
HEALTH AND LIFE SITUATION

From an adolescent to an adult

Follow-up study 1983–2009

TAM PROJECT

Finnish Institute for Health and Welfare (THL)

and

University of Tampere

FOLLOW-UP STUDY ON HEALTH AND LIFE SITUATION

RESPONSE INSTRUCTIONS:

Respond by circling the number at the most appropriate option. Select only one option for the questions 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. What is your current marital status?
 - 1 single
 - 2 married, current marriage since year _____
 - 3 cohabiting, current cohabitation since year _____
 - 4 widowed, since year _____
 - 5 divorced or separated, since year _____

3. How many marriages or cohabitations have you had (including your current/most recent one)?
_____ cohabitations
_____ marriages

4. If you have children, what are their years of birth?

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

6. 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 (in addition to the spouse or partner, children of either one from a previous marriage or cohabitation and any shared children)
 - 6 with my own parent(s)
 - 7 with someone else, who _____

7. How many children aged under 18 are living in your household? _____

8. How many adults live in your household? ____

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

10. 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 third-cycle degree (licentiate, doctor)
 - 9 other, please specify _____
-

11. What is your current employment situation?
- 1 gainfully full-time employed
 - 2 gainfully part-time employed
 - 3 unemployed or laid off on earnings-related daily allowance
 - 4 unemployed or laid off on basic unemployment allowance
 - 5 on disability pension or long-term (more than 6 months) sick leave
 - 6 on maternity leave or childcare leave
 - 7 taking care of own home (housewife or house husband)
 - 8 student
 - 9 other, please specify (e.g., job alternation leave, long-term leave of absence) _____
-

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

13. If you are married or cohabiting, is your spouse or partner currently?
- 1 gainfully full-time employed
 - 2 gainfully part-time employed
 - 3 unemployed or laid off on earnings-related daily allowance
 - 4 unemployed or laid off on basic unemployment allowance
 - 5 on disability pension or long-term (more than 6 months) sick leave
 - 6 on maternity leave or childcare leave
 - 7 taking care of own home (housewife or house husband)
 - 8 student
 - 9 other, please specify (e.g., job alternation leave, long-term leave of absence) _____
-

14. If you are married or cohabiting, what is the profession and job description of your spouse or partner? (Describe in as much detail as possible.)
-
-
-

15. How do you perceive the current financial subsistence of your household?
- 1 very good
 - 2 fairly good
 - 3 average
 - 4 fairly poor
 - 5 very poor

16. Taking into account all income of your household, is paying for the expenses with the income
- 1 very easy
 - 2 easy
 - 3 fairly easy
 - 4 somewhat difficult
 - 5 difficult
 - 6 very difficult

17. Which of the following income categories does your household belong to? Estimate the income available to all members of the household (deducting tax and housing allowance, child benefits and other similar transfer income) during a normal month.
- 1 less than €1,000
 - 2 €1,000–€1,999
 - 3 €2,000–€2,999
 - 4 €3,000–€3,999
 - 5 €4,000–€4,999
 - 6 €5,000–€6,999
 - 7 more than €7,000

18. What kind of an apartment do you live in?
- 1 own apartment
 - 2 right-of-occupancy apartment or part-ownership apartment
 - 3 rented apartment
 - 4 other, please specify
-

19. **During the past 10 years**, have you been unemployed or laid off?
- 1 I have not been unemployed or laid off
 - 2 yes, once for a short period (less than 3 months)
 - 3 yes, several short periods
 - 4 yes, once for a long period (more than 3 months)
 - 5 yes, several long periods
 - 6 I have not been employed during the past 10 years

20. If you have been unemployed, how long has your longest **continuous** period of unemployment or layoff been during the past 10 years?
- _____ years _____ months

21. If you are currently unemployed or laid off, how long has your current unemployment or layoff lasted?
- _____ years _____ months

II. CHILDHOOD FAMILY

1. What is your mother’s basic level of education?
- 1 elementary school
 - 2 grammar school
 - 3 upper secondary school
 - 4 university or higher education institutions
2. What is your father’s basic level of education?
- 1 elementary school
 - 2 grammar school
 - 3 upper secondary school
 - 4 university or higher education institutions

3. Are your parents divorced?
- 1 no
 - 2 yes, in year _____
4. Is your mother alive?
- 1 yes
 - 2 no, deceased in year _____
5. Is your father alive?
- 1 yes
 - 2 no, deceased in year _____

