

HEALTH 2000

A Survey
on Health and Functional Capacity
in Finland

SYMPTOM INTERVIEW

Respondent's name: _____

Interviewer's ID: _____

T2003

Certain illnesses cause typical symptoms. In preparation for a medical examination, I ask You some questions about such symptoms as respiratory symptoms, shortness of breath, chest pain, lower limb pain, allergy symptoms, rash on hands and arms, and musculoskeletal symptoms.

The interview began at:: ____/____ 200____ , klo: ____ . ____

A. RESPIRATORY SYMPTOMS

COUGH AND CHRONIC BRONCHITIS

OIRE_01

1. Have you had a persistent cough or increased phlegm (only one option)?

- 0 Never → go to question 7
- 1 During last 12 months
- 2 Only previously

OIRE_02

2. Have you had any of the following symptoms?

- 1 Only cough
- 2 Only phlegm → go to question 5
- 3 Both cough and phlegm

OIRE_03

3. Have you been coughing daily at least for three months during a year?

- 0 No
- 1 Yes

If oire_02 = 1, go to oire_03, oire_04 and here should be proceeded to oire_07. The logic worked on a computer but is missing from the questionnaire.

OIRE_04

4. Have you had this kind of cough in two consecutive years or longer?

- 0 No → Go to question oire_07 OIRE_04_VUOSIA
- 1 Yes, in how many consecutive years? _____ → go to question oire_07

OIRE_05

5. Have you had phlegm almost daily for at least three months per year?

- 0 No → go to question 7
- 1 Yes

OIRE_06

6. Have you had this kind of phlegm in two consecutive years or longer?

- 0 No OIRE_06_VUOSIA

1 Yes, in how many consecutive years? _____

B. SHORTNESS OF BREATH

The interviewer does not ask question 7 if the answer is self-evident, but the answer must be written down in any case

OIRE_07

7. Can you walk?

0 No → go to question 29

1 Yes

OIRE_08

8. Do you experience shortness of breath when you walk uphill, climb the stairs or hurry on flat ground?

0 No → go to question 12

1 Yes

2 I never hurry

OIRE_09

9. Do you experience shortness of breath when you walk at an ordinary pace on flat ground with people of the same age as yourself?

0 No → go to question 12

1 Yes

OIRE_10

10. Do you need to stop to catch your breath due to shortness of breath when walking at your own pace on flat ground (for less than 150 m)?

0 No → go to question 12

1 Yes

OIRE_11

11. Do you experience shortness of breath even while remaining in place, e.g. while washing or getting dressed?

0 No

1 Yes

C. CHEST PAIN

OIRE_12

12. Have you ever had any pain or discomfort in your chest?

0 No

1 Yes → go to question 14

OIRE_13

13. Have you ever felt pressure or strain in your chest?

0 No

1 Yes → go to question 21

OIRE_14

3

14. Do you get this feeling when you walk uphill or hurry?

(Answer "Yes" if either walking uphill or hurrying causes discomfort.)

- 0 No → go to question 20
- 1 Yes → go to question 15A
- 2 I never hurry or walk uphill → go to question 15B

OIRE_15A

15A. Do you get it when you walk at an ordinary pace on the level?

- 0 No → go to question 16
- 1 Yes → go to question 16

OIRE_15B

15B. Tuleeko se, kun kävelette tavallista vauhtia tasaisella maalla?

- 0 Ei → siirry kysymykseen 20
- 1 Kyllä

OIRE_16

16. When you get any pain or discomfort in your chest what do you do?

(Answer "Stop or slow down" if you continue after taking nitroglycerin.)

- 1 Stop or slow down
- 2 Continue at the same pace → go to question 19

OIRE_17

17. If you stop, does the pain or discomfort

- 1 Continue? → go to question 19
- 2 Diminish?

