



thl.fi/finterveysseuranta

User id:

Password:

FinHealth 2017 –study NATIONAL HEALTH SURVEY

Follow-up study 2020

Dear

We recently sent you a letter regarding the FinHealth 2017- follow-up survey. According to our records, we have not yet received your response. You can respond to the survey online at **thl.fi/finterveysseuranta** with the user id and password found at the right top of this letter. After logging in, you can choose the language you prefer and begin responding to the survey. Alternatively you have the opportunity to respond to the attached paper questionnaire and post it in the included prepaid envelope.

We dearly hope that you take part in this survey. Every person selected for this survey is unique and cannot be replaced by another person.

By responding, you can make a difference!

Thank you for your cooperation!

Kind Regards,

Päivikki Koponen Research Manager

Source of address information: Population Information System, Digital and Population Data Services Agency, P.O. Box 123, FI-00531 Helsinki

More information on the study:

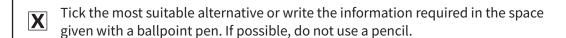
- online at thl.fi/finterveysseuranta
- by e-mail at finterveysseuranta@thl.fi
- by phone (toll-free number): 080095332 on weekdays at 8-16
- for a privacy notice containing information about the processing of personal data in the survey, see thl.fi/finterveysseuranta

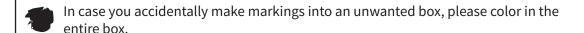
INSTRUCTIONS TO RESPONDENTS

You should only choose one best alternative for each question unless it is specifically stated that you may choose more than one.

You may also fill in this questionnaire online at: http://www.thl.fi/finterveysseuranta.

The online questionnaire requires your study number and password which can be found at the right top corner of the invitation letter.

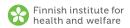




- You should only choose one best alternative for each question unless it is specifically stated that you may choose more than one.
- Remember to answer all questions. Enter negative answers by choosing the 'no' alternative or by writing '0' (zero) in the space given.

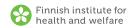
By responding to this survey you consent to your personal data being processed in accordance with the privacy statement and to having your survey responses linked with health and welfare register data.

Participation in the study is voluntary.



HEALTH STATUS

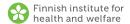
1.	Is your present state of health			
	good			
	rather good			
	moderate			
	rather poor			
	poor			
2.	Do you have any longstanding illness or health problem?			
	no			
	yes			
3.	Are you limited because of a health problem in activities people usu	ıally do? Wo	ould you say you a	are
	severely limited			
	limited but not severely			
	not limited at all (proceed to question 5)			
4.	Have you been limited for at least the past 6 months?			
	yes			
	no			
5.	Have you <u>during the past month (30 days)</u> had the following sympton	oms or prob	olems?	
5.		oms or prob	olems? less frequently than daily	not at all
			less frequently	not at all
Jo	Have you <u>during the past month (30 days)</u> had the following sympto		less frequently	not at all
Jo He	Have you during the past month (30 days) had the following symptonint pain		less frequently	not at all
Jo He Ba	Have you during the past month (30 days) had the following symptonint pain		less frequently	not at all
Jo He Ba Ur	Have you during the past month (30 days) had the following symptonint pain eadache		less frequently	not at all
Jo He Ba Ur Na	Have you during the past month (30 days) had the following symptonint pain eadache lick pain inary incontinence		less frequently	not at all



When was the last time you used the following medication? Please answer on every line by choosing the correct alternative.

	during the past week	1-4 weeks ago	1-12 months ago	over a year ago	never
Painkillers for headache					
Painkillers for joint or muscle ache					
Painkillers for another ache					
Sleeping pills					
Tranquillizers					
Antidepressants					
Asthma medication					
Allergy or hay fever medication					
Diabetes medication (insulin and/or tablets)					
Medicine for high blood pressure					
Medicine to lower your cholesterol level					
Acetylsalicylic acid to prevent myocardial infarction or cerebral infarction (e.g. Aspirin, Disperin, Primaspan)					
Medication to thin the blood, anticoagulants (Marevan, Pradaxa, Xarelto or Eliquis)					
Antibiotics					
s the condition of your teeth and the	health of your	mouth at pre	esent		
rather good					

7.	Is the condition of your teeth and the health of your mouth at present
	good
	rather good
	moderate
	rather poor
	poor



MENTAL HEALTH

8. Have you during the past 12 months had a period of at least two weeks when, for most of the time

	no	yes
you have been low-spirited or depressed?		
you have lost interest in most things, such as hobbies, work or other things that usually give you pleasure?		

