

National Public Health Institute
Sciences

University of Tampere
Department of Health

FOLLOW-UP STUDY ON HEALTH AND LIFE SITUATION

TAM PROJECT
National Public Health Institute and University of Tampere

RESPONSE INSTRUCTIONS:

Respond by circling the number at the most appropriate option. Select only one option unless otherwise indicated. In certain questions, you must write your response in the space allocated for it.

I. BACKGROUND:

1. Are you 1 female
 2 male

2. Are you 1 single
 2 married, since year _____
 3 cohabiting, since year _____
 4 widowed, since year _____
 5 divorced or separated, since year _____

3. What is your level of basic education?
 1 elementary school
 2 some upper secondary school
 3 matriculation examination

4. What is your vocational education?
 1 no vocational education
 2 vocational course (at least four months)
 3 apprenticeship training
 4 vocational school degree
 5 college-level degree
 6 university of applied sciences degree
 7 university or higher education degree
 8 other, please specify _____

5. Where do you live at present?
 1 alone
 2 with my spouse or partner
 3 with my spouse or partner and our child or children
 4 as a single parent with a child or children
 5 in a stepfamily
 6 with my own parent(s)
 7 with someone else

6. If you are not married or cohabiting, are you in a relationship?
 1 no
 2 yes, duration of relationship _____ years _____ months

7. Do you have children?
 1 no
 2 yes, the years of birth are _____

8. What is your current employment situation?

- 1 gainfully employed
- 2 unemployed or laid off
- 3 on disability pension or long-term sick leave
- 4 on maternity leave or childcare leave
- 5 taking care of my own home (housewife or house husband)
- 6 student
- 7 other, please specify _____

9. What is your profession and job description? (Describe in as much detail as possible)

10. If you are married or cohabiting, is your spouse or partner currently

- 1 gainfully employed
 - 2 unemployed or laid off
 - 3 on disability pension or long-term sick leave
 - 4 on maternity leave or childcare leave
 - 5 taking care of my own home (housewife or house husband)
 - 6 student
 - 7 other, please specify _____
-

11. What is the profession and job description of your spouse or partner? (Describe in as much detail as possible)

12. Have you been unemployed during the past 10 years?

- 1 no, you can proceed to question 13.
- 2 yes

Have you been unemployed during the past 10 years **for more than a year in one go**?

- 1 no
- 2 yes

Are you **currently** unemployed?

- 1 no, you can proceed to question 13.
- 2 yes

How long has your current unemployment lasted?

- 1 less than half a year
- 2 between half a year and one year
- 3 between one year and two years
- 4 two years or more

13. Are your parents divorced?

- 1 no
- 2 yes, in year _____

14. Is your **mother** alive?

- 1 yes
- 2 no, deceased in year _____

15. Is your **father** alive?

- 1 yes
- 2 no, deceased in year _____

II. QUESTIONS RELATED TO YOUR HEALTH

1. What do you think about your health status? Is it, at present

- 1 very good
- 2 fairly good
- 3 satisfactory
- 4 fairly poor
- 5 very poor

2. Do you have any **long-term illness** listed below, or another one? Answer each item.

	No	Yes
Diabetes .....	.....1 .....	.....2
Asthma.....	.....1 .....	.....2
Allergic rhinitis.....	.....1 .....	.....2
Allergic dermatitis .....	.....1 .....	.....2
Other allergy .....	.....1 .....	.....2
Other dermatitis .....	.....1 .....	.....2
Migraine .....	.....1 .....	.....2
Other illness.....	.....1 .....	.....2

Specify what

3. In the last **six months**, have you experienced any of the following symptoms, and how often? (Recurring ailments solely related to the menstrual cycle are not counted, and neither are hangover symptoms.) Circle the most appropriate option on **each row**.

	Not at all	Occasionally	Quite often	Often or continuously
Stomach ache.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Poor appetite.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Headache .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Apathy or lack of energy .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Trouble falling asleep or waking up during the night.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Nausea or vomiting.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Tension or nervousness .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Feeling dizzy .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Trembling hands.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Nightmares .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Diarrhoea or irregular digestion .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Tiredness or dizziness.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Abundant sweating without physical strain.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Heartburn or acid reflux .....	.....1 .....	.....2 .....	.....3.....	.....4.....
Irritation or outbursts of anger.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Trouble breathing or sensation of anxiety without physical strain.....	.....1 .....	.....2 .....	.....3.....	.....4.....
Palpitation or irregular heartbeat .....	.....1 .....	.....2 .....	.....3.....	.....4.....

