 (at 9.00–11.00)
e-mail: tervesuomi@thl.fi

You can also complete the questionnaire online!

The questionnaire is available at thl.fi/healthyfinland/participate.
You can log in using either strong authentication or the username and password (see the top of the front cover).

When completing the questionnaire online:

1. Write "thl.fi/healthyfinland/participate" into the address field of your web browser and press the Enter key.
2. Select your login preference (strong authentication or the user id and password)
3. Under the title "Questionnaire 1" press "Continue"
4. Complete the questionnaire.
5. Confirm your answers by clicking on the "Send" button.

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

BACKGROUND INFORMATION

1. What is your household structure?

- ☐ one-person household → *Proceed to question 5*
- ☐ lone parent with at least one child aged less than 25
- ☐ lone parent with all children aged 25 or more
- ☐ couple without any child(ren)
- ☐ couple with at least one child aged less than 25
- ☐ couple with all children aged 25 or more
- ☐ other type of household *(for example, a household shared by more than one family, relatives, friends, or acquaintances.)*

2. How many people live in your household, including yourself?

_____ persons

3. How many people in your household are 13 years old or younger?

_____ persons

4. Do you currently live in the same household with your partner or spouse?

- ☐ yes
- ☐ no

5. At the moment, are you principally:
Please choose the option that best describes your situation.If you are laid off, select "employed" or "unemployed".

- ☐ employed
- ☐ unemployed → *Proceed to question 8*
- ☐ retired → *Proceed to question 8*
- ☐ unable to work due to long-standing health problems → *Proceed to question 8*
- ☐ student, pupil → *Proceed to question 8*
- ☐ managing your own household or caring for a family member → *Proceed to question 8*
- ☐ compulsory military or civilian service → *Proceed to question 8*
- ☐ other

6. Is your main job full-time or part-time?
Your main job is the one you spend the most time on. If you are partially retired, select part-time job.

- ☐ full-time job
- ☐ part-time job

7. Your professional status:

- ☐ self-employed with employees
- ☐ self-employed without employees
- ☐ employee
- ☐ family worker (unpaid)

HEALTH

8. How is your health in general?

- ☐ very good
- ☐ good
- ☐ fair
- ☐ bad
- ☐ very bad

9. Do you have any long-standing illness or long-standing health problem that has lasted more than 6 months?

- ☐ yes
- ☐ no

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

- ☐ severely limited
- ☐ limited but not severely
- ☐ not limited at all → *Proceed to question 18*

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

- ☐ yes
- ☐ no

12 . Do you usually have difficulty doing any of these activities without help?

	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all / Unable to do
Feeding yourself	☐	☐	☐	☐
Getting in and out of a bed or chair	☐	☐	☐	☐
Dressing and undressing	☐	☐	☐	☐
Using toilets	☐	☐	☐	☐
Bathing or showering	☐	☐	☐	☐

13. Do you usually have help with any of these activities?

- ☐ yes, with at least one activity
- ☐ no

14. Would you need help, or more help for any of these activities?

- ☐ yes, with at least one activity
- ☐ no

15. Do you usually have difficulty doing any of these activities without help?

	no difficulty	some difficulty	a lot of difficulty	cannot do at all / unable to do	not applicable (never tried it or do not need to do it)
Preparing meals	☐	☐	☐	☐	☐
Using the telephone (making or receiving a call)	☐	☐	☐	☐	☐
Shopping	☐	☐	☐	☐	☐
Managing medication	☐	☐	☐	☐	☐
Doing light household chores (e.g. washing the dishes, ironing, making beds)	☐	☐	☐	☐	☐
Doing demanding household chores (e.g. washing floors or windows, vacuum cleaning)	☐	☐	☐	☐	☐
Taking care of finances and everyday administrative tasks	☐	☐	☐	☐	☐

16. Do you usually have help with any of these activities?

☐ yes, with at least one activity
☐ no

17. Would you need help, or more help for any of these activities?

☐ yes, with at least one activity
☐ no

18. During the past 12 months, have you had any of the following diseases or conditions?

	yes	no
Asthma (allergic asthma included)	☐	☐
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	☐	☐
A myocardial infarction (heart attack) or chronic consequences of myocardial infarction	☐	☐
A coronary heart disease or angina pectoris	☐	☐
High blood pressure	☐	☐
A stroke (cerebral haemorrhage, cerebral ischaemia or chronic consequences of stroke)	☐	☐
Arthrosis (arthritis excluded)	☐	☐
A low back disorder or other chronic back defect	☐	☐
A neck disorder or other chronic neck defect	☐	☐
Diabetes	☐	☐
An allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded)	☐	☐
Urinary incontinence, problems in controlling the bladder	☐	☐
Kidney problems	☐	☐
Depression	☐	☐
High blood lipids	☐	☐
Cancer	☐	☐