OIRE_18

18. How soon?

- 1 In 10 minutes or less
- 2 In more than 10 minutes

19. Where do you get this pain or discomfort?

OIRE_191_K

1. In the upper or middle part of the sternum

0 No 1 Yes

OIRE_192_K

2. In the lower part of the sternum

0 No 1 Yes

OIRE_193_K

3. In the front part of the chest

0 No 1 Yes

OIRE_194_K

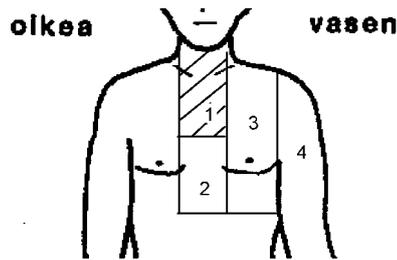
4. In the left upper limb

0 No 1 Yes

OIRE_195_K

OIRE_19_MUULLA

5. Elsewhere (if the answer yes, show on the chart)? _____ 0 No 1 Yes



D. POSSIBLE INFARCTION

OIRE_20

20. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 0 No
- 1 Yes

E. ARTERIAL CIRCULATION DISORDERS IN LOWER LIMBS

OIRE_21

21. Does your legs hurt when you are walking?

- 0 No → go to question 29
- 1 Yes

OIRE_22

22. Does your legs hurt when you are sitting or standing?

- 0 No
- 1 Yes → go to question 29

OIRE_23

23. In which part of the lower limb do you feel the pain?

- 0 Not in calfs → go to question 29
- 1 (Also) In calf/s

OIRE_24

24. Do you feel the pain when getting up a hill or when walking briskly on flat ground?

- 0 No → go to question 29
- 1 Yes → go to question 25A
- 2 I never rush → go to question 25B

OIRE_25A

25A. Do you feel the pain already when walking slowly on flat ground?

- 0 No → go to question 26
- 1 Yes → go to question 26

OIRE_25B

25B. Do you feel the pain already when walking slowly on flat ground?

- 0 No → go to question 29
- 1 Yes

OIRE_26

26. What do you do if you feel pain when walking?

- 1 Stop or slow down
- 2 Keep going → go to question 29

OIRE_27

27. What happens to the pain, when you stop?

- 0 It doesn't relieve → go to question 29
- 1 It relieves

OIRE_28

28. How quickly does the pain abate?

- 1 In less than 10 minutes
- 2 In over 10 minutes

F. ALLERGIC SYMPTOMS

OIRE_29

29. Have you ever had hay fever (seasonal allergic rhinitis) or another type of allergic rhinitis?

- 0 No → Go to question 31
- 1 Yes

OIRE_30

30. Has a doctor diagnosed you with allergic rhinitis?

- 0 No
- 1 Yes
- 2 Don't know

OIRE_31

**31. Have you ever had an allergic eye inflammation?
(redness and itching of the eyes caused by e.g. pollen or animals)**

- 0 No → Go to question 33
- 1 Yes

OIRE_32

32. Has a doctor diagnosed you with an allergic eye inflammation?

- 0 No
- 1 Yes
- 2 Don't know

OIRE_33

33. Have you ever had an itching rash that has been called milk crust (infantile eczema), rash in the crooks of arms or legs or atopic rash (atopic eczema)?

- 0 No → go to question 35
 1 Yes
 2 Don't know → go to question 35

**34. When have you had this type of rash/eczema?
 (you may choose several options)**

OIRE_341_K

1. In babyhood (under the age of 2) 0 No 1 Yes

OIRE_342_K

2. At pre-school age (between the age of 2–7) 0 No 1 Yes

OIRE_343_K

3. At school age (between the age of 7–18) 0 No 1 Yes

OIRE_344_K

4. As a grown up (over the age of 18) 0 No 1 Yes

OIRE_345_K

5. During the past 12 months 0 No 1 Yes

OIRE_346_K

6. At present time? 0 No 1 Yes

G. RASH ON HANDS AND ARMS

OIRE_35

35. Have you ever had rash on your hands (fingers, palms, backs of your hands), wrists or forearms?

- 0 No → go to question 41
 1 Yes

OIRE_36

36. Have you had this kind of rash on your hands or forearms? (select only one alternative)

- 1 Only once for less than two weeks
 2 Only once for two weeks or longer
 3 Constantly or all the time

