



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

by e-mail at finterveysseuranta@thl.fi

online at

More information on the study:

thl.fi/finterveysseuranta

 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

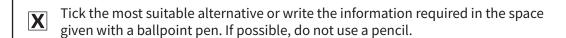
Source of address information: Population Information System, Digital and Population Data Services Agency, P.O. Box 123, FI-00531 Helsinki

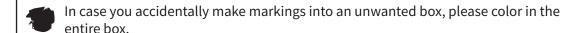
INSTRUCTIONS TO RESPONDENTS

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.

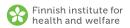




- You should only choose one best alternative for each question unless it is specifically stated that you may choose more than one.
- Remember to answer all questions. Enter negative answers by choosing the 'no' alternative or by writing '0' (zero) in the space given.

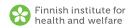
By responding to this survey you consent to your personal data being processed in accordance with the privacy statement and to having your survey responses linked with health and welfare register data.

Participation in the study is voluntary.



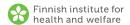
HEALTH STATUS

| 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 Would you say you are | people u | sually do? | |
| | 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 during the past month (30 days) had the follow | ing symn | toms or prob | loms? |
| 5. | Have you <u>during the past month (30 days)</u> had the follow | ving symp | less frequently than daily | lems? |
| | Have you during the past month (30 days) had the follow | | less frequently | |
| Jo | | | less frequently | |
| Jo He | pint pain | | less frequently | |
| Jo He Ba | pint pain eadache | | less frequently | |
| Jo Ho Ba Ui | oint pain eadache ack pain | | less frequently | |
| John Holling H | oint pain eadache ack pain rinary incontinence | | less frequently | |



6. 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 | | | | | | | |
| 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 depre | essed? | | | | | | |
| you have lost interest in most things that usually give you pleasure | or other | | | | | | |



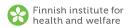
9. How much of the time during the past 4 weeks

| | 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 nowadays | 11. | How do | you manage | the following | activities nowad | lays? |
|---|-----|--------|------------|---------------|------------------|-------|
|---|-----|--------|------------|---------------|------------------|-------|

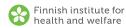
| | without difficulties | with minor difficulties | with major difficulties | not at all | | |
|---|-------------------------|----------------------------|----------------------------|------------|--|--|
| to walk about half a kilometre without resting | | | | | | |
| to run a short distance (about 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. Can you usually perform the following activities? | | | | | | |
| | without | with minor | with major | | | |

| | without difficulties | with minor difficulties | with major difficulties | not at all |
|---|-------------------------|----------------------------|----------------------------|------------|
| dressing and undressing | | | | |
| cleaning your teeth and mouth | | | | |
| cooking or heating your meals | | | | |
| moving in your apartment from one room to another | | | | |
| heavy cleaning, e.g. carrying and beating of carpets or washing windows | | | | |
| leaving your apartment (to run errands, to get some fresh air)? | | | | |
| shopping | | | | |

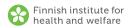
13. How would you estimate your present memory, learning capabilities, and ability to concentrate:

| | 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? | | | | | |

| 14. Regardless of whether you are employed or capacity. Are you: | r not, plea | se estimate y | our current w | ork |
|--|-------------|---------------|---|-----------------------|
| completely fit for work | | | | |
| partially unable to work | | | | |
| completely unable to work? | | | | |
| 15. Let's assume that your work ability would a point score would you give your current wo Please choose the option that best applies to y | ork ability | ? | ints at its best | . What |
| (completely unable to work) | | | | k ability ts best) |
| · | 5 6 | 7 | 8 9 | 10 |
| | | | | |
| 16. Do you use the Internet for the following? | | | | |
| | | yes | I need assistance, or someone else does it on my behalf | never |
| electronic transactions or services (e.g. online based in Social Insurance Institution KELA, tax office, tick local public services, online shops) | | | | |
| finding information (e.g. timetables, health inforetc.) | mation, | | | |
| 17. What is your assessment of your ability to ι or mobile devices)? | ıse the int | ernet - onlin | e services (on c | omputer |
| I do not use them | | | | |
| novice/beginner (I use them with assistance) | | | | |
| I use the basic services independently | | | | |
| I use many online applications effortlessly | | | | |
| expert (I can teach others) | | | | |
| WELL-BEING | | | | |
| 18. Do you ever feel lonely? | | | | |
| never | | | | |
| very rarely | | | | |
| sometimes | | | | |
| fairly often | | | | |
| all the time | | | | |

