

The National FINRISK Study 2002

Basic questionnaire

1. Gender

male
female

2. What is your marital status?

married
cohabiting
single
separated or divorced
widow

3. What is your education?

elementary school, basic education
lower secondary education
vocational school or relevant
upper secondary education or high school
non-university lower education
non-university higher education
university education

4. How many years have you attended school and studied full time
(basic levels included)?

years

5. How many years has your spouse attended school and studied full time, basic levels included?

years
I do not have a spouse

6. How many members are presently included in your household?

members

7. How many of your household members are

under 7 years
7-16 year olds

8. What kind of work do you do most of the year?

farming, cattle minding, forestry, farmer's wife
factory, mining, building or other relevant work
office work, service profession, mental work (planning, designing, administrative, director, expert or the like)
studying or going to school
home maker, mother at home, house wife
pensioner
unemployed

9. What is your profession?

(If you are at present pensioned or unemployed, write down the profession you last had.)

10. What is your present state of employment?

I have been unemployed less than 6 months
I have been unemployed 6 months - 1 year
I have been unemployed over a year
I am laid off

I work shortened hours (without my own wish)
I work but unemployment is a threat
I work normally (applies also to students) and
there is no imminent danger of unemployment
I am on maternity/paternity leave or on children's home care leave
I'm pensioned

11. How large was your household's income
last year (before tax deduction)?

less than 50 000 FIM (less than 8 400 €)
50 001-100 000 FIM (8 401 - 16 820 €)
100 001-150 000 FIM (16 821 - 25 230 €)
150 001-200 000 FIM (25 231 - 33 640 €)
200 001-250 000 FIM (33 641 - 42 050 €)
250 001-300 000 FIM (42 051 - 50 460 €)
300 001-350 000 FIM (50 461 - 58 870 €)
350 001-400 000 FIM (58 871 - 67 280 €)
over 400 000 FIM (over 67 280 €)

12. What was the profession of the main provider in your home when you were under 7 years?

higher official (in a leading position or in planning, research or teaching positions)
lower official (e.g. nursing professions, foreman without higher education)
laborer
farmer
self-employed
home maker, house wife

13. Where did you live most of the time when you were under 7 years?

Province of Uusimaa
Province of Turku ja Pori
Province of Åland
Province of Häme
Province of Kymi
Province of Mikkeli
Province of North Karelia
Province of Kuopio
Province of Central Finland
Province of Vaasa
Province of Oulu
Province of Lapland
in the area of the surrendered Karelia
Sweden
somewhere else, where?

14. What was your mother's birth place (or province, if you do not know the place):

15. What was your father's birth place (or province, if you do not know the place):

16. How old was your mother when you were born?

years
I do not know

17. How old was your father when you were born?

years
I do not know

18. When and how were you born?

normal delivery at a hospital/ maternity hospital
normal delivery at home or somewhere else outside hospital
caesarean section at a hospital
I do not know

HEALTH STATUS

19. How many times during the past year (last 12 months) have you been to see a doctor (not a dentist)?
(Mark 0 if not at all).

times

20. How many times during the past year (last 12 months) have you been to see a public health nurse or the nurse has been to see you at home?

(Mark 0 if not at all).

times

21. Do you receive disability pension for a disease or inability?

no

yes, partial disability pension

yes, temporary disability pension

yes, permanent disability pension

22. Has a doctor ever diagnosed you for myocardial infarction?

no

yes, what year was the last one?

23. Has a doctor ever diagnosed you with stroke or cerebral hemorrhage?

no

yes, what year was the last one?

24. Have you ever had coronary (heart) bypass surgery?

no

yes, what year was the last one?

25. Have you ever had coronary (heart) angioplasty?

no

yes, what year was the last one?

