

Health 2000
HOME INTERVIEW

(26.7.00)

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Background information

AA. Mother tongue, marital status and relationship

AA00. What is your mother tongue?

- | | |
|------------|--------------|
| 1 Finnish | 7 Somali |
| 2 Swedish | 8 Arabic |
| 3 Lappish | 9 Vietnamese |
| 4 Russian | 10 German |
| 5 Estonian | 11 other |
| 6 English | |

AA01. Are you currently:

- 1 married
- 2 living with your partner
- 3 divorced or living apart → AA03
- 4 widowed → AA04
- 5 or single? → AA05

AA02. Which year did your current relationship (marriage or cohabitation) begin?

_____ → AA05

AA03. Which year did you divorce? _____ → AA05

AA04. Which year did you become widowed? _____

AA05. Have you earlier been married or had a common-law relationship with someone else?

- 1 yes
- 2 no → AB01

AA06. How many marriages or common-law relationships have you had? (including your current/last relationship)? _____

AB. Household

In this survey household refers to persons that live and eat meals together or in other ways share expenses a household means persons living and dining together or in some other way sharing their income.

AB01. How many persons belong to your household at the moment, including yourself?

INSTRUCTION: INCLUDE CHILDREN FROM SUBJECT'S PREVIOUS RELATIONSHIPS EVEN IF THEY LIVE WITH HIM/HER ONLY PART-TIME REGARDLESS OF WHERE THEY ARE REGISTERED.

<Blaise: cannot be answered 0> _____ if 1 → AC01

AB02. How many persons in your household are aged:

AB02a a. under 7? _____

AB02b b. from 7 to 17? _____

AB02c c. from 18 to 24? _____

AB02d d. from 25 to 64 _____

AB02e e. 65 or over? _____ <Blaise: automatic checking AB01=AB02a-e>

→ if AB02a+b+c=0, go to question AC01

AB03. Among the members of your household mentioned above are there any children from your own or your spouse's previous marriages living part-time with the other parent?

1 yes

2 no → AC01

AB04. How many? _____ <Blaise: if AB04=1 --> AB05a first question text, if AB04>1 --> AB05a's other text>**AB05a. Which part of the time per year does he/she stay in your household?**
(GIVE ANSWERING CARD A1)**Which part of the time does the 1st child approx. during one year belong to your household?**

1 almost all the time, at least 11 months a year

2 more than half of the year, but altogether less than 11 months per year

3 approx. half of the year

4 less than half of the year, but altogether more than one month a year

5 altogether one month a year or less

6 cannot say

AB05b. Which part of the time does the 2nd child approx. during one year belong to your household?

1 almost all the time, at least 11 months a year

2 more than half of the year, but altogether less than 11 months per year

3 approx. half of the year

4 less than half of the year, but altogether more than one month a year

5 altogether one month a year or less

6 cannot say

AB05c. Which part of the time does the 3rd child approx. during one year belong to your household?

1 almost all the time, at least 11 months a year

2 more than half of the year, but altogether less than 11 months per year

3 approx. half of the year

4 less than half of the year, but altogether more than one month a year

5 altogether one month a year or less

6 cannot say

AB05d-AB05j as above; as many questions as needed according to AB04

AB06. And how many of the persons mentioned above belonging part-time to your household are aged:

AB06A a. under 7? _____

AB06B b. from 7 to 17? _____

AB06C c. 18 or over? _____

AC. Education

INSTRUCTION: CHOOSE THE HIGHEST ATTENDED

AC01. Is your basic education:

- 1 less than primary school
- 2 primary school
- 3 secondary school
- 4 part of grammar school or part of comprehensive school (less than 9 years)
- 5 grammar school
- 6 comprehensive school
- 7 high school (upper secondary school) or part of it
- 8 matriculation examination?

INSTRUCTION: CHOOSE THE HIGHEST COMPLETED

AC02. What is the highest completed education or examination after your basic education:

- 1 no vocational education at all
- 2 training or technical certificate for courses completed
- 3 vocational school certificate, apprenticeship contract
- 4 vocational school (e.g. technical school)
- 5 a technical college qualification
- 6 a special vocational qualification (e.g. a mastership examination)
- 7 a degree of higher vocational qualification
- 8 a lower university qualification
- 9 a higher university qualification
- 10 licentiate examination
- 11 doctor's degree?

AC03. How many years altogether have you studied full-time, including primary school? _____ years

INSTRUCTION:

PRIMARY SCHOOL, COMPREHENSIVE SCHOOL **9 TO 10 YEARS**

VOCATIONAL SCHOOL, HIGH-SCHOOL **3 YEARS** (IN TOTAL $9+3 = 12$)

A TECHNICAL COLLEGE/

VOCATIONAL HIGH-SCHOOL **3 YEARS** (IN TOTAL $9+3+3 = 15$)

UNIVERSITY **6 YEARS** (IN TOTAL $9+3+6 = 18$)

AD. Main activity, occupation

AD01. Which of the following alternatives best describes your current main activity:(THE MAIN ACTIVITY IS THE ONE TAKING MOST OF YOUR TIME OR GIVING YOU MOST INCOME)

- 1 full-time employment→ AD01b
- 2 part-time employment (ALSO PART-TIME PENSIONERS) -> AD01a
- 3 student → AD01b
- 4 retired → AD02
- 5 unemployed or temporarily laid-off → AD01b
- 6 management of own household or care of family members→ AD01b
- 7 conscript or non-military service→ AD01b
- 8 other? →

AD01_1 (Other) What? _____ -> AD01b

<asked from persons who at the time of the interview are aged from 56 to 64 years, those less than 56 years and over 64 years. -->AD01b>

AD01a. Do you receive a part-time pension?

- 1 yes
- 2 no

AD01b. Are you currently on:

- 1 sick leave
- 2 maternity, paternity or parental leave
- 3 child care leave
- 4 part-year leave
- 5 NONE OF THESE

if AD01=5 → AD04;

if AD01=3 or 6-8 → AD05

if AD01= 1 or 2 → AE01

AD02. Do you receive:

- 1 a work disability pension or other early retirement pension
- 2 an old age pension (due to your age or working years)
- 3 an unemployment pension
- 4 some other pension

AD03. How many years have you been pensioned? _____ → AD08

AD04. How many months has your current unemployment or temporary lay-off period lasted? _____

<AD05 asked if AD01=3 or AD01=6-8 or (AD01=5 and AD04<12)>

AD05. And have you worked at all in a paid job during the last 12 months?

- 1 yes
- 2 no → AD07

AD06. Have you:

- 1 worked full-time → AE01
- 2 worked part-time? → AE01

AD07. Which year have you last been employed? _____

INSTRUCTION: IF NEVER WORKED, MARK 9996

< AD08 asked if (AD01=3-4 or 6-8) or if (AD01=5 and AD04<12 and AD05=2)>

Note. Questions AD05-AD08 have not been presented to persons unemployed for 12 months or longer.

AD08. Would you like to work full-time or at least occasionally some hours per week:

- 1 yes, full-time
- 2 yes, but not full-time
- 3 no
- 4 cannot say

AE. Present/previous occupation (main job)

The next questions deal with your occupation and work. If you are not working at the moment, please answer according to your latest occupation or work.

AE01. Are you/were you:

- 1 an employee → AE04
- 2 a farmer (incl. forestry, gardening, fishing etc.) → AE02a
- 3 other entrepreneur → AE03
- 4 self-employed professional or freelance → AE04
- 5 working on a family member's farm without salary → AE02a
- 6 working in a family member's enterprise without salary → AE03
- 7 other → AE01_1
- 8 I have never worked full-time in an occupation? → AE04
- 9 CANNOT SAY → AE04

AE01_1.(Other) what? _____ → AE04

AE02a. What is/was your farm's total area (hectares) _____

INSTRUCTION: IF NO FARM, MARK 0 → AE06a

AE02b. How many hectares of it is/was cultivated? _____

INSTRUCTION: OWN AND RENTED CULTIVATED AREA.

AE03. How many salaried people are/were working in your enterprise/farm (own or family's)?

_____ <if AE01=2 or 5 → AE06a>

AE04. Do you yourself or a family member carry out farming or forestry on an own or rented farm?

1 yes

2 no → AE06a

AE05a. What is the total area of this farm (hectares)? _____

AE05b. How many hectares of it is cultivated? _____

<If AE01=8 (has never worked in a profession), go to question A101 (spouse's s questions)>

AE06a. What is your present/latest (previous) occupation?

<Statistics Finland's classification of professions 1997>

<If the occupation is empty, unknown or cannot say--> 99000>

(AE06at= occupation as a text field)

<AE06b shall not be asked, if an occupation code is found >

AE06b. What are/were your most important working tasks?

AE06x. How many years altogether have you worked in your present/latest occupation? _____

AE06c. What is/was your employers/enterprises name? _____

AE06d. What is/was your employers/enterprises address? _____

AE06e. What is/was your employers/enterprises industry or line of business?

(ANSWERING CARD A2)

1 farming, game husbandry, forest and fishing industry

2 wood processing industry

3 electricity, electronics and data communications industry

4 metal industry

5 building and construction

6 other industry

7 trade, accommodation and restaurant industry

8 transport

9 telecommunications

10 financial and insurance activities

11 education

12 health services

13 social services

14 governmental administration and national defence

15 other services

16 CANNOT SAY

<shall be asked only from employees (AE01=1) >

AE06f. Is/was your employer:

- 1 a private company
- 2 municipality, association of municipalities or municipal institution
- 3 a company owned by a municipality
- 4 the state or an institution owned by the state
- 5 a company owned by the state
- 6 other?

<AE07 shall be asked, if AD01=1 or 2 (full-time- or part-time job) or AD05=1 (has been working during 12 months), others go to question --> AF01>

AE07. When did your work start in your present/latest job?

_____ <ddmmyyyy>

INSTRUCTION: ALSO WORK IN OWN/FAMILY MEMBERS' COMPANY COUNTED FROM AGE 15. ESTIMATION, IF THE INTERVIEWEE DOES NOT REMEMBER EXACTLY.

--> if AE01=5 or 6, go to question AF01

<AE08 and AE09 shall be asked, if AE01=1

AE08. Is/was your present/latest employment agreed:

- 1 as permanent
- 2 as temporary?

AE09. How many job contracts (or jobs) have you had during the past 12 months?

AF. Working hours and income (main occupation)

<AF01-AF02 are asked from people who work (AD01=1 or 2) and from those, who have been working within the last 12 months. (AD05=1) >

AF01. What sort of hours do/did you work in your main occupation:

- 1 regular day-job (between 6 am and 6 pm)
- 2 regular evening job
- 3 regular night job
- 4 2-shift work
- 5 3-shift work
- 6 periodical work
- 7 only weekend work
- 8 other sort of working time?

INSTRUCTION: THE ACTUAL WORKING TIME IS MEANT, ALSO OVERTIME WITH OR WITHOUT PAYMENT IS TAKEN INTO ACCOUNT. AVERAGE YEARLY WORKING TIME.

AF02. What is/was your weekly working time in your main job in hours? _____

<AF05 is asked, if AD01=1 or 2 (working whole or part-time)>

AF05. How much time (in minutes) does your way to work and back on the average take on a normal working day? _____

AG. Present secondary job

AG01. Do you in addition to your main job or other activity have some other paid job?

1 yes

2 no → AH01

INSTRUCTION: ACTUAL WORKING TIME IS MEANT, ALSO OVERTIME WITH OR WITHOUT PAYMENT IS TAKEN INTO ACCOUNT. AVERAGE YEARLY WORKING TIME.

AG02. What is your average weekly working time in hours in your secondary job?

AH. Unemployment

<if AD03=>5 (has been at least 5 years retired) → AI01

if AD01=5 (unemployed or laid off) → AH04 , others → AH01>

INSTRUCTION: UNEMPLOYED = WITHOUT WORK, LOOKING FOR WORK AND IS AT DISPOSAL FOR WORK

AH01. Have you been unemployed or laid off during the past 5 years?

1 yes

2 no → AI01

AH02. How many times? _____

AH03. How many months have you been unemployed or laid off during the last 5 years? _____ → AI01

AH04. How many times altogether have you been unemployed or laid off during the past 5 years including the present period? _____

AH05. How many months altogether? _____

AI. Information about your spouse

<asked, if AA01=1, 2 or 4 (married, living with your partner or widow), otherwise AJ01>

INSTRUCTION: CHOOSE THE HIGHEST ACHIEVED

AI01. Is/was the education of your spouse:

- 1 less than elementary school
- 2 elementary school
- 3 civic school
- 4 part of grammar school or part of primary school (less than 9 years)
- 5 grammar school
- 6 primary school
- 7 part of high school or the leaving certificate from the high school
- 8 matriculation examination?
- 9 CANNOT SAY

INSTRUCTION: CHOOSE THE HIGHEST ATTENDED

AI02. What is/was the highest education or examination of your spouse after his/her basic education:

- 1 no vocational education at all
- 2 training or technical certificate for courses completed
- 3 vocational school certificate, apprenticeship contract, had given a proof of one's skills
- 4 vocational school (e.g. technical school)
- 5 a technical college qualification
- 6 a special vocational qualification (e.g. a mastership examination)
- 7 a degree of vocational qualification
- 8 a lower degree of vocational qualification
- 9 a higher degree of vocational qualification
- 10 licentiate examination
- 11 doctor's degree?
- 12 CANNOT SAY

<AI04-AI05 not asked from widows (AA01=4)>

AI04. Which of the following best describes your spouse's current main activity:

(THE MAIN ACTIVITY IS THE ONE TAKING MOST TIME OR GIVING YOU MOST INCOME)

- 1 full-time employment → AI06
- 2 part-time employment (ALSO PART-TIME PENSIONERS) → AI04a
- 3 student → AI06
- 4 retired → AI05
- 5 unemployed or laid off → AI06
- 6 management of own household or care of family members → AI06
- 7 conscript or non-military service → AI06
- 8 other? → AI06

AI04a. Is he/she part-time retired?

- 1 yes → AI06
- 2 no → AI06

AI05. Is he/she:

- 1 on invalidity pension or other early retirement
- 2 on old age pension (due to his/her age or working years)
- 3 on unemployment pension
- 4 other pension

AI06. Is/was your spouse:

- 1 an employee
- 2 a farmer (incl. forestry, gardening, fishing etc.)
- 3 other entrepreneur
- 4 other self-employed professional or freelance
- 5 working on a family member's farm without salary → AJ01
- 6 working in a family member's enterprise without salary
- 7 other
- 8 he/she has never worked in an occupation full-time? → AJ01
- 9 CANNOT SAY → AJ01

AI07. What is/was your spouse's present or latest (previous) occupation?

< Statistics Finland's classification of occupations 1997 >
 <If occupation unknown --> 99000 >
 (AI07t=spouse's occupation as a text field)

<AE06b shall not be asked, if the occupation code is found >

AI06b. What are/were his/her most important working tasks?

AJ. Income

Now I would like to ask you about the financial situation of your household. The information you give will be used only for research purposes and will not be forwarded to a third party. (GIVE INCOME CARD A3)

AJ01. On this card income groups are indicated with numbers. Give the number corresponding to the monthly income of your family (with taxes)? _____

INSTRUCTION: IT IS ENOUGH THAT THE INTERVIEWEE CHOOSES FROM THE CARD THE CLASS CORRESPONDING TO THE USUAL INCOME OF THE FAMILY. THE NUMBER SHALL BE INDICATED IN THE CHECK BOX. INCOME INCLUDES ALL INCOME, ALSO PENSIONS, CHILD ALLOWANCES, AFFILIATION ORDERS, STUDY ALLOWANCES AND MATERNITY, ILLNESS AND UNEMPLOYMENT ALLOWANCES AS WELL AS THE ACCOMMODATION ALLOWANCE.

income per month:

- 1 under 2500 FIM
- 2 2500 – 5000
- 3 5001 – 7500
- 4 7501 – 10 000
- 5 10 001 – 12 500
- 6 12 501 – 15 000
- 7 15 001 – 17 500
- 8 17 501 – 20 000
- 9 20 001 – 25000
- 10 25 001 – 30 000
- 11 30 001 – 40 000
- 12 40 001 – 50 000
- 13 OVER 50 000 FIM

<asked, if AD01=5 (unemployed and laid off)>

AJ02. Do you receive an:

- 1 unemployment allowance
- 2 basic allowance
- 3 labour market support
- 4 education/training support
- 5 severance pay
- 6 some other support?

B. Health and illnesses

BA. Perceived health and chronic illnesses

BA01. I would next like to inquire about matters concerning your health and illnesses. Is your present state of health:

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor?

BA02. Do you have any permanent or chronic illness or any defect, trouble or injury, which reduces your working capacity or functional ability? Include all chronic illnesses diagnosed by a doctor and also all troubles which have lasted at least three months, which a doctor has not diagnosed, but which affect the interviewees functional or working capacity shall be mentioned.

- 1 yes
- 2 no → BA03a

BA03. Define or describe this illness or injury?

- BA03_1.** _____ < *SII's disease classification* >
BA03_2. _____
BA03_3. _____
BA03_4. _____
BA03_5. _____
BA03_6. _____
BA03_7. _____
BA03_8. _____
BA03_9. _____
BA03_10. _____

BA03a. Have you ever been diagnosed as suffering from an occupational disease?

- 1 yes
- 2 no → BA04

BA03a_1. Which disease? _____

< *SII's disease classification* >

(*Ba03a_1*= occupational disease code),

Ba03a_1T= occupational disease as a text field)

BA03b. Have you had to change your occupation or working tasks because of your illness or handicap?

- 1 yes
- 2 no → BA03c

BA03b_1. Have you had to: (several alternatives allowed)

- BA03b_11 1 change your occupation 1=yes
 BA03b_12 2 change your job
 BA03b_13 3 move over to other tasks in your place of work
 BA03b_14 4 reduce or give up some task permanently?

<BA03c shall be asked from employed persons and those caring for their household (AD01=1 or 2 or 6) and those who are on sick, maternity, paternity or parent leave (AD01b=1 or 2) and who have been working during 12 months (AD05=1) and who have some disease (BA02=1)>

BA03c. Does your illness or injury hinder you in your present (or latest) occupation or working tasks?

- 1 yes
 2 no → BA04

BA03d. How does it hinder your present (or latest) work:

(several alternatives allowed)

- 1 I can get my work done, but working causes symptoms
 2 I must often slow down my working tempo or change my way of working
 3 I am often on sick leave
 4 my illness causes unemployment or difficulties to get work
 5 I am disabled for work
 6 it causes other problems?

Next I would like to ask you in detail which of the following diseases a doctor has ever diagnosed you with and about the treatment and care you have received for them.

< Before every disease the following text visible, after the first one it could be in parentheses:>

Has a doctor ever diagnosed you with any of the following diseases?

RESPIRATORY DISEASES (SHOW CARD B1)

BA04. Asthma?

