



HEALTH 2000

A Survey on Functional Capacity and Health
in Finland

QUESTIONNAIRE 3

The purpose of this questionnaire is to learn more about factors influencing your health and welfare. Please fill it in within one week and return it in the envelope enclosed (postage pre-paid). You reply to the questions by circling the number of the alternative best describing your current situation or view, or by writing down the amount or quantity asked in the blank space.

We hope that you answer each question even if you feel completely healthy.

Example 1 Do you snore when sleeping? (Ask others if you are not sure)

- 0 No —> go to question 9
1 Yes

In case you do not snore, please circle number 0. In some questions after certain answers there is a statement: “go to question...“. In such cases you can go straight to that question and leave the questions in between unanswered.

Example 2 Do you sometimes have to sleep away from your permanent residence due to your work?

- 0 No
 1 Yes, on average 15 nights per year

Do remember to answer all the questions – even when your answer is “No“, please circle the corresponding number.

SLEEP AND SLEEPING

Kys3_K01

1. How many hours on average do you sleep in 24 hours?

_____ hours

Kys3_K02

2. Do you have difficulties in getting sleep without sleeping medicine?

- 1 No
2 Sometimes
3 Often
4 Nearly always

Kys3_K03

3. Do you wake up during night or very early morning hours?

- 1 No
2 Sometimes
3 Often
4 Nearly each night

Kys3_K04

4. In your opinion, are you usually more tired during the day than other people of your age?

- 1 Yes, nearly always
2 Yes, often (at least weekly)
3 No
4 Don't know

5. Estimate, how easily you would fall asleep in the following situations.

Circle the alternative closest to your situation. In case you would feel sleepy but would not fall asleep, choose 0.

	I never fall asleep	rarely fall asleep	quite often fall asleep	almost always fall asleep
Kys3_K0501				
1 When sitting and reading	0	1	2	3
Kys3_K0502				
2 When watching TV	0	1	2	3
Kys3_K0503				
3 When I sit still quietly (e.g. in a meeting, in the theatre etc.)	0	1	2	3
Kys3_K0504				
4 When I sit in a car as a passenger for one hour without a break	0	1	2	3
Kys3_K0505				
5 If I lay down in the afternoon	0	1	2	3
Kys3_K0506				
6 When sitting and having a conversation with someone	0	1	2	3
Kys3_K0507				
7 When I sit quietly after lunch	0	1	2	3
Kys3_K0508				
8 When the car stops in traffic lights	0	1	2	3

Kys3_K06

6. Do you snore when sleeping?
(Ask others if you are not sure)

- 0 No → go to question 9
1 Yes

Kys3_K07

7. How often do you snore?

- 1 Once a month or more rarely
2 During 1 to 2 nights a week
4 During 3 to 5 nights a week
5 Each night or nearly each night
6 Don't know

Kys3_K08

8. What is your snoring like? (Ask others if needed)

- 1 My snoring is quiet and even
2 My snoring is even but quite loud
3 My snoring is even but so loud that it can be heard in the room next to the bedroom
4 My snoring is very loud and uneven (sometimes there are occasional respiratory arrests during which there are pauses in breathing followed by loud croaking sounds)
5 Don't know

Kys3_K09

- 9. Have you noticed (or have others noticed) respiratory arrests when you sleep?**
- 1 Never or more rarely than once a month
 - 2 More rarely than once a week
 - 3 From 1 to 2 nights a week
 - 4 From 3 to 5 nights a week
 - 5 Each or nearly each night
 - 6 Don't know

Kys3_K10

- 10. Has a doctor diagnosed that you have sleep apnoea i.e. temporary suspension of respiration in sleep?**
- 0 No
 - 1 Yes

Kys3_K11

- 11. Do you sometimes have to sleep away from your permanent residence due to your work?**
- 0 No
 - 1 Yes, approximately
Kys3_K1101_____ nights a year