19. How would you describe the state of your gums and teeth (your own, dentures or implants)?

☐ very good
☐ good
☐ fair
☐ bad
☐ very bad

20. In the past 12 months, have you had any home or leisure accident resulting in injury?

☐ yes
☐ no

21. Have you been absent from work because of an illness, injury or other health issue over the past 12 months?

☐ yes
☐ no → *Proceed to question 23*
☐ I am not working → *Proceed to question 23*

22. In the past 12 months, how many days in total were you absent from work for reasons of health problems?

_____ days

FEELINGS OF PAIN

23. How much bodily pain have you had during the past 4 weeks?

☐ none → *Proceed to question 25*
☐ very mild
☐ mild
☐ moderate
☐ severe
☐ very severe

24. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ not at all
☐ a little bit
☐ moderately
☐ quite a bit
☐ extremely

MENTAL HEALTH

25. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	not at all	several days	more than half the days	nearly every day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed, or hopeless	☐	☐	☐	☐
Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐

26. How much of the time over the last 2 weeks…?

	all of the time	most of the time	more than half of the time	less than half of the time	some of the time	at no time
I have felt cheerful and in good spirits	☐	☐	☐	☐	☐	☐
I have felt calm and relaxed	☐	☐	☐	☐	☐	☐
I have felt active and vigorous	☐	☐	☐	☐	☐	☐
I woke up feeling fresh and rested	☐	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me	☐	☐	☐	☐	☐	☐

The following two questions deal with thoughts and actions regarding harming yourself. Some people experience difficulties in their lives, which can lead to such thoughts and actions.

27. Have you had suicidal thoughts over the past 12 months?

☐ no
☐ yes

28. Have you ever made a suicide attempt?

☐ no, never
☐ yes, but not in the past 12 months
☐ yes, in the past 12 months

FUNCTIONAL CAPACITY

29. Do you wear glasses or contact lenses?

☐ yes
☐ no
☐ I am blind → *Proceed to question 31*

30. Do you have difficulty seeing?
Do you have difficulty seeing even when wearing your glasses or contact lenses?

☐ no difficulty
☐ some difficulty
☐ a lot of difficulty
☐ I do not see at all

31. Do you use a hearing aid?

☐ yes
☐ no
☐ I am profoundly deaf → *Proceed to question 34*

32. 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

33. 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

34. Do you usually have difficulty in the following actions?

	no difficulty	some difficulty	a lot of difficulty	cannot do at all/ unable to do
Walking half a km on level ground without the use of any aid?	☐	☐	☐	☐
Walking up or down a flight of stairs, about 12 steps?	☐	☐	☐	☐
Remembering or concentrating?	☐	☐	☐	☐
Using your usual language, do you have difficulty communicating, for example understanding or being understood?	☐	☐	☐	☐

35. Do you have difficulties in the following situations because of a long-standing health problem?

	no difficulty	some difficulty	a lot of difficulty	cannot do at all / unable to do	not applicable (never tried it or do not need to do it)
Leaving your home (going out, running errands, going shopping)	☐	☐	☐	☐	☐
Using various forms of transportation (such as a car, bus, train, taxi)	☐	☐	☐	☐	☐
Accessing public buildings and moving about once inside	☐	☐	☐	☐	☐
Attending social activities (get-togethers, dinner or other events with family or friends)	☐	☐	☐	☐	☐
Using the internet	☐	☐	☐	☐	☐

USE OF HEALTH SERVICES

36. Have you been in hospital as an inpatient for at least one night during the past 12 months?
Women, please exclude any nights spent at a hospital due to delivery.

☐ yes
☐ no → *Proceed to question 38*

37. How many nights in total have you spent in hospital during the past 12 months?

_____ nights

38. Have you been admitted to a hospital for diagnostic, treatment or other types of health care without staying overnight during the past 12 months?

☐ yes
☐ no → *Proceed to question 40*

39. On how many days over the past 12 months?

_____ days

40. When did you last receive dental care?
Dental care refers to visits to a dentist, dental hygienist, dental nurse and/or dental technician.