- 1 yes
 2 no → BA05

BA04A a. Which year was the asthma diagnosed for the first time? _____

- | | yes | no |
|---|-----|----|
| BA04B b. Have you been treated in hospital because of it? | 1 | 2 |
| BA04C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA04D d. Do you currently use medication because of it? | 1 | 2 |
| BA04E e. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA04F f. **Have you had shortness of breath or difficulties in breathing because of asthma during the past 12 months?**

- 1 yes
2 no → BA04i

BA04G g. **How many months ago last? _____ if BA04g=12 → BA05**

BA04H h. **How often have you had shortness of breath or difficulties in breathing because of asthma during the past 12 months?**

- 1 daily or almost daily during the whole year
2 daily or almost daily during part of the year
3 only occasionally? BA04h=1-3 → BA05

BA04I i. **How many years ago last have you had shortness of breath or breathing difficulties caused by asthma? _____**

BA05. Chronic obstructive pulmonary disease (COPD)?

- 1 yes
2 no → BA06

BA05A a. **Which year was it diagnosed for the first time? _____**

| | yes | no |
|--|-----|----|
| BA05B b. Are you being treated by a doctor because of it? | 1 | 2 |
| BA05C c. Do you currently use medication because of it? | 1 | 2 |
| BA05D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA06. Chronic bronchitis?

- 1 yes
2 no → BA07

BA06A a. **Which year was it diagnosed the first time? _____**

| | yes | no |
|--|-----|----|
| BA06B b. Are you being treated by a doctor because of it? | 1 | 2 |
| BA06C c. Do you use currently medication because of it? | 1 | 2 |
| BA06D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA07. Other respiratory disease?

- 1 yes
2 no → BA08

BA07A a. **What disease? _____ <SII's disease classification>**

BA07B b. **Which year was it diagnosed the first time? _____**

| | yes | no |
|--|-----|----|
| BA07C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA07D d. Do you currently use medication because of it? | 1 | 2 |

BA07E e. How many times have you seen a doctor because of it during the past 12 months? _____

HEART DISEASES (SHOW CARD B2)

BA08. Coronary thrombosis i.e. myocardial infarction?

- 1 yes
- 2 no → BA09

BA08A a. Which year was it diagnosed for the first time? _____

| | yes | no |
|---|-----|----|
| BA08B b. Have you been treated in hospital because of it? | 1 | 2 |
| BA08C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA08D d. Do you currently use medication because of it? | 1 | 2 |
| BA08E e. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA09. Coronary heart disease (angina pectoris)?

- 1 yes
- 2 no → BA10

BA09A a. Which year was it diagnosed for the first time? _____

| | yes | no |
|---|-----|----|
| BA09B b. Are you being treated by a doctor because of it? | 1 | 2 |
| BA09C c. Do you currently use medication because of it? | 1 | 2 |
| BA09D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA09E e. How much do the coronary disease symptoms trouble you in your daily activities:

- 1 no symptoms or no trouble
- 2 minor trouble in the heaviest daily activities
- 3 problems already in normal daily activities even if they require only small efforts
- 4 symptoms already at rest?

<if BA08=1 or BA09=1 asked BA09f and g, otherwise → BA10>

BA09. Have you had:

BA09F f. Coronary by-pass surgery?

- 1 yes
- 2 no → BA09g

BA09F_1 f_1. Which year was it done for the first time? _____

BA09G g. Balloon distension (PTCA)?

- 1 yes
- 2 no → BA10

BA09G_1 g_1. Which year was it done for the first time? _____

BA10. Heart failure, cardiac insufficiency?

- 1 yes
2 no → BA11

BA10A a. Which year was it diagnosed for the first time? _____

yes no

BA10B b. Are you being treated by a doctor because of it?

1 2

BA10C c. Do you currently use medication because of it?

1 2

BA10D d. How many times have you seen a doctor because of it during the past 12 months? _____

BA11. Cardiac arrhythmia, rhythm disturbance?

- 1 yes
2 no → BA12

yes no

BA11A a. Are you being treated by a doctor because of it?

1 2

BA11B b. Do you currently use medication because of it?

1 2

BA11C c. How many times have you seen a doctor because of it during the past 12 months? _____

BA12. Some other heart disease?

- 1 yes
2 no → BA13

BA12A a. Do you have:

- 1 congenital heart disease
2 valvular heart disease
3 heart nerve disease
4 other heart disease?

yes no

BA12B b. Are you currently being treated by a doctor because of it?

1 2

BA12C c. Do you currently use medication because of it?

1 2

BA12D d. How many times have you seen a doctor because of it during the past 12 months? _____

OTHER DISEASES IN THE VASCULAR SYSTEM (SHOW CARD B3)**BA13. High blood pressure, hypertension?**

- 1 yes
2 no → BA14

BA13A a. Which year was it diagnosed for the first time? _____

yes no

BA13B b. Are you being treated by a doctor because of it?

1 2

BA13C c. Do you currently use medication because of it?

1 2

BA13D d. How many times have you seen a doctor because of it during the past 12 months? _____

BA13E e. And a nurse or public health nurse? _____

BA13F f. How many times has your blood pressure been measured during the past 12 months? _____

INSTRUCTION: INCLUDING YOUR OWN HOME MEASUREMENTS

BA14. Stroke (cerebral haemorrhage, cerebral thrombosis)?

1 yes

2 no → BA15

BA14A a. Which year was it diagnosed for the first time? _____

yes no

BA14B b. Have you been hospitalised because of it?

1 2

BA14C c. Are you being treated by a doctor because of it?

1 2

BA14D d. Do you currently use medication because of it?

1 2

BA14E e. How many times have you seen a doctor because of it during the past 12 months? _____

BA15. Arterial thrombosis or arterial stenosis in the lower extremities (intermittent claudication)?

1 yes

2 no → BA16

BA15A a. Which year was it diagnosed for the first time? _____

yes no

BA15B b. Have you been operated because of it?

1 2

BA15C c. Are you being treated by a doctor because of it?

1 2

BA15D d. Do you currently use medication because of it?

1 2

BA15E e. How many times have you seen a doctor because of it during the past 12 months? _____

BA16. Varicose veins in the lower extremities?

1 yes

2 no → BA17

BA16A a. Have they been operated?

yes no

1 2

BA16B b. Are you being treated by a doctor because of it?

1 2

BA16C c. Do you currently use medication because of it?

1 2

BA16D d. How many times have you seen a doctor because of it during the past 12 months? _____

BA17. Thrombosis in the veins of the lower extremities (venous thrombosis)?

- 1 yes
2 no → BA17g

BA17A a. Which year was it diagnosed for the first time? _____

yes no

BA17B b. Have you been hospitalised because of it?

1 2

BA17C c. Have you had a venous thrombosis in the lower extremities once or more often?

- 1 once
2 twice or more often

yes no

BA17D d. Are you being treated by a doctor because of it?

1 2

BA17E e. Do you currently use medication because of it?

1 2

BA17F f. How many times have you seen a doctor because of it during the past 12 months _____

BA17g. (Has a doctor ever diagnosed one of the following diseases) Thrombosis in the pulmonary arteries (pulmonary embolus)?

- 1 yes
2 no → BA18

BA17H h. Which year was it diagnosed for the first time? _____

yes no

BA17I i. Have you been hospitalised because of it?

1 2

BA17J j. Are you being treated by a doctor because of it?

1 2

BA17K k. Do you currently use medication because of it?

1 2

BA17L l. How many times have you seen a doctor because of it during the past 12 months? _____

DEFECTS, DISEASES AND INJURIES OF THE JOINTS , EXTREMITIES AND THE BACK (SHOW CARD B4)**BA18. Rheumatoid arthritis?**

- 1 yes
2 no → BA19

BA18A a. Which year was it diagnosed for the first time? _____

yes no

BA18B b. Have you been operated because of it?

1 2

BA18C c. Are you being treated by a doctor because of it?

1 2

BA18D d. Do you currently use medication because of it?

1 2

BA18E e. How many times have you seen a doctor because of it during the past 12 months? _____

BA19. Osteoarthritis (arthrosis, joint degeneration)?

- 1 yes
2 no → BA20

a. In which joints? (several alternatives allowed)

- BA19a1 1 knee 1= yes
BA19a2 2 hip
Ba19a3 3 hand
BA19a4 4 back
BA19a5 5 other

BA19B **b. Have you been operated because of it?**

| yes | no |
|-----|----|
| 1 | 2 |

BA19C **c. Are you being treated by a doctor because of it?**

| | |
|---|---|
| 1 | 2 |
|---|---|

BA19D **d. Do you currently use medication because of it?**

| | |
|---|---|
| 1 | 2 |
|---|---|

BA19E **e. How many times have you seen a doctor because of it during the past 12 months? _____****BA20. Other joint disease?**

- 1 yes
2 no → BA21

BA20A **a. Are you being treated by a doctor because of it?**

| yes | no |
|-----|----|
| 1 | 2 |

BA20B **b. Do you currently use medication because of it?**

| | |
|---|---|
| 1 | 2 |
|---|---|

BA20C **c. How many times have you seen a doctor because of it during the past 12 months? _____****BA21. Back disease or other back defect?**

- 1 yes
2 no → BA21f

BA21A **a. Which disease? _____** <SII's disease classification>
(BA21at=disease as a text field)BA21B **b. Have you been operated because of it?**

| yes | no |
|-----|----|
| 1 | 2 |

BA21C **c. Are you being treated by a doctor because of it?**

| | |
|---|---|
| 1 | 2 |
|---|---|

BA21D **d. Do you currently use medication because of it?**

| | |
|---|---|
| 1 | 2 |
|---|---|

BA21E **e. How many times have you seen a doctor because of it during the past 12 months? _____****BA21f. Neck disease or other defect in the neck?**

- 1 yes
2 no → BA22

BA21G **g. Which disease _____** <SII's disease classification>
(BA21gt=disease as a text field)

| | yes | no |
|---|-----|----|
| BA21H h. Have you been operated because of it? | 1 | 2 |
| BA21I i. Are you being treated by a doctor because of it? | 1 | 2 |
| BA21J j. Do you currently use medication because of it? | 1 | 2 |
| BA21K k. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA22. Fracture or fractures (broken bones)?

- 1 yes
- 2 no → BA23

a. Where have you had fractures? (several alternatives allowed)

| | | |
|---------|--------------------------|---------------------|
| BA22a1 | 11 head or face | 1= yes |
| BA22a2 | 12 wrist | |
| BA22a3 | 13 upper arm or shoulder | |
| BA22a4 | 14 other upper limb | |
| BA22a5 | 15 ankle | |
| BA22a6 | 16 leg | |
| BA22a7 | 17 hip | BA22a=11-22 → BA22c |
| BA22a8 | 18 other lower limb | |
| BA22a9 | 19 rib | |
| BA22a10 | 20 cervical spine | |
| BA22a11 | 21 lumbar spine | |
| BA22a12 | 22 other spine | |
| BA22a13 | 23 other | |

- BA22B b. (other fractures) which? _____
- BA22C c. How many fractures have you had during your life? _____

BA23. Osteoporosis (bone loss)

- 1 yes
- 2 no → BA24

BA23A a. Was it diagnosed:

- 1 from the heel
- 2 from the femur or lumbar spine
- 3 from somewhere else?

| | yes | no |
|---|-----|----|
| BA23B b. Are you being treated by a doctor because of it? | 1 | 2 |
| BA23C c. Do you currently use medication because of it? | 1 | 2 |
| BA23D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA24. Permanent injury or defect caused by an accident? (SHOW CARD B5)

- 1 yes
- 2 no → BA25

BA24A1A a1a. Is it a face or chin injury?

- 1 yes → BA24b1a
- 2 no

BA24A1 a1. (Do you have) a permanent head or brain injury (caused by an accident)?

- 1 yes → BA24b1
- 2 no

BA24A2 a2. (Do you have) a permanent vision defect (caused by an accident)?

- 1 yes → BA24b2
- 2 no

BA24A3 a3. (Do you have) a permanent hearing defect (caused by an accident)?

- 1 yes → BA24b3
- 2 no

BA24A4 a4. (Do you have) a permanent injury in the upper limb/s (caused by an accident)?

- 1 yes → BA24b4
- 2 no

BA24A5A a5a. (Do you have) a permanent hip fracture or its consequence (caused by an accident)?

- 1 yes → BA24b5a
- 2 no

BA24A5 a5. ((Do you have) some other permanent injury of the lower limb/s (caused by an accident)?

- 1 yes → BA24b5
- 2 no

BA24A6 a6. (Do you have) a permanent injury of the trunk or back (caused by an accident)?

- 1 yes → BA24b6
- 2 no

BA24A7 a7. (Do you have) a permanent pulmonary injury (caused by an accident)?

- 1 yes → BA24b7
- 2 no

BA24A8 a8. (Do you have) an internal organ injury (caused by an accident)?

- 1 yes → BA24b8
- 2 no

- BA24A9 **a9. (Do you have) some other permanent injury (caused by an accident)?**
 1 yes → BA24b9
 2 no → BA24d
- BA24B1A **b1a. Was the injury caused:**
 1 by a traffic accident → BA24a1
 2 by stumbling or falling → BA24c1a
 3 by an assault → BA24c1a
 4 in the war → BA24a1
 5 some other way? → BA24c1a
- BA24B1 **b1. Was the injury caused:**
 1 by a traffic accident → BA24a2
 2 by stumbling or falling → BA24c1
 3 by an assault → BA24c1
 4 in the war → BA24a2
 5 some other way? → BA24c1
- BA24B2 **b2. Was the injury caused:**
 1 by a traffic accident → BA24a3
 2 by stumbling or falling → BA24c2
 3 by an assault → BA24c2
 4 in the war → BA24a3
 5 some other way? → BA24c2
- BA24B3 **b3. Was the injury caused:**
 1 by a traffic accident → BA24a4
 2 by stumbling or falling → BA24c3
 3 by an assault → BA24c3
 4 in the war → BA24a4
 5 some other way? → BA24c3
- BA24B4 **b4. Was the injury caused:**
 1 by a traffic accident → BA24a5a
 2 by stumbling or falling → BA24c4
 3 by an assault → BA24c4
 4 in the war → BA24a5a
 5 some other way? → BA24c4
- BA24B5A **b5a. Was the injury caused:**
 1 by a traffic accident → BA24a5
 2 by stumbling or falling → BA24c5a
 3 by an assault → BA24c5a
 4 in the war → BA24a5
 5 some other way? → BA24c5a

- BA24B5 **b5. Was the injury caused:**
 1 by a traffic accident → BA24a6
 2 by stumbling or falling→ BA24c5
 3 by an assault → BA24c5
 4 in the war → BA24a6
 5 some other way? → BA24c5
- BA24B6 **b6. Was the injury caused:**
 1 by a traffic accident → BA24a7
 2 by stumbling or falling→ BA24c6
 3 by an assault → BA24c6
 4 in the war → BA24a7
 5 some other way? → BA24c6
- BA24B7 **b7. Was the injury caused:**
 1 by a traffic accident → BA24a8
 2 by stumbling or falling→ BA24c7
 3 by an assault → BA24c7
 4 in the war → BA24a8
 5 some other way? → BA24c7
- BA24B8 **b8. Was the injury caused:**
 1 by a traffic accident → BA24a9
 2 by stumbling or falling→ BA24c8
 3 by an assault → BA24c8
 4 in the war → BA24a9
 5 some other way? → BA24c8
- BA24B9 **b9. Was the injury caused:**
 1 by a traffic accident → BA24d
 2 by stumbling or falling→ BA24c9
 3 by an assault → BA24c9
 4 in the war → BA24d
 5 some other way? → BA24c9
- BA24C1A **c1a. Did the accident happen:** → BA24a1
 1 at work
 2 during travel to or from work
 3 at home
 4 during leisure time or in hobbies?
- BA24C1 **c1. Did the accident happen:** → BA24a2
 1 at work
 2 during travel to or from work
 3 at home
 4 during leisure time or in hobbies?

- BA24C2 **c2. Did the accident happen:** → BA24a3
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C3 **c3. Did the accident happen:** → BA24a4
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C4 **c4. Did the accident happen:** → BA24a5a
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C5A **c5a. Did the accident happen:** → BA24a5
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C5 **c5. Did the accident happen:** → BA24a6
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C6 **c6. Did the accident happen:** → BA24a7
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C7 **c7. Did the accident happen:** → BA24a8
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?
- BA24C8 **c8. Did the accident happen:** → BA24a9
1 at work
2 during travel to or from work
3 at home
4 during leisure time or in hobbies?

- BA24C9 **c9. Did the accident happen:**
 1 at work
 2 during travel to or from work
 3 at home
 4 during leisure time or in hobbies?
- BA24D **d. Are you at present being treated by a doctor due to your injuries or defects?**
 1 yes
 2 no
- BA24E **e. Are you at present using medication because of your injuries or defects?**
 1 yes
 2 no
- BA24F **f. Are you at present using aids because of your injuries or defects?**
 1 yes
 2 no → BA24h
- g. What kind of aids? (Several alternatives allowed)**
- BA24g1 11 walking stick or one elbow stick 1=yes
 BA24g2 12 elbow sticks (2)
 BA24g3 13 prosthesis answers 11-20 → BA24h
 BA24g4 14 respirator
 BA24g5 15 special glasses or some other aid of vision
 BA24g6 16 hearing aid
 BA24g7 17 rollator or slide
 BA24g8 18 wheel chair (also motorised)
 BA24g9 19 car with adaptations for invalids
 BA24g10 20 some other motorised moving aid
 BA24g11 21 some other aid
- BA24G_1 **g_1. Which?** _____
- BA24H **h. How many times have you seen a doctor because of your injuries or defects during the past 12 months?** _____

MENTAL HEALTH PROBLEMS (SHOW CARD B6)

Has a doctor ever diagnosed you with any of the following illnesses:

- BA25. Psychological or mental illness?**
 1 yes
 2 no → BA36

a. Is it: (several alternatives allowed)

- BA25a1 1 psychosis 1= yes
 BA25a2 2 depression
 BA25a3 3 anxiety
 BA25a4 4 substance use problem
 BA25a5 5 other?

BA25B **b. Which year was it diagnosed for the first time?** _____

- | | yes | no |
|--|-----|----|
| BA25C c. Have you been hospitalised because of it? | 1 | 2 |
| BA25D d. Are you being treated by a doctor because of it? | 1 | 2 |
| BA25E e. Do you currently use medication because of it? | 1 | 2 |
| BA25F f. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

VISION AND HEARING DEFECTS (SHOW CARD B7)

BA36. Cataract in the eyes?

- 1 yes
 2 no → BA37

BA36A **a. Have you had an eye operation because of it?**

- 1 yes
 2 no → BA36c

BA36B **b. Have you been operated:**

- 1 on one eye
 2 on both eyes?