Kys3_K12

- 12. Does your spouse sometimes have to sleep away from your permanent residence due to his/her work?**
- 0 No
 - 1 Yes, approximately
Kys3_K1201_____ nights a year
 - 2 I do not live in a relationship

DISADVANTAGES IN HOUSING CONDITIONS

- 13. In your apartment or house are you bothered by...? (You can circle several alternatives)**

Kys3_K1300
0 nothing

Kys3_K1301
1 living in overcrowded conditions

Kys3_K1302
2 poor laundry facilities

Kys3_K1303
3 doorsills hampering
moving about

Kys3_K1304
4 too narrow doorways

Kys3_K1305
5 too high or low kitchen cupboards
or tables

Kys3_K1306
6 dampness (e.g. in the walls, on the
floor, in the foundations etc.)

Kys3_K1307
7 chilliness or draught

Kys3_K1308
8 bad ventilation, stuffy air

Kys3_K1309
9 noise caused by children, adults or
pets

Kys3_K1310
10 noise caused by traffic, industry or
construction sites or other noise
coming from outside

Kys3_K1311
11 dust, dirt or other environmental
problems caused by traffic or in-
dustry

Kys3_K1312
12 awkward traffic connections

PETS AND DOMESTIC ANIMALS

14. Has your household or family farm currently pets or domestic animals or have you had those earlier? (including your childhood)

	There has never been	There aren't any currently but have been earlier	There is/are currently
Kys3_K1401 1 dog	0	1	2
Kys3_K1402 2 cat	0	1	2
Kys3_K1403 3 cage bird	0	1	2
Kys3_K1404 4 some other pet	0	1	2
Kys3_K1405 5 cows, horses, chicken or other domestic animals	0	1	2

ATTITUDES REGARDING YOUR HEALTH

15. What is your attitude towards your health?

	not at all	quite little	some-what	quite a lot	very much
Kys3_K1501 1 Do you feel that there is something seriously wrong in your body?	1	2	3	4	5
Kys3_K1502 2 Do you worry much about your health?	1	2	3	4	5
Kys3_K1503 3 In case you get informed about some illness (through radio, TV, newspapers or some acquaintance), are you scared that you might have it?	1	2	3	4	5
Kys3_K1504 4 Do you often think about the possibility that you are suffering from a serious illness?	1	2	3	4	5
Kys3_K1505 5 Are you troubled with various aches and pains?	1	2	3	4	5
Kys3_K1506 6 Have you noticed that you suffer from many different symptoms?	1	2	3	4	5
Kys3_K1507 7 Is it difficult for you to believe your doctor if he says that there is no need to worry about your health?	1	2	3	4	5

ORAL HEALTH AND QUALITY OF LIFE (Oral Health Impact Profile, OHIP)

16. How often have you experienced the following problems related to oral health during the last month? (circle your answers)

	very often	fairly often	occas- ionally	hardly ever	never	don't know
Kys3_K1601						
1 Have you had trouble <u>pronouncing any words because of</u> problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1602						
2 Have you felt that your <u>sense of taste</u> has worsened because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1603						
3 Have you had <u>pain or ache</u> in your mouth?	1	2	3	4	5	6
Kys3_K1604						
4 Have you found it <u>uncomfortable to eat any foods</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1605						
5 Have you been <u>self-conscious</u> because of your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1606						
6 Have you <u>felt tense because of</u> problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1607						
7 Has your <u>diet been unsatisfactory</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1608						
8 Have you had to <u>interrupt meals</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1609						
9 Have you found it <u>difficult to relax</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1610						
10 Have you been a bit <u>embarrassed</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1611						
11 Have you been a bit <u>irritable with other people</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6

	very often	fairly often	occasionally	hardly ever	never	don't know
Kys3_K1612						
12 Have you had <u>difficulty doing your usual jobs</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1613						
13 Have you felt that life in general was <u>less satisfying</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1614						
14 Have you been <u>totally</u> unable to function because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6