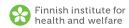


| 19. | How satisfied are you with your economic situation? |
|-----|--|
| | very satisfied |
| | satisfied |
| | somewhat satisfied |
| | unsatisfied |
| | very unsatisfied |
| 20. | How satisfied are you with your accomplishments in life? |
| | very satisfied |
| | satisfied |
| | somewhat satisfied |
| | 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 |
| LIF | ESTYLE |
| 22. | 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. |
| 23. | Do you think you sleep enough? |
| | yes, nearly always |
| | yes, often |
| | rarely or hardly ever |
| | I can't say |

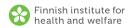


24. Over the past month (30 days), how often have you...

| | often | sometimes | not at all |
|--|------------|------------------------|------------|
| felt excessively tired or sleepy during the daytime? | | | |
| had nightmares | | | |
| had trouble sleeping | | | |
| 25. How often have you eaten vegetables and root vegetable seven (7) days as such, grated or in fresh salads? | s (not po | tatoes) <u>durin</u> g | the past |
| not at all | | | |
| on 1 to 2 days | | | |
| on 3 to 5 days | | | |
| on 6 to 7 days | | | |
| several times a day | | | |
| 26. How often have you eaten fruits or berries during the pas | st seven (| 7) days? | |
| not at all | | | |
| on 1 to 2 days | | | |
| on 3 to 5 days | | | |
| on 6 to 7 days | | | |
| several times a day | | | |
| 27. Who mainly prepares your meals? | | | |
| myself | | | |
| spouse/other partner | | | |
| other person living at my home | | | |
| other relative, neighbour or friend | | | |
| home help or home care | | | |
| I eat in restaurants or bars | | | |
| I eat in a sheltered housing unit, day centre, retirement/nurs over from above-mentioned places and eat at home) | sing home | e etc. (or I take | the food |
| ready-made meals are delivered to my home | | | |
| 28. Do you smoke nowadays (cigarettes, cigars, pipefuls)? | | | |
| I have never smoked | | | |
| yes, daily | | | |
| yes, occasionally | | | |
| not at all, I quit smoking (month) / For example, if you quit smoking in July 2019, fill in 07 (month If you can 't recall the month, fill in only the year. | | | |

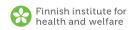


| 29. How often do you have a drink o | ontaining | alcohol? | | | |
|--|---------------|---|-------------------------------------|---|--|
| Never (proceed to question 32) | | | | | |
| Monthly or less | | | | | |
| 2 to 4 times a month | | | | | |
| 2 to 3 times a week | | | | | |
| 4 or more times a week | | | | | |
| 30. How many drinks containing allowed you have on a typical day when the drinking? Please see the figure for example of alcohol units. 1-2 units 3-4 units 5-6 units 7-9 units 10 units or more 31. How often do you have six or more never less than monthly monthly | you are an | 0.33 litre bottl of ordinary st (III) beer or | rength ordinary cider strength wine | 4 cl of spirits | 0.5 litres of ordinary strength (III) beer |
| weekly | | | | | |
| daily or almost daily | | | | | |
| 32. Have any of the following people months to. (You may choose seven | | - | | ons <u>in the p</u> family member | someone else |
| exercise more | | | | | |
| change your eating habits | | | | | |
| lose weight | | | | | |
| reduce consumption of alcohol | | | | | |
| quit smoking | | | | | |
| WEIGHT AND HEIGHT 33. How much do you weigh at present the sufficient of the suffic | | 34. How ta | - | estimate sı | uffices) |
| Ng (an estimate sur | iiccs) | | ciii (ali | estimate St | unices) |