4. We are asking in more detail about the occurrence of **headaches**. Do you have headaches?

- 1 daily or almost daily
- 2 several times a week
- 3 on average once a week
- 4 on average once a month
- 5 several times a year (but not monthly)
- 6 once a year or less
- 7 there are practically no headaches

No Yes

5. Have there been headaches hampering normal life in your immediate family?

my own parents .....	.... 1....	.... 2....
my own siblings.....	.... 1....	.... 2....
my own children.....	.... 1....	.... 2....

6. Do you have migraine or headache attacks?

- 1 no, you can proceed to question 7.
- 2 yes

No Yes

Before the headache, do you have an aura

visual distortions .....	.... 1....	.... 2....
sense of numbing .....	.... 1....	.... 2....
other anomalous sensations.....	.... 1....	.... 2....

If yes, how long do they last? _____ min

How long after the start of the aura
does the headache start? _____ min

During the headache, is there

	No	Yes
nausea	..... 1 ..	....2 ...
vomiting or gagging	..... 1 ..	....2 ...
Is the headache unilateral? .....	..... 1 ..	....2 ...
Is the headache pulsating, beating or hammering?.....	..... 1 ..	....2 ...
Is the headache increased by		
bright light.....	..... 1 ..	....2 ...
loud sounds.....	..... 1 ..	....2 ...
walking on stairs or corresponding physical exercise .....	..... 1 ..	....2 ...
Do you estimate that the ache is "moderately or very strong"?	..... 1 ..	....2 ...
Does the headache usually last for at least four hours? .....	..... 1 ..	....2 ...

The most common duration of the headache is _____ hours

Has the number of headache attacks during the past 10 years been at least
five?..... 1 2...

The total number of headache attacks during this time has been
(estimate) _____

7. What is your current height and weight?

Height _____ cm Weight _____ kg

III. QUESTIONS ABOUT MOOD

The following questions apply to various qualities of mood. **For each question, answer according to how you feel today.** For each question, select **one** option only and do not skip any question.

1. How are you feeling?
 - 4 I feel good and positive
 - 0 I do not feel sad
 - 1 I feel sad or blue
 - 2 I am blue or sad all the time and I can't snap out of it
 - 3 I am so sad and unhappy that I can't stand it

2. How do you see your future?
 - 4 I am optimistic about my future
 - 0 I am not particularly pessimistic or discouraged about the future
 - 1 I feel discouraged about the future
 - 2 I feel I have nothing to look forward to
 - 3 I feel the future is hopeless and that things cannot improve

3. How would you describe your life?
 - 4 I have succeeds in many things
 - 0 I do not feel like a failure
 - 1 I feel I have failed more than the average person
 - 2 as I look back on my life, all I can see is a lot of failures
 - 3 I feel I am a complete failure as a person

4. How satisfied or dissatisfied are you with your life?
 - 4 I am very satisfied with my life
 - 0 I am not particularly dissatisfied
 - 1 I don't enjoy things the way I used to
 - 2 I don't get satisfaction out of anything anymore
 - 3 I am dissatisfied with everything

5. How do you feel about yourself?
 - 4 I feel quite good about myself
 - 0 I don't feel particularly guilty
 - 1 I feel bad and unworthy a good part of the time
 - 2 I feel quite guilty
 - 3 I feel as though I am very bad or worthless

6. Are you disappointed in yourself?
 - 4 I am satisfied with myself and my performance
 - 0 I don't feel disappointed in myself
 - 1 I am disappointed in myself
 - 2 I am disgusted with myself
 - 3 I hate myself

7. Do you have thoughts of harming yourself?
 - 4 I have never thought of harming myself
 - 0 I don't have any thoughts of harming myself
 - 1 I feel I would be better off dead
 - 2 I have definite plans about committing suicide
 - 3 I would kill myself if I had the chance