EXPERIENCING EVERYDAY LIFE (Antonovsky)

17. How do you feel? Circle from options 1 to 7 the one best describing your opinion.

Kys3_K1701

1. **Until now your life has had:**

no clear goals or purpose at all

very clear goals and purpose

1.....2.....3.....4.....5.....6.....7

Kys3_K1702

2. **Do you have the feeling that you don't really care about what goes on around you?**

very seldom or never

very often

1.....2.....3.....4.....5.....6.....7

Kys3_K1703

3. **Has it happened in the past that you were surprised by the behavior of people you thought you knew well?**

never happened

always happened

1.....2.....3.....4.....5.....6.....7

Kys3_K1704

4. **Has it happened that people whom you counted on disappointed you?**

never happened

always happened

1.....2.....3.....4.....5.....6.....7

Kys3_K1705

5. **Do you have the feeling that you're being treated unfairly?**

very often

very seldom or never

1.....2.....3.....4.....5.....6.....7

Kys3_K1706

6. Do you have the feeling that you are in an unfamiliar situation and don't know what to do?

very often

1.....2.....3.....4.....5.....6.....7

very seldom
or never

Kys3_K1707

7. Doing the things you do every day is:

a source of deep
pleasure and
satisfaction

1.....2.....3.....4.....5.....6.....7

a source of pain
and boredom

Kys3_K1708

8. Do you have very mixed-up feelings and ideas?

very
often

1.....2.....3.....4.....5.....6.....7

very seldom
or never

Kys3_K1709

9. Many people – even those with a strong character – sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

never

1.....2.....3.....4.....5.....6.....7

very often

Kys3_K1710

10. When something happened, have you generally found that:

you over- or under-
estimated its
importance

1.....2.....3.....4.....5.....6.....7

you saw
things in the
right proportion

Kys3_K1711

11. How often do you have the feeling that there's little meaning in the things you do in your daily life?

very often

1..... 2.....3.....4.....5.....6.....7

very seldom
or never

Kys3_K1712

12. How often do you have feelings that you're not sure you can keep under control?

very often

1.....2.....3.....4.....5.....6.....7

very seldom
or never

SEASONAL VARIATIONS

18. How much do the following vary according to season of year?

	no change at all	varies somewhat	varies clearly	varies much
Kys3_K1801 Length of sleep	0	1	2	3
Kys3_K1802 Social activity	0	1	2	3
Kys3_K1803 Mood (general feeling of well-being)	0	1	2	3
Kys3_K1804 Weight	0	1	2	3
Kys3_K1805 Appetite	0	1	2	3
Kys3_K1806 Energy	0	1	2	3

Kys3_K19

19. Is any of the seasonal variations listed above a problem for you?

- 0 I do not experience any of the variations listed above
- 1 The variations listed above are not a problem
Variations listed above are:
- 2 a slight problem
- 3 a problem to some extent
- 4 a considerable problem
- 5 a serious problem

HEALTH RELATED QUALITY OF LIFE

First carefully read through all the reply options for each question. Then circle the alternative **best describing your health today**. Do this for all questions from 1 to 15. **Circle only one reply for each question.**

20. Your Health State today (15-D)

Kys3_liik

1 Mobility

- 1 I am able to walk normally (without difficulties) indoors, outdoors and on stairs
- 2 I am able to walk without difficulty indoors, but outdoors and/or on stairs I have slight difficulties
- 3 I am able to walk without help indoors (with or without an appliance), but outdoors and/or on stairs only with considerable difficulty or with help from others
- 4 I am able to walk indoors only with help from others
- 5 I am completely bed-ridden and unable to move about

Kys3_nako

2 Vision

- 1 I see normally, i.e. I can read newspapers and TV text without difficulty (with or without glasses)
- 2 I can read papers and/or TV text with slight difficulty (with or without glasses)
- 3 I can read papers and/or TV text with considerable difficulty (with or without glasses)
- 4 I cannot read papers or TV text either with glasses or without, but I can see enough to walk about without guidance
- 5 I cannot see enough to walk about without a guide, i.e. I am almost or completely blind