**37. In which parts of your hands or forearms has the rash usually occurred?
 (select one or more alternatives)**

OIRE_371_K

1. On your fingers or between your fingers? 0 No 1 Yes

OIRE_372_K

2. On your hands (backs of your hands)? 0 No 1 Yes

OIRE_373_K

3. On your palms? 0 No 1 Yes

7

OIRE_374_K

4. On your wrists? 0 No 1 Yes

OIRE_375_K

5. On your forearms? 0 No 1 Yes

OIRE_376_K

6. On the crooks of your arms? 0 No 1 Yes

OIRE_377_K

7. On your elbows? 0 No 1 Yes

OIRE_38

38. When was the last time you had rash on your hands or forearms?
(select only one alternative)

- 1 At the moment
- 2 Not right now, but during last three months
- 3 Over three months, but less than a year ago OIRE_38_viimeksi
- 4 Over a year ago, when was the last time? In year _____ (estimate is sufficient)

OIRE_39

When was the first time you had rash on your hands or forearms?

OIRE_39_VUONNA

year (estimate is sufficient)

- 1 Before school age (younger than 7 yrs old) _____
- 2 At school age (7-18 yrs old) _____
- 3 As an adult (over 18 yrs old) _____

OIRE_40

40. Does your skin break out in a rash when you wear something made of metal, such as fake jewellery (e.g. earrings), metal buttons, metal zippers, metal clips or metal hooks, against your skin?

- 0 No
- 1 Yes
- 2 I can't say

OIRE_41

41. Has dry skin troubled you over the past 12 months?

- 0 No
- 1 Yes

H. MUSCULOSKELETAL SYMPTOMS

Next, I will ask you about any recent symptoms you have had in your back, neck, joints and shoulders.

BACK PAIN

OIRE_42

42. Have you ever had back pain?

- 0 No → Go to question 48
- 1 Yes

OIRE_43

43. Have you had back pain more than once?

- 0 No
- 1 Yes, 2-5 times
- 2 Yes, 6 times or more
- 3 Continuous back pain

OIRE_44

44. Over the past five (5) years, has back pain ever prevented you from performing your daily chores or activities?

- 0 No → go to question 46A.
- 1 Yes

OIRE_45

45. How long was such a period the last time?

- 1 Less than a month
- 2 1 - 6 months
- 3 Over 6 months

OIRE_46A

46A. Have you had back pain during the past 30 days?

- 0 No → go to question 48
- 1 Yes

OIRE_46B

46B. What about over the past seven (7) days?

- 0 No
- 1 Yes

OIRE_47

47. Does the pain radiate to other parts of your body?

- 0 No (radiating pain)
- 1 Yes, above knee
- 2 Yes, below knee

OIRE_48

48. Have you ever had back pain that radiates down the leg, to the foot? (sciatic pain)

- 0 No → go to question 50
- 1 Yes

OIRE_49

49. Have you felt such radiating pain in your lower limb more often than once?

- 0 No
- 1 Yes, 2-5 times
- 2 Yes, 6 times or more
- 3 Constantly having sciatic pain

NECK AND SHOULDER PAIN

**50. Have you ever felt pain in your neck or shoulders?
(you can select more than one alternative)**

OIRE_501_K

1. Neck or shoulder pain

0 No → go to question 57
 1 Yes

OIRE_502_K

2. Neck pain

0 No 1 Yes

OIRE_503_K

3. Pain in the area between the neck and shoulder

0 No 1 Yes

OIRE_504_K

4. Shoulder pain

0 No 1 Yes

NECK PAIN

OIRE_51

51. Over the past five (5) years, has neck pain ever prevented you from performing your daily chores or activities?

0 No
1 Yes

OIRE_52A

52A. Have you had neck pain during the past 30 days?