6. Thinking about your childhood, that is, the time before you turned 16... (Answer each item.)

	No	Yes
did your family have long-term financial difficulties.....	..... 1.....	..... 2.....
was your father or mother often unemployed even if they wanted to work ...	..... 1.....	..... 2.....
did your father or mother have a serious illness or injury .....	..... 1.....	..... 2.....
did your father have problems because of alcohol .....	..... 1.....	..... 2.....
did your mother have problems because of alcohol .....	..... 1.....	..... 2.....
did your father have some mental health problem, e.g., schizophrenia, other psychosis or depression.....	..... 1.....	..... 2.....
did your mother have some mental health problem, e.g., schizophrenia, other psychosis or depression.....	..... 1.....	..... 2.....
was there violence in your family .....	..... 1.....	..... 2.....
was there child neglect in your family .....	..... 1.....	..... 2.....
were you bullied at school.....	..... 1.....	..... 2.....
did you have learning difficulties .....	..... 1.....	..... 2.....

III. 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. What is your current height and weight?

Height _____ cm Weight _____ kg

3. 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.....
please specify		
Other dermatitis .....	..... 1 .....	..... 2.....
please specify		
Migraine .....	..... 1 .....	..... 2.....
Other illness.....	..... 1 .....	..... 2.....

Specify what illness(es):

If you do not have any long-term illness, → proceed to page 5 (question 5)

4. In relation to your long-term illness, we will ask about the harm it causes. Do you perceive that your illness...

(Answer according to the illness that causes the most harm.)

	Not at all	To some extent	A lot
hampers working/hinders the opportunities of getting work.....	..... 1 .....	..... 2 .....	..... 3
hampers the performance of everyday chores .....	..... 1 .....	..... 2 .....	..... 3
hampers moving .....	..... 1 .....	..... 2 .....	..... 3
hampers hobbies .....	..... 1 .....	..... 2 .....	..... 3
hampers social interaction .....	..... 1 .....	..... 2 .....	..... 3
causes pain.....	..... 1 .....	..... 2 .....	..... 3
causes annoyance.....	..... 1 .....	..... 2 .....	..... 3

5. 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.....

6. How many hours per day do you sleep on average:

nighttime ____ hours, ____ minutes daytime _____ hours, _____ minutes

7. Do you think you sleep enough?

- 1 yes, almost always
- 2 yes, often (at least once a week)
- 3 rarely or hardly ever

8. On weekends or days off, do you sleep longer at night than during business days?

- 1 no
- 2 yes, on average _____ hours, _____ minutes longer.

9. Some people are morning people (early bird) and some are evening people (night owl). Which group do you belong to?

- 1 Definitely a morning person
- 2 More of a morning person than an evening person
- 3 More of an evening person than a morning person
- 4 Definitely an evening person

10. 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

11. Do you have migraine or headache attacks?

- 1 no → *proceed to page 7 (IV. Questions about mood)*
- 2 yes

Before the headache, do you have an aura	No	Yes
visual distortions.....	.....1 ....	.....2.....
sense of numbing.....	.....1 ....	.....2.....
other anomalous sensations .....	.....1 ....	.....2.....

If you have an aura, does it last

- 1 less than 60 minutes
- 2 60 minutes or longer

How long does it take from the beginning of the aura until the headache starts?

- 1 less than 60 minutes
- 2 60 minutes or longer

	No	Yes
During the headache, is there .....	.....1 ....	.....2.....
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 prevent normal functions? .....	.....1 ....	.....2.....
Does the headache usually last for at least four hours?.....	.....1 ....	.....2.....

The headache most commonly lasts for _____ hours, _____ minutes

Has the number of headache attacks during the past 10 years been at least two 1 2

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

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

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

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

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

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

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

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

8. How do you feel about meeting new people?
 - 1 I like meeting people and talking to them
 - 2 I have not lost interest in other people
 - 3 I am less interested in other people than I used to be
 - 4 I have lost most of my interest in other people and have little feeling for them
 - 5 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?
 - 1 making decisions is easy for me
 - 2 I make decisions about as well as ever
 - 3 I try to put off making decisions
 - 4 I have great difficulty in making decisions
 - 5 I can't make decisions at all anymore

10. How do you feel about your appearance?
 - 1 I am fairly satisfied with my appearance
 - 2 I don't feel that I look any worse than I used to
 - 3 I am worried that I am looking old or unattractive
 - 4 I feel there are permanent changes in my appearance and they make me look unattractive
 - 5 I feel that I am ugly or repulsive-looking

11. Do you have problems with sleep?
 - 1 I don't have any problems with sleeping
 - 2 I can sleep as well as usual
 - 3 I wake up more tired in the morning than I used to
 - 4 I suffer from sleeplessness
 - 5 I suffer from sleeplessness, difficulties in getting to sleep or too early awakening

12. Do you ever feel tired or exhausted?
 - 1 I hardly ever get tired
 - 2 I don't get any more tired than usual
 - 3 I get tired more easily than I used to
 - 4 I get tired from doing almost anything
 - 5 I get too tired to do anything