Kys3_kuul

3 Hearing

- 1 I can hear normally, i.e. normal speech (with or without a hearing aid)
- 2 I hear normal speech with a little difficulty
- 3 I hear normal speech with considerable difficulty; in conversation I need voices to be louder than normal
- 4 I hear even loud voices poorly; I am almost deaf
- 5 I am completely deaf

Kys3_heng

4 Breathing

- 1 I am able to breathe normally, i.e. with no shortness of breath or other breathing difficulty
- 2 I have shortness of breath during heavy work or sports, or when walking briskly on flat ground or slightly uphill
- 3 I have shortness of breath when walking on flat ground at the same speed as others my age
- 4 I get shortness of breath even after light activity, e.g. washing or dressing myself
- 5 I have breathing difficulties almost all the time, even when resting

Kys3_nukk

5 Sleeping

- 1 I am able to sleep normally, i.e. I have no problems with sleeping
- 2 I have slight problems with sleeping, e.g. difficulty in falling asleep, or sometimes waking at night
- 3 I have considerable problems with sleeping, e.g. disturbed sleep, or feeling I have not slept enough
- 4 I have great problems with sleeping, e.g. having to use sleeping pills often or routinely, or usually waking at night and/or too early in the morning
- 5 I suffer from severe sleeplessness, e.g. sleep is almost impossible even with full use of sleeping pills or staying awake most of the night

Kys3_syom

6 Eating

- 1 I am able to eat normally, i.e. withno help from others
- 2 I am able to eat by myself with minor difficulty (e.g. slowly, clumsily, shakily, or with special appliances)
- 3 I need some help from another person in eating
- 4 I am unable to eat by myself at all, so I must be fed by another person
- 5 I am unable to eat at all, so I am fed either by tube or intravenously

Kys3_puhu

7 Speech

- 1 I am able to speak normally, i.e. clearly, audibly and fluently
- 2 I have slight speech difficulties, e.g. occasional fumbling for words, mumbling, or changes of pitch
- 3 I can make myself understood, but my speech is e.g. disjointed, faltering, stuttering or stammering
- 4 Most people have great difficulty understanding my speech
- 5 I can only make myself understood by gestures

Kys3_erit

8 Elimination

- 1 My bladder and bowel work normally and without problems
- 2 I have slight problems with my bladder and/or bowel function, e.g. difficulties with urination, or loose or hard bowels
- 3 I have marked problems with my bladder and/or bowel function, e.g. occasional 'accidents', or severe constipation or diarrhoea
- 4 I have serious problems with my bladder and/or bowel function, e.g. routine 'accidents', or need of catheterization or enemas
- 5 I have no control over my bladder and/or bowel function

Kys3_tava

9 Usual activities

- 1 I am able to perform my usual activities (e.g. work, studying, housework, free-time activities) without difficulty
- 2 I am able to perform my usual activities much less effectively or with minor difficulty
- 3 I am able to perform my usual activities much less effectively, with considerable difficulty, or not completely
- 4 I can only manage a small proportion of my previously usual activities
- 5 I am unable to manage any previously usual activities

Kys3_henk

10 Mental function

- 1 I am able to think clearly and logically, and my memory functions well
- 2 I have slight difficulties in thinking clearly and logically, or my memory sometimes fails me
- 3 I have marked difficulties in thinking clearly and logically, or my memory is somewhat impaired
- 4 I have great difficulties in thinking clearly and logically, or my memory is seriously impaired
- 5 I am permanently confused and disoriented in place and time

Kys3_vaiv

11 Discomfort and symptoms

- 1 I have no physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.
- 2 I have mild physical discomfort or symptoms, e.g. mild pain, ache, nausea, itching etc.
- 3 I have marked physical discomfort or symptoms, e.g. marked pain, ache, nausea, itching etc.
- 4 I have severe physical discomfort or symptoms, e.g. severe pain, ache, nausea, itching etc.
- 5 I have unbearable physical discomfort or symptoms, e.g. unbearable pain, ache, nausea, itching etc.