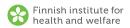
9. How much of the time during the past 4 weeks

	all of the time	most of the time	a good bit of the time	some of the time	a little bit of the time	none of the time
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Have you felt downhearted and blue?						
Have you been a happy person?						

10. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each <u>over the last 2 weeks</u>.

	none of the time	rarely	some of the time	often	all of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

 $Warwick-Edinburgh\ Mental\ Well-Being\ Scale\ (WEMWBS)\ @\ NHS\ Health\ Scotland,\ University\ of\ Warwick\ and\ University\ of\ Edinburgh\ ,2006,\ all\ rights\ reserved.$



FUNCTIONING

11.	How do	you manage	the	following	activities	nowaday	vs
44.	HOW GO	you manage	CHE	IULLUWING	activities	IIOwauay	y =

	without difficulties	with minor difficulties	with major difficulties	not at all
to walk about half a kilometre without resting				
to run a short distance (about 100 metres)				
to climb one flight of stairs without resting				
to read an ordinary newspaper print (with or without glasses)				
to hear what is said in a conversation between several people (with or without a hearing aid)				

12. How would you estimate your present memory, learning capabilities, and ability to concentrate:

	very well	well	adequately	poorly	very poorly
How well does your memory work?					
Are you able to acquire new information and learn?					
Are you generally able to concentrate on matters?					

13.	Regardless of whether you are employed or not, please estimate your current work capacity. Are you:
	completely fit for work
	partially unable to work
	completely unable to work?

14. Let's assume that your work ability would receive a score of 10 points at its best. What point score would you give your current work ability?

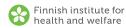
Please choose the option that best applies to your working capacity.

(compunity)	oletely to work)								(we ability at	ork t its best)
0	1	2	3	4	5	6	7	8	9	10

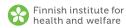
15.	Over the past 12 months, how many whole days have you been absent from work or unable to do your
	chores due to illness? (If none, please enter the number "0".)

_____ days

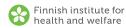
16.	In terms of your health, do you feel that you will be able to work in your current profession until retirement age? If you are not employed at present, please answer as for your most recent job.
	I am already retired
	no
	probably no
	probably yes
	yes
17.	What is your assessment of your ability to use the internet - online services (on computer or mobile devices)?
Ш	I do not use them
	novice/beginner (I use them with assistance)
	I use the basic services independently
Ц	I use many online applications effortlessly
	expert (I can teach others)
WE	ELL-BEING
18.	Do you ever feel lonely?
	never
	very rarely
	sometimes
	fairly often
	all the time
19.	How satisfied are you with your economic situation?
	very satisfied
	satisfied
	somewhat satisfied
	unsatisfied
	very unsatisfied
20.	How satisfied are you with your accomplishments in life?
	very satisfied
	satisfied
	somewhat satisfied
	unsatisfied
	very unsatisfied



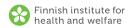
21	How satisfied are you with your family life?
	very satisfied
	satisfied
	somewhat satisfied
	unsatisfied
	very unsatisfied
	I do not have a family
22.	In the future, do you wish to have (more) children?
	no
	yes, but it is not yet/no longer an issue for us, or is not possible
	yes, I am/we are hoping or trying to conceive
	I am, or my spouse or partner is currently pregnant
	I can't say
LI	FESTYLE
23.	How much do you exercise and stress yourself physically in your leisure time?
	In my leisure time I read, watch TV and do other activities in which I do not move much and which do not strain me physically
	In my leisure time I walk, cycle and move in other ways several hours a week. This includes walking, fishing and hunting, and light home gardening.
	In my leisure time I exercise several hours a week. This includes running, jogging, cross country skiing, fitness training, swimming, ball games, and strenuous garden work.
	In my leisure time I practice regularly strenuous sport several times per week. This includes competitive sports such as running, orienteering, cross country skiing, swimming and ball games.
24	Do you think you sleep enough?
	yes, nearly always
	yes, often
	rarely or hardly ever
	I can't say
25.	Over the past month (30 days), how often have you
	often sometimes not at all
fe	It excessively tired or sleepy during the daytime?
	ad nightmares
	ad trouble sleeping