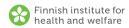


SOCIAL WELFARE AND HEALTH CARE SERVICES

| 35. | Over the past 12 months, how m because of your own condition? Not including dentists' appointment | - | _ | een to a docto | r's appoin | tment |
|-----|--|------------|---------------|------------------------|-------------|-------------------|
| | times | | | | | |
| 36. | Over the past 12 months, how m nurse's or occupational health n because of your own condition? | urse's app | ointment, o | - | | • |
| | times | | | | | |
| 37. | Have you been in physiotherapy | on a docto | or's referral | during the pa | st 12 mon | ths? |
| | no | | | | | |
| | yes | | | | | |
| 38. | Which of the following do you pr (Choose only one option) | imarily co | ntact when | in need of me | dical atter | ntion? |
| | the health centre | | | | | |
| | a private clinic | | | | | |
| | occupational health care | | | | | |
| | student health care | | | | | |
| | a hospital outpatient clinic | | | | | |
| | other | | | | | |
| 39. | Evaluate your experiences in you (not including dental care). | ır primary | care facility | y <u>in the past 1</u> | 2 months | |
| | | always | usually | sometimes | never | not applicable |
| | vas able to get contact to the unit thout difficulty | | | | | |
| | ad access to care without undue lay | | | | | |
| (la | ad access to examinations aboratory tests, X ray imaging, trasound scans, etc.) without added delay | | | | | |
| | aveling to the care unit was fficult | | | | | |
| | gh fees have made it more fficult for me to get care | | | | | |



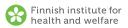
| 40. When was the last time you visited a dentist? | for the | u get vaccina season start | ing <u>autumn</u> | |
|--|--------------------------|--|---|---|
| during the past 12 months | ending | g in the spring | <u>g 2020</u> ? | |
| 1 to 2 years ago | yes | | | |
| 3 to 5 years ago | no | | | |
| over 5 years ago | I can't | remember | | |
| I have never visited a dentist | | | | |
| 42. Do you feel you have been adequately pro 12 months? | vided with t | the following | services <u>ove</u> | er the past |
| | no need | I would have needed the service but did not receive it | I have received the service but it was not adequate | I have received the service and it was adequate |
| home care (home help services and/or home nursing) | | | | |
| rehabilitation at home | | | | |
| rehabilitation outside your home | | | | |
| service centres/day centres for the elderly | | | | |
| PROVIDING AND RECEIVING ASSISTANCE | : | | | |
| 43. Do you need and do you get help for your everyday activities due to your impaired | - | ı yourself reg | | • |
| 43. Do you need and do you get help for your everyday activities due to your impaired functional capacity? | who <u>d</u> | i yourself reg oes not live in nited function | n your house | hold, who |
| everyday activities due to your impaired | who <u>d</u> | oes not live ir | n your house | hold, who |
| everyday activities due to your impaired functional capacity? | who <u>de</u> has lin | oes not live ir | n your house | hold, who |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it | who de has lin | oes not live ir | n your house | hold, who |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it I would need help but do not get it | who de has lin | oes not live ir | n your house | hold, who |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it I would need help but do not get it I get help, but not enough | who de has lin | oes not live ir | n your house | hold, who |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it I would need help but do not get it I get help, but not enough I get enough help | who de has lin no yes | oes not live in nited function s | n your house nal capacity of your house | hold, who or is ill? |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it 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 regularly provide assistance to a p | who de has lin no yes | oes not live in nited function s | n your house nal capacity of your house | hold, who or is ill? |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it 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 regularly provide assistance to a phas limited functional capacity, or is ill, ar | who de has lin no yes | oes not live in nited function s | n your house nal capacity of your house | hold, who or is ill? |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it 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 regularly provide assistance to a phas limited functional capacity, or is ill, ar | who de has lin no yes | oes not live in nited function s | n your house nal capacity of your house | hold, who or is ill? |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it 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 regularly provide assistance to a phas limited functional capacity, or is ill, ar no yes, my spouse or cohabitant | who de has lin no yes | oes not live in nited function s | n your house nal capacity of your house | hold, who or is ill? |
| everyday activities due to your impaired functional capacity? I do not need help and do not get it 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 regularly provide assistance to a phas limited functional capacity, or is ill, armonomyes, my spouse or cohabitant yes, my child or grandchild | who de has lin no yes | oes not live in nited function s | n your house nal capacity of your house | hold, who or is ill? |