- | | yes | no |
|--|-----|----|
| BA36C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA36E e. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA37. Glaucoma

- 1 yes
 2 no → BA38

- | | yes | no |
|--|-----|----|
| BA37A a. Are you being treated or followed-up by an eye specialist because of it? | 1 | 2 |
| BA37B b. Do you use daily eye medication because of it? | 1 | 2 |
| BA37C c. Have you received laser treatment of the eyes because of it? | 1 | 2 |
| BA37D d. Have you had an eye operation because of it? | 1 | 2 |
| BA37E e. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA38. eye ground degeneration?

- 1 yes
 2 no → BA39

| | yes | no |
|---|-----|----|
| BA38A a. Are you being treated or followed-up by an eye specialist because of it? | 1 | 2 |
| BA38B b. Have you received laser treatment of the eyes because of it? | 1 | 2 |
| BA38C c. Have you been in an eye operation because of it? | 1 | 2 |
| BA38D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA39. other visual defect or injury?

- 1 yes
2 no → BA40

| | yes | no |
|---|-----|----|
| BA39A a. What kind of defect or injury? _____ | | |
| BA39B b. Have you been treated in a hospital because of it? | 1 | 2 |
| BA39C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA39D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA40. Hearing defect, hearing injury or disease causing impaired hearing?

- 1 yes
2 no → BA41

BA40A a. What kind of defect or injury?

- 1 noise injury → BA40b
2 congenital hearing defect → BA40b
3 other defect

| | yes | no |
|---|-----|----|
| BA40A_1 a_1. (Other defect) what? _____ | | |
| BA40B b. Have you been treated in a hospital because of it? | 1 | 2 |
| BA40C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA40D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA41. Have you disturbing tinnitus (ringing) in the ears?

- 1 yes
2 no → BA26

BA41A a. Are you being treated by a doctor because of it?

- 1 yes
2 no

BA41B b. How many times have you seen a doctor because of it during the past 12 months? _____

OTHER DISEASES DIAGNOSED BY A DOCTOR (SHOW CARD B8)**BA26. Diabetes?**

- 1 yes
- 2 no → BA27

BA26A a. Which year was it first diagnosed? _____

BA26B b. Are you being treated by a doctor because of it?

- 1 yes
- 2 no

BA26C c. Do you currently use medication because of?

- 1 yes
- 2 no → BA26d

BA26C_1c_1. Do you use:

- 1 tablets
- 2 insulin
- 3 both?

BA26D d. How many times have you seen a doctor because of it during the past 12 months? _____

BA26E e. Has a doctor ever examined your eyegrounds or have your eyegrounds been photographed?

- 1 yes
- 2 no → BA26h

BA26F f. Have you been diagnosed with changes in your eyegrounds caused by diabetes?

- 1 yes
- 2 no → BA26h

BA26G g. Have you received laser treatment of the eyegrounds because of diabetes?

- 1 yes
- 2 no

BA26H h. Have changes caused by diabetes been diagnosed?

- 1 yes
- 2 no → BA26k

BA26I i. Has increased albumin excretion been observed in your urine?

- 1 yes
- 2 no

BA26J j. Have you been diagnosed with kidney insufficiency?

- 1 yes
- 2 no

BA26K k. Has a part of your lower limb been amputated because of diabetes?

- 1 yes
- 2 no

BA26L l. Is the feeling in your legs decreased?

- 1 Yes
- 2 no

BA27. Disturbing allergy?

- 1 yes
- 2 no → BA28

a. Is it: (several alternatives allowed)

- BA27a1 1 hay fever or other allergic rhinitis 1=yes
- BA27a2 2 allergic inflammation of the eye, conjunctivitis
- BA27a3 3 allergic dermatitis
- BA27a4 4 food allergy
- BA27a5 5 medicine allergy
- BA27a6 6 other allergy?

yes no

BA27B **b. Are you being treated by a doctor because of it?**

1 2

BA27C **c. Do you currently use medication because of it?**

1 2

BA27D **d. How many times have you seen a doctor because of it during the past 12 months? _____**

BA28. A chronic skin disease, e.g. psoriasis or atopic dermatitis?

- 1 yes
- 2 no → BA29

a. Is it:

- BA28a1 1 allergic dermatitis (allergic eczema) 1=yes
- BA28a2 2 atopic dermatitis (atopic eczema)
- BA28a3 3 contact dermatitis (toxic eczema)
- BA28a4 4 inflammation caused by a mycosis (in the skin or nails), fungal infection
- BA28a5 5 psoriasis
- BA28a6 6 other skin disease?

yes no

BA28B **b. Are you being treated by a doctor because of it?**

1 2

BA28C **c. Do you currently use medication because of it?**

1 2

BA28D **d. How many times have you seen a doctor because of it during the past 12 months? _____**

BA29. Bilestones or gallbladder inflammation (cholecystitis)?

- 1 yes
2 no → BA30

| | yes | no |
|---|-----|----|
| BA29A a. Have you been hospitalised because of it? | 1 | 2 |
| BA29B b. Have you been operated because of it? | 1 | 2 |
| BA29C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA29D d. Do you currently use medication because of it? | 1 | 2 |
| BA29E e. Are you on a special diet because of it? | 1 | 2 |
| BA29F f. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA30. Gastric or duodenal ulcer?

- 1 yes
2 no → BA31

| | yes | no |
|---|-----|----|
| BA30A a. Have you been hospitalised because of it? | 1 | 2 |
| BA30B b. Have you been operated because of it? | 1 | 2 |
| BA30C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA30D d. Do you currently use medication because of it? | 1 | 2 |
| BA30E e. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA31. A chronic illness or inflammation of the bowel, e.g. celiac disease, lactose intolerance or colitis (inflammation of the large intestine)?

- 1 yes
2 no → BA32

BA31A a. Inflammation of the large intestine (Colitis ulcerosa)?

- 1 yes → BA31a_1
2 no

BA31B b. Crohn's disease?

- 1 yes → BA31b_1
2 no

BA31C c. Celiac disease?

- 1 yes → BA31c_4
2 no

BA31D d. Lactose intolerance (malabsorption of milk sugar)?

- 1 yes → BA31d_4
2 no

BA31E e. Irritable colon?

- 1 yes → BA31e_1
2 no

BA31F **f. Other chronic illness or inflammation of the bowel?**

1 yes → BA31f_1

2 no → BA32

| | yes | no |
|--|-----|----|
| BA31A_1 a_1. Have you been hospitalised because of it? | 1 | 2 |
| BA31A_2 a_2. Have you been operated because of it? | 1 | 2 |
| BA31A_3 a_3. Are you being treated by a doctor because of it? | 1 | 2 |
| BA31A_4 a_4. Do you currently use medication because of it? | 1 | 2 |
| BA31A_5 a_5. Are you on a special diet because of it? | 1 | 2 |
| BA31A_6 a_6. How many times have you seen a doctor because of it during the past 12 months? _____ → BA31b | | |

| | yes | no |
|--|-----|----|
| BA31B_1 b_1. Have you been hospitalised because of it? | 1 | 2 |
| BA31B_2 b_2. Have you been operated because of it? | 1 | 2 |
| BA31B_3 b_3. Are you being treated by a doctor because of it? | 1 | 2 |
| BA31B_4 b_4. Do you currently use medication because of it? | 1 | 2 |
| BA31B_5 b_5. Are you on a special diet because of it? | 1 | 2 |
| BA31B_6 b_6. How many times have you seen a doctor because of it during the past 12 months? _____ → BA31c | | |

| | yes | no |
|--|-----|----|
| BA31C_4 c_4. Do you currently use medication because of it? | 1 | 2 |
| BA31C_5 c_5. Are you on a special diet because of it? | 1 | 2 |
| BA31C_6 c_6. How many times have you seen a doctor because of it during the past 12 months? _____ → BA31d | | |

| | yes | no |
|--|-----|----|
| BA31D_4 d_4. Do you currently use medication because of it? | 1 | 2 |
| BA31D_5 d_5. Are you on a special diet because of it? | 1 | 2 |
| BA31D_6 d_6. How many times have you seen a doctor because of it during the past 12 months? _____ → BA31e | | |

| | yes | no |
|--|-----|----|
| BA31E_1 e_1. Have you been hospitalised because of it? | 1 | 2 |
| BA31E_3 e_3. Are you being treated by a doctor because of it? | 1 | 2 |
| BA31E_4 e_4. Do you currently use medication because of it? | 1 | 2 |
| BA31E_5 e_5. Are you on a special diet because of it? | 1 | 2 |
| BA31E_6 e_6. How many times have you seen a doctor because of it during the past 12 months? _____ → BA31f | | |

| | yes | no |
|--|-----|----|
| BA31F_1 f_1. Have you been hospitalised because of it? | 1 | 2 |
| BA31F_3 f_3. Are you being treated by a doctor because of it? | 1 | 2 |
| BA31F_4 f_4. Do you currently use medication because of it? | 1 | 2 |
| BA31F_5 f_5. Are you on a special diet because of it? | 1 | 2 |
| BA31F_6 f_6. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA32. Cancer (malignant growth)?

- 1 yes
 2 no → women → BA34
 men → BA35

- a. Which cancer? (MARK MAX. TWO)** BA32a1 (1st. reported cancer)
 BA32a2 (2nd. reported cancer)
- 1 lung
 - 2 mouth, pharyngeal or laryngeal
 - 3 oesophagus
 - 4 stomach
 - 5 bowel, incl. rectum
 - 6 breast
 - 7 uterus, ovary
 - 8 prostate
 - 9 skin melanoma
 - 10 skin, other
 - 11 lymphatic/lymphoma
 - 12 leukaemia/blood cancer
 - 13 other cancer

<If one cancer: questions b-h; if two: questions b-o>
(Blaise: show type of cancer)

BA32a_1. Which year was it first diagnosed? _____

| | yes | no |
|--|-----|----|
| BA32B b. Have you been hospitalised because of it? | 1 | 2 |
| BA32C c. Were you operated? | 1 | 2 |
| BA32D d. Did you receive radiotherapy? | 1 | 2 |
| BA32E e. Did you receive cytostatic treatment? | 1 | 2 |
| BA32F f. Are you being treated by a doctor because of it or are you under observation? | 1 | 2 |
| BA32G g. Do you currently use medication because of it? | 1 | 2 |
| BA32H h. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

(Blaise: show type of cancer)

BA32a_2. Which year was it first diagnosed? _____

| | yes | no |
|--|-----|----|
| BA32I i. Have you been hospitalised because of it? | 1 | 2 |
| BA32J j. Were you operated? | 1 | 2 |
| BA32K k. Did you receive radiotherapy? | 1 | 2 |
| BA32L l. Did you receive cytostatic treatment? | 1 | 2 |
| BA32M m. Are you being treated by a doctor because of it or are you under observation? | 1 | 2 |
| BA32N n. Do you currently use medication because of it? | 1 | 2 |
| BA32O o. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

men → BA35

BA34. Benign tumours of the uterus, e.g. myomas?

1 yes

2 no → BA35

| | yes | no |
|---|-----|----|
| BA34A a. Have you been hospitalised because of it? | 1 | 2 |
| BA34B b. Have you been operated because of it? | 1 | 2 |
| BA34C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA34D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA35. Parkinson's disease?

1 yes

2 no → BA42

| | yes | no |
|---|-----|----|
| BA35A a. Have you been hospitalised because of it? | 1 | 2 |
| BA35B b. Are you being treated by a doctor because of it? | 1 | 2 |
| BA35C c. Do you currently use medication because of it? | 1 | 2 |
| BA35D d. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA42. Severe headache?

1 yes

2 no → BA43

BA42A a. What kind of headache?

1 recurrent migraine

2 other headache

BA42B b. How often does the headache recur?

1 every day or almost every day

2 a few times a week

3 a few times a month

4 once a month

5 less often

| | yes | no |
|--|-----|----|
| BA42C c. Have you been hospitalised because of it? | 1 | 2 |
| BA42D d. Are you being treated by a doctor because of it? | 1 | 2 |
| BA42E e. Are you currently using medication because of it? | 1 | 2 |

<if BA42e=1>

BA42E_1 BA42e_1. What medicine? _____ <SII's medicines classification>

BA42E_2 e_2. _____

BA42E_3 e_3. _____

BA42F f. How many times have you seen a doctor because of it during the past 12 months? _____

BA43. Bladder, urinary tract or a renal pelvis infection or bacteria in the urine?

1 yes

2 no → BA44

| | yes | no |
|---|-----|----|
| BA43A a. Has it bothered you repeatedly during the last years? | 1 | 2 |
| BA43B b. How many infections have you had during the past 12 months? _____ | | |
| BA43C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA43D d. Do you currently use medication because of it? | 1 | 2 |
| BA43F f. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA44. Urinary incontinence, problems in controlling the bladder?

1 yes

2 no → women → BA46
 men under 40.v → BA46
 men ≥ 40.v → BA45

BA44A a. Have you received treatment because of it?

1 yes

2 no → women → BA46
 men under 40.v → BA46
 men ≥ 40.v → BA45

| | yes | no |
|---|-----|----|
| BA44C c. (Have you received) physiotherapy? | 1 | 2 |
| BA44D d. (Have you been) operated? | 1 | 2 |
| BA44F f. Are you being treated by a doctor because of it? | 1 | 2 |
| BA44G g. Do you currently use medication because of it? | 1 | 2 |
| BA44H h. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

women → BA46

men under 40.v → BA46

BA45. Hypertrophy of the prostate, enlarged prostate

1 yes

2 no → BA46

| | yes | no |
|---|-----|----|
| BA45A a. Have you been hospitalised because of it? | 1 | 2 |
| BA45B b. Have you been operated because of it (also transurethral resection)? | 1 | 2 |
| BA45C c. Are you being treated by a doctor because of it? | 1 | 2 |
| BA45D d. Do you currently use medication because of it? | 1 | 2 |
| BA45E e. How many times have you seen a doctor because of it during the past 12 months? _____ | | |

BA46. Do you have some other chronic illness, defect, trouble or injury diagnosed by a doctor?

1 yes

2 no → BB01

BA46A_1 **BA46a_1. What other?** _____ <SII's disease classification>

BA46A_2 **a_2.** _____

BA46A_3 **a_3.** _____

(BA46A_1T - BA46A_3T =disease as a text field)

<if BA02=2 and BA04-BA46=2 (no chronic illnesses) → BB05>

BB. Treatment of illnesses

Next, I would like you to think about your illnesses and their treatment as a whole.

BB01a. Do you need continuous treatment by a doctor because of any of the chronic illnesses, defects or injuries you just mentioned?

1 yes

2 no

BB01b. Are you being treated by a doctor for at least one of these illnesses?

1 yes

2 no

BB01c. Do you have a chronic illness for which you would like to get continuous treatment by a doctor but do not receive it?

1 yes

2 no → BB02

BB01d. Which illness/es? d_1. _____ <SII's disease classification>

d_2. _____

d_3. _____

(BB01D_1T – BB01D_3T =illness as a text field)

BB02. Is any one of your illnesses such that you would need to have some other treatment, which you do not receive?

1 yes

2 no → BB05

BB03. Would you need more of any of the following treatments:

| | yes | no |
|---|-----|----|
| BB03A a. medication/ treatment by medicines? | 1 | 2 |
| BB03B b. operative treatment? | 1 | 2 |
| BB03C c. hospital treatment? | 1 | 2 |
| BB03D d. physiotherapy? | 1 | 2 |
| BB03E e. rehabilitation ? | 1 | 2 |
| BB03F f. aids? | 1 | 2 |
| BB03G g. health counselling (way of life, food habits)? | 1 | 2 |

Hospital care**BB05. Are you at the moment on a waiting list for hospital treatment, i.e. for examinations, surgical operation or some other procedures?**

1 yes

2 no → BB08

BB06. Because of which illness/es?

BB06_1 1. disease _____ <SII's disease classification>

BB06_2 2. disease _____

BB06_3 3. disease _____

(BB06_1T – BB06_3T =illness as a text field)

BB07. Has the time for hospital treatment been already agreed?

1 yes

2 no

BB08. Have you during the past five years been an inpatient in a hospital ward?

1 yes

2 no → BB12

BB09. Because of which illness/es?

BB09_1 1. disease _____ <SII's disease classification>

BB09_2 2. disease _____

BB09_3 3. disease _____

BB09_4 4. disease _____

BB09_5 5. disease _____

(BB09_1T – BB09_5T =illness as a text field)

BB10. And have you been an inpatient in a hospital ward during the past 12 months?

- 1 yes
2 no → BB12

BB11.

BB11A **a. How many times?** _____

BB11B **b. How many days in total?** _____

BB11C **c. Because of which illness/es?**

BB11C_1 **c_1.** _____ <SII's disease classification>

BB11C_2 **c_2.** _____

BB11C_3 **c_3.** _____

(BB11C_1T – BB11C_3T =illness as a text field)

Surgical operations

BB12. Have you ever been operated on?

- 1 yes
2 no → women → BD02
men → BC02

BB15a_1. What operations? (e.g. appendectomy, hysterectomy, bypass surgery, artificial joint, pace maker) _____ → BB15b_1

BB15A_2 **a_2. (Which operation?)** _____ → BB15b_2

BB15A_3 **a_3. (Which operation?)** _____ → BB15b_3 <operation code >

BB15A_4 **a_4. (Which operation?)** _____ → BB15b_4

BB15A_5 **a_5. (Which operation?)** _____ → BB15b_5

(BB15A_1T – BB15A_5T =operation as a text field)

<if in some question BB15a_1 / BB15a_5 is the code for, after pos. a is asked BB15b after which is asked pos. c >

BB15b. What was removed or extirpated:

- 1 the uterus and both ovaries
2 the uterus and one ovary
3 only the uterus, no ovaries?

BB15C_1 **c_1. Which year?** _____ → BB15a_2

BB15C_2 **c_2. (Which year?)** _____ → BB15a_3

BB15C_3 **c_3. (Which year?)** _____ → BB15a_4

BB15C_4 **c_4. (Which year?)** _____ → BB15a_5

BB15C_5 **c_5. (Which year?)** _____ → females → BD02
males → BC02

BC. Questions for men

BC02. How many living children do you have at the moment, including adopted children, children for whom you are a foster parent and other “non biological children“? _____

Childlessness/Infertility

BC03. Have there been time periods when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?

- 1 yes
- 2 no → CA01

BC04. Have you been examined because of infertility or sought treatment because it?

- 1 yes → CA01
- 2 no → CA01

BD. Questions for women

Menstruation

BD02. How old were you when your periods started? _____

< BD03 women under 55 years >

< ≥55 years old or those, who in BB15a have the code 61 (hysterectomy done) →BD05>

BD03. Do you have periods nowadays: (If the person is pregnant, mark the situation before the pregnancy.)

- 1 regularly → BD07
- 2 irregularly → BD04
- 3 not at all → BD05

BD04. When did you last have periods? _____ → BD07 <mmyyyy>
INSTRUCTION: MONTH AND YEAR (MMYYYY), UNKNOWN MONTHS AND YEARS NOTED BY 0 noted by 0.

