



HEALTH 2000

A Survey on Functional Capacity and Health
in Finland

QUESTIONNAIRE 2

Fill in this questionnaire during the health examination and return it to the nurse at the last station. We wish to learn more about your current symptoms and their causes. We need the information when evaluating the results of your samples.

Please answer the following questions by circling the alternative best describing your situation.

An example:

23. Within the past 12 months, have you been vaccinated against tetanus?

0 No

1 Yes

GASTROINTESTINAL DISEASES

The following questions (from 1 to 7) concern the two weeks before this examination.

Kys2_K1A01

1. **A) Have you at least during one day had watery stools or diarrhoea on three occasions or more?**

0 No

1 Yes, the symptoms begun Kys2_K1A02 _____ (date) and lasted for Kys2_K1A03 _____ days.

Kys2_K1B01

B) Do the symptoms continue?

0 No

1 Yes, at worst during twenty-four hours Kys2_K1B02 _____ pcs diarrhoea stools

Kys2_K2A01

2. **A) Did you vomit at least once during the two weeks?**

0 No

1 Yes, the symptoms begun Kys2_K2A02 _____ (date) and lasted for Kys2_K2A03 _____ days

Kys2_K2B

B) Do the symptoms continue?

0 No

1 Yes

If you have had diarrhoea or vomiting within the past two weeks, please answer the questions from 3 to 8.

If not, go to question 9.

Kys2_K301

3. Were you on sick leave due to diarrhoea or vomiting?

0 No

1 Yes, Kys2_K302_____days

Kys2_K4

4. Were you in contact by phone with a nurse or a doctor due to diarrhoea or vomiting?

0 No

1 Yes

Kys2_K5

5. Did you go to see a doctor because of diarrhoea or vomiting?

0 No

1 Yes

Kys2_K6

6. Were you hospitalized due to diarrhoea or vomiting?

0 No

1 Yes

Kys2_K7

7. Was a stool sample taken for laboratory examinations?

0 No

1 Yes

Kys2_K8

8. Have you been abroad during the past (30 days) month?

0 No

1 Yes

1st TRIP

Destination Kys2_K80101_____

begun Kys2_K80102_____, ended Kys2_K80103_____ (date)

2. TRIP

Destination Kys2_K80201_____

begun Kys2_K80202_____, ended Kys2_K80203_____ (date)

3. TRIP

Destination Kys2_K80301_____

begun Kys2_K80302_____, ended Kys2_K80303_____ (date)

RESPIRATORY DISEASES

Questions number 9 to 15 concern the period of two months before the date of this examination.

In the following respiratory disease means a suddenly occurring illness that alone, or in combination, presents as sore throat, rhinitis, ear aches and cough.

In addition to these also fever and muscular aches can occur.

Kys2_K9

9. Have you had a respiratory disease within the past two months?

0 No ———▶ go to question 16

1 Yes, I had respiratory diseases Kys2_K902_____ times
(at some points your symptoms vanished completely between the spells)

Kys2_K1001

10. Were you on sick leave due to a respiratory disease?

0 No

1 Yes, altogether I was Kys2_K1002_____days on sick leave

Kys2_K11

11. Were you in contact by phone with a nurse or a doctor due to a respiratory disease?

0 No

1 Yes

Kys2_K12

12. Did you go to see a doctor because of a respiratory disease?

0 No

1 Yes

Kys2_K13

13. Were you hospitalized due to a respiratory disease?

0 No

1 Yes

Kys2_K14

14. Did you have a sinusitis diagnosed by a doctor?

- 0 No
- 1 Yes

Kys2_K15

15. Did you have an otitis diagnosed by a doctor?

- 0 No
- 1 Yes

VACCINATIONS

Kys2_K16

16. Within the past 12 months, have you been vaccinated?

- 0 No → go to question 25
- 1 Yes

Kys2_K17

17. Within the past 12 months have you been vaccinated against influenza?

- 0 No → go to question 21
- 1 Yes

Kys2_K18

18. If you received an influenza vaccination during the past 12 months, did you see a doctor to receive it?

- 0 No
- 1 Yes

Kys2_K19

19. From whom/where did you receive the latest influenza vaccination?

- 1 vaccination clinic at a health centre
- 2 health centre doctor
- 3 occupational health care
- 4 private doctor
- 5 someone else

Kys2_K20

20. Within the past 12 months, have you been vaccinated against pneumococcal infection?

A pneumococcus vaccination protects you from illnesses caused by pneumococcus bacteria, such as **pneumonia**. Usually it is given only once to a person. Trademarks Pneumovax, Pnu-Imune.

- 0 No
- 1 Yes

Kys2_K2101

21. Within the past 12 months, have you received a hepatitis-A vaccination?

Hepatitis-A vaccination protects you against liver inflammation, trademarks Epaxal, Havrix, Twinrix

- 0 No
- 1 Yes, the series of vaccination consisted of Kys2_K2102_____ injections.

Kys2_K2201

22. Within the past 12 months, have you been vaccinated against hepatitis B?

Hepatitis B-vaccination protects you against liver inflammation, trademarks Engerix-B, Twinrix.

- 0 No
- 1 Yes, the series of vaccinations comprised Kys2_K2202_____ injections.

Kys2_K23

23. Within the past 12 months, have you been vaccinated against tetanus?

- 0 No
- 1 Yes

Kys2_K24

24. Within the past 12 months, have you been vaccinated against poliomyelitis?

- 0 No
- 1 Yes

Earlier vaccinations

Kys2_K25

25. Have you been vaccinated against influenza earlier than within the past 12 months?

- 0 No
- 1 Yes

Kys2_K26

26. Have you been vaccinated against pneumococcal infection earlier than within the past 12 months?

A pneumococcus vaccination protects you from illnesses caused by the pneumococcus bacteria, such as **pneumonia**. Usually it is given only once during lifetime. Trademarks Pneumovax, Pnu-Imune.

- 0 No
- 1 Yes

THANK YOU FOR YOUR ANSWERS!

Would you please check that you have answered all the questions. If you did not know how to answer some of them the nurse at the last station will assist you.

PLEASE RETURN THE QUESTIONNAIRE TO THE NURSE AT THE LAST INTERVIEW POINT.