26.	How often have you eaten vegetables and root vegetables (not potatoes) <u>during the past seven (7) days</u> as such, grated or in fresh salads?
	not at all
	on 1 to 2 days
	on 3 to 5 days
	on 6 to 7 days
	several times a day
27.	How often have you eaten fruits or berries <u>during the past seven (7) days?</u>
	not at all
	on 1 to 2 days
	on 3 to 5 days
	on 6 to 7 days
	several times a day
28.	Do you smoke nowadays (cigarettes, cigars, pipefuls)?
	I have never smoked
	yes, daily
	yes, occasionally
	not at all, I quit smoking (month) / (year) For example, if you quit smoking in July 2019, fill in 07 (month) 2019 (year). If you can 't recall the month, fill in only the year.
29.	Do you use snuff?
	I have never used snuff
	yes, daily
	yes, occasionally
	not at all, I quit using snuff (month) / (year) For example, if you quit using snuff in July 2019, fill in 07 (month) 2019 (year). If you can 't recall the month, fill in only the year.
30.	Do you currently use electronic cigarettes with nicotine?
	I have never used them
	yes, daily
	yes, occasionally
	not at all, I quit using them (month) / (year)
	For example, if you quit using electronic cigarettes in July 2019, fill in 07 (month) 2019 (year). If you can´t recall the month, fill in only the year.

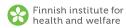


31.	How often do you have a drink contain	ing alcohol?				
	Never (proceed to question 34)					
	Monthly or less					
	2 to 4 times a month					
	2 to 3 times a week					
	4 or more times a week					
32.	How many drinks containing alcohol d typical day when you are drinking? Please see the figure for an example of alco 1-2 units 3-4 units 5-6 units 7-9 units 10 units or more		0.33 litre bott of ordinary s (III) beer o	strength ordinary	4 cl of spirits	0.5 litres of ordinary rength (III) beer
33. 	How often do you have six or more drinnever less than monthly monthly weekly daily or almost daily	iks on one occa	sion?			
34.	Have any of the following people recon (You may choose several alternatives on e		or health re	asons <u>in the pas</u>	t 12 months	to.
34.	Have any of the following people recon		or health re	a public health	t 12 months	to.
34.	Have any of the following people recon		or health re doctor or dentist		t 12 months family member	sto.
	Have any of the following people recon	ach row.)	doctor or	a public health nurse, or some other health care	family	
ex	Have any of the following people record (You may choose several alternatives on e	ach row.)	doctor or	a public health nurse, or some other health care	family	
ex	Have any of the following people record (You may choose several alternatives on elementary elementary)	ach row.)	doctor or	a public health nurse, or some other health care	family	
ex ch	Have any of the following people record (You may choose several alternatives on electrics more along your eating habits se weight	ach row.)	doctor or	a public health nurse, or some other health care	family	
ex ch los	Have any of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives on experience of the following people record (You may choose several alternatives) (Y	ach row.)	doctor or	a public health nurse, or some other health care	family	
ex ch loss qu WE 35.	Have any of the following people record (You may choose several alternatives on electrics more along your eating habits se weight	ach row.)	doctor or	a public health nurse, or some other health care	family	