| 46. | 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. |

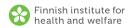
| | | ' | row. | | | | |
|--|-----------------------------------|---------------------------|-----------------|---------------------------|-------------------------|----------------------------|---------------|
| | hus- band, wife, partner | some other relative | close friend | close fellow worker | close neigh- bour | some- one else 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 Q | UALITY | OF LIFE | | | | | |
| 47. Do you currently have a close fi any issues concerning yourself | | h whom y | you can | talk conf | idential | ly about | almost |
| I don't have any close friends | | | | | | | |
| I have one close friend | | | | | | | |
| I have two close friends | | | | | | | |
| I have several close friends | | | | | | | |
| 48. How much do you trust the following trust them completely", choose | _ | on that b | | | | on. I tr | ust them |
| | | | | | | | mpletelv |
| | 1 | | 2 | 3 | 4 | | mpletely 5 |
| public health services | 1 | | 2 | 3 | 4 | | |
| public health services public social services | | | | 3 | 4 | | |
| | | | | 3 | | | |
| public social services | | | | 3 | | | |
| public social services courts of law | | | | | | | |
| public social services courts of law the police decisionmaking in your | | | | | | | |
| public social services courts of law the police decisionmaking in your municipality people in general When answering questions number 4 49. How would you rate your quality | • | hink abou | | | | | |
| public social services courts of law the police decisionmaking in your municipality people in general When answering questions number 4 | • | hink abou | | | | | |
| public social services courts of law the police decisionmaking in your municipality people in general When answering questions number 4 49. How would you rate your quality very poor | • | hink abou | | | | | |

very good



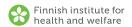
| very dissatisfied | dissatisfied | neither satisfied nor dissatisfied | satisfied | very satisfied |
|----------------------|--------------|--|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| not at all | a little | moderately | mostly | completely |
| | | | | |
| | | | | |
| | dissatisfied | dissatisfied dissatisfied | very dissatisfied dissatisfied dissatisfied | very dissatisfied dissatisfied satisfied |

| | 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 | | | | | |
| 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 | | | | | |



53. 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) | | | | | |
| 54. Have your received adequate information on how to avoid getting infected with the corona virus and how to prevent it from spreading? | | | | | |
| I have not received any information or the information inadequate | I have received | l has been com | pletely | | |
| I have received information but I would have needed n | nore | | | | |
| I have received adequate information | | | | | |



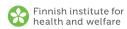
55. Which measures have you taken to avoid getting infected with the coronavirus and to prevent it from spreading?

| | Yes, I follow the instruction / recommen- dation | I do not follow the instruction / recommen- dation |
|---|---|---|
| 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 | | |

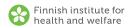
56. How has the corona epidemic or its restrictive measures affected your everyday life (compared to the time before the epidemic)?

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 | | | | |
| disputes and conflicts within the family | | | | |
| fear of or experience of domestic violence or intimate partner violence | | | | |
| hope for the future | | | | |
| exercise in your free time | | | | |
| participation in the activities of any club, organization or association | | | | |
| smoking | | | | |
| alcohol use | | | | |
| sleeping difficulties, nightmares | | | | |



| | no effect | yes, decreased | yes, increased | does not apply |
|---|--------------|-------------------|-------------------|-------------------|
| 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 | | | | |
| helping someone close to you (e.g. by doing shopping for an elderly person belonging to a risk group) | | | | |
| 57. Has the corona epidemic weakened your fina | ancial situ | uation? | | |
| very much | | | | |
| quite a lot | | | | |
| to some extent | | | | |
| a little | | | | |
| not at all | | | | |
| 58. Have you downloaded the Koronavilkku con | tact traci | ng app to you | ır mobile ph | one |
| yes | | | | |
| No, because the app is not available for my pho | one | | | |
| No, for other reasons | | | | |



BACKGROUND QUESTIONS

| 59. Do you live in | | |
|---|-----------------------------|--|
| a regular private residence | | |
| a sheltered housing unit, or care only daytime services | or group home prov | viding only part-time onsite support, e.g. |
| a sheltered housing unit with 24/ | 7 onsite support | |
| a retirement home (nursing home | e) | |
| somewhere else | | |
| 60. What is your education? <i>Mark yo</i> | our <u>highest</u> educatio | onal degree. |
| elementary school, basic educati | on | |
| lower secondary education | | |
| vocational school/equivalent | | |
| upper secondary education/high | school | |
| non-university lower education | | |
| Bachelor's Degree (university of a | applied science, col | lege, or similar) |
| Master's Degree (university degree | ee, MA, or similar) | |
| 61. How many members are there | presently in your h | ousehold <u>(yourself included)</u> ? |
| members | | |
| 62. How many of your household m (Please mark 0 for none.) | nembers <u>includin</u> g | yourself are |
| under 3 years | 18–64-years | |
| 3-6-years | 65–79-years | |
| 7–17-years | 80-years or older | |
| 63. Which of the following alternat (choose only one option) | ives best describe | s your current main activity: |
| employed or self-employed (incl | udes unpaid emplo | yment in a family-owned business) |
| retired | | |
| other | | |

THANK YOU FOR YOUR RESPONSES!