☐ less than 6 months ago
☐ 6 to less than 12 months ago
☐ 12 months or longer ago
☐ never

41. When was the last time you visited a general practitioner for your own health (in person or remotely)?
Please include services provided by the wellbeing services county, occupational health care and private service providers. Do not include the times when you were at a hospital as a patient.

☐ less than 12 months ago
☐ 12 months ago or longer → *Proceed to question 43*
☐ never → *Proceed to question 43*

42. How many times over the past four weeks?

_____ times

43. When was the last time you visited a medical or surgical specialist for your own health (in person or remotely)?
Please include services provided by the wellbeing services county, occupational health care and private service providers. Do not include the times when you were at a hospital as a patient.

☐ less than 12 months ago
☐ 12 months ago or longer → *Proceed to question 45*
☐ never → *Proceed to question 45*

44. How many times over the past four weeks?

_____ times

45. In the past 12 months have you visited on your own behalf a...?

	yes	no
Physiotherapist, kinesitherapist, chiropractor or osteopath	☐	☐
Psychologist, psychotherapist or psychiatrist	☐	☐

46. Have you received care or assistance from a family member or acquaintance during the past 12 months due to a long-term illness, reduced functional capacity, or old age?
Please include care or assistance received at least once a week. Assistance may include, for example, cleaning, grocery shopping, or emotional support.

☐ yes, mainly from a family member living in the same or a different household
☐ yes, mainly from an acquaintance or other person
☐ no, I have not needed or received assistance

47. Have you regularly used services that support living at home due to a long-term illness, reduced functional capacity, or old age during the past 12 months?
Please include services you have received at least once a week. Home services include home care arranged by the wellbeing services county or provided privately (including home nursing), as well as support services such as meal delivery, cleaning services, transportation services, or assistance with outdoor activities.

- ☐ yes
- ☐ no → *Proceed to question 49*

48. How many hours per week do you receive home care services?

- ☐ less than 5 hours per week
- ☐ 5–9
- ☐ 10–19
- ☐ 20–29
- ☐ 30–39
- ☐ 40 hours per week or more

49. During the past two weeks, have you used?

	yes	no
Medicines that were prescribed for you by a doctor (exclude contraceptives)?	☐	☐
Medicines or herbal medicines or vitamins not prescribed by a doctor?	☐	☐

50. When was the last time you've been vaccinated against flu?
If you received a flu vaccine in 2024 or later, enter the year and month you received the vaccine.

- ☐ 2024 or later *year* _____ *month* _____
- ☐ before year 2024
- ☐ never

51. When has a health care professional last taken the following measurements from you?

	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	☐	☐	☐	☐	☐

52. When was the last time you had a fecal 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

53. When was the last time you had a colonoscopy?

- ☐ less than 12 months ago
- ☐ 1 year to less than 5 years ago
- ☐ 5 years to less than 10 years ago
- ☐ at least 10 years ago
- ☐ never

The next question concerns women only. Men can proceed to question 55.

54. When was the last time you had the following examinations?

	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
Mammography (breast X-ray)	☐	☐	☐	☐	☐
Cervical smear test (PAP smear)	☐	☐	☐	☐	☐

ACCESS TO HEALTH SERVICES

55. Has your treatment or access to health care been delayed due to long waiting times during the past 12 months?
A delay means that you did not receive treatment or could not access examinations quickly enough or at all.

- ☐ yes
- ☐ no
- ☐ no need for health care

56. Have you needed mental health services during the past 12 months?
E.g. by a psychologist, psychotherapist or a psychiatrist

- ☐ yes
- ☐ no → *Proceed to question 59*

57. Did you receive mental health services each time you needed them?

- ☐ yes → *Proceed to question 59*
- ☐ no

58. What was the main reason for not receiving the mental health service you needed?

- ☐ fees were too high
- ☐ I was on a waiting list without a referral
- ☐ I didn't have time due to work, childcare, or other commitments
- ☐ too far to travel / no transportation available
- ☐ having concerns about confidentiality and trust
- ☐ fear of negative reactions from family, friends, or colleagues
- ☐ fear of the appointment or treatment (e.g., poor outcome or medication side effects)
- ☐ I don't know where to seek help
- ☐ other reason

HEIGHT AND WEIGHT

59. How tall are you? _____ cm, please round to nearest centimeter

60. How much do you weigh when wearing light clothing?
If you are pregnant, mark your weight before you get pregnant. _____ kg, please round to nearest kilogramme

MOBILITY

61. How physically demanding are your work and daily life-related tasks?
Think about the time you spend doing work and choose the option that best describes your situation. Think of work as the things that you have to do, such as paid and unpaid work, work around your home, taking care of family, studying or training, or seeking a job (if unemployed).