13. How is your appetite?
 - 1 I have an excellent appetite
 - 2 my appetite is no worse than usual
 - 3 my appetite is not as good as it used to be
 - 4 my appetite is much worse now
 - 5 I have no appetite at all anymore

14. Do you feel anxious or nervous?
 - 1 I have good control over my feelings and do not become anxious or nervous easily
 - 2 I don't feel anxious or nervous
 - 3 I get anxious and nervous rather easily
 - 4 I get very easily distressed, anxious or nervous
 - 5 I am constantly anxious and distressed, my nerves are always on edge

15. Below, we are asking how often you have experienced various mood qualities. **Over the past month,** approximately how often

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
You felt tired for no good reason.....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt nervous .....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt so nervous that nothing could calm you down .....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt hopeless .....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt restless or fidgety.....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt so restless that you could not sit still .....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt depressed .....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt so sad that nothing could cheer you up ...	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt that everything was an effort .....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5
You felt worthless.....	....1 ....	.....2 ....	..... 3.....	.....4 .....	.....5

16. For you, does adopting new information and learning things go

- 1 well
- 2 fairly well
- 3 neither well nor poorly
- 4 fairly poorly
- 5 poorly

17. How would you rate your memory at the moment?

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

5 very poor
18. Do you have memory problems that hamper your normal life?

- 1 no
- 2 somewhat
- 3 a lot

19. Has a physician ever diagnosed you with a psychological or mental illness?

- 1 no
- 2 yes

Was it (select one or more options)

- 1 psychosis
- 2 depression
- 3 anxiety
- 4 substance abuse problem
- 5 other, specify _____

20. Have you ever received specialist help or treatment for a mental or psychological problem?

- 1 no
- 2 yes, but not at this moment, specify when last (year) _____
- 3 yes, currently

21. Do you think that you currently need some mental health services?

- 1 no
- 2 yes

V. HABITS RELATED TO HEALTH

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
- If you do not consume alcohol at all,
→ proceed to question 11 (smoking)*
2. How many standard drinks containing alcohol do you have on a typical day when you are 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 because 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

12. How much do you exercise and exert yourself physically in your free time? Also include physical exercise during commuting. Choose the option that best fits your situation.

- 1 I do not move a lot and I do things that do not strain me physically (e.g., reading, watching TV or doing lightweight chores).
- 2 I move or exert myself several hours a week (e.g., walking, cycling or lightweight gardening).
- 3 I do exercise for fitness or competitive sports, such as running, skiing, swimming, ballgames or the like, several hours a week.

13. How often do you move (including commuting, during free time and for leisure) for at least 20 minutes in such a way that you sweat and get at least mildly out of breath?

- 1 I cannot do physical exercise because of an illness or injury
- 2 less often than once a week
- 3 1–2 times a week
- 4 3–4 times a week
- 5 5 times a week or more

14. Are the following statements about eating habits true for you? Circle the option that best fits you.

	Does not apply at all	Does not apply very well	Applies rather well	Applies completely
I deliberately take small helpings as a means of controlling my weight .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
When I feel anxious, I find myself eating .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
I consciously hold back at meals in order not to weight gain .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
When I feel blue, I often overeat .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
I do not eat some foods because they make me fat..	..... 1 .....	..... 2 .....	..... 3 .....	..... 4
When I feel lonely, I console myself by eating .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4

15. How often do you gamble?

- 1 I do not gamble → *proceed to page 12 (VI. Assessments of self and relationships)*
- 2 less often than once a week
- 3 on 1–2 days a week
- 4 on 3–5 days a week
- 5 on 6–7 days a week

16. If you gamble, has the gambling caused the following problems to you:

	No	Sometimes	Often
my gambling has taken too much time .....	..... 1 .....	..... 2 .....	..... 3
my gambling has taken too much money .....	..... 1 .....	..... 2 .....	..... 3
I have been unable to stop gambling even if I wanted to ....	..... 1 .....	..... 2 .....	..... 3
I have tried to win back my losses by gambling .....	..... 1 .....	..... 2 .....	..... 3
people close to me have criticised my gambling .....	..... 1 .....	..... 2 .....	..... 3
my gambling has caused feelings of guilt .....	..... 1 .....	..... 2 .....	..... 3
I have neglected my work or study .....	..... 1 .....	..... 2 .....	..... 3
My gambling has caused health problems (e.g., anxiety, depression, insomnia) .....	..... 1 .....	..... 2 .....	..... 3
I would like help for my gambling problem .....	..... 1 .....	..... 2 .....	..... 3