BD05. When were your last periods? _____ < mmyyyy >

INSTRUCTION: MONTH AND YEAR (MMYYYY)
IF OVER 12 MONTHS, USE FULL YEARS

BD06. Did your periods end:

- 1 naturally with the menopause
- 2 after an operation or radiotherapy BD06=1-4 → BD08
- 3 for some other reason (e.g. because of hormone medication)?
- 4 MY PERIODS HAVE NOT ENDED

Pregnancies and deliveries

< BD07 under 55 years and in BB15 NO code 61 (no hysterectomy)>

BD07. Are you pregnant at the moment?

- 1 yes
- 2 no

ALL WOMEN

BD08a. How many pregnancies have you had? _____ IF BD08a=0 ->BD22
INSTRUCTION: INCLUDE ALL PREGNANCIES REGARDLESS OF WHETHER THEY HAVE ENDED IN A DELIVERY, A MISCARRIAGE OR AN ABORTION.

BD08b. Was any of these pregnancies a multiple pregnancy (i.e. several babies)?

- 1 yes
- 2 no -> BD08d

BD08c_1. Which pregnancies? _____

INSTRUCTION: MARK THE NUMBER INDICATING THE ORDER.

BD08C_2 **c_2.** _____

BD08C_3 **c_3.** _____

· ·

· ·

BD08C_10 **c_10.** _____

BD08d. How many deliveries have you had? _____ if BD08d=0 → BD19
INSTRUCTION: INCLUDE ALL DELIVERIES ALSO CAESAREAN SECTIONS.

<BD09 is asked for as many deliveries as mentioned in BD08d (max. 20)>

BD09. INSTRUCTION: YEAR (YYYY)

BD09A **a. Which year was your first delivery?** _____

BD09B **b. Which year was your second delivery?** _____

BD09C **c. Which year was your third delivery?** _____

BD09D **d. Which year was your fourth delivery?** _____

BD09E **e. Which year was your fifth delivery?** _____

BD09F **f. Which year was your sixth delivery?** _____

BD09G **g. Which year was your seventh delivery?** _____

·

·

·

BD09T **t. Which year was your 20th delivery?** _____

BD11. How many children have you delivered? _____

INSTRUCTION: INCLUDE STILLBORN.

BD12a. How many were born alive? _____

<asked from each child (max 20) born alive (BD12a)>

BD12B **b. How many months did you breastfeed your 1st child, including also partial breast-feeding together with other feeding?** _____

INSTRUCTION: 0= HAS ONLY TRIED OUT, NOT CONTINUOUS BREAST-FEEDING, 97=CONTINUOUS BREAST FEEDING OVER 1 WEEK BUT LESS THAN 1 MONTH.

BD12C **c. 2nd child** _____

BD12D **d. 3rd child** _____

BD12E **e. 4th child** _____

BD12F **f. 5th child** _____

BD12G **g. 6th child** _____

.

.

BD12U **u. 20th child** _____

<New variable>

BD11_X. Continued breast-feeding (based on the remarks)

1=yes

<BD13-BD17 is asked from under 75 years old >

BD13. Have you during any pregnancy had:

BD13A **a. Toxaemia**

1 yes → BD13a_1

2 no

BD13B **b. High blood pressure?**

1 yes → BD13b_1

2 no

BD13C **c. Albumin in the urine?**

1 yes → BD13c_1

2 no

BD13D **d. High blood sugar values?**

1 yes → BD13d_1

2 no → BD14

BD13a_1. During how many pregnancies? _____ → BD13b

BD13b_1. During how many pregnancies? _____ → BD13c

BD13c_1. During how many pregnancies? _____ → BD13d

BD13d_1. During how many pregnancies? _____

<if BD13b=1 ask BD14, others pass the questions BD14-BD16>

BD14. Was your high blood pressure treated with medicines during (any) pregnancy?

1 yes

2 no → BD17

BD15. Was the antihypertensive treatment (always) stopped after the delivery?

- 1 yes
- 2 no

<if BD15=2 ask BD16>

BD16. Was the antihypertensive treatment continued after (any) delivery:

- 1 not more than one year
- 2 over one year?

<if BD13d=1 ask BD17>

BD17. What kind of treatment did you receive because of the high blood glucose values:

INSTRUCTION: MARK THE STRONGEST TREATMENT WHICH YOU RECEIVED AT LEAST DURING ONE PREGNANCY.

- 1 started insulin treatment, which continued over one year after the delivery
- 2 started insulin treatment, which was stopped after the pregnancy
- 3 changes in the diet
- 4 no treatment?

ALL WOMEN

BD19. How many miscarriages have you had? _____

INSTRUCTION: DO NOT INCLUDE ABORTION

BD20. (How many) extra uterine pregnancies have you had? _____

BD21. (How many) abortions have you had? _____

BD22. How many living children do you have at the moment, including adopted children, children whose foster parent you are and other “non biological children“? _____

Childlessness and infertility treatments

BD23. Have there been time periods, when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?

- 1 yes
- 2 no → under 55 years old →BD26
≥55 years old →BD27

BD24. Have you been in examinations because of childlessness/infertility or received treatment for it?

- 1 yes
- 2 no → under 55 years old →BD26
≥55 years old →BD27

BD24a. Which year were you last examined or sought treatment? _____

BD25. Have you received any of the following infertility treatments:

INSTRUCTION: INCLUDE FOR IVF- AND FET-TREATMENTS ALSO THOSE TREATMENT PERIODS, IN WHICH DONATED SEX CELLS WERE USED AND THOSE WHICH WERE INTERRUPTED.

<shall be asked from everyone, if BD24=1>

BD25A a. Hormone treatments?

- 1 yes → BD25a_1
- 2 no

< shall be asked from everyone, if BD24=1>

BD25B b. Artificial insemination?

- 1 yes → BD25b_1
- 2 no

< shall be asked, if BD24a>1981>

BD25C c. In vitro fertilisation (IVF) or intra cytoplasmic sperm injection treatment (ICSI)?

- 1 yes → BD25c_1
- 2 no

< shall be asked, if BD24a>1988>

BD25E e. Frozen embryo transfer (FET)?

- 1 yes → BD25e_1
- 2 no

< shall be asked from everyone, if BD24=1>

BD25F f. Other infertility treatment ?

- 1 yes → BD25f_1
- 2 no → under 55 years old →BD26
≥55 years old →BD27

BD25a_1. How many times? _____ → BD25b

BD25b_1. How many times? _____ → BD25c

BD25c_1. How many times? _____ → BD25e

BD25e_1. How many times? _____ → BD25f

BD25f_1. How many times? _____ → under 55 years old →BD26
≥55 years old →BD27

Birth control

<BD26 under 55 years; by pass the question if in BB15a code 61 (hysterectomy done)>

BD26. Do you at the moment take contraceptive pills?

- 1 yes
- 2 no → BD27

BD26A a. For how many years altogether have you been taking contraceptive pills (including all earlier time periods)? _____
INSTRUCTION: LESS THAN 1 YEAR CODE =97

BD26B b. What is the name of the preparation you are using now?
_____ <SII's medicine classification> → BD30
(BD26bT= preparation as a text field)

<BD27 ≥55 years old or if BD26=2 (does not use contraceptive) or if in BB15a code 61 (hysterectomy done)>

BD27. Have you used contraceptive pills earlier?

- 1 yes
- 2 never → ≥55 years old → BD30
- others → BD28

BD27Aa. For how many years altogether have you used contraceptive pills (all usage periods included)? _____ ≥55 years old → BD30
INSTRUCTION: LESS THAN 1 YEAR CODE =97

<BD28 from under 55 years old; BD28 and BD29 passed, if in BB15a code 61 (hysterectomy done)>

BD28. For birth-control, are you at the moment using:

| | yes | no |
|--|-----|----|
| BD28A a. a hormonal intrauterine device? | 1 | 2 |
| BD28B b. a regular intrauterine device (without hormone)? | 1 | 2 |

if BD28a=1 and BD28b=2 → BD29;
if BD28b=1 and BD28a=2 → BD30a (Note! only pos. a shall be asked, NOT BD30b);
if BD28a+b=2 → BD30a;

BD29. For how many years altogether have you been using a hormonal intrauterine device (all separate usage periods included)? _____ → BD32 , INSTRUCTION: LESS THAN 1 YEAR CODE =97

<BD30, if BD28a+b=2 (does not use a intrauterine device) or BD26=1 (uses contraceptive pills) or in BB15a code 61 (hysterectomy done) or ≥55 years old >

BD30. Have you some time earlier used:

| | yes | no |
|---|-----|----|
| BD30A a. a hormonal intrauterine device? | 1 | 2 |
| BD30B b. a normal intrauterine device (without hormone)? | 1 | 2 |

if BD30a =1 → BD31; otherwise BD32

BD31. For how many years have you been using a hormonal intrauterine device (all separate times included)? _____

Hormone replacement therapies

BD32. During the past month have you used hormone replacement therapy as tablets, gel or patches because of menopause, menstrual problems or some other reason? (Vaginal ointments such as Ovestin are not taken into account).

1 yes

2 no → BD33

BD32A a. For how many years have you been using hormone replacement therapy (all earlier time periods included)? _____

BD32B_1 b_1. What is the name of the preparation you are using now? _____

BD32B_2 b_2. _____ <SII's medicine classification>

BD32B_3 b_3. _____ → BD34

(BD32B_1T-BD32B_3T= preparation as a text field)

BD33. Have you earlier used hormone replacement therapy as tablets, gel or patches because of menopause or menstrual problems? (Vaginal ointments such as Ovestin are not taken into account).

1 yes

2 no → CA01

BD33a. For how many years have you been using hormone replacement therapy (all earlier time periods included)? _____

INSTRUCTION: LESS THAN 1 YEAR CODE =97

BD34. How old were you when you started using hormone replacement therapy?

C. Questions concerning your parents and siblings

CA. The illnesses of your parents and siblings

Some illnesses of your parents and other near relatives might be of importance to your health. This is why the following questions are asked.

Father and mother

INSTRUCTION: QUESTIONS CA01-CA12 CONCERN YOUR BIOLOGICAL FATHER AND MOTHER

CA01. Is your father alive?

- 1 yes
- 2 no
- 3 CANNOT SAY

CA02. When was your father born? _____

INSTRUCTION: DDMMYYYY. SHALL BE CODED AS ACCURATELY AS POSSIBLE. UNKNOWN DAYS, MONTHS, OR YEARS ARE MARKED WITH ZERO, E.G. 00121935.

CA03. Where was he born? _____ <munipality code>

<If abroad (code=200) ask CA03b; otherwise continue with question CA05 (if CA01=2) or with question CA07 (if CA01=1 or 9)>

CA03b. In which country? _____ <country code>

(CA03bT=country as a text field)

<CA05-CA06 shall be asked, if CA01=2, otherwise continue with question CA07>

CA05. How old was your father when he died? _____

CA06. What was the cause of death?

- 1 accident, violence (work, traffic, war, suicide, other)
- 2 myocardial infarction (coronary thrombosis)
- 3 other heart disease
- 4 stroke (cerebral haemorrhage, cerebral thrombosis)
- 5 cancer
- 6 other reason
- 7 CANNOT SAY

CA07. Is your mother alive?

- 1 yes
- 2 no
- 3 CANNOT SAY

CA08. When was your mother born? _____

INSTRUCTION: DDMMYYYY. SHALL BE CODED AS ACCURATE AS POSSIBLE.
UNKNOWN DAYS, MONTHS, OR YEARS ARE MARKED WITH ZERO, E.G. 00121935.

CA09. Where was she born? _____ <munipality code>

< if abroad (code=200) ask CA09b; otherwise continue with question CA11 (if CA07=2) or with question CA13 (if CA07=1 or 9)>

CA09b. In which country? _____ <country code>

(CA09bT=country as a text field)

< CA11-CA12 shall be asked, if CA07=2, otherwise continue with question CA13>

CA11. How old was she when she died? _____

CA12. What was the cause of death?

- 1 accident, violence (work, traffic, war, suicide, other)
- 2 myocardial infarction (coronary thrombosis)
- 3 other heart disease
- 4 stroke (cerebral haemorrhage, cerebral thrombosis)
- 5 cancer
- 6 other reason
- 7 CANNOT SAY

Brothers and sisters

CA13. How many siblings do you have /have you had (including step sisters and brothers)? _____ INSTRUCTION: BOTH, LIVING AND DEAD ARE INCLUDED

< if CA13=0 (no siblings) => CB01>

CA15. Have some of your siblings died?

- 1 yes
- 2 no → CB01

CA16. How many of them have died? _____

CA17. How old was she/he/were they/ at the time of death?

| | |
|----------------|----------------|
| CA17A a. _____ | CA17F f. _____ |
| CA17B b. _____ | CA17G g. _____ |
| CA17C c. _____ | CA17H h. _____ |
| CA17D d. _____ | CA17I i. _____ |
| CA17E e. _____ | CA17J j. _____ |

CB. Living conditions in childhood

Socio-economic situation in childhood

CB01. When starting school (i.e. when you were about 7-years old) did you live :

- 1 at home with your both parents
(also step mothers/fathers and adoptive parents) → CB02
- 2 with only the other parent (also step mothers/fathers and adoptive parents)
- 3 with your relatives such as grandparents, uncles or aunts → DA01
- 4 in an orphanage or other institution? → DA01

CB01_2. Which parent did you live with?

- 1 father
- 2 mother → CB07

INSTRUCTION: IN THE FOLLOWING QUESTIONS (CB02-CB12) PARENTS MEAN THOSE ADULTS WITH WHOM THE PERSON LIVED WITH, NOT PRIMARILY BIOLOGICAL PARENTS.

CB02. What was your father's occupational status then? Was he:

- 1 farmer → CB03a
- 2 employing entrepreneur
- 3 private entrepreneur (self-employed)
- 4 worker (blue collar) → CB04 (from answer alternatives 2-6)
- 5 employee (white collar)
- 6 pensioner
- 7 other? → **CB02_7. What?** _____ → CB05
- 8 CANNOT SAY → CB05

CB03a. What was the size of the farm (hectares)? _____

CB03b. How many hectares of the farm were cultivated? _____ → CB05

<NOT asked, if CB02=1 but marked automatically CB04>

CB04. What was your father's occupation then? (if not working, then tell the possible previous occupation) _____ <Statistics Finland's classification of occupations 1997> (CB04T=occupation as a text field)

CB05. What is/was your father's basic education:

- 1 part of elementary school or less
- 2 elementary or civic school
- 3 folk high school or people's college
- 4 grammar school
- 5 part of high school or the leaving certificate from high school
- 6 matriculation examination?
- 7 CANNOT SAY

CB06. Had/has your father:

- 1 passed vocational school
- 2 passed vocational college
- 3 earned a university degree
- 4 NONE OF THESE
- 5 CANNOT SAY

<asked, if CB01=1 or CB01_2=2>

CB07. What was your mother's occupational status when you started school?:

- 1 farmer <or a farmer's wife> → CB08a and CB08b
- 2 employing entrepreneur
- 3 private entrepreneur (self-employed)
- 4 worker (blue collar) if CB07(alternatives 2-8) → CB09
- 5 employee (white collar)
- 6 assisting member in a family enterprise
- 7 housewife → CB10
- 8 pensioner
- 9 other? → **CB07_9. What?** _____ → CB10
- 10 CANNOT SAY → CB10

<CB08a and CB08b not asked, if the father has been a farmer CB02=1>

CB08a. What was the size of this farm (hectares)? _____**CB08b. How many hectares of the farm were cultivated? _____ → CB10**

<NOT asked, if CB07=1 but marked automatically CB09>

CB09. What was your mother's occupation at that time? (if not working, then tell the possible previous occupation) _____ < Statistics Finland's classification of occupations 1997>
(CB09T=occupation as a text field)

CB10. What is/was your mother's basic education?:

- 1 part of elementary school or less
- 2 elementary or civic school
- 3 folk high school or people's college
- 4 grammar school
- 5 part of high school or the leaving certificate from high school
- 6 matriculation examination
- 7 CANNOT SAY → CB12

CB11. Had/has your mother:

- 1 passed vocational school
- 2 passed vocational college
- 3 earned a university degree
- 4 NONE OF THESE
- 5 CANNOT SAY

D. Health services

DA. Availability and accessibility

DA01. Do you have at your municipal health centre a so called personal doctor (family doctor)? (A personal doctor is a general practitioner/health centre doctor who helps with all sorts of health problems.)

- 1 yes
- 2 no → DA03
- 3 cannot tell → DA03

DA02. Do you first seek help from this doctor when you need medical advice?

- 1 yes → DA06
- 2 no

DA03. Do you have some other doctor from whom you primarily seek help and advice?

- 1 yes
- 2 no → DA06

DA04. Who is this doctor:

- 1 a health centre doctor → DA06
- 2 an occupational health care doctor → DA06
- 3 a private doctor
- 4 a doctor in a hospital outpatient department
- 5 a doctor who is an acquaintance or relative
- 6 some other doctor?

DA05. What is this doctor's field or specialty?

- 1 general practitioner
- 2 gynaecologist
- 3 ophthalmologist (eye doctor)
- 4 ear (throat/nose) doctor
- 5 internal medicine specialist
- 6 dermatologist
- 7 some other specialty
- 8 cannot tell

DA06. Do you have a certain nurse whom you primarily contact when in need of help or advice concerning your health?

- 1 yes
- 2 no → DB01

DA07. Is this nurse:

- 1 in a health centre
- 2 in a private medical centre
- 3 in a hospital
- 4 an occupational health nurse
- 5 a nurse who is an acquaintance or relative
- 6 some other nurse?

DB. Ambulatory visits due to illnesses or symptoms

DB01. Have you seen a doctor because of your own illness (or pregnancy or delivery) during the past 12 months? Do not include the times you have been in a hospital as an inpatient.

- 1 yes
- 2 no → DB06

DB02. How many times altogether? _____

DB03. How many times during the past 12 months have you visited the following because of your own illness:

- DB03A a. a health centre doctor? _____ <Blaise: check that DB02=DB03a-f
- DB03B b. a hospital outpatient department? _____
- DB03C c. an occupational health care doctor? _____
- DB03D d. a private doctor's surgery or private medical centre? _____
- DB03E e. met a doctor at your home? _____
- DB03F f. seen a doctor somewhere else? _____

< if DB03b>0 >

DB03b_1. How many of these visits were so called day-surgical visit? _____

INSTRUCTION: A DAY-SURGICAL VISIT DOES NOT INCLUDE OVERNIGHT STAY. IF THE PATIENT HAS TO PAY 400 FIM IN ADDITION TO THE NORMAL PUBLIC SECTOR OUTPATIENT CHARGE, THE VISIT IS A DAY-SURGICAL VISIT.

DB04. Because of which illnesses or troubles have you met a doctor during the past 12 months elsewhere than when you were as an inpatient in a hospital ?

DB04_1. (disease 1) _____ <SII's disease classification>

DB04_2. (disease 2) _____

DB04_3. (disease 3) _____

DB04_4. (disease 4) _____

DB04_5. (disease 5) _____

(DB04_1T-DB04_5T= diseases as a text field)

DB05. What illness was the reason for your latest visit to a doctor?