Kys3_mase

12 Depression

- 1 I do not feel at all sad, melancholic or depressed
- 2 I feel slightly sad, melancholic or depressed
- 3 I feel moderately sad, melancholic or depressed
- 4 I feel very sad, melancholic or depressed
- 5 I feel extremely sad, melancholic or depressed

Kys3_ahdi

13 Distress

- 1 I do not feel at all anxious, stressed or nervous
- 2 I feel slightly anxious, stressed or nervous
- 3 I feel moderately anxious, stressed or nervous
- 4 I feel very anxious, stressed or nervous
- 5 I feel extremely anxious, stressed or nervous

Kys3_ener

14 Vitality

- 1 I feel healthy and energetic
- 2 I feel slightly weary, tired or feeble
- 3 I feel moderately weary, tired or feeble
- 4 I feel very weary, tired and feeble, almost exhausted
- 5 I feel extremely weary, tired or feeble, totally exhausted

Kys3_suku

15 Sex life

- 1 My state of health has no adverse effect on my sexual activity
- 2 My state of health has a slight effect on my sexual activity
- 3 My state of health has a considerable effect on my sexual activity
- 4 My state of health makes sexual activity almost impossible
- 5 My state of health makes sexual activity impossible

EXPERIENCES OF THE INFLUENCE OF ALCOHOL

Sensitivity towards the influence of alcohol varies so that a small quantity influences on some persons more than a big quantity on others. Therefore, in the following we ask about your experiences with alcohol. Please tell us about your ACTUAL experiences drinking alcohol. Recall how differing amounts of alcohol have affected you in different situations. To make remembering easier we ask you to estimate the amount of alcohol drunk in restaurant portions.

Please begin with column A. There the spaces below each other are reserved to your very first experiences with alcohol. Think about each question asked on the left. Answer first to questions under A, then B and C. Please write in the boxes under heading A the amount of glasses (i.e. restaurant portions) in numbers. Skip the alternatives you have no experience of and mark those boxes with a line (-).

Go on to column B, where your experiences of your latest regular alcohol usage period is asked about. Do as in column A. Finally, in column C we ask about your experiences at the time you drank most during a single occasion, regardless of whether it was recently or a long time ago. Go again down row by row as in columns A and B.

21. INFLUENCE OF ALCOHOL Please fill only those positions you have experience of. one glass= *1/3 litres of beer or cider, or *12 cl mild or 8 cl fortified wine or * 4 cl strong liquors	A Five first times (when you drunk more than half a glass)	B Your latest regular alcohol usage period (at least once a month within three months in a row)	C Period of heaviest drinking
1. How many glasses did it take for you to begin to feel different or you realized that alcohol was starting to have an effect?	Kys3_K2101A	Kys3_K2101B	Kys3_K2101C
2. How many glasses did it take for you to feel a bit dizzy or to begin slur your speech?	Kys3_K2102A	Kys3_K2102B	Kys3_K2102C
3. How many glasses did it take you to begin stumbling, or walking in an uncoordinated manner?	Kys3_K2103A	Kys3_K2103B	Kys3_K2103C
4. How many glasses did it take you to pass out, or fall asleep when you did not want to?	Kys3_K2104A	Kys3_K2104B	Kys3_K2104C