VI. 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 opinions 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/was close to me.....	... 1 .....	.... 2 .....	..... 3 .....	..... 4 .....	..... 5
My father is/was 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 feel that I have been excluded from other people .....	... 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 have people close to me with whom I can share joys and sorrows.....	... 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
Things often happen to me that I cannot influence. ....	... 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
I feel that my partner understands me	1	2	3	4	5
I am satisfied with my relationship.....	1	2	3	4	5

VII. 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 or have a couple of drinks	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
The thing stays in my mind and I cannot get it out of my mind	1	2	3	4	5
I take immediate action to resolve the problem	1	2	3	4	5
I discuss the feelings caused by the situation with others.....	1	2	3	4	5
I turn to a specialist for advice	1	2	3	4	5
I do not allow the situation to affect me, I refuse to think about the problem too much.....	1	2	3	4	5
I think about how I could best solve the problem	1	2	3	4	5

VIII. 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
A child moving away from you .....	.....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
Conflicts with supervisor.....	.....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? (Optionally, you can continue your answer on the last page of the form.)

1no

2yes, specify what, and what years? _____

IX. PERSONAL RELATIONSHIPS AND SOCIAL SUPPORT

1. In your various areas of life, how many **close** or otherwise **very important positive relationships** do you have?

	None (0)	One (1)	Two (2)	Three to five (3–5)	More than five (>5)
Family members.....	.... 1 .....	.... 2 .....	.... 3 .....	.... 4 .....	.... 5
Close relatives.....	.... 1 .....	.... 2 .....	.... 3 .....	.... 4 .....	.... 5
Friends.....	.... 1 .....	.... 2 .....	.... 3 .....	.... 4 .....	.... 5
Other important people .....	.... 1 .....	.... 2 .....	.... 3 .....	.... 4 .....	.... 5

2. In the next questions, you are asked to assess whom you can turn to when you need help or support. **You may choose one or more options for each question.**

	Spouse/ partner	Mother	Father	Other close relative	Friend	Other person	None	I do not want/ need
With whom can you confidentially talk about personal affairs and feelings .....	.....1.....	.....2.....	.....3.....	....4... ..	.....5... ..	.....6.....	.....7.....	.....8.....

From whom can you request practical help, for example help with moving or taking care of the home.....1.....2.....3.....4...5...6.....7.....8.....
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From whom can you request financial help, for example borrowing money1.....2.....3.....4...5...6.....7.....8.....
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From whom can you ask for advice and tips in various problematic situations1.....2.....3.....4...5...6.....7.....8.....
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With whom do you often spend your free time1.....2.....3.....4...5...6.....7.....8.....
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3. Next, assess how satisfied you are with your opportunities of getting support or help in various situations.

	Very satisfied	Fairly satisfied	Not particularly satisfied but not dissatisfied either	Fairly dissatisfied	Very dissatisfied
Confidential discussion about personal matters and feelings .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Practical help, for example with moving or taking care of the home .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Financial help, for example borrowing money.....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Advice and tips in various problematic situations .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5
Spending free time with others .....	..... 1 .....	..... 2 .....	..... 3 .....	..... 4 .....	..... 5

X. PERCEIVED HEALTH STATUS

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

XI. ASSESSMENT OF LIFE SITUATION

1. How well do the following statements apply to you? For each statement, choose the option that best applies.

	Completely disagree	Partially disagree	Partially agree	Completely agree
In uncertain times, I usually expect the best.....	.....1.....	.....2.....	.....3.....	.....4.....
If something can go wrong for me, it will.....	.....1.....	.....2.....	.....3.....	.....4.....
I'm always optimistic about my future.	.....1.....	.....2.....	.....3.....	.....4.....
I hardly ever expect things to go my way.....	.....1.....	.....2.....	.....3.....	.....4.....
I rarely count on good things happening to me.....	.....1.....	.....2.....	.....3.....	.....4.....
Overall, I expect more good things to happen to me than bad.....	.....1.....	.....2.....	.....3.....	.....4.....

2. Do you have a hobby that is particularly close and important to you?

1 no

2 yes, specify what _____

3. 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	No joy or worry	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.....
Children.....	.....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.....
Spiritual life .....	.....1.....	.....2.....	.....3.....	.....4.....	.....5.....
Other, specify .....	.....1.....	.....2.....	.....3.....	.....4.....	.....5.....

4. Looking forward in your life, what three things do you hope for the most?

1. _____

2. _____

3. _____

Would you like to clarify any response or add something important about your situation in life?

Many thanks for completing the survey! We hope that responding did not just take up your time but also proved interesting.

Below, you can provide comments on the survey.

If you wish to be mailed information about the findings of the study, check the box below.

Yes, I want information about the findings of the study.