_____ <SII's disease classification>

(DB05T=illnesses as a text field)

DB06. How many times during the past 12 months have you been in contact with a doctor because of your own illness (or pregnancy or delivery):

DB06A a. by phone? _____

DB06B b. via Internet, e-mail? _____

<asked, if DB01=1 or DB06>0 >

DB07. Have you during the past 12 months been forced to turn to too many doctors or outpatient departments before you have received the treatment you needed?

1 yes

2 no

DB08. How many times during the past 12 months have you because of your own illness (or pregnancy or delivery):

DB08A a. visited an occupational health nurse? _____

DB08B b. visited some other nurse? _____

DB08C c. met a nurse in your home? _____

<asked, if some of pos. DB08a-c>0 (met a nurse), otherwise DB11>

DB09. Because of which illnesses or troubles (or pregnancy or delivery) have you met a public health nurse or a nurse during the past 12 months, except when you were a hospital inpatient?

DB09_1. (disease 1) _____ *<SII's disease classification>*

DB09_2. (disease 2) _____

DB09_3. (disease 3) _____

DB09_4. (disease 4) _____

DB09_5. (disease 5) _____ *<If only 1 disease --> DB11>*

(DB09_1T-DB09_5T=illnesses as a text field)

DB10. Which disease or trouble was the reason for your latest visit to a nurse?

_____ *<SII's disease classification>*

(DB10T=illnesses as a text field)

DB11. How many times during the past 12 months have you been in contact with a nurse because of your own illness (or pregnancy or delivery):

DB11A a. by phone? _____

DB11B b. via Internet, e-mail? _____

DC. Mental health services

DC01. Have you used any health services because of mental health problems during the past 12 months?

- 1 yes
- 2 no → DD01

DC02. Have you visited the following because of mental health problems during the past 12 months:

| | yes | no |
|--|-----|----|
| DC02A a. a health centre? | 1 | 2 |
| DC02B b. an occupational health clinic? | 1 | 2 |
| DC02C c. a mental health clinic or a psychiatric outpatient department? | 1 | 2 |
| DC02D d. an A-clinic? (clinic for persons with alcohol and/or other addiction problems) | 1 | 2 |
| DC02E e. a family advice bureau or a child guidance centre? | 1 | 2 |
| DC02F f. a doctor or a psychologist in a private clinic | 1 | 2 |
| DC02G g. a psychiatric hospital? | 1 | 2 |
| DC02H h. another hospital? | 1 | 2 |
| DC02I i. a rehabilitation centre? | 1 | 2 |
| DC02J j. somewhere else? | 1 | 2 |

<if DC02j=1>

DC02j_1. (Elsewhere) where? _____

<After each YES answer (DC02=1) shall be asked DC03-DC05>

DC03a-j. How many times during the past 12 months? _____

DC04a-j. Is your treatment completed?

- 1 yes
- 2 no

DC05a-j. Did your treatment comprise psychotherapy, i.e. you met somebody at least once a week for more than one month?

- 1 yes
- 2 no

DC06. Who has treated you because of mental health problems during the past 12 months: (You can give several alternatives)

- DC061 1 a psychiatrist
- DC062 2 some other doctor
- DC063 3 a nurse
- DC064 4 some other professional (e.g. psychologist)?

DC07. Did your treatment include pharmacotherapy (medicines)?

- 1 yes
- 2 no → DC09

DC08. Are you currently taking medicine for your mental problems?

- 1 yes
- 2 no

DC09. Has the treatment you received helped you:

- 1 very much
- 2 quite much
- 3 to some extent
- 4 quite little
- 5 very little or not at all?

DD. Health examinations and preventive health services

DD01. Have you attended the following health examinations during the past five (5) years: (A health examination means a visit to a doctor or a public health nurse, which is not directly connected with diagnosing or treating some illness. You go to these after invitation or at your own request to have your general health examined or because you need a doctor's certificate.)

<DD01b-c asked only from those under 70 years, DD01e asked only from those born before 1930>, <DD01f-g asked only from those under 55 years.

| | yes | no |
|--|-----|----|
| DD01A a. driver's license examination? | 1 | 2 |
| DD01B b. employment examination or some other examination of the occupational health service or educational establishment? | 1 | 2 |
| DD01C c. examination for the unemployed? | 1 | 2 |
| DD01D d. examination for a certain age group? | 1 | 2 |
| DD01E e. examination for veterans? | 1 | 2 |
| DD01F f. examination connected with birth-control? | 1 | 2 |
| DD01G g. examination connected with pregnancy or delivery? | 1 | 2 |
| DD01H h. other examination? | 1 | 2 |

<After each YES answer (DD01=1) shall be asked DD02-DD03>

DD02a-h. How many times during the past 12 months? _____

<Blaise: If one of pos. DD02a-h>0, ask from DD03 the first alternative question (only that one shall be on the screen). If one of pos. DD02a-h=0, ask from DD03 the other alternative question. If DD02a-h=900 (cannot say), pass DD03>

<first alternative question>

DD03a-h. When (month and year) have you visited? _____ INSTRUCTION: MMYYYY

DD03a_1 – DD03h_1 = month

DD03a_2 – DD03h_2 = year

<second alternative question >

DD03a_3 – DD03h_3. Which year latest? _____

DD04. Have you attended the following health examinations during the past five (5) years:

| | yes | no |
|---|-----|----|
| DD04A a. vision examination? | 1 | 2 |
| DD04B b. hearing examination? | 1 | 2 |
| DD04C c. blood pressure measurement? | 1 | 2 |
| DD04D d. blood sugar level measurement? | 1 | 2 |
| DD04E e. blood cholesterol measurement? | 1 | 2 |
| DD04F f. bone density measurement? | 1 | 2 |
| DD04G g. examination of moles and other suspicious skin changes? | 1 | 2 |
| <i><women are in addition asked:></i> | | |
| DD04H h. mammography (X-ray of the breasts)? | 1 | 2 |
| DD04I i. palpation of the breasts? | 1 | 2 |
| DD04J j. ultrasonic examination of the breasts? | 1 | 2 |
| DD04K k. PAP smear (cervix cancer screening)? | 1 | 2 |
| DD04L l. a gynaecological examination? | 1 | 2 |
| <i><men are in addition asked:></i> | | |
| DD04M m. palpation of the prostate? | 1 | 2 |
| DD04N n. ultrasonic examination of the prostate? | 1 | 2 |
| DD04O o. Blood sample to measure PSA value related to prostate examination? | 1 | 2 |

<After each YES answer(DD04=1) ask DD05-DD06>

DD05a-o. How many times within the past 12 months? _____

<Blaise: If some of pos. DD05a-o>0, ask the first question alternative from DD06 (only this one visible on the screen). If some of pos. DD05a-o=0, ask the second question alternative from DD06. If DD05a-o=900 (cannot say), pass DD06>

< first alternative question >

DD06a-o. When (month/year) have you made your most recent visit? _____

DD06a_1 – DD06o_1 = month

ADVICE: MMYYYY

DD06a_2 – DD06o_2 = year

< second alternative question >

DD06a_3-DD06o_3. Which year have you made your last visit? _____

DE. Physiotherapy and alternative treatments

DE01. During the past 12 months has a doctor referred you for physiotherapy or other physical therapy any other time than when you have been treated in hospital or in a rehabilitation centre?

1 yes

2 no → DE04

DE02. How many such therapy visits have you made during the past 12 months?
 INSTRUCTION: NUMBER OF SEPARATE VISITS MEANT, NOT NUMBER OF TREATMENT SERIES. FOR TREATMENT SERIES NOT YET COMPLETED, MARK ONLY THOSE VISITS, WHICH HAVE BEEN CARRIED OUT. _____

DE03. Did you receive these treatments at the:

| | yes | no |
|--|-----|----|
| DE03A a. at a health centre? | 1 | 2 |
| DE03B b. at a hospital outpatient department? | 1 | 2 |
| DE03C c. in a private clinic or in a physiotherapist's home? | 1 | 2 |
| DE03D d. in occupational health care? | 1 | 2 |
| DE03E e. somewhere else? | 1 | 2 |

DE04. During the past 12 months have you visited:

| | yes | no |
|---|-----|----|
| DE04A a. a chiropractor's office? | 1 | 2 |
| DE04B b. a naprapath's office? | 1 | 2 |
| DE04C c. a masseur's office? | 1 | 2 |
| DE04D d. a traditional healer? | 1 | 2 |
| DE04E e. a zone therapist? | 1 | 2 |
| DE04F f. a homeopath? | 1 | 2 |
| DE04G g. a lymph therapist? | 1 | 2 |
| DE04H h. acupuncturist or received acupuncture treatment? | 1 | 2 |
| DE04I i. some other alternative treatment? | 1 | 2 |

<After each yes answer (DE04=1 shall be asked DE05a-i>

DE05a-i. How many times during the past 12 months? _____

DF. Medicines

DF00. Next, I'd like to ask you about the medicines you take. Would you please first allow me to check from your sickness insurance card what special reimbursement rights you have been granted?

INSTRUCTION: CHECK THE NUMBERS FOR THE SPECIAL REIMBURSEMENT RIGHTS FROM THE BACK OF THE SII-CARD AND RECORD THEM INTO THE QUESTIONNAIRE. (E.G. AE 205). (MAX 8.)

DF00. DID THE INTERVIEWEE SHOW THE CARD?

- 1 YES, DOES HAVE SPECIAL REIMBURSEMENT RIGHTS--> DF00a
- 2 YES, NO SPECIAL REIMBURSEMENT RIGHTS--> DF01
- 3 CAN NOT FIND THE CARD --> DF01
- 4 DOES NOT WANT TO SHOW THE CARD --> DF01
- 5 DOES NOT USE MEDICATION--> DF01

SPECIAL REIMBURSEMENT RIGHTS: INSTRUCTION: ALWAYS RECORD TWO LETTERS AND THREE NUMBERS(EG.AE205). IN SOME OLD CARDS THE PERCENT REIMBURCED IS INDICATED:100%=YE, 90% OR 80%=AE.

DF00a. _____

DF00b. _____

etc. (max 8)

DF01. Have you used any medicine prescribed by a doctor at least once during the past 12 months? <when under 45 year old female, continue with> including birth-control pills>?

1 yes

2 no → DF07

DF02. Are you at the moment using any medicine prescribed by a doctor?

1 yes

2 no → DF07

DF03. What are the names of these medicines?

INSTRUCTION: THE NAMES SHALL BE CHECKED FROM THE PACKAGE OR PRESCRIPTION, IF THE PERSON DOES NOT REMEMBER THEM. IF THESE ARE UNAVAILABLE RECALLED INFORMATION IS ACCEPTED (ALSO MEDICINES TAKEN OCCASIONALLY).

DF03_1 _____ <SII's medicine codes>

DF03_2 _____

DF03_3 _____

.

.

DF03_15 _____

(DF03_1T-DF03_15T= preparation as a text field)

<for every medicine ask DF04 (and DF05):>

<DF04_1 – DF04_15>

DF04. Have you used it during the past seven days?

1 yes

2 no → pass question DF05

<DF05_1 – DF05_15>

DF05. Are you using it:

1 continuously

2 occasionally/temporarily

3 only when needed?

DF07. Have you during the past 12 months at least once used any non-prescription medicine, any vitamin product, natural medicine, medicinal herb or product or homeopathic product?

- 1 yes
2 no → EA01

DF08. Are you at the moment using any of these products?

- 1 yes
2 no → EA01

DF09. What are the names of these products?

INSTRUCTION: THE NAMES SHALL BE CHECKED FROM THE PACKAGE OR PRESCRIPTION, IF THE PERSON DOES NOT REMEMBER THEM. IF THESE ARE UNAVAILABLE RECALLED INFORMATION IS ACCEPTED (ALSO MEDICINES TAKEN OCCASIONALLY).

DF09_1 _____

DF09_2 _____

DF09_3 _____

.

.

DF09_15 _____

(DF09_1T-DF09_15T= preparation as a text field)

< SII's medicine codes
and natural medicine codes >

<for each preparation ask DF10_1 - DF10_15 and DF11_1 - DF11_15)>

<DF10_1 – DF10_15>

DF10. Have you used it during the past seven days?

- 1 yes
2 no <pass question DF11>

<DF11_1 – DF11_15>

DF11. Have you used it yesterday or the day before yesterday?

- 1 yes
2 no

E. Oral health

EA. Oral health status

EA01. Is the condition of your teeth and the health of your mouth at present:

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor?

EA02. Have you during the past 12 months had toothache or other trouble related to your teeth or dentures?

- 1 yes
- 2 no

EA03. Are you able to eat dry bread or biscuits without drinking liquid at the same time?

- 1 yes
- 2 no

EA04. Are you able to chew hard or tough food, such as rye bread, meat or apple?

- 1 without problems
- 2 yes, but chewing is difficult
- 3 no

EA05. Do you have removable dentures?

- 1 complete dentures (no own teeth nor roots) → EB04
- 2 partial dentures and own teeth
- 3 no dentures, has own teeth
- 4 no dentures nor teeth → EC05

EB. Oral self-care

EB01. How often do you usually brush your teeth?

- 1 more often than twice a day
- 2 twice a day
- 3 once a day
- 4 less frequently than every day
- 5 never → if EA05=2 move to question EB04, otherwise EC01

EB01b. Are you able to clean your teeth and mouth yourself:

- 1 without problems
- 2 with some problems
- 3 it is very difficult
- 4 not at all?

EB02. At which time of day do you usually brush your teeth:

Circle all alternatives that describe you.

- EB021 1 before breakfast 1=yes
- EB022 2 after breakfast
- EB023 3 before lunch or dinner
- EB024 4 after lunch or dinner
- EB025 5 in the evening just before going to sleep
- EB026 6 when going to a party, to do shopping or somewhere else out?

EB03. How often do you use for cleaning and caring for your mouth and teeth:

| | daily | weekly | less frequently | not at all |
|---|-------|--------|-----------------|------------|
| EB03A a. a normal tooth brush? | 1 | 2 | 3 | 4 |
| EB03B b. an electric tooth brush? | 1 | 2 | 3 | 4 |
| EB03C c. a dental floss or interdental brush? | 1 | 2 | 3 | 4 |
| EB03D d. toothpicks? | 1 | 2 | 3 | 4 |
| EB03E e. fluoride toothpaste? | 1 | 2 | 3 | 4 |
| EB03F f. fluoride tablets or solution? | 1 | 2 | 3 | 4 |

< shall not be asked, if question EA05=3 >

EB04. How often do you clean your removable dentures?

- 1 more often than twice a day
- 2 twice a day
- 3 once a day
- 4 less frequently than every day
- 5 never

EC. Use of services

< EC01a and b shall be asked only, if EA05 = 2 or 3 >

EC01a. Do you usually go to a dentist:

- 1 regularly for check-up
- 2 only when you have toothache or some other trouble → EC02
- 3 never? → EC02

EC01b. Do you visit a dentist for check-up:

- 1 about once a year
- 2 about every third year
- 3 less frequently?

<EC02 asked only if EA05 = 1 >

EC02. Do you let your dentures to be checked (without knowing if there is some fault with them):

- 1 about once a year
- 2 at least once every five years
- 3 less frequently
- 4 never?

<EC03 passed, if EC01a=3>

EC03. Have you a certain dentist whom you contact when you need dental treatment?

- 1 yes
- 2 no → EC05

<EC04 shall be passed, if EC01a=3>

EC04. Is this dentist:

- 1 a dentist at a health centre
- 2 a dentist at a private clinic
- 3 some other dentist?

EC05. How many times during the past 12 months have you visited:

- EC05a a. a dentist at a health centre? _____
- EC05b b. a dentist at a private clinic? _____
- EC05c c. a dentist somewhere else (students' health care, defence forces, university, hospital etc.) _____
- EC05d d. a dental technician? _____
- EC05e e. some other dental treatment? _____

<EC06 shall only be asked, if the interviewed has answered '0' to pos. a ja b ja c of EC05 >

EC06. When did you last visit a dentist?

- 1 1 to 2 years ago
- 2 3 to 5 years ago
- 3 over 5 years ago
- 4 I have never visited a dentist → ED04

EC07. Have you ever received dental orthodontic treatment?

- 1 yes
- 2 no

ED. Dental care customer

< ED01-ED03 shall be asked, if EC05a and b and c>0 or if EC06=1 or 2 >

ED01. How did you make the appointment to begin your latest dental treatment series:

- 1 did you make the appointment yourself
- 2 did the dentist invite you
- 3 was the appointment made already during the previous treatment session
- 4 or did you go to the consultation without making an appointment in advance?

<If EA05=1 (whole denture), in question ED02 shall be asked only pos. a, b, f, g, h, l, and m; if EA05=3, ask all others except pos. f; if EA05=4, ask a, b, g, and h>

ED02. Which treatments were performed during your latest treatment series (A series comprises all dental care visits during which all detected dental diseases and troubles were treated). Were the following done:

| | yes | no |
|--|-----|----|
| ED02A a. examination of mouth and teeth? | 1 | 2 |
| ED02B b. X-ray? | 1 | 2 |
| ED02C c. filling or renewal of old filling? | 1 | 2 |
| ED02D d. root treatment? | 1 | 2 |
| ED02E e. making or repairing a crown or bridge? | 1 | 2 |
| ED02F f. making or repairing dentures? | 1 | 2 |
| ED02G g. extraction of a tooth or root? | 1 | 2 |
| ED02H h. surgery in the mouth? | 1 | 2 |
| ED02I i. treatment of temporomandibular joint disorders? | 1 | 2 |
| ED02J j. cleaning of teeth or scaling tartar from the teeth? | 1 | 2 |
| ED02K k. fluoride varnish or other fluoride treatment? | 1 | 2 |
| ED02L l. teaching how to brush? | 1 | 2 |
| ED02M m. food and nutrition counselling? | 1 | 2 |
| ED02N n. advice on use of fluoride? | 1 | 2 |

ED03. How satisfied are you with the treatment you received during your latest treatment episode:

- 1 very satisfied
- 2 rather satisfied
- 3 not satisfied but not dissatisfied either
- 4 rather dissatisfied
- 5 very dissatisfied?

ED04. Do you think you need dental treatment now?

- 1 yes
- 2 no

<ED06a shall be passed, if EC05a=0>

ED06a. How much have you paid for your dental treatment in the health centre during the past 12 months? Please give the number corresponding to the group to which your total patient fees belong. (GIVE CARD E1)

- 1 0 - 100 FIM
- 2 101 - 200
- 3 201 - 300
- 4 301 - 500
- 5 501 - 1 000
- 6 1 001 - 2 000
- 7 2 001 - FIM

<ED06b shall be passed, if EC05b=0>

ED06b. How much have you paid for your dental treatment to private dentists during the past 12 months? Please give the number corresponding to the group to which your total patient fees belong. (GIVE CARD E2)

- 1 0 - 150 FIM
- 2 1 51 - 300
- 3 301 - 500
- 4 501 - 1 000
- 5 1 001 - 2 000
- 6 2 001 - 3 000
- 7 3 001 - 4 000
- 8 4 001 - 6 000
- 9 6 001 - 8 000
- 10 8 001 - 10 000
- 11 10 001 - 15 000
- 12 15 001 - FIM

ED07. Do you think that visiting a dentist is:

- 1 not frightening at all
- 2 somewhat frightening
- 3 very frightening?