EMOTIONS AND FEELINGS

22. Circle a number from 1 to 5 according to how well it describes you.

	not true at all	not very true	do not know	quite correct	completely correct
Kys3_K2201 I am often very uncertain about my feelings	1	2	3	4	5
Kys3_K2202 It is hard for me to find the right words to describe my feelings	1	2	3	4	5
Kys3_K2203 I have physical feelings that even the doctors do not understand	1	2	3	4	5
Kys3_K2204 It is easy for me to describe my feelings	1	2	3	4	5
Kys3_K2205 I prefer to analyse and think about problems rather than just to describe them	1	2	3	4	5
Kys3_K2206 When I am upset I do not know whether I am sad, scared or angry	1	2	3	4	5
Kys3_K2207 I am often quite unsure about what I feel in my body	1	2	3	4	5
Kys3_K2208 I prefer to let things go on their own weight rather than think about the reasons behind them	1	2	3	4	5
Kys3_K2209 I have emotions that I am not completely capable to identify	1	2	3	4	5
Kys3_K2210 It is extremely important to be in contact with one's emotions	1	2	3	4	5
Kys3_K2211 It is hard for me to describe the feelings that other people make me feel	1	2	3	4	5
Kys3_K2212 People have told me to be more open about my feelings	1	2	3	4	5

	not true at all	not very true	do not know	quite correct	completely correct
Kys3_K2213 I do not really know what is going on inside of me	1	2	3	4	5
Kys3_K2214 I do not always know why I am angry	1	2	3	4	5
Kys3_K2215 I prefer rather talking with people about their daily routine than about their feelings	1	2	3	4	5
Kys3_K2216 I'd rather watch light entertainment than psychological theatre	1	2	3	4	5
Kys3_K2217 It is hard for me to tell even the ones closest to me what I feel inside	1	2	3	4	5
Kys3_K2218 I can feel closeness to another person even in complete quietness	1	2	3	4	5
Kys3_K2219 I have noticed that it is very helpful in solving personal problems to listen and think about your feelings	1	2	3	4	5
Kys3_K2220 All the pleasure in movies or theatre disappears if you try to find deeper meanings in them	1	2	3	4	5

WOMEN ONLY

Men → go to question 27

23. Have you had the following infections or diseases in the genital area?

	no	yes	don't know
Kys3_K2301 Herpes infection	1	2	3
Kys3_K2302 Moist wart i.e. condyloma	1	2	3
Kys3_K2303 Candidiasis, yeast fungus infection	1	2	3

	no	yes	don't know
Kys3_K2304 Other vaginitis	1	2	3
Kys3_K2305 Womb infection	1	2	3
Kys3_K2306 Ovarial infection	1	2	3
Kys3_K2307 Chlamydia infection	1	2	3

Kys3_K24

24. Have you been hospitalized due to these infections?

- 1 No
- 2 Yes

Kys3_K25

25. How often do you examine your breasts yourself?

- 1 more often than once a month
- 2 approximately once a month
- 3 sometimes
- 4 never

Kys3_K26

26. How often do you go to a gynaecologist?

- 1 regularly at least once every year
- 2 sometimes
- 3 only when symptoms
- 4 never

MEN ONLY

Women → go to question 29

27. Have you had the following infections or diseases in the genital area?

	no	yes	don't know
Kys3_K2701 Herpes infection	1	2	3
Kys3_K2702 Moist wart i.e. condyloma	1	2	3
Kys3_K2703 Candidiasis, Yeast fungus infection	1	2	3
Kys3_K2704 Prostatitis	1	2	3

	no	yes	don't know
Kys3_K2705 Testitis	1	2	3
Kys3_K2706 Chlamydia infection	1	2	3

Kys3_K28

28. How often do you examine your testicles yourself?

- 1 never
- 2 sometimes
- 3 approximately once a month
- 4 more often than once a month