8. How do you feel about meeting new people?
- 4 I like meeting people and talking to them
 - 0 I have not lost interest in other people
 - 1 I am less interested in other people than I used to be
 - 2 I have lost most of my interest in other people and have little feeling for them
 - 3 I have lost all my interest in other people and don't care about them at all
9. What are your feelings about making decisions?
- 4 making decisions is easy for me
 - 0 I make decisions about as well as ever
 - 1 I try to put off making decisions
 - 2 I have great difficulty in making decisions
 - 3 I can't make decisions at all anymore
10. How do you feel about your appearance?
- 4 I am fairly satisfied with my appearance
 - 0 I don't feel that I look any worse than I used to
 - 1 I am worried that I am looking old or unattractive
 - 2 I feel there are permanent changes in my appearance and they make me look unattractive
 - 3 I feel that I am ugly or repulsive-looking
11. Do you have problems with sleep?
- 4 I don't have any problems with sleeping
 - 0 I can sleep as well as usual
 - 1 I wake up more tired in the morning than I used to
 - 2 I suffer from sleeplessness
 - 3 I suffer from sleeplessness, difficulties in getting to sleep or too early awakening
12. Do you ever feel tired or exhausted?
- 4 I hardly ever get tired
 - 0 I don't get any more tired than usual
 - 1 I get tired more easily than I used to
 - 2 I get tired from doing almost anything
 - 3 I get too tired to do anything
13. How is your appetite?
- 4 I have an excellent appetite
 - 0 my appetite is no worse than usual
 - 1 my appetite is not as good as it used to be
 - 2 my appetite is much worse now
 - 3 I have no appetite at all anymore
14. Do you feel anxious or nervous?
- 4 I have good control over my feelings and do not become anxious or nervous easily
 - 0 I don't feel anxious or nervous
 - 1 I get anxious and nervous rather easily
 - 2 I get very easily distressed, anxious or nervous
 - 3 I am constantly anxious and distressed, my nerves are always on edge

IV. ALCOHOL CONSUMPTION AND SMOKING

1. How often do you have a drink containing alcohol?
 - 0 never
 - 1 monthly or less
 - 2 two to four times a month
 - 3 two to three times a week
 - 4 four or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

One unit =
 a bottle of medium strength beer or
 a glass (12 cl) of mild wine or
 a glass (8 cl) of strong wine or
 a glass (4 cl) of hard liquor or other strong drink.
 A bottle of tax class IV beer, cider or long drinks from Alko corresponds to 1.25 units

 - 0 1–2 units per day
 - 1 3–4 units per day
 - 2 5–6 units per day
 - 3 7–9 units per day
 - 4 10 units per day or more

3. How often do you have six or more drinks on one occasion?
 - 0 never
 - 1 less than monthly
 - 2 monthly
 - 3 weekly
 - 4 daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?
 - 0 never
 - 1 less than monthly
 - 2 monthly
 - 3 weekly
 - 4 daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?
 - 0 never
 - 1 less than monthly
 - 2 monthly
 - 3 weekly
 - 4 daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?
 - 0 never
 - 1 less than monthly
 - 2 monthly
 - 3 weekly
 - 4 daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?
 - 0 never
 - 1 less than monthly
 - 2 monthly
 - 3 weekly
 - 4 daily or almost daily

8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?
 - 0 never
 - 1 less than monthly
 - 2 monthly
 - 3 weekly
 - 4 daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
 - 0 no
 - 2 yes, but not in the past year
 - 4 yes, during the past year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?
 - 0 no
 - 2 yes, but not in the past year
 - 4 yes, during the past year

11. Do you smoke or have you ever smoked?
 - 0 I have never smoked, at most I tried once
 - 1 I once smoked for a short period (_____ months)
 - 2 I do not currently smoke, I quit at the age of _____
 - 3 I smoke less often than once a week
 - 4 I smoke weekly but not daily
 - 5 I smoke daily, _____ cigarettes
 - 6 I smoke a pipe or cigars on a daily basis

V. ASSESSMENTS OF SELF AND RELATIONSHIPS

The following contains a variety of statements. **For each statement, circle one option according to how well the statement in your opinion applies to you, your thoughts and your situation in life.** Respond according to the first option that comes to mind.

	Does not apply at all	Does not apply very well	Applies to some extent	Applies rather well	Applies completely
I believe in myself and my possibilities.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I wish I were different.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I have clear plans for the future .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I am plagued by feelings of inferiority.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I am uncertain about my future.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
In my opinion, I have many good qualities.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I desperately feel that I am lacking self- confidence .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel my life is lacking purpose.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I can do what others can.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I have a clear understanding of my goals in life .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I am often unsatisfied with myself.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I am certain I will find my place in the world...	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
My mother is close to me.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
My father is close to me.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel that others have it much easier getting friends than I.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
There are people close to me who support me ..	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I have no one that I could turn to if I needed to .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I make even dull company lively	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I like talking so much that I enjoy talking even with complete strangers.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I do not dare to express my own opinions in company .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
Surely I am so boring that no one really feels comfortable with me .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel lonely .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel relaxed even in strange company.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I feel insecure in the company of others .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
It is up to me how my life will become.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I think that it is better to struggle than to leave everything up to fate .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I often feel that things are fated .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
In my opinion, it is mostly about luck whether I will get what I want in life.....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....
I believe everyone is one's own person .....	..... 1.....	..... 2.....	..... 3.....	..... 4.....	..... 5.....