F. Living habits

FA. Eating habits

FA01. What kind of meals do you eat normally on week days?

INSTRUCTION: ONLY ONE ALTERNATIVE FOR EACH MEAL IS CHOSEN

FA01A a. breakfast:

- 1 nothing
- 2 only a drink
- 3 cold meal (bread, salad, coffee bread, yoghurt, cereals etc.)
- 4 warm meal (meat, fish, porridge etc.)?

FA01B b. lunch:

- 1 nothing
- 2 only a drink
- 3 cold meal (bread, salad, coffee bread, yoghurt, cereals etc.)
- 4 warm meal (meat, fish, porridge etc.)?

FA01C c. dinner:

- 1 nothing
- 2 only a drink
- 3 cold meal (bread, salad, coffee bread, yoghurt, cereals etc.)
- 4 warm meal (meat, fish, porridge etc.)?

FA02. Who mainly prepares your meals?

- 1 myself
- 2 spouse/ other partner
- 3 other person living at home
- 4 other relative, neighbour or friend
- 5 home help
- 6 I eat in restaurants or bars
- 7 I eat in a canteen, sheltered housing unit, day centre, old-age home etc. (or I take the food over from above-mentioned places and eat at home)
- 8 ready-made meals are delivered to my home

FA05a. Which spread do you mostly use on your bread?

- 1 nothing
- 2 a spread with under 65 % fat (e.g. Light Keiju, Lighter Flora, Light Becel, Light Lätta, Voilevi 40 or 60)
- 3 vegetable stanole margarine (e.g. Benecol, Light Benecol)
- 4 margarine or spread with 70 – 80 % fat (e.g. Flora, Becel, Keiju)
- 5 mixture of butter and vegetable oil (e.g. Voimariini, Enilet)
- 6 butter

FA05b. Which cooking fat do you mostly use?

- 1 vegetable oil
- 2 light spread with about 60 % fat (e.g. Lighter Flora, Lighter Keiju, Kultarypsi)
- 3 vegetable stanole margarine (Benecol)
- 4 margarine or fat spread with 70 – 80 % fat (e.g. Flora, Becel, Voimix, Keiju)
- 5 household margarine (e.g. Milda, Sunnuntai)
- 6 mixture of butter and vegetable oil (e.g. Voimariini, Enilet)
- 7 butter
- 8 no fat at all

FA06a. Do you eat cheese:

- 1 daily
- 2 a few times a week
- 3 not more than once a week
- 4 less frequently? →FA07a

FA06b. What kind of cheese do you eat usually:

- 1 normal fat cheese
- 2 low fat cheese (fat under 20 %)
- 3 vegetable fat cheese

FA07a. How many glasses of milk (1 glass is 2 dl) per day do you drink usually?

_____ if FA07a=0 → FA08.

FA07b. Do you usually drink:

- 1 non-processed milk
- 2 whole milk
- 3 low fat milk
- 4 1 % milk
- 5 skimmed milk (non fat)

FA08. How many slices of bread do you normally eat daily:

INSTRUCTION: MARK 0 IF NOT AT ALL

- a. dark bread (rye, crisp etc.)? _____
- b. mixed, yeast, graham, oat bread? _____
- c. french bread, white bread? _____

FA09. How often have you eaten vegetables and root vegetables (not potatoes) during the past week (7 days) as such, grated or in fresh salads:

- 1 not at all
- 2 on 1 to 2 days
- 3 on 3 to 5 days
- 4 on 6 to 7 days?

FB. Tobacco**FB01. Have you ever smoked during your life time?**

- 1 yes
- 2 no → GA01

FB02. Have you smoked at least 100 times during your life time (cigarettes, cigars or pipe tobacco)?

- 1 yes
- 2 no → GA01

FB03. Have you ever smoked daily for at least one year?

- 1 yes
- 2 no → FB05

FB04. For how many years altogether have you smoked daily? _____**FB05. Do you smoke nowadays (cigarettes, cigars or pipe):**

- 1 daily
- 2 occasionally
- 3 not at all?

FB06. When did you smoke last?

- 1 yesterday or today
- 2 2 days to one month ago
- 3 over one month to half a year ago
- 4 over half a year to one year ago
- 5 over one year to 5 years ago
- 6 over 5 to 10 years ago
- 7 over 10 years ago

*<If answered FB03=2 and FB05=3 → GA01>***FB07. How much on average do you smoke daily or smoked before you gave up smoking daily:**

INSTRUCTION: MARKED 0, IF DOES NOT SMOKE THE MENTIONED ONE

- FB07A a. **factory-made cigarettes?** _____ cigs. per day
- FB07B b. **self-rolled cigarettes?** _____ cigs. per day
- FB07C c. **pipe tobacco?** _____ pipes per day
- FB07D d. **cigars?** _____ cigs. per day

G. Living environment

GA. Residential history

The main municipalities in which you have lived and duration of residence in them

GA01a. In which municipality have you as a child (under 15 years) lived the longest time?

_____ <municipality code>
(If abroad, GA01a=200)

GA01b. In which municipality have you as an adult (over 15 years) lived the longest time?

_____ <municipality code>
(If abroad, GA01b=200)

GA02. How many years have you lived in the municipality where you live now?

GB. Residential environment

The properties of your home

GB01. Do you live in:

- | | |
|--------------------------------|---------|
| 1 a detached own house | →GB02 |
| 2 a semi-detached or row-house | →GB02 |
| 3 a block of flats | →GB01_2 |
| 4 a block of service flats | →GB02 |
| 5 an institution | →GB01_1 |
| 6 somewhere else? | →GB05 |

GB01_1. Where? _____ (the name of the institution) → HA01

If GB01=5, GB05_L=1 (lives in an institution), all others GB05_L=0. If the residence is unknown (GB01=.M or .E), variable GB01_L=. (empty).

GB01_L: New variable: He/she lives in an institution.

- 0 no
- 1 yes

GB01_KELA. New variable: He/she lives in an institution according to the register of the Social Insurance Institution of Finland.

- 0 no
- 1 yes

GB01_2. On which floor do you live? _____

GB01_3. Is there a lift?

- 1 yes
- 2 no

GB02. What is the size of your home (m²)? _____
INSTRUCTION: FULL SQUARE METRES

GB03. How many rooms are there besides the kitchen? _____

GB04. Do you at the moment live:

- 1 in a home which you own (or which is owned by some member of the family who lives in the same apartment)
- 2 in a partly-owned home
- 3 in a right-of- residence home
- 4 as a main tenant
- 5 as a roomer
- 6 in a company housing or other benefit in kind housing
- 7 somewhere else?

GB04=1-6 → GB05

GB04_1. (Somewhere else) Where? _____

Hindrances in your residential environment

Next I will list some factors related to housing which may hinder living. Please estimate for each factor whether it hinders your living at your current residence.

GB05. Do the following factors hinder your living in your residence:

INSTRUCTION: TEMPORARY PROBLEMS ARE NOT INCLUDED, FOR EXAMPLE IF A LEG IS IN A PLASTER CAST

| | yes | no |
|---|-----|----|
| GB05A a. hindering stairs? | 1 | 2 |
| GB05B b. lack of a lift/elevator? | 1 | 2 |
| GB05C c. other obstacles for moving about? | 1 | 2 |
| GB05D d. poor lighting? | 1 | 2 |
| GB05E e. insufficient washing facilities? | 1 | 2 |
| GB05F f. insufficient cooking facilities? | 1 | 2 |
| GB05G g. insufficient storage space for food? | 1 | 2 |

GC. Neighbourhood services

I am next going to ask you about the services and transport connections in your neighbourhood. INSTRUCTION: ONE WAY TRAVEL IS MEANT

GC01. How do you usually go to the nearest grocery shop you use?

- 1 by foot
 - 2 by bike
 - 3 by car
 - 4 using public transport
 - 5 by taxi
 - 6 by some other means
 - 7 cannot go/don't go at all → GC02
- GC01=1-5 → GC01a

GC01_1. How? _____

GC01a. How far is it? _____

INSTRUCTION: THE ANSWER SHALL BE ROUNDED TO THE NEAREST KILOMETER. UNDER 500 METRES=0.

GC02. How do you usually go from your home to the nearest friend or relative with whom you are in contact?

- 1 by foot
 - 2 by bike
 - 3 by car
 - 4 by public transport
 - 5 by taxi
 - 6 some other means
 - 7 cannot go/don't go at all → GC03
- GC02=1-5 → GC02a

GC02_1. How? _____

GC02a. How far is it? _____

INSTRUCTION: THE ANSWER SHALL BE ROUNDED TO THE NEAREST KILOMETER. UNDER 500 METRES=0.

<GC03 asked only from those who live in an own house (GB01=1)>

GC03. How far is it to your nearest neighbour? _____ km

GC04. How far from your home is the health centre? _____ km

GC05. How far from your home is the nearest pharmacy? _____ km

GC06. How far from your home is the nearest public transport stop? _____
 INSTRUCTION: INCLUDES ALSO MUNICIPAL TRAFFIC SERVICES (NOT REGULAR TAXIS). THE ANSWER SHALL BE ROUNDED TO THE NEAREST KILOMETER. UNDER 500 METRES=0.

GC07. Do you manage all the trips mentioned above on your own (GC01-GC06)?
 1 yes → HA01
 2 no

<GC08 c asked only, if GB01=1 (lives in an own house)>

GC08. Do you need help to get:

| | yes | no |
|--|-----|----|
| GC08A a. to the nearest food store you use? | 1 | 2 |
| GC08B b. to the nearest friend or relative with whom you are in contact? | 1 | 2 |
| GC08C c. to the nearest neighbour? | 1 | 2 |
| GC08D d. to the health centre? | 1 | 2 |
| GC08E e. to the pharmacy? | 1 | 2 |
| GC08F f. to the nearest stop of public transport? | 1 | 2 |

H. Functional capacity

HA. Activities of daily living (ADL and IADL)

INSTRUCTION: SHOW THE ALTERNATIVE ANSWERS ON CARD H

HA01. How do you manage the following activities nowadays:
 INSTRUCTION: TEMPORARY RESTRICTIONS ARE NOT INCLUDED, OR EXAMPLE IF A LEG IS IN A PLASTER CAST

HA01A a. **getting in and out of bed?**

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01B b. **dressing and undressing?**

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01C c. **cutting your toenails?**

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

- HA01D **d. eating?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all
- HA01E **e. washing yourself?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all
- HA01F **f. going to the toilet?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all
- HA01G **g. using the phone?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all
- HA01N **n. taking care of matters together with other people?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all
- HA01O **o. presenting matters to unknown people?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all

And how do you manage the following activities. If you do not engage in some activities, please give an estimate on how probable it would be for you to manage them.

INSTRUCTION: SHOW THE ALTERNATIVE ANSWERS ON CARD H.

HA02. (how do you manage nowadays the following:)

INSTRUCTION: TEMPORARY PROBLEMS ARE NOT INCLUDED, FOR EXAMPLE IF A LEG IS IN A PLASTER CAST.

- HA02H **h. shopping?**
1 without difficulties
2 with minor difficulties
3 with major difficulties
4 not at all

- HA02I **i. cooking?**
 1 without difficulties
 2 with minor difficulties
 3 with major difficulties
 4 not at all
- HA02J **j. laundering?**
 1 without difficulties
 2 with minor difficulties
 3 with major difficulties
 4 not at all
- HA02K **k. heavy cleaning, e.g. carrying and beating of carpets or washing windows?**
 1 without difficulties
 2 with minor difficulties
 3 with major difficulties
 4 not at all
- HA02L **l. carrying a shopping bag or some other load weighing about 5 kilos for at least 100 metres?**
 1 without difficulties
 2 with minor difficulties
 3 with major difficulties
 4 not at all
- HA02M **m. banking, handling matters in public offices or similar?**
 1 without difficulties
 2 with minor difficulties
 3 with major difficulties
 4 not at all

HB. Mobility

HB01. Is your physical condition:

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor?

HB02. How well can you move about:

- 1 my moving about is not restricted
- 2 I am able to move about alone and without any aids, but it is difficult
- 3 I am able to move about, but only with help or on a wheel chair, with crutches or other aids
- 4 I am totally unable to move about? → HC01

INSTRUCTION: SHOW THE ALTERNATIVE ANSWERS ON CARD H.

HB03. How do you manage the following activities nowadays? Are you able to run a longer distance (about half a kilometre)?

- 1 without difficulties → HB05
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB04. Are you able to run a short distance (about 100 metres)?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB05. Are you able to drive by bike?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB06. Are you able to climb up several flights of stairs without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB07. Are you able to climb one flight of stairs without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB08. Are you able to walk about 2 kilometres without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB09. Are you able to walk about half a kilometre without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB10. Are you able to move about in your apartment from one room to another?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB11. Are you able to travel by train, bus or tram?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB12. Do you have a valid driver's licence?

- 1 yes
- 2 no → HC01

HB13. On how many days per week on the average do you drive a car?

_____ days → HB13_1 if answers 0, otherwise HC01

HB13_1 Are you able to drive a car if needed?

- 1 yes
- 2 no

HC. Sensory functions

HC01. Is your eye sight good enough (with glasses) for reading normal newspaper text?

- 1 I can read without difficulties
- 2 I can read, but it causes difficulties
- 3 I cannot read at all

HC02. Are you able to read TV text (with glasses) from the normal watching distance (about 3 metres)?

- 1 I can read without difficulties
- 2 I can read, but it causes difficulties
- 3 I cannot read at all

HC03. Does your eyesight restrict your moving about:

- 1 only in dim light
- 2 to some extent also in good light
- 3 very much also in good light
- 4 not at all?

HC04. Can you hear without difficulties what is said in a conversation between several people (with or without a hearing aid)?

- 1 I can hear without difficulties
- 2 I can hear, but it causes difficulties
- 3 I cannot hear at all

HC05. How do you hear speech in a noisy or resounding environment:

- 1 I can hear without difficulties
- 2 I can hear, but there are problems to discern speech
- 3 I can hear very poorly or not at all?

HD. Need and use of assistance and help

HD01. Do you receive repeated assistance or help in your everyday activities (for example household work, washing up, shopping) because of your reduced functional capacity?

- 1 yes
- 2 no → HD02

HD01a. In which of the following activities do you receive assistance or help:

INSTRUCTION: MAX. 10 ALTERNATIVES ARE ACCEPTED

- HD01A1 11 cooking 1=YES
- HD01A2 12 eating
- HD01A3 13 washing
- HD01A4 14 dressing
- HD01A5 15 taking care of medication
- HD01A6 16 cleaning
- HD01A7 17 laundry or other care of clothes
- HD01A8 18 shopping
- HD01A9 19 handling other tasks outside home, e.g. banking
- HD01A10 20 something else?

<if in HD01a not answered alternative 20 → HD04>

HD01a_1. (other) what? _____ → HD04

HD02. Would you need this kind of assistance or help?

- 1 yes
- 2 no → HD09

HD02a. In which of the following activities would you need assistance or help:

INSTRUCTION: MAX. 10 ALTERNATIVES ARE ACCEPTED

- HD02A1 11 cooking 1=YES
 HD02A2 12 eating
 HD02A3 13 washing
 HD02A4 14 dressing
 HD02A5 15 taking care of medication
 HD02A6 16 cleaning
 HD02A7 17 laundry or other care of clothes
 HD02A8 18 shopping
 HD02A9 19 handling other tasks outside home, e.g. banking
 HD02A10 20 something else?

<if in HD02a not answered alternative 20 → HD03>

HD02a_1. (other) what? _____**HD03. How often would you need this kind of help?**

- 1 once a month or less frequently
 2 2 to 3 times a month
 3 once a week
 4 a few times a week HD03=1-7 → HD07
 5 daily, part of the day
 6 most of the day
 7 almost 24-hours a day

HD04. Have you received help:

- | | yes | no |
|---|-----|----|
| HD04A a. from your spouse? | 1 | 2 |
| HD04B b. from your children or their spouses? | 1 | 2 |
| HD04C c. from relatives, neighbours, friends or acquaintances? | 1 | 2 |
| HD04D d. from a home care assistant? | 1 | 2 |
| HD04E e. from a nurse? | 1 | 2 |
| HD04F f. from someone else? | 1 | 2 |

<if HD04f=1> **HD04f_1. From whom** _____?

<If HD04a-f=1 (gets help) ask HD05 at each helping person. If gets help from only **one** person, ask after the list HD07. If gets help from only **several** persons, ask also HD06 and then HD07.>

HD05.**HD05A a. How often do you receive help from him/her?** → HD04b

- 1 once a month or less frequently
 2 2 to 3 times a month
 3 once a week
 4 several times a week
 5 daily, some part of the day
 6 major part of the day
 7 almost 24-hours a day

HD05B **b. How often do you receive help from him/her?** → HD04c

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours a day

HD05C **c. How often do you receive help from him/her?** → HD04d

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours a day

HD05D **d. How often do you receive help from him/her?** → HD04e

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours a day

HD05E **e. How often do you receive help from him/her?** → HD04f_1

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours a day

HD05F_1 **f_1. How often do you receive help from him/her?**

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours

HD06. How often do you receive help from all the persons mentioned above in total?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours a day

HD07. Do you receive some other help or assistance such as:

| | yes | no |
|--|-----|----|
| HD07A a. meal service (meals on wheels)? | 1 | 2 |
| HD07B b. transport service? | 1 | 2 |
| HD07C c. some other help or service | 1 | 2 |

<if HD07c=1> HD07_1. What _____?

<if HD01=1 and/or HD07a/b/c=1 → HD08, otherwise HD09>

HD08. Do you receive enough help to manage at home:

- 1 I receive enough help and support → HD09
- 2 I would need more help and support
- 3 I would cope with less help? → HD09

HD08A. In which of the following activities would you need assistance or help:

INSTRUCTION: MAX. 10 ALTERNATIVES ARE ACCEPTED

- HD08A1 11 cooking 1=YES
- HD08A2 12 eating
- HD08A3 13 washing
- HD08A4 14 dressing
- HD08A5 15 taking care of medication
- HD08A6 16 cleaning
- HD08A7 17 laundry or other care of clothes
- HD08A8 18 shopping
- HD08A9 19 handling other tasks outside home, e.g. banking
- HD08A10 20 something else?