FOR EVERYONE TO ANSWER

DRIVING

Kys3_K29

29. Have you ever been a professional driver?

- 0 No → go to question 33
- 1 Yes

Kys3_K30

30. How many years altogether? _____**31. Did you drive (you can choose several options)**

Kys3_K3101

- 1 A passenger car, how many years Kys3_K3101A _____

Kys3_K3102

- 2 An estate car, how many years Kys3_K3102A _____

Kys3_K3103

- 3 A bus, how many years Kys3_K3103A _____

Kys3_K3104

- 4 A truck, how many years Kys3_K3104A _____

Kys3_K3105

- 5 Lorry, how many years Kys3_K3105A _____

Kys3_K3106

- 6 A special vehicle (ambulance, fire engine etc.),
how many years Kys3_K3106A _____

32. When you did this work most typically

Kys3_K3201

32.1 How many hours did you drive per week? _____

Kys3_K3202

32.2 How many kilometres did you drive per year? _____

Kys3_K33

33. Have you been in some other profession that included much driving?

Much means that you have driven a car at least 50 but possibly hundreds of kilometres per day at the minimum of four days per week.

0 No → go to question 37

1 Yes

Kys3_K34

34. How many years altogether? _____**35. Did you drive (you can choose several options)**

Kys3_K3501

1 A passenger car, how many years Kys3_K3501A _____

Kys3_K3502

2 An estate car, how many years Kys3_K3502A _____

Kys3_K3503

3 A bus, how many years Kys3_K3503A _____

Kys3_K3504

4 A truck, how many years Kys3_K3504A _____

Kys3_K3505

5 A lorry, how many years Kys3_K3505A _____

Kys3_K3506

6 A special vehicle (ambulance, fire engine etc.),
how many years Kys3_K3506A _____

36. When you did this work most typically

Kys3_K3601

36.1 How many hours did you drive per week? _____

Kys3_K3602

36.2 How many kilometres did you drive per year? _____

Kys3_K37

37. In your profession have you been a lot in a car (also the cashier, helper etc.) as a passenger?

A lot means that you have driven/travelled in a car at least 50 but possibly hundreds of kilometres per day at the minimum of four days per week.

0 No → go to question 41

1 Yes

Kys3_K38

38. How many years altogether? _____

39. Were you a passenger in a (also the cashier, helper etc.) (you may choose several options)

Kys3_K3901

1 A passenger car, how many years Kys3_K3901A _____

Kys3_K3902

2 An estate car, how many years Kys3_K3902A _____

Kys3_K3903

3 A bus, how many years Kys3_K3903A _____

Kys3_K3904

4 A truck, how many years Kys3_K3904A _____

Kys3_K3905

5 A lorry, how many years Kys3_K3905A _____

Kys3_K3906

6 A special vehicle (ambulance, fire engine etc.),
how many years Kys3_K3906A _____

40. When you did this work most typically

Kys3_K4001

40.1 How many hours did you drive per week? _____

Kys3_K4002

40.2 How many kilometres did you drive per year? _____

Kys3_K41

41. Outside your profession have you (commuting, spare time etc.) been driving or been a passenger a lot?

A lot means that you have driven/travelled in a car at least 200 kilometres per week.

0 No → go to the end of the questionnaire

1 Yes

Kys3_K42

42. How many years altogether? _____

43. Did you drive...? (you can choose several options)

Kys3_K4301

1 A passenger car, how many years Kys3_K4301A _____

Kys3_K4302

2 An estate car, how many years Kys3_K4302A _____

Kys3_K4303

3 A bus, how many years Kys3_K4303A _____

44. Were you a passenger in ...? (you can choose several options)

Kys3_K4401

1 A passenger car, how many years Kys3_K4401A _____

Kys3_K4402

2 An estate car, how many years Kys3_K4402A _____

Kys3_K4403

3 A bus, how many years Kys3_K4403A _____

45. When you drove or travelled most typically ...

Kys3_K4501

45.1 How many hours per week? _____

Kys3_K4502

45.2 How many kilometres per year? _____

WE THANK YOU FOR YOUR ANSWERS AND THE TROUBLE!

We hope you have answered each question.

Please return the questionnaire in the enclosed envelope, which is prepaid.

The date when you answered the questionnaire _____/_____/_____

Signature