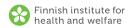


SOCIAL WELFARE AND HEALTH CARE SERVICES

	condition? Not including dentists' appoi	ntments (Mari	(o ii not at aii.)			
	times					
38.	Over the past 12 months, how many ti health nurse's appointment, or they h (Mark 0 if not at all.)					
20	Have you been in physiotherapy on a c	doctor's rofor	ral during the	nact 12 months	2	
	no	doctor 3 refer	rat <u>during the</u>	past 12 months	•	
	yes					
	yes					
40.	Which of the following do you primari (Choose only one option)	ly contact wh	en in need of	medical attentio	on?	
	the health centre					
	a private clinic					
	occupational health care					
	student health care					
	a hospital outpatient clinic					
	other					
41.	Evaluate your experiences in your prin (not including dental care).	mary care fac	ility <u>in the pas</u>	t 12 months		
41.		mary care fac	ility <u>in the pas</u> usually	t 12 months sometimes	never	not applicable
Ιw					never	not applicable
l w	(not including dental care). vas able to get contact to the unit				never	not applicable
I w wi I h I h	(not including dental care). vas able to get contact to the unit thout difficulty				never	not applicable
I w wi I h I h tes	vas able to get contact to the unit thout difficulty and access to care without undue delay and access to examinations (laboratory sts, X ray imaging, ultrasound scans,				never	not applicable
I w wii I h tee etc	(not including dental care). was able to get contact to the unit thout difficulty and access to care without undue delay and access to examinations (laboratory sts, X ray imaging, ultrasound scans, c.) without undue delay				never	not applicable
I w wii I h tee ete Tra	(not including dental care). was able to get contact to the unit thout difficulty and access to care without undue delay and access to examinations (laboratory sts, X ray imaging, ultrasound scans, c.) without undue delay aveling to the care unit was difficult gh fees have made it more difficult for e to get care	always			never	not applicable
I w wii I h tee ete Tra	vas able to get contact to the unit thout difficulty and access to care without undue delay standaccess to examinations (laboratory sts, X ray imaging, ultrasound scans, c.) without undue delay aveling to the care unit was difficult gh fees have made it more difficult for e to get care	always			never	not applicable
I w wii I h tee ete Tra	(not including dental care). was able to get contact to the unit thout difficulty and access to care without undue delay and access to examinations (laboratory sts, X ray imaging, ultrasound scans, c.) without undue delay aveling to the care unit was difficult gh fees have made it more difficult for e to get care	always			never	not applicable
I w wii I h tee ete Tra	vas able to get contact to the unit thout difficulty and access to care without undue delay and access to examinations (laboratory sts, X ray imaging, ultrasound scans, c.) without undue delay aveling to the care unit was difficult gh fees have made it more difficult for e to get care When was the last time you visited a during the past 12 months	always			never	not applicable
I w wii I h tee etc	(not including dental care). was able to get contact to the unit thout difficulty and access to care without undue delay and access to examinations (laboratory sts, X ray imaging, ultrasound scans, c.) without undue delay aveling to the care unit was difficult gh fees have made it more difficult for e to get care When was the last time you visited a during the past 12 months 1 to 2 years ago	always			never	not applicable

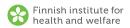


	<u>spring 2020</u> ?
yes	
no	
I can't remember	
PROVIDING AND RECEIVING ASSISTANCE	
44. Do you need and do you get help for your everyday activities due to your impaired functional	canacity?
I do not need help and do not get it	capacity.
I would need help but do not get it	
I get help, but not enough	
I get enough help	
I get more help than I need	
45. Do you yourself regularly help someone, who <u>does not live in your household</u> , who has limite capacity or is ill?	d functional
no	
yes	
46. Do you regularly provide assistance to a person who is a member of your household and has functional capacity, or is ill, and could otherwise not cope at home?	limited
no	
yes, my spouse or cohabitant	
yes, my child or grandchild	
yes, my own or my spouse's parents	
yes, my own or my spouse's grandparents	
some other person	
47. Estimate your possibilities to get help from people close to you when you need help or support You may choose more than one option per row.	rt.
, , , , , , , , , , , , , , , , , , , ,	neone close no one
Who do you think really cares about you no matter what happened to you?	
From whom do you get practical help when needed?	



SOCIAL RELATIONSHIPS AND QUALITY OF LIFE

48.	Do you currently have a close friend concerning yourself?	with whom you	ı can talk conf	identially abou	t almost any	issues
	I don't have any close friends					
	I have one close friend					
	I have two close friends					
	I have several close friends					
49.	How much do you trust the following completely", choose the option that I	best describes		ust them at all'	' to "I trust ti	
		I do not trust them at all				I trust them completely
	LIST THE STATE OF	1	2	3	4	5
	blic health services					
pu	blic social services					
со	urts of law					
the	e police					
de	cisionmaking in your municipality					
ре	ople in general					
	neither poor nor good good very good How satisfied are you with?					
		very dissatisfied	dissatisfied	neither satisfied nor dissatisfied	satisfied	very satisfied
yo	ur health					
_	ur ability to perform your daily living tivities					
yo	urself					
yo	ur personal relationships					
the	e conditions of your living place					
52.	Do you have					
		not at all	a little	moderately	mostly	completely
en	ough energy for everyday life					
en	ough money to meet your needs					



CORONAVIRUS (COVID-19) EPIDEMIC

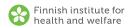
53. People may have concerns about the coronavirus. Have you been worried about ...

	not at all	a little	moderately	quite a lot	very much
ending up in quarantine					
getting infected with coronavirus					
possibly infecting other people					
being discriminated against or avoided because you have coronavirus					
whether your employment will continue during the epidemic					
the economic impact of the coronavirus epidemic					
shortages of food or other daily goods due to the coronavirus epidemic					
the government's ability to deal with the coronavirus outbreak					
the ability of the health care system to treat all coronavirus patients					
that someone close to you will be infected with coronavirus					