<if in HD08a not answered alternative 20 → HD08b>

HD08a_1. What kind of help? _____

HD08b. How often would you need this kind of help?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 several times a week
- 5 daily, some part of the day
- 6 major part of the day
- 7 almost 24-hours a day

HD09. Do you help anybody (relative, friend, neighbour) regularly in tasks helping him/her to cope at home?

- 1 yes
2 no → HE01

HD10. Whom are you helping?

INSTRUCTION: SEVERAL ALTERNATIVES ALLOWED

- HD101 1 grand parents or spouse's grandparents 1=YES
HD102 2 parents or spouse's parents
HD103 3 spouse, partner
HD104 4 child
HD105 5 other relative
HD106 6 friend or neighbour

HE. Assistive devices

HE01. Do you wear glasses or some other assistive devices for seeing?

- 1 yes
2 no → HE04

HE02. Do you have:

| | yes | no |
|---|-----|----|
| HE02A a. glasses? | 1 | 2 |
| HE02B b. magnifying glass because of your poor sight? | 1 | 2 |
| HE02C c. some other device for seeing? | 1 | 2 |

<if HE02c=1>

| | | |
|---------|-----------------------------|-----------|
| | HE02c_1. What? _____ | → HE03c_1 |
| HE02C_2 | c_2. _____ | → HE03c_2 |
| HE02C_3 | c_3. _____ | → HE03c_3 |
| HE02C_4 | c_4. _____ | → HE03c_4 |
| HE02C_5 | c_5. _____ | → HE03c_5 |

<If some sight aid is used (HE02a-b=1), ask in each one and each possible aid (max. 5) also HE03. If HE02c=2 → HE04. After the last other aid a question about daily use and then → HE04>

HE03

HE03A a. Do you use them daily or almost daily? → HE02b

- 1 yes
2 no

HE03B b. Do you use it daily or almost daily? → HE02c

- 1 yes
2 no

HE03C_1 **c_1. Do you use it daily or almost daily?** →HE02c_2

- 1 yes
- 2 no

HE03C_2 **c_2. Do you use it daily or almost daily?** →HE02c_3

- 1 yes
- 2 no

HE03C_3 **c_3. Do you use it daily or almost daily?** →HE02c_4

- 1 yes
- 2 no

HE03C_4 **c_4. Do you use it daily or almost daily?** →HE02c_5

- 1 yes
- 2 no

HE03C_5 **c_5. Do you use it daily or almost daily?**

- 1 yes
- 2 no

HE04. Do you have hearing aid or other assistive device for hearing?

- 1 yes
- 2 no → HE07

HE05. Which assistive device for hearing:

| | yes | no |
|--|-----|----|
| HE05A a. hearing aid? | 1 | 2 |
| HE05B b. assistive device for listening to the radio or TV? | 1 | 2 |
| HE05C c. indicator for doorbell or telephone alarm? | 1 | 2 |
| HE05D d. some other assistive device for hearing? | 1 | 2 |

<if HE05d=1>**HE05d_1. What?** _____ → HE06d_1

d_2. _____ → HE06d_2

d_3. _____ → HE06d_3

d_4. _____ → HE06d_4

d_5. _____ → HE06d_5

<If some hearing aid is used (HE05a-d=1), ask in each one and each possible aid (max. 5) also HE06. If HE05d=2 → HE07. After the last other aid a question about daily use and then → HE07>

HE06

HE06A **a. Do you use it daily or almost daily?** → HE05b

- 1 yes
- 2 no

HE06B **b. Do you use it daily or almost daily?** → HE05c

- 1 yes
- 2 no

HE06C c. **Do you use it daily or almost daily?** → HE05d

- 1 yes
- 2 no

HE06D_1 d_1. **Do you use it daily or almost daily?** → HE05d_2

- 1 yes
- 2 no

HE06D_2 d_2. **Do you use it daily or almost daily?** → HE05d_3

- 1 yes
- 2 no

HE06D_3 d_3. **Do you use it daily or almost daily?** → HE05d_4

- 1 yes
- 2 no

HE06D_4 d_4. **Do you use it daily or almost daily?** → HE05d_5

- 1 yes
- 2 no

HE06D_5 d_5. **Do you use it daily or almost daily?**

- 1 yes
- 2 no

HE07. **Do you have any assistive device for mobility, e.g. a walking-stick?**

- 1 yes
- 2 no → HE10

HE08. **Do you have as assistive device for mobility:**

| | yes | no |
|--|-----|----|
| HE08A a. walking cane or one elbow crutch? | 1 | 2 |
| HE08B b. elbow or auxiliary crutches (2)? | 1 | 2 |
| HE08C c. rollator or slide? | 1 | 2 |
| HE08D d. wheel chair (also motorised)? | 1 | 2 |
| HE08E e. car with adaptations for invalids | 1 | 2 |
| HE08F f. some other motorised assistive device for mobility? | 1 | 2 |

<if HE08e=1> HE08f_1. What? _____ → HE09e_1
 HE08F_2 f_2. _____ → HE09e_2
 HE08F_3 f_3. _____ → HE09e_3
 HE08F_4 f_4. _____ → HE09e_4
 HE08F_5 f_5. _____ → HE09e_5

<If some aid is used (HE08a-e=1), ask in each one and each possible aid also HE09. If HE08e=2 → HE10. After the last other aid a question about daily use and then → HE10>

HE09 a. Do you use them daily or almost daily? → HE08b

- HE09A 1 yes
2 no

HE09B **b. Do you use them daily or almost daily?** → HE08c

- 1 yes
2 no

HE09C **c. Do you use them daily or almost daily?** → HE08d

- 1 yes
2 no

HE09D **d. Do you use it daily or almost daily?** → HE08e

- 1 yes
2 no

HE09E_1 **e_1. Do you use it daily or almost daily?** → HE08e_2

- 1 yes
2 no

HE09E_2 **e_2. Do you use it daily or almost daily?** → HE08e_3

- 1 yes
2 no

HE09E_3 **e_3. Do you use it daily or almost daily?** → HE08e_4

- 1 yes
2 no

HE09E_4 **e_4. Do you use it daily or almost daily?** → HE08e_5

- 1 yes
2 no

HE09E_5 **e_5. Do you use it daily or almost daily?**

- 1 yes
2 no

HE10. Do you have some other assistive device because of your reduced functional capacity?

- 1 yes
2 no → HF01

HE10A a. What? _____ → HE11a

HE10B **b.** _____ → HE11b

HE10C **c.** _____ → HE11c

HE10D **d.** _____ → HE11d

HE10E **e.** _____ → HE11e

<If some other aid (max 5), asked with each HE11a-e. After the last aid → HF01>

HE11

HE11A a. Do you use it daily or almost daily? → HE10b

- 1 yes
- 2 no

HE11B b. Do you use it daily or almost daily? → HE10c

- 1 yes
- 2 no

HE11C c. Do you use it daily or almost daily? → HE10d

- 1 yes
- 2 no

HE11D d. Do you use it daily or almost daily? → HE10e

- 1 yes
- 2 no

HE11E e. Do you use it daily or almost daily?

- 1 yes
- 2 no

HF. Cognitive capacity

<Series of questions HF01-HF09 (shortened Mini-Mental State Examination, MMSE) made for persons aged 55 years and older.>

In the following are some small tasks related to memory and mental functions.

<Blaise: a points calculator for the test (HF01-HF09)>

| | wrong | correct |
|--------------------------|-------|---------|
| HF01. What year is this? | 0 | 1 |

| | | |
|--|---|---|
| HF02. What is today's date? INSTRUCTION: One day difference +/- is acceptable | 0 | 1 |
|--|---|---|

| | | |
|---------------------------|---|---|
| HF03. What month is this? | 0 | 1 |
|---------------------------|---|---|

HF04. Next I will ask you to memorise three small words When I am finished, I want you to repeat them. **SHIRT – BROWN - ACTIVE.**

INSTRUCTION: RECORD THE WORDS MEMORISED ON THE FIRST TIME. IF THERE ARE MISTAKES IN THE FIRST REPETITION, REPEAT THE WORDS UNTIL ALL THREE WORDS HAVE BEEN LEARNED BUT NOT MORE THAN 5 TIMES. RECORD THE NUMBER OF REPETITIONS.

| | wrong | correct |
|-----------|-------|---------|
| 1. SHIRT | 0 | 1 |
| 2. BROWN | 0 | 1 |
| 3. ACTIVE | 0 | 1 |

<Blaise: The words are visible or can be seen so many times as the respondent needs to learn them, max. 5 times. The interviewer records the remembered words each time.>

HF05. Now I would like to ask you to subtract 7 from 100 and from the remainder 7, and 7 once again, until I ask you to stop.

INSTRUCTION: THE QUESTION CAN BE REPEATED ONCE, IF IT IS NOT UNDERSTOOD. THE QUESTION CAN ALSO BE REPEATED IN BETWEEN, IF THE PERSON IN THE MIDDLE OF THE TASK FORGETS, WHAT HE/SHE WAS DOING. THE RESPONDENT MAY NOT USE PEN AND PAPER. THE RESULTS ARE RECORDED IN POS a to e.

<Blaise: Formula: from the right value one point, from the wrong value zero. If the respondent makes a mistake, but continues correct taking away 7 from the wrong number, there is only one incorrect answer.>

- HF05A a. _____
 HF05B b. _____
 HF05C c. _____
 HF05D d. _____
 HF05E e. _____

HF06. Now what were the three words I asked you to remember? Could you now repeat them.

| | wrong | right |
|-----------------|-------|-------|
| HF061 1. SHIRT | 0 | 1 |
| HF062 2. BROWN | 0 | 1 |
| HF063 3. ACTIVE | 0 | 1 |

HF07. Now I am going to read a sentence. Please repeat it after me. "No fits, ands or buts."

INSTRUCTION: A POINT IS GIVEN ONLY, IF THE WHOLE SENTENCE IS CORRECT. THE SENTENCE MAY NOT BE REPEATED.

- 0 wrong
 1 right

HF09. There is a figure drawn on this paper. Could you draw underneath it a similar one.

INSTRUCTION: A POINT IS GIVEN ONLY, IF NO SIDES OR ANGLES ARE MISSING AND THE SHEAR PLANE IS A SQUARE

- 0 wrong
 1 right

HF_MMSE. Sum of points in HF01- HF09_____

<question HF10 to all>

HF10. How would you estimate your present memory? Is your memory:

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

HF11. Has your memory changed during the last years:

- 1 it has become much better
- 2 a little better
- 3 stayed the same
- 4 a little worse
- 5 much worse?

<if HF10=3-5 asked HF12, otherwise IA01>

HF12. Does your poor memory cause any troubles in your everyday life?

- 1 no → IA01
- 2 to some extent
- 3 much

HF13. Has the reason for your poor memory been established?

- 1 yes
- 2 no → IA01

HF14. What is the reason for your poor memory?

- 1 Alzheimer's disease
- 2 circulatory disorder in the brain
- 3 something else if HF14=1-2 or 4-9 → IA01
- 4 not known
- 9 cannot say

HF14_1. What _____?

I. Work and working ability

IA. Working conditions

<IA01-IA04 asked, if AD01=1 or 2 (those who work) or AD05=1 (at work during the past 12 months)>

IA01. How satisfied are you with your present/were you with your latest work:

- 1 very satisfied
- 2 rather satisfied
- 3 not satisfied but not unsatisfied either
- 4 rather unsatisfied
- 5 very unsatisfied?

IA03. Does/did your work include daily:

| | not at all | occa- sionally | under half of the time | over half of the time |
|---|---------------|-------------------|---------------------------|--------------------------|
| IA03A a. lifting? | 1 | 2 | 3 | 4 |
| IA03B b. carrying? | 1 | 2 | 3 | 4 |
| IA03C c. bad working postures? | 1 | 2 | 3 | 4 |
| IA03D d. working with hands over the shoulder plane? | 1 | 2 | 3 | 4 |
| IA03E e. working on your knees or squatting? | 1 | 2 | 3 | 4 |
| IA03F f. strenuous work with hands? | 1 | 2 | 3 | 4 |
| IA03G g. repetitive hand motions? | 1 | 2 | 3 | 4 |

IA04. Do/did the following hinder you in your work:

| | not present or no harm | hinders to some extent | hinders rather much | hinders very much |
|---------------------------------|------------------------------|------------------------------|---------------------------|-------------------------|
| IA04A a. noise? | 1 | 2 | 3 | 4 |
| IA04B b. dust? | 1 | 2 | 3 | 4 |
| IA04C c. shaking or vibration? | 1 | 2 | 3 | 4 |
| IA04D d. chemicals? | 1 | 2 | 3 | 4 |
| IA04E e. gases? | 1 | 2 | 3 | 4 |
| IA04F f. cigarette smoke? | 1 | 2 | 3 | 4 |
| IA04G g. coldness? | 1 | 2 | 3 | 4 |
| IA04H h. heat? | 1 | 2 | 3 | 4 |
| IA04I i. air draught? | 1 | 2 | 3 | 4 |
| IA04J j. insufficient lighting? | 1 | 2 | 3 | 4 |

<IA05-IA08 asked, if AD01=1 or 2 (those who work) or AD05=1 (at work during the past 12 months). In addition IA05a, IA06a and IA07a shall be asked also from the students (AD01=3)>

IA05. Do/did you use the following machines during a normal working or studying day:

IA05A a. Micro computer?

- 1 yes → IA06a
2 no

IA05B b. Cash terminal connected to a micro computer?

- 1 yes → IA06b
2 no

IA05C c. A programmable machine tool?

- 1 yes → IA06c
2 no

IA05D d. A process monitoring terminal or other equivalent adp-equipment?

- 1 yes → IA06d
2 no → IA08

IA06 a. How many hours/minutes do/did you use it during a normal working or studying day?

IA06A_1 _____ hours

IA06A_2 _____ minutes → IA07a

b. How many hours/minutes do/did you use it during a normal working or studying day?

IA06B_1 _____ hours

IA06B_2 _____ minutes → IA07b

c. How many hours/minutes do/did you use it during a normal working or studying day?

IA06C_1 _____ hours

IA06C_2 _____ minutes → IA07c

d. How many hours/minutes do/did you use it during a normal working or studying day?

IA06D_1 _____ hours

IA06D_2 _____ minutes → IA07d

IA07

IA07A **a. How many years altogether have you used it ? _____** → IA05b
<Blaise: the name of the equipment to the screen>

IA07B **b. How many years altogether have you used it? _____** → IA05c

IA07C **c. How many years altogether have you used it ? _____** → IA05d

IA07D **d. How many years altogether have you used it ? _____**

IA08. Do you feel that your work is respected in your working community:

- 1 very little
- 2 rather little
- 3 to some extent
- 4 rather much
- 5 very much?

IB. Work ability

<IB01 asked from under 75 years old, others → IE01>

IB01. Regardless of whether you are employed or not, please estimate your current work capacity. Are you:

INSTRUCTION: IF THE INTERVIEWEE IS DOUBTFUL, HE/SHE SHALL BE ASKED TO ESTIMATE HIS/HER ABILITY TO WORK IN THE WORK HE/SHE DID LAST

- 1 completely fit for work → IB04
- 2 partially unable to work
- 3 completely unable to work? → IB03

<IB02 asked, if under 75 years old and has sometimes been at work (AE01≠8)>

IB02. How does the restriction of your work ability manifest itself.

- 1 my work ability has decreased to some extent, but I can manage in my present occupation or work
 - 2 I would need special arrangements in my work, working time etc. to manage in my present occupation or work
 - 3 I could manage best in some other occupation or work
 - 4 I would need special arrangements to manage in any work
- IB02=1-4 →
IB04

IB03. Since which year on have you been completely unable to work? _____

IB04. Let's assume that your work ability would receive a score of 10 points at its best. What point score would you give your current work ability? _____
 INSTRUCTION: SHOW CARD I1. 0= COMPLETELY UNABLE TO WORK
 10= WORK CAPACITY AT ITS BEST

IB05. How has your work ability developed during the past 12 months? Has it developed:
 1 towards a much better direction
 2 towards a somewhat better direction
 3 stayed the same
 4 towards a somewhat worse direction
 5 towards a much worse direction?

IB06. And how do you believe that your work ability will develop during the next two years. Do you believe that your work ability will most likely:
 1 improve
 2 stay the same
 3 decline

<IB07, if AD01=1 or 2 (working).

IB07. Do/did the following factors hinder your managing or coping with your work:

| | not present or no harm | hinders a little | hinders a lot | cannot say |
|---|---------------------------|---------------------|------------------|---------------|
| IB07A a. problems connected with health or work ability | 1 | 2 | 3 | 4 |
| IB07B b. lack of education or skills | 1 | 2 | 3 | 4 |
| IB07C c. problems in the working environment or physical strain of work? | 1 | 2 | 3 | 4 |
| IB07D d. problems in the working community or mental strain of work? | 1 | 2 | 3 | 4 |
| IB07E e. decreased motivation or desire to work? | 1 | 2 | 3 | 4 |
| IB07F f. difficulties outside work (in the family, economic situation etc.) | 1 | 2 | 3 | 4 |

<IB08 asked, if AD02=1,3 or 4, AD01=5 (others than those who are on retirement and not working like laid off, unemployed)>

IB08. Do the following factors hinder you in taking part in the working life:

| | | not present or no harm | hinders a little | hinders a lot | cannot say |
|-------|--|---------------------------|---------------------|------------------|---------------|
| IB08A | a. problems connected with health or work capacity? | 1 | 2 | 3 | 4 |
| IB08B | b. lack of education or skills? | 1 | 2 | 3 | 4 |
| IB08C | c. lack of jobs, work possibilities? | 1 | 2 | 3 | 4 |
| IB08D | d. decreased motivation or desire to work? | 1 | 2 | 3 | 4 |
| IB08E | e. difficulties outside work (in the family, economic situation etc.) | 1 | 2 | 3 | 4 |

<IB09-IB15 asked, if AD01=1 or 2 (working) or AD05=1 (have been at work during the past 12 month)>

INSTRUCTION: IN THE QUESTIONS TO BE REFERRED TO THE WORK DONE LATEST WITH THOSE, WHO HAVE WORKED DURING THE PAST 12 MONTHS

IB09. How would you evaluate your current work ability in terms of the physical demands of your work?

- 1 very good
- 2 fairly good
- 3 average
- 4 fairly poor
- 5 very poor?

IB10. How would you evaluate your current work ability in terms of the psychological demands of your work?

- 1 very good
- 2 fairly good
- 3 average
- 4 fairly poor
- 5 very poor?

IB11. Do you have illnesses or injuries which hinder your present/latest work?

- 1 yes
- 2 no → IB13

IB12. Which option best describes your situation:

- 1 I can perform at work, but it causes symptoms
- 2 I sometimes have to reduce the pace of my work or change the way I work
- 3 I often have to reduce the pace of my work or change the way I work
- 4 due to my illness, I feel I am able to manage only part-time work
- 5 I feel I am completely unable to work?

IB13. How many whole days have you been absent from your work due to your health condition (treatment or examination of your illness / health) during the past year (12 months)? _____

IB14. How many days have you been at work while sick during the past 12 months? _____

IB15. In terms of your health, do you feel that you will be able to work in your current profession two years from now?