The following statements are about your relationship with your **SPOUSE OR PARTNER**.
(If you currently do not have a partner or you are not married, you can proceed to the next question).

	Does not apply at all	Does not apply very well	Applies to some extent	Applies rather well	Applies completely
Our relationship is warm.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
When we disagree, I usually give up .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We almost always go to places together.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We have a lot of mutual problems .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Our relationship restricts my own endeavours .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Our relationship is cooling down.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I am more dominant in our relationship.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We are very close to each other .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Our relationship is confidential.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I usually abide by my partner's wishes.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
We quarrel often .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
In addition to our relationship, I have my own hobbies and things to do .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5

VI. COPING WITH STRESSFUL SITUATIONS

Recall certain adversities and problem situations in your life in recent times. How usual it is that, in these situations, you act in the following way:

	Very unusual	Rather unusual	Cannot say	Rather usual	Very usual
I think the matter is not worth being sad about after all .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I make every effort to influence things so that the situation is corrected or does not repeat .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I think about the situation with my friend .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I express my anger at others .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I blame myself for what happened.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I try to think about something relaxing to do .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I think that I must adjust to the situation .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I console myself with treats, for example .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I go out for a few beers .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I take it as a humorous thing .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I assure myself that the situation will turn out better .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I tackle the problem with more persistence .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
I ask outsiders for help.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5

VII. LIFE EVENTS

The following lists certain events in life. On each row, respond whether you have experienced the event presented during the **past 12 months**.

	Have you experienced the event?	
	No	Yes
Changing jobs.....	1	2
Becoming unemployed.....	1	2
Experiencing the threat of unemployment	1	2
Significant worsening of personal financial situation	1	2
Some major purchase, with debt (e.g., a home)	1	2
Spouse/partner becoming unemployed	1	2
Changing the town of residence	1	2
Long-term (three months or longer) stay abroad.....	1	2
Returning to working life (e.g., after maternity leave or unemployment).....	1	2
Getting married or starting cohabitation	1	2
Start of a relationship	1	2
Having a child	1	2
End of relationship	1	2
Divorce or end of cohabitation.....	1	2
Parents' divorce.....	1	2
Family member falling seriously ill	1	2
Close friend falling seriously ill	1	2
Personally falling seriously ill.....	1	2
Termination of pregnancy, own or partner's.....	1	2
Miscarriage, own or partner's	1	2
Death of mother.....	1	2
Death of father.....	1	2
Death of another family member or a close relative	1	2
Death of a close friend	1	2
Growing tension in relationship with mother.....	1	2
Growing tension in relationship with father.....	1	2
Conflicts with spouse or partner.....	1	2
Serious concerns or problems related to children.....	1	2
Conflicts with friends	1	2
Conflicts with colleagues	1	2
Being subject to physical violence	1	2
Being subject to mental violence.....	1	2
Violation of law resulting in consequences.....	1	2
Experiencing a serious injury or being in a serious accident or seeing one	1	2

Other events that, **during the past 12 months**, have influenced your life: _____

During the **last 10 years**, have you experienced great negative life events or otherwise heavy situations in life?

- 1 no
- 2 yes, specify what, and what years? _____

VIII. PERSONAL RELATIONSHIPS AND SOCIAL SUPPORT

1. How many **very important personal relationships** do you have? At each item, indicate the number of people important to you.

	Number
Family and immediate relatives	_____
Friends	_____
Other important personal relationships	_____

2. The following questions related to **social support** have two parts. In the first part, **(a)**, you are asked what persons you get various help from. **Answer by circling one or more options.** If requested, also indicate in the space provided the number of persons from whom you get support. In the second part, **(b)**, you are asked to assess how satisfied you are with the help you receive. Circle the most appropriate option.

1.a) With whom can you **confidentially** talk about **personal affairs and feelings**?

