

[www.thl.fi/healthyfinland/participate](http://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](http://www.thl.fi/healthyfinland)

Toll-free number tel. +358 (0)800 97730 (at 9.00–11.00)

e-mail: [tervesuomi@thl.fi](mailto:tervesuomi@thl.fi)

### You can also complete the questionnaire online!

The questionnaire is available at [thl.fi/healthyfinland/participate](http://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](http://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 12*

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of a bed or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone (making or receiving a call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing light household chores (e.g. washing the dishes, ironing, making beds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing demanding household chores (e.g. washing floors or windows, vacuum cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of finances and everyday administrative tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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)	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	<input type="checkbox"/>	<input type="checkbox"/>
A myocardial infarction (heart attack) or chronic consequences of myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>
A coronary heart disease or angina pectoris	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
A stroke (cerebral haemorrhage, cerebral ischaemia or chronic consequences of stroke)	<input type="checkbox"/>	<input type="checkbox"/>
Arthrosis (arthritis excluded)	<input type="checkbox"/>	<input type="checkbox"/>
A low back disorder or other chronic back defect	<input type="checkbox"/>	<input type="checkbox"/>
A neck disorder or other chronic neck defect	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
An allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded)	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence, problems in controlling the bladder	<input type="checkbox"/>	<input type="checkbox"/>
Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
High blood lipids	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt active and vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daily life has been filled with things that interest me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up or down a flight of stairs, about 12 steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering or concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using your usual language, do you have difficulty communicating, for example understanding or being understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. 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

**36. 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using various forms of transportation (such as a car, bus, train, taxi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing public buildings and moving about once inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending social activities (get-togethers, dinner or other events with family or friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**USE OF HEALTH SERVICES**

**37. Have you been in hospital as an inpatient for at least one night during the past 12 months?**

- yes
- no → Proceed to question 39

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

\_\_\_\_\_ nights

**39. 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 41

**40. On how many days over the past 12 months?**

\_\_\_\_\_ days

**41. 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

**42. 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 44
- never → Proceed to question 44

**43. How many times over the past four weeks?**

\_\_\_\_\_ times

**44. 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 46
- never → Proceed to question 46

**45. How many times over the past four weeks?**

\_\_\_\_\_ times

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

	yes	no
Physiotherapist, kinesiologist, chiropractor or osteopath	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist, psychotherapist or psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>

**47. 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



**54. 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 56.

**55. 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical smear test (PAP smear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ACCESS TO HEALTH SERVICES

**56. 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

**57. 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 60

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

- yes → Proceed to question 60
- no

**59. 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

60. How tall are you? \_\_\_\_\_ cm, please round to nearest centimeter

61. How much do you weigh when wearing light clothing? \_\_\_\_\_ kg, please round to nearest kilogramme

## MOBILITY

### 62. 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 ( 63 - 66 ) questions are about getting to and from places (e.g. to work, to school, for shopping), not for work or leisure time physical activity.*

### 63. 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 65

1 day a week	2	3	4	5	6	7 days a week
<input type="checkbox"/>						

### 64. 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
<input type="checkbox"/>				

### 65. 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 67

1 day a week	2	3	4	5	6	7 days a week
<input type="checkbox"/>						

### 66. 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
<input type="checkbox"/>				

The next three ( 67 - 69 ) questions are about leisure and recreational activities (e.g. walking, running, ball sports, cycling, swimming), not for work or commuting activities.

**67. 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 69

1 day a week	2	3	4	5	6	7 days a week
<input type="checkbox"/>						

**68. 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

**69. 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
<input type="checkbox"/>						

**70. 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
<input type="checkbox"/>					

## NUTRITION

---

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

- once or more a day
- 4–6 times a week → Proceed to question 73
- 1–3 times a week → Proceed to question 73
- less than once a week → Proceed to question 73
- never → Proceed to question 73

**72. 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 handful of berries.



**73. 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 75*
- 1–3 times a week → *Proceed to question 75*
- less than once a week → *Proceed to question 75*
- never → *Proceed to question 75*

**74. 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.*

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

	once or more a day	4–6 times a week	1–3 times a week	less than once a week	never
100% freshly-squeezed pure fruit or vegetable juice <i>Do not include juices or juice drinks made from concentrate or containing sweeteners or supplements.</i>	<input type="checkbox"/>				
Sugared soft drinks or energy drinks? <i>Please exclude light, diet or artificially sweetened soft drinks.</i>	<input type="checkbox"/>				
Red meat? <i>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.</i>	<input type="checkbox"/>				
Processed meats, such as sausages made from all types of meat, and meat and sausage cuts?	<input type="checkbox"/>				

**SMOKING**

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

- yes, daily
- yes, occasionally → *Proceed to question 78*
- not at all → *Proceed to question 78*

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

\_\_\_\_\_ cigarettes



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

- yes
- no → Proceed to question 80

**79. 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

**80. 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

**81. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heated tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ALCOHOL

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

- I have never drunk alcohol in my life → Proceed to question 89
- not during the past 12 months → Proceed to question 89
- yes

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

- less than once a month → Proceed to question 88
- once a month → Proceed to question 88
- 2–3 days in a month → Proceed to question 88
- 1–2 days a week
- 3–4 days a week
- 5–6 days a week
- every day or almost

**84. 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 86

**85. 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.

**86. 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 88*

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

**87. 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

**88. 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

---

**89. 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

**90. 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

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

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

## PROVIDING ASSISTANCE

---

**92. 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 95

**93. 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

**94. 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

**95. 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

**THANK YOU FOR YOUR RESPONSES!**

**You can see the results of the survey at [www.thl.fi/tervesuomi](http://www.thl.fi/tervesuomi)**

[thl.fi/terveysuomi](https://thl.fi/terveysuomi)