0 No → go to question 53
1 Yes

OIRE_52B

52B. What about over the past seven (7) days?

0 No
1 Yes

PAIN IN THE AREA BETWEEN THE NECK AND SHOULDER

OIRE_53

53. Over the past five (5) years, has pain in the area between the neck and shoulder ever prevented you from performing your daily chores or activities?

0 No
1 Yes

OIRE_54A

54A. Have you felt any pain or discomfort in the area between the neck and shoulder over the past month (30 days)?

0 No → go to question 55
1 Yes

OIRE_54B

54B. What about over the past seven (7) days?

0 No

1 Yes

SHOULDER PAIN

OIRE_55

55. Over the past five (5) years, has shoulder pain ever prevented you from performing your daily chores or activities?

0 No
1 Yes

OIRE_56A

56A. Have you had shoulder pain during the last past 30 days?

0 No → go to question 57
1 [Yes](#)

OIRE_56B

56B. What about over the past seven (7) days?

0 No
1 Yes

JOINT PAIN

OIRE_57

57. Have you had pain, ache or motion sensitivity in one or more joints in the past 30 days?

0 No → Go to question 59
1 Yes

58A. Please identify these joints in the diagram.

Give the respondent a drawing to help him or her indicate the areas where he or she feels pain, and record the answers immediately on a table/using computer software.

OIRE_58A_01_K

1. Right shoulder 0 No 1 Yes

OIRE_58A_02_K

2. Left shoulder 0 No 1 Yes

OIRE_58A_03_K

3. Right elbow 0 No 1 Yes

OIRE_58A_04_K

4. Left elbow 0 No 1 Yes

OIRE_58A_05_K

5. Right wrist 0 No 1 Yes

OIRE_58A_06_K

6. Left wrist 0 No 1 Yes

11

OIRE_58A_07_K

7. Right fingers

0 No

1 Yes

OIRE_58A_08_K

8. Left fingers

0 No

1 Yes

OIRE_58A_09_K

9. Right hip

0 No

1 Yes

OIRE_58A_10_K

10. Left hip

0 No

1 Yes

OIRE_58A_11_K

11. Right knee

0 No

1 Yes

OIRE_58A_12_K

12. Left knee

0 No

1 Yes

OIRE_58A_13_K

13. Right ankle

0 No

1 Yes

OIRE_58A_14_K

14. Left ankle

0 No

1 Yes

OIRE_58A_15_K

15. Right foot

0 No

1 Yes

OIRE_58A_16_K

16. Left foot

0 No

1 Yes

The respondents indicates on the drawing the joints where he or she feels symptoms.

OIRE_58B

58B. What about over the past seven (7) days?

0 No → go to question 59

1 Yes, where

OIRE_58B_01_K

1. Right shoulder

0 No

1 Yes

OIRE_58B_02_K

2. Left shoulder

0 No

1 Yes

OIRE_58B_03_K

3. Right elbow

0 No

1 Yes

OIRE_58B_04_K

4. Left elbow

0 No

1 Yes

OIRE_58B_05_K

5. Right wrist

0 No

1 Yes

OIRE_58B_06_K

6. Left wrist	0 No	1 Yes
OIRE_58B_07_K		
7. Right fingers	0 No	1 Yes
OIRE_58B_08_K		
8. Left fingers	0 No	1 Yes
OIRE_58B_09_K		
9. Right hip	0 No	1 Yes
OIRE_58B_10_K		
10. Left hip	0 No	1 Yes
OIRE_58B_11_K		
11. Right knee	0 No	1 Yes
OIRE_58B_12_K		
12. Left knee	0 No	1 Yes
OIRE_58B_13_K		
13. Righth ankle	0 No	1 Yes
OIRE_58B_14_K		
14. Left ankle	0 No	1 Yes
OIRE_58B_15_K		
15. Right foot	0 No	1 Yes
OIRE_58B_16_K		
16. Left foot	0 No	1 Yes

OIRE_59

59. Have you had difficulty in walking or have you limped due to a hip disorder or defect during the past 30 days?

- 0 No
1 Yes

OIRE_60

60. Have you had difficulty in walking or have you limped due to a knee disorder or defect during the past 30 days?

- 0 No
1 Yes

Questions in oire_60a—oire_jatkoohje were not asked in the long quality 3 symptom interview.