- 1 Spouse or partner
- 2 Mother
- 3 Father
- 4 Siblings, *with how many siblings can you talk about your affairs* _____
- 5 Other relatives, *with how many other relatives can you talk about your affairs* _____
- 6 Friends, *with how many friends can you talk about your affairs* _____
- 7 Other persons important to you, *with how many other persons important to you can you talk about your affairs* _____
- 8 I have no one to talk to about my affairs
- 9 I do not want to talk to anyone about my affairs

b) How satisfied are you with your opportunities to talk about things with people important to you?

- 1 Very dissatisfied
- 2 Fairly dissatisfied
- 3 Not particularly dissatisfied but not satisfied either
- 4 I am fairly satisfied
- 5 I am very satisfied

2.a) From whom can you request **practical help**, for example help with moving or taking care of the home?

- 1 Spouse or partner
- 2 Mother
- 3 Father
- 4 Siblings
- 5 Other relatives
- 6 Friends
- 7 Other persons important to you
- 8 I have no one from whom I can request practical help
- 9 I do not need practical help

b) How satisfied are you with your opportunities to get practical help?

- 1 Very dissatisfied
- 2 Fairly dissatisfied
- 3 Not particularly dissatisfied but not satisfied either
- 4 I am fairly satisfied
- 5 I am very satisfied

3.a) From whom can you request **financial help**, for example borrowing money?

- 1 Spouse or partner
- 2 Mother
- 3 Father
- 4 Siblings
- 5 Other relatives
- 6 Friends
- 7 Other persons important to you
- 8 I have no one from whom I can request financial help
- 9 I do not need financial help

b) How satisfied are you with your opportunities to get financial help?

- 1 Very dissatisfied
- 2 Fairly dissatisfied
- 3 Not particularly dissatisfied but not satisfied either
- 4 I am fairly satisfied
- 5 I am very satisfied

4.a) From whom can you request **tips and advice** in various problematic situations if necessary?

- 1 Spouse or partner
- 2 Mother
- 3 Father
- 4 Siblings
- 5 Other relatives
- 6 Friends
- 7 Other persons important to you
- 8 I have no one to ask for tips
- 9 I do not need tips

b) How satisfied are you with your opportunities to get tips?

- 1 Very dissatisfied
- 2 Fairly dissatisfied
- 3 Not particularly dissatisfied but not satisfied either
- 4 I am fairly satisfied
- 5 I am very satisfied

5.a) With whom do you often spend your **free time**?

- 1 Spouse or partner
- 2 Mother
- 3 Father
- 4 Siblings
- 5 Other relatives
- 6 Friends
- 7 Other persons important to you
- 8 I have no one to talk to spend my free time with
- 9 I prefer to spend my free time alone

b) How satisfied are you with your opportunities to spend free time with others?

- 1 Very dissatisfied
- 2 Fairly dissatisfied
- 3 Not particularly dissatisfied but not satisfied either
- 4 I am fairly satisfied
- 5 I am very satisfied

IX. PERCEIVED STATE OF HEALTH

Next, we are asking how you have perceived yourself and your life **over the last few weeks**. Answer each item by circling only one option.

	Better than usual	As good as usual	Worse than usual	Much worse than usual
Have you recently been able to concentrate on what you're doing?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently felt capable of making decisions about things?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently been able to face up your problems? .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4

	Not at all	Not more than usual	Somewhat more than usual	Much more than usual
Have you recently lost much sleep over worry?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently felt constantly under strain? .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently felt you couldn't overcome your difficulties?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently been feeling unhappy and depressed? .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently been losing confidence in yourself?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently been thinking of yourself as a worthless person? .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4

	More than usual	As much as usual	Less than usual	Much less than usual
Have you recently felt you were playing a useful part in things?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently been able to enjoy your normal day-to-day activities?.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
Have you recently been feeling reasonably happy, all things considered? .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4

X. ASSESSMENT OF LIFE SITUATION

Do the following aspects of your life primarily bring you joy and satisfaction or concern and displeasure?
(Answer each row.)

	A lot of joy or satisfaction	Some joy or satisfaction	Cannot say	Some concern or displeasure	A lot of concern or displeasure
Work or study .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Financial situation .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Housing .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Family situation .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Free time and hobbies .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Relationship with parents .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Relationships with friends .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5
Sex life .....	.....1 .....	.....2 .....	.....3 .....	.....4 .....	.....5

Do you want to add something or give feedback on the survey?

OPERATION!

THANK YOU FOR YOUR CO-