26. Has a doctor diagnosed or treated you for any of the following diseases during the past year (last 12 months)?

no

yes

Increased blood pressure, hypertension

Cardiac insufficiency

Effort angina (Angina pectoris)

Cancer

Asthma of the lungs

Pulmonary emphysema, bronchitis, chronic bronchial catarrh

Gallstones, gall bladder inflammation

Rheumatoid arthritis

Other disease of the joints

Degenerative arthritis of the back, other illness of the back

Chronic urethritis, inflammation of the kidneys

Depression

Other psychological illness

27. Has a doctor treated you for any of the following accidents during the past year (last 12 months)?

no

yes

Traffic accident with a motorised vehicle

Other traffic accident (e.g. on a bicycle)
Accident at work (not on the way to or from work)
Accident at home (inside the home or in the yard)
Sporting accident (fitness training or competitive sports)
Other leisure time accident
Other accident

28. How many full working days were you away from work or did not attend to your usual chores because of illness during the past year (last 12 months)? (If not at all, answer 0.)

days

29. How many days have you been in hospital during the last 12 months? (If not at all, please answer 0.)

days

30. When have you last had a check up or seen a doctor for a medical examination, not for symptoms or illness but for ex. work place check up, driving license check up, or maternity clinic?

during the last 6 months

6 months - 1 year ago

year - 5 years ago

over 5 years ago

never

31. Have you ever had your cholesterol checked? When was the last time?

during the last 6 months

6 months - 1 year ago

1 year - 5 years ago

over 5 years ago

never (proceed to question 35)

I do not know (proceed to question 35)

32. Have you ever been diagnosed for high or heightened blood cholesterol level?

no

yes

33. If your cholesterol level was examined did you receive dietary counsel to lower your cholesterol level?

no

yes

34. Do you now use prescription medicine to lower your cholesterol level?

no

yes, the names of the medicine:

35. Have you ever had your blood pressure measured? When was the last time?

during the last 6 months

6 months - 1 year ago

1 year - 5 years ago

over 5 years ago

never (proceed to question 41)

36. How many times during the past year (last 12 months) has your blood pressure been measured? (Mark 0, if not at all).

times

37. Have you ever been diagnosed for high or heightened blood pressure?

no (proceed to question 41)

yes

38. Have you ever used medicine for high blood pressure?

no (proceed to question 41)
yes

39. When was the last time you took medicine for high blood pressure?

today or yesterday
2 - 7 days ago
1 week - 6 months ago
6 months - 1 year ago
1 year - 5 years ago
over 5 years ago

40. If you nowadays take medication for high blood pressure, name the medicine you take:

41. Have you ever had your blood sugar level measured? When was the last time?

during the last 6 months
6 months - 1 year ago
1 year - 5 years ago
over 5 years ago
never
I do not know

42. Have you ever been diagnosed for diabetes or for latent diabetes (glucose intolerance)?

no (proceed to question 45)
latent diabetes
diabetes

43. When diagnosed for diabetes were you given one of the following treatments?

dietary counseling
tablet treatment
insuline treatment
none of the above

44. What prescription medicine do you now use for diabetes?

nothing
insuline
tablets
both insuline and tablets

What is the name of the tablet medication you use?

45. Have you ever been diagnosed for asthma?

no
yes

46. Has your father been diagnosed for

no
yes

Myocardial infarction when he was under 60 years
Myocardial infarction when he was over 60 years
Stroke when he was under 75 years
Diabetes
Asthma
Cancer

47. Has your mother been diagnosed for

no
yes

Myocardial infarction when she was under 60 years
Myocardial infarction when she was over 60 years
Stroke when she was under 75 years
Diabetes
Asthma
Cancer

48. How many siblings do you have?

If you have no siblings, mark 0 and proceed to question 49.

Has at least one of your siblings been diagnosed for

no
yes

Myocardial infarction when they were under 60 years
Myocardial infarction when they were over 60 years
Stroke when they were under 75 years
Diabetes
Asthma
Cancer

49. How do you find your health status? Is it

excellent
quite good
average
quite bad
very bad

50. Have you during the last month (past 30 days) had the following symptoms or illnesses?

no
yes

Rheumatic trouble
Joint ache
Back ache
Swelling of the legs
Varicose veins
Constipation
Continuous stomach aches
Nausea
Trouble to walk or limping because of trouble or handicap in a knee
Trouble to walk or limping because of trouble or handicap in a hip