54. The following symptoms may indicate being infected with the coronavirus. Have you experienced the following symptoms after 1.3.2020?

	yes, during the past 30 days	yes, earlier this year	no
sore throat			
head cold			
fever			
cough			
pain in the front part of your face			
hoarseness			
lost your voice			
difficulties breathing			
headache			
muscle pain			
pain when breathing in the middle of the chest and around the windpipe			
a stabbing pain in the chest elsewhere than the windpipe			
loss of your sense of smell or taste			
bowel symptoms (e.g. diarrhea, vomiting)			

55. Have your received adequate information on how to avoid getting infected prevent it from spreading?	with the corona v	irus and how to
I have not received any information or the information I have received has been	completely inade	quate
I have received information but I would have needed more		
I have received adequate information		
56. Which measures have you taken to avoid getting infected with the coronavi spreading?	rus and to preve	nt it from
	Yes, I follow the instruction / recommendation	I do not follow the instruction / recommendation
I wash my hands more frequently		
I use hand sanitizers more frequently		
I take care of hygiene when coughing (e.g. coughing into a disposable tissue, not coughing into hands)		
I stay at home if I have flu symptoms (e.g. cough, cold symptoms or sore throat)		
I wear a single-use mask or cloth mask during my free time (when it is not possible to avoid close contact with other people)		
I keep a 1 to 2 meter safe distance to other people outside of home		
I do not shake hands with the people I meet		
I do not take part in events with over 50 participants		
I do not meet with people that are not part of my household		
I do not travel outside of Finland		

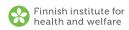


57. How has the corona epidemic or its restrictive measures affected your everyday life (compared to the time before the epidemic)?

If there are things in the list that don't apply to your own life at all, select 'do not apply'.

	no effect	yes, decreased	yes, increased	does not apply
amount of time spent with family				
contact with friends and relatives				
loneliness				
number of sex partners				
disputes and conflicts within the family				
fear of or experience of domestic violence or intimate partner violence				
hope for the future				
exercise during work commute				
exercise in your free time				
participation in the activities of any club, organization or association				
smoking				
alcohol use				
sleeping difficulties, nightmares				
number of meals and snacks eaten during the day				
consumption of vegetables (cooked or uncooked, not including potatoes)				
consumption of fruit and berries				
snacks (consumption of sweets, chocolate, soft drinks, chips, etc.)				
dealing with everyday chores online (e.g. online food purchases)				
online dealings with social welfare and health care services				
doing remote work				
loss of job or temporary lay-off				
helping someone close to you (e.g. by doing shopping for an elderly person belonging to a risk group)				

58.	Has the corona epidemic weakened your financial situation?
	very much
	quite a lot
	to some extent
	a little
	not at all
59.	Have you downloaded the Koronavilkku contact tracing app to your mobile phone
	yes
	No, because the app is not available for my phone
	No, for other reasons?
ВА	CKGROUND QUESTIONS
	What is a second and is a second and is a second as a second and is a second as a second a
60.	What is your education? Mark your <u>highest</u> educational degree.
\square	elementary school, basic education
\square	lower secondary education
	vocational school/equivalent
\sqcup	upper secondary education/high school
Н	non-university lower education
	Bachelor's Degree (university of applied science, college, or similar)
Ш	Master's Degree (university degree, MA, or similar)
61.	How many members are there presently in your household (yourself included)?
	members
62.	How many of your household members <u>including yourself</u> are (Please mark 0 for none.)
	under 3 years
	3-6-years
	7–17-years
	18–64-years
	65–79-years
	80-years or older



63.	Which of the following alternatives best describes your current main activity: (choose only one option)
	employed or self-employed (includes unpaid employment in a family-owned business, apprenticeship, and paid internship)
	unemployed
	student, further education, or unpaid internship
	retired
	on family leave, or a stay-at-home mother/father
	other
64.	What kind of work duties (including study-related training) are you engaged in?
	I work in social and health care
	I work in service tasks where I meet customers or in other work tasks where I cannot avoid close contact with colleagues
	I work in another position where I can avoid close contact with customers and colleagues
	I do not work / I am not engaged in study-related training

THANK YOU FOR YOUR RESPONSES!