☐ I am mostly sitting or standing (e.g. writing, driving, computer work)

☐ I am mostly walking or doing tasks of moderate physical effort (e.g. cleaning, carrying light burdens, child care)

☐ I mostly do heavy labour or physically demanding work (e.g. carrying heavy burdens, mining work, construction work)

☐ I am not performing any working tasks

The next four (62 - 65) questions are about getting to and from places (e.g. to work, to school, for shopping), not for work or leisure time physical activity.

62. In a typical week, on how many days do you walk for at least 10 minutes continuously?
E.g. going to work, school or shopping at other times than working hours.

☐ **not at all / does not concern me** → *Proceed to question 64*

1 day a week	2	3	4	5	6	7 days a week
☐	☐	☐	☐	☐	☐	☐

63. How much time in total do you spend walking for at least 10 minutes continuously on a typical day?
E.g. going to work, school or shopping 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	3 hours or more per day
☐	☐	☐	☐	☐

64. In a typical week, on how many days do you bicycle for at least 10 minutes continuously?
E.g. going to work or school or going shopping, at other times than working hours.

☐ **not at all / does not concern me** → *Proceed to question 66*

1 day a week	2	3	4	5	6	7 days a week
☐	☐	☐	☐	☐	☐	☐

65. How much time in total do you spend bicycling on a typical day for at least 10 minutes continuously?
E.g. going to work or school or going shopping, 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	3 hours or more per day
☐	☐	☐	☐	☐

The next three (66 - 68) questions are about leisure and recreational activities (e.g. walking, running, ball sports, cycling, swimming), not for work or commuting activities.

66. In a typical week, on how many days do you carry out sports, fitness or recreational (leisure) physical activities for at least 10 minutes continuously?

☐ **not at all / does not concern me** → *Proceed to question 68*

1 day a week	2	3	4	5	6	7 days a week
☐	☐	☐	☐	☐	☐	☐

67. How much time in total do you spend on recreational exercise in a typical week? *Do not include the time walking or bicycling to get to and from places. Calculate the total hours and minutes for the week:*

_____ hours _____ minutes per week

68. 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.*

☐ **not at all / does not concern me**

1 day a week	2	3	4	5	6	7 days a week
☐	☐	☐	☐	☐	☐	☐

69. How much time do you spend sitting and reclining on a typical day?
Do not include the time you sleep.

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
☐	☐	☐	☐	☐	☐

NUTRITION

70. How often do you usually eat fruit or berries (not juices)?

☐ once or more a day
☐ 4–6 times a week → *Proceed to question 72*
☐ 1–3 times a week → *Proceed to question 72*
☐ less than once a week → *Proceed to question 72*
☐ never → *Proceed to question 72*

71. How many portions of fruit and berries do you eat a day? (not juices)

_____ portions

EXAMPLE:
One serving is, for example, one medium-sized fruit or handfull of berries.

72. How often do you usually eat fresh or cooked vegetables?
No potatoes in any form, no vegetable juices or vegetables as part of a dish, for example in soup.

- ☐ once or more a day
- ☐ 4–6 times a week → *Proceed to question 74*
- ☐ 1–3 times a week → *Proceed to question 74*
- ☐ less than once a week → *Proceed to question 74*
- ☐ never → *Proceed to question 74*

73. How many portions of fresh or cooked vegetables do you eat per day? _____ portions

EXAMPLE:
One serving of vegetables is, for example, 1.5 dl of salad, grated or steamed vegetables.

74. How often do you usually consume the following drinks and foods?

	kerran päivässä tai useammin	4–6 kertaa viikossa	1–3 kertaa viikossa	harvemmin kuin kerran viikossa	en lainkaan
100% freshly-squeezed pure fruit or vegetable juice *Do not include juices or juice drinks made from concentrate or containing sweeteners or supplements.*	☐	☐	☐	☐	☐
Sugared soft drinks or energy drinks? *Please exclude light, diet or artificially sweetened soft drinks.*	☐	☐	☐	☐	☐
Red meat? *Do not include white meat such as chicken or turkey. Red meat means meat and organs of beef, pork, sheep, goat, deer, reindeer and elk.*	☐	☐	☐	☐	☐
Processed meats, such as sausages made from all types of meat, and meat and sausage cuts?	☐	☐	☐	☐	☐