- 1 it is unlikely
- 2 I am not sure
- 3 I am quite sure

IC. Skills

<IC01-IC03 asked, if AD01=1 or 2 (working) or AD05=1 (have been at work during the past 12 months)>

IC01. Which of the following alternatives best describes your working skills and abilities:

- 1 I would need additional training to manage well my tasks
- 2 my working tasks correspond well to my present abilities and skills
- 3 my knowledge and skills would suffice for more demanding tasks?

IC02. Does/did your work comprise tasks for which you have received too little training or guidance:

- 1 not at all
- 2 very little
- 3 to some extent
- 4 rather much
- 5 very much?

<IC03 NOT asked, if AD01=5 (unemployed or laid off), even if would have worked during the past 12 months>

IC03. If you now would lose your job (become unemployed), do you think that you would be able to find work which corresponds to your profession and work experience:

- 1 certainly
- 2 possibly
- 3 probably not
- 4 certainly not?

<IC04 asked, if AD01=5 (unemployed or laid off)>

IC04. Do you believe you will find work which corresponds to your profession and work experience:

- 1 certainly
- 2 possibly
- 3 probably not
- 4 certainly not?

ID. Retirement attitudes

<ID01-ID02 asked from everybody else but pensioners i.e. NOT those whose AD01=4>

ID01. Have you considered retiring before reaching the age for old-age pension?

- 1 no
- 2 sometimes
- 3 often
- 4 I have already handed in my pension application

<ID02 NOT asked, if AD01a=1 (part-time retired)>

ID02. Have you considered part-time retirement?

- 1 yes
- 2 no

IE. Working history

<if AE01=8 (has never been in a profession) go to question JA01>

IE01. You told in the beginning of the interview that your present/latest occupation is _____ <occupation provided by Blaise,>

IE02. Have you worked in some other occupation for over one year?

- 1 yes
- 2 no → IE05

<after each profession mentioned (max 15) ask IE04, after the last given profession and years → IE05>

IE03a. Could you please list these other occupations beginning from the first one you have practised longer than one year?

1st occupation: _____
 <directory of trades and occupations 1997> (IE03AT= occupation as a text field)
 → IE04a

IE03b. (Could you please list these other occupations beginning from the first one you have practised longer than one year?)

2nd. occupation: _____
 < directory of trades and occupations 1997> (IE03BT= occupation as a text field)
 → IE04b

IE03c. (Could you please list these other occupations beginning from the first one you have practised longer than an year?)

3rd occupation: _____

< directory of trades and occupations 1997> (IE03CT= occupation as a text field)

→ IE04c

IE03d. (Could you please list these other occupations beginning from the first one you have practised longer than an year?)

4th occupations: _____

< directory of trades and occupations 1997> (IE03DT= occupation as a text field)

→ IE04d

.

<correspondingly IE03e-o>

.

IE03o. (Could you please list these other occupations beginning from the first one you have practised longer than an year?)

15th occupation: _____

< directory of trades and occupations 1997> (IE03OT= occupation as a text field)

→ IE04o

IE04a. How many years in this occupation? _____ → IE03b

IE04b. How many years in this occupation? _____ → IE03c

IE04c. How many years in this occupation? _____ → IE03d

IE04d. How many years in this occupation? _____ → IE03e

.

.

IE04o. How many years in this occupation? _____

<When the occupations and years are asked, then ask the current (latest) occupation and the occupation which he has practised the longest period of time (max 5), stress factors (IE05-IE10). Blaise automatically informs about the occupations according to the earlier questions. (IE03-IE04) If there are two occupations the interviewee has practised same length of time, Blaise will choose the latest one.> INSTRUCTION: SHOW CARD I2.

The following questions concern the strenuousness of your current work, and also that of those other occupations and jobs which you have practised the longest time.

IE05. The present (latest) occupation/job _____ <automatically from Blaise>

IE05A Is/was it:

a. a heavy physical work in which you have to lift or carry heavy items, dig, shovel or pound?

1 yes

2 no

IE05B b. work in which you have to kneel or squat on an average for at least one hour per day?

1 yes

2 no

- IE05C c. work in which you have to drive a car, tractor or other machine on an average for at least 4 hours per day for more than three months a year?
1 yes
2 no
- IE05D d. work in which you have to manually lift, carry or push items heavier than 5 kilos at least two times per minute for at least 2 hours every day?
1 yes
2 no
- IE05E e. work in which you have to manually lift, carry or push items heavier than 20 kilos at least 10 times every day?
1 yes
2 no
- IE05F f. work in which you have to work hands above the shoulder level on an average for at least one hour per day?
1 yes
2 no
- IE05G g. work in which you have to work standing or on your knees in a forward leaning position without support (e.g. repairing cars, dental nurse's job) on an average for at least one hour a day?
1 yes
2 no
- IE05H h. work demanding considerable handgrip strength meaning squeezing, twisting, holding burdens or tools on an average for at least one hour per day? Considerable gripping strength means a force which is wquivalent to a weight of at least 3 kg per hand.
1 yes
2 no
- IE05I i. work demanding repetitive movement of the hands or wrists (e.g packing and sorting out) on an average for at least 2 hours a day?
1 yes
2 no
- IE05J j. keyboard work (e.g. typewriting, cash register work, computer work) for a duration of at least 4 hours per day?
1 yes
2 no
- IE05K k. work in which you have to use a vibrating tool on an average for at least 2 hours per day?
1 yes
2 no

- IE05L l. **work in which you have to sit (excluding driving a car or a machine) on an average for at least five hours a day?**
 1 yes
 2 no
- IE05M m. **work in which you have to stand or walk on an average for at least five hours a day?**
 1 yes
 2 no
- IE06.** _____ <the occupation by Blaise from question IE03>
- Was it:**
- IE06A a. **heavy physical work, in which you have to lift or carry heavy items, dig, shovel or pound?**
 1 yes
 2 no
- IE06B b. **work in which you have to kneel or squat on an average for at least one hour a day?**
 1 yes
 2 no
- IE06C c. **work in which you have to drive a car, tractor or other machine on an average for at least 4 hours per day for more than three months a year?**
 1 yes
 2 no
- IE06D d. **work in which you have to manually lift, carry or push items heavier than 5 kilos at least two times per minute for at least 2 hours every day?**
 1 yes
 2 no
- IE06E e. **work in which you have to manually lift, carry or push items heavier than 20 kilos at least 10 times every day?**
 1 yes
 2 no
- IE06F f. **work in which you have to work hands above the shoulder level on an average for at least one hour per day?**
 1 yes
 2 no
- IE06G g. **work in which you have to work standing or on your knees in a forward leaning position without support (e.g. repairing cars, dental nurse's job) on an average for at least one hour a day?**
 1 yes
 2 no

- IE06H h. work demanding considerable handgrip strength meaning squeezing, twisting, holding burdens or tools on an average for at least one hour per day? Considerable gripping strength means a force which is equivalent to a weight of at least 3 kg per hand.
- 1 yes
 - 2 no
- IE06I i. work demanding repetitive movement of the hands or wrists (e.g packing and sorting out) on an average for at least 2 hours a day?
- 1 yes
 - 2 no
- IE06J j. keyboard work (e.g. typewriting, cash register work, computer work) for a duration of at least 4 hours per day?
- 1 yes
 - 2 no
- IE06K k. work in which you have to use a vibrating tool on an average for at least 2 hours per day?
- 1 yes
 - 2 no
- IE06L l. work in which you have to sit (excluding driving a car or a machine) on an average for at least five hours a day?
- 1 yes
 - 2 no
- IE06M m. work in which you have to stand or walk on an average for at least five hours a day?
- 1 yes
 - 2 no

<similarly the questions IE07-IE10>

J. Rehabilitation

The following questions concern rehabilitation. Rehabilitation aims to improve your work capacity and your functional capacity. It may comprise activities to improve your functional capacity, occupational/vocational rehabilitation, retraining for a new occupation or job, treatment of various illnesses and alleviating symptoms. As a part of it you may have received equipment and aids that improve your capability to function or work.

JA. Use of services

<JA01a asked, if AD01=1 or 2 (working) or AD05=1 (working during the past 12 months)>

JA01. Have you during the past 12 months received:

JA01A a. **occupational rehabilitation that improves your capability to manage your present occupation and job (e.g. TYK, ASLAK)?**

- 1 yes
- 2 no

<AND 01b NOT asked, if AD01=4 (pensioners)>

JA01B b. **re-education or retraining due to an injury or disease?**

- 1 yes
- 2 no

JA01C c. **(other) rehabilitation to reduce the symptoms, disabilities and handicaps caused by disease or injury?**

- 1 yes
- 2 no

<If JA01a-JA01c=1 (yes), ask at each yes answer JA02-JA04. >

JA02a-c. Which organisation or who has paid the expenses?

(Several alternatives allowed)

JA02A1 1 SII

1=YES

JA02A2 2 an employee pension institute

JA02A3 3 a health centre or hospital

JA02A4 4 employment service agency

if JA02=1-6 → JA03

JA02A5 5 employer

JA02A6 6 you yourself

JA02A7 7 other

JA027_1a-c. (other) what? _____

JA03a-c. How would you evaluate the rehabilitation you received? How satisfied were you with:

| | very satisfied | rather satisfied | neither satisfied nor dissatisfied | rather dissatisfied | very dissatisfied |
|---|----------------|------------------|------------------------------------|---------------------|-------------------|
| a. how quick you received rehabilitation? | 1 | 2 | 3 | 4 | 5 |
| c. the kind of rehabilitation you received? | 1 | 2 | 3 | 4 | 5 |
| c. how effective it was? | 1 | 2 | 3 | 4 | 5 |
| d. how well you were informed about rehabilitation alternatives? | 1 | 2 | 3 | 4 | 5 |

JA04a-c. In the rehabilitation received within the past 12 months was there at least one period in a rehabilitation centre?

- 1 yes
2 no → JA05

JA04_1a-c. How many days? _____ → JA01b

JA05. Within the past 12 months have you received any of the following aids intended to improve your work or functional capacity:

JA05A a. mobility aids to help moving about?

- 1 yes → JA06a_1
2 no

JA05B b. aids needed at work?

- 1 yes → JA06b_1
2 no

JA05C c. aids needed in household chores?

- 1 yes → JA06c_1
2 no

JA05D d. other equipment or aid?

- 1 yes → JA06d_1
2 no → JA07

JA06a_1. What sort of aid? _____ (saved max. 5)

JA06a_2. _____

JA06a_3. _____

JA06a_4. _____

JA06a_5. _____ → JA05b (from the last saved aid 1-5)

JA06b_1. What sort of aid? _____ (saved max. 5)

JA06b_2. _____

JA06b_3. _____

JA06b_4. _____

JA06b_5. _____ → JA05c (from the last saved aid)

JA06c_1. What sort of aid? _____ (saved max. 5)

JA06c_2. _____

JA06c_3. _____

JA06c_4. _____

JA06c_5. _____ → JA05d (from the last saved aid)

JA06d_1. What sort of aid? _____ (saved max. 5)

JA06d_2. _____

JA06d_3. _____

JA06d_4. _____

JA06d_5. _____

<JA07 and JA08 asked, if AD01=1 or 2 (working) or AD05=1 (working during the past 12 months)>

JA07. Within the past 12 months, have any of the following measures been carried out at your work:

JA07A **a. Measures to improve safety at work (such as improving the functionality of work space and equipment and improving safety; reducing the disturbance or risks caused by the use of machinery and equipment; improving the protection against harmful substances)?**

1 yes

2 no

JA07B **b. Measures to reduce physical strain at work (such as reducing difficult working positions or strenuous work phases; reducing lifting, carrying, supporting or standing still)?**

1 yes

2 no

JA07C **c. Measures to reduce mental stress at work (such as improving management practices, reducing the hurry and stress caused by tight time schedules; increasing the flexibility in working hours and tasks)?**

1 yes

2 no

JA08. Have you yourself participated within the past 12 months in:

JA08A **a. improving the practices at work together with fellow workers and superiors (such as improving practices and methods with fellow workers or in teams; improving your own work with support from your supervisor)?**

1 yes

2 no

JA08B **b. education or training aiming to improve your occupational skills (such as a course or education connected with your work; completing a schooling or degree related to your work)?**

- 1 yes
- 2 no

JA08C **c. other activity to improve and promote health and resources?**

- 1 yes
- 2 no → JA09

JA08c_1. What? _____

JA09. **Are you currently in rehabilitation?**

- 1 yes
- 2 no → JB01

JA09_1. What kind of rehabilitation _____?

JB. Need for rehabilitation

<JB01 NOT asked, if JA09=1 (attends rehabilitation at present)>

JB01. **Do you feel that you need rehabilitation aiming to improve your capability to function or work?**

- 1 yes
- 2 no

<JB02 asked from everybody in spite of JB01 answer except JB02a+b, which are NOT asked, if AD01=4 or AE01=8 (retired or has never been in a profession)>

JB02. **Do you feel that you need:**

JB02A **a. occupational/vocational rehabilitation aiming to improve managing in your current occupation? (e.g. TYK, ASLAK)?**

- 1 yes
- 2 no

JB02B **b. re-education or retraining due to an injury or illness?**

- 1 yes
- 2 no

JB02C **c. other rehabilitation to reduce the symptoms and handicaps caused by an illness or injury?**

- 1 yes
- 2 no

<JB03 asked, if JB02c=1>

JB03. Would you need:

| | yes | no | |
|---|-----|----|---------------|
| a. physiotherapy? | 1 | 2 | |
| b rehabilitation in a rehabilitation centre? | 1 | 2 | |
| c. some other rehabilitation? | 1 | 2 | JB03c=2 →JB04 |

JB03c_1. What? _____

JB04. Do you feel that you need the following equipment or aids to improve your capacity to work or function:

INSTRUCTION: MEANS THE EQUIPMENT THE INTERVIEWEE NEEDS IN ADDITION TO THOSE HE ALREADY USES (JA05). EQUIPMENT OR AIDS MENTIONED PREVIOUSLY SHALL NOT BE RECORDED AGAIN.

JB04A a. mobility aids to help moving about?

- 1 yes → JB05a_1
2 no

JB04B b. aids needed at work?

- 1 yes → JB05b_1
2 no

JB04C c. aids needed in household chores?

- 1 yes → JB05c_1
2 no

JB04D d. other equipment or aids?

- 1 yes → JB05d_1
2 no → JB06

JB05a_1. What sort of aids? _____ (saved max. 5)

JB05a_2. _____

JB05a_3. _____

JB05a_4. _____

JB05a_5. _____ → JB04b (from the last saved aid 1-5)

JB05b_1. What sort of aids? _____ (saved max. 5)

JB05b_2. _____

JB05b_3. _____

JB05b_4. _____

JB05b_5. _____ → JB04c (from the last saved aid 1-5)

JB05c_1. What sort of aids? _____ (saved max. 5)

JB05c_2. _____

JB05c_3. _____

JB05c_4. _____

JB05c_5. _____ → JB04d (from the last saved aid 1-5)

JB05d_1. What sort of aids? _____ (saved max. 5)

JB05d_2. _____

JB05d_3. _____

JB05d_4. _____

JB05d_5. _____

JB06. Do you have a rehabilitation issue pending at the moment?

- 1 I have made an application to receive rehabilitation
- 2 rehabilitation has been granted, but not yet started
- 3 I have not applied for rehabilitation?

K. Interviewer's assessments

KA. Health examination

KA01. Who gave the information?

- 1 interviewee himself/herself → KA01a
- 2 interviewee himself /herself assisted by another person → KA01a
- 3 another person (the interviewee was not able to answer himself/herself)

KA01_1. Who gave the information?

- 1 spouse
- 2 child
- 3 parent
- 4 other relative
- 5 friend or neighbour
- 6 home care assistant or nurse
- 7 other

KA01a. Did the responses seem trustworthy?

- 1 yes → KA02
- 2 partly
- 3 no

KA01b. Why?

- 1 interviewee did not understand the questions
- 2 interviewee did not remember the answers
- 3 interviewee did not want to answer
- 4 for other reasons

KA02. Has the interviewee been given an appointment for the health examination?

- 1 yes
- 2 no → KA04

KA03

KA03A a. date of the health examination _____ <ddmmyyyy>

KA03B b. time (hour) of the health examination? _____

KA03C c. place of the health examination? _____ <commune codes>

KA03D d. record the code number for the appointment: _____ → KA06

KA04. Why was an appointment for the health examination not made?

- 1 available times did not suit the interviewee
- 2 interviewee cannot make it to the health examination for other reason → KA07
- 3 interviewee does not want to come to the health examination → KA08

KA05. When and where would the health examination suit interviewee's timetable:

KA05A a. time? _____

KA05B b. place? _____ → KB01

KA06. If it is otherwise impossible/difficult to come to the health examination, he/she has been promised that taxi expenses will be paid.

Will the interviewee come to the health examination by taxi?

- 1 yes → KB01
- 2 no → KB01

KA07. Why can the interviewee not come to the health examination?

_____ → KB01

KA08. Why does the interviewee not want to come to the health examination?

KB. Interviewer's assessments on the functional ability of the interviewee**KB01. In your opinion, is the interviewee's mobility reduced?**

- 1 no
- 2 mobility is somewhat reduced
- 3 mobility is considerably reduced
- 4 the interviewee can move hardly at all on his/her own

KB02. How much help do you estimate the interviewee needs in his/her daily chores and tasks?

- 1 no help at all
- 2 some help
- 3 a lot of help

KB03. In your opinion, is the interviewee's eye sight bad?

- 1 no
- 2 his/her eye sight is somewhat reduced
- 3 his/her eye sight is considerably reduced
- 4 interviewee is blind or nearly blind

KB04. In your opinion, is the interviewee's hearing reduced (even with a hearing aid)?

- 1 no
- 2 hearing is somewhat reduced
- 3 hearing is considerably reduced
- 4 interviewee is deaf or nearly deaf

KB05. In your opinion, has the interviewee trouble with talking?

- 1 not at all
- 2 he/she has slight trouble with talking
- 3 he/she has considerable trouble with talking
- 4 he/she can not make himself understood by talking

KB06. In your opinion, has the interviewee trouble with understanding speech/instructions?

- 1 no
- 2 apparently slight trouble
- 3 considerable trouble
- 4 he/she can almost not understand speech/instructions

KB07. In your opinion, does the interviewee have some sort of temporary functional limitation?

INSTRUCTION: e.g. PLASTER CAST FOR BROKEN BONE

- 1 no → KC01
- 2 yes, but it does not cause difficulties in evaluating his/her general functional capacity
- 3 yes, and it causes difficulties in evaluating his/her general functional capacity

KB07a. What kind of disability or limitation of functional capacity?

KC. Place of the interview

KC01. Was the interview made at the interviewee's home?

- 1 yes
- 2 no, in a hospital or an institution
- 3 no, somewhere else