SYMPTOMS IN HANDS

OIRE_60A

60a. Over the past 12 months, have you felt numbness, tingling, burning sensation or pain in your hands or arms?

- 0 No
1 Yes, only in right hand
2 Yes, only in left hand

→ go to question 61

13

3 Yes, in both hands

OIRE_60B

60b. On how many days have you felt such symptoms in all?

1 In seven days at most

2 In eight or more days

OIRE_60C

60c. Have you felt such symptoms over the past seven (7) days?

0 no → go to question 61

1 yes → in the drawing presented to you, please, indicate the areas where you have felt such symptoms.

Record their locations under item d.

60d. The classification is based on symptoms in the thumb, index finger and middle finger.

OIRE_60D_OIKEA

d.1. Right hand

0 No symptoms

1 Symptoms in one finger

2 Symptoms in at least two fingers

OIRE_60D_VASEN

d.2. Left hand

0 No symptoms

1 Symptoms in one finger

2 Symptoms in at least two fingers

OIRE_JATKOOHJE

Further action:

If b=2 and d.1.= 2 or d.2.=2, in Turku, Helsinki and Espoo the patient is referred to further examinations.

FALLING

OIRE_61

61. Have you fallen while walking indoors or outdoors in the past 12 months?

0 No → go to question 65A

1 Yes

OIRE_62

62. How many times have you fallen while walking in the past 12 months?

Approximately _____times

OIRE_63

63. Have you had to seek medical attention on any of these occasions?

0 No → go to question 65A

OIRE_63_KERRAT
1 Yes, _____ times

64. Were you treated for an injury you had sustained?

OIRE_641_K

1. Were you treated

0 No

1 Yes

OIRE_642_K

2. In a hospital?

0 No

1 Yes

OIRE_643_K

3. In a health centre?

0 No

1 Yes

OIRE_644_K

4. In occupational health service?

0 No

1 Yes

OIRE_645_K

5. Elsewhere at a doctor's appointment?

0 No

1 Yes

OIRE_646_K

6. Some other place?

0 No

1 Yes

Overall hindrance

The questions 65A and 65B on this section aren't asked if the respondent has answered no to questions 42, 48, 50, 57, 59 and 60. In that case go straight to question --

OIRE_65A

65A. Hindrance at workNo hindrance
at allCompletely rules
out working

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_65B

65B. Hindrance during free timeNo hindrance
at allWorst possible
hindrance

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_66A

66A. BACK PAIN

No pain at all

Worst possible pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_66B

66B. NECK PAIN

No pain at all

Worst possible pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_66C

66C. PAIN IN THE AREA BETWEEN THE NECK AND SHOULDER

No pain at all

Worst possible pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_66D

66D. SHOULDER PAIN

No pain at all

Worst possible pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

c

66E. HIP PAIN

No pain at all

Worst possible pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_66F

66F. KNEE PAIN

No pain at all

Worst possible pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

OIRE_67

67. Finally, I would like to ask you at what time did you wake up this morning?

At: ____ . ____

OIRE_sijaisv

Variable added afterwards: Respondent of the interview

0= No stand in respondent, study subject responded to all questions

1= Yes, stand in respondent replied to all questions

2= Yes, some of the questions were answered as a proxy and others by the respondent

Thank you for the interview!

Is there something you would still like to ask or tell me before I refer you to the next place of examination?

The interview ended at: _____.

Duration of the interview: _____ minutes