SMOKING

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

- ☐ yes, daily
- ☐ yes, occasionally → *Proceed to question 77*
- ☐ not at all → *Proceed to question 77*

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

_____ cigarettes

77. Have you ever smoked tobacco daily, or almost daily, for at least one year?

- ☐ yes
- ☐ no → *Proceed to question 79*

78. For how many years have you smoked daily? *Count all separate periods of smoking daily. If you don't remember the exact number of years, please give an estimate.*

_____ years

79. How often are you exposed to tobacco smoke indoors?

- ☐ 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

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

	yes, daily	yes, occasionally	no, but I have used them in the past	never used them
e-cigarettes	☐	☐	☐	☐
heated tobacco products	☐	☐	☐	☐

ALCOHOL

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

- ☐ I have never drunk alcohol in my life → *Proceed to question 88*
- ☐ not during the past 12 months → *Proceed to question 88*
- ☐ yes

82. How often do you drink beer, wine or other alcoholic beverages?

- ☐ less than once a month → *Proceed to question 87*
- ☐ once a month → *Proceed to question 87*
- ☐ 2–3 days in a month → *Proceed to question 87*
- ☐ 1–2 days a week
- ☐ 3–4 days a week
- ☐ 5–6 days a week
- ☐ every day or almost

83. Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?

- ☐ on all 4 days
- ☐ on 3 of the 4 days
- ☐ on 2 of the 4 days
- ☐ on 1 of the 4 days
- ☐ not at all → *Proceed to question 85*

84. From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?

- ☐ 16 or more drinks a day
- ☐ 10–15 drinks a day
- ☐ 6–9 drinks a day
- ☐ 4–5 drinks a day
- ☐ 3 drinks a day
- ☐ 2 drinks a day
- ☐ 1 drink a day
- ☐ not at all

ONE ALCOHOL PORTION IS:
1 bottle (33cl) of so called medium-strength beer or cider, or
1 glass (12cl) of regular wine, or
1 small glass (8cl) of fortified wine, or
a standard drink (4cl) of strong spirits.

85. Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?

- ☐ on all 3 days
- ☐ on 2 of the 3 days
- ☐ on 1 of the 3 days
- ☐ not at all → *Proceed to question 87*

EXAMPLES:
0,5 l ('pint') of medium-strength beer or cider = 1,5 units
0,5 l ('pint') of stronger A beer or strong cider = 2 units
0,75 l bottle of table wine (12%) wine = 6 units
0,5 l bottle of spirits = 13 units

86. From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?

- ☐ 16 or more drinks a day
- ☐ 10–15 drinks a day
- ☐ 6–9 drinks a day
- ☐ 4–5 drinks a day
- ☐ 3 drinks a day
- ☐ 2 drinks a day
- ☐ 1 drink a day
- ☐ not at all

87. In the past 12 months, how often have you had 5 or more alcoholic drinks on one occasion?

- ☐ every day or almost
- ☐ 5–6 days a week
- ☐ 3–4 days a week
- ☐ 1–2 days a week
- ☐ 2–3 days in a month
- ☐ once a month
- ☐ less than once a month
- ☐ not in the past 12 months
- ☐ never in my whole life

SOCIAL SUPPORT

88. How many people are so close to you that you can count on them if you have serious personal problems?

- ☐ none
- ☐ 1–2 persons
- ☐ 3–5 persons
- ☐ 6 or more

89. How much concern do people show in what you are doing?

- ☐ a lot of concern and interest
- ☐ some concern and interest
- ☐ uncertain
- ☐ little concern and interest
- ☐ no concern and interest

90. How easy is it to get practical help from neighbours if you should need it?

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

PROVIDING ASSISTANCE

91. Do you provide care or assistance to one or more persons who suffer from long-term illness, reduced functional capacity, or old age, at least once a week?
Exclude any care provided as part of your profession.

- ☐ yes
- ☐ no → *Proceed to question 94*

92. Is this person or are these persons you help at least once a week:
If you help more than one person, answer according to the person you are providing the most care.

- ☐ member(s) of your family
- ☐ non-member(s) of your family

93. For how many hours per week do you provide care or assistance? *Consider all the people you help. If the number of hours varies from week to week, estimate the average number of hours.*

- ☐ less than 5 hours a week
- ☐ 5–9
- ☐ 10–19
- ☐ 20–29
- ☐ 30–39
- ☐ 40 hours per week or more

94. 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 helped by someone other than a person living in the same household

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