51. Do you usually cough phlegm when waking up on winter mornings?

no
yes

52. Do you usually cough phlegm during the day or at night during winter?

no
yes

53. Do you cough phlegm on most days or nights at least for 3 months yearly?

no
yes

54. Has your breathing ever sounded wheezy during the last 12 months?

no (proceed to question 57)
yes

55. Did you have shortness of breath at the same time your breathing wheezed?

no
yes

56. Has your breathing sounded wheezy also other times when not in flu or having a cold?

no
yes

57. Have you during the last 12 months ever woken up feeling your breathing is heavy?

no
yes

58. Have you during the last 12 months woken up having shortness of breath?

no
yes

59. Have you during the last 12 months woken up to a coughing fit?

no
yes

60. Have you during the last 12 months had an attack of asthma?

no
yes

61. Do you nowadays take any medication for the treatment of asthma, like an inhalator, inhalation powder or tablets?

no
yes, names of the medication and form of medication (e.g. tablet or spray)

62. Have you ever had hay fever or other allergic nasal symptoms?

no
yes, during the last 12 months
yes, the last time was over a year ago

63. Have you ever had allergic eye symptoms?

no
yes, during the last 12 months
yes, the last time was over a year ago

64. Have you ever had an itching rash which was called infantile eczema or atopic eczema?

no
yes, during the last 12 months
yes, the last time was over a year ago

65. Can you usually do the following?

I can not
I can with difficulty
I can without difficulty

Wash up without help
Dress without help
Walk the stairs up without help (about one flight without resting)
To walk about half a kilometer without resting
To run about 100 meters
To run over half a kilometer

66. When was the last time you used the following medication? Please answer every row by marking the alternative.

During the past week
1-4 weeks ago
1-12 months ago
Over a year ago
Never

Painkillers for headache
Painkillers for joint or muscle ache
Painkillers for an other reason
Sleeping pills
Tranquillizers
Antidepressants
Asthma medication
Hay fever medication
Acetylsalicylic acid to prevent myocardial infarction (e.g. Aspirin, Disperin, Primaspan)
Medication to thin the blood (Marevan or Trombol)
Antibiotics

67. Have you felt yourself tensioned, stressed or under a lot of strain during the past month?

yes, my life is almost unbearable
yes, quite more so than people usually are
yes, somewhat, but no more than what is usual

not at all

68. Have you during the last 12 months had a period of at least two weeks, when you have for the most time been low-spirited or depressed?

no
yes

69. Have you during the last 12 months had a period of at least two weeks, when you have for the most time lost interest in most things, such as hobbies, work, or other things that usually give you pleasure?

no
yes

70. Next we pose you some personal questions. Think of the past month. Please mark the alternative which best describes how often the asked thing or symptom has been on your mind.

Often
Sometimes
No at all

Has your heart rate increased?
Do you get confused when you have to do something quickly?
Do your hands tremble?
Do you feel tensioned and nervous?
Do frightening thoughts whirl in your mind?
Do you feel exhausted and overworked?
Does irregular heart beat bother you?
Do you feel dizziness?
Do you see nightmares?
Do you feel depressed?
Do you have trouble sleeping?
Do you have headaches?
Do the palms of your hands get sweaty?

71. Have you ever had toothache? If yes, when was the last time?

during the past 6 months

6 months - 1 year ago
1 - 5 years ago
over 5 years ago
never

72. When was the last time you visited a dentist?

during the past 6 months
6 months - 1 year ago
1 - 5 years ago
over 5 years ago
never

73. How demanding is your work physically? The activity at work is divided into four groups. If you do not work mark 1.

My work is mainly done sitting down and I do not walk much during my working hours (e.g. a clocksmith, radio mechanic and industrial seamstress, office work at a desk).

I walk quite much in my work, but I do not have to lift or carry heavy objects (e.g. a foreman and store assistant, light industrial worker, office work which requires walking).

I have to walk and lift much or to take the stairs or go uphill (e.g. a carpenter or cattle minder/dairy work, engineering shop or other heavier industrial work).

My work is heavy manual labor in which I have to lift or carry heavy objects, to dig, shovel or chop (e.g. forestry, heavy farm work, heavy construction or industrial work).

74. How much do you exercise and stress yourself physically in your leisure time? If it varies much according to different seasons, mark the alternative which best describes the average situation.

In my leisure time I read, watch TV, and work in the household with tasks which do not make me move much and which do not physically tax me.

In my spare time I walk, cycle or exercise otherwise at least 4 hours per week. This includes walking, fishing and hunting, light gardening etc. but excludes travel to work.

In my spare time I exercise to maintain my physical condition, e.g. running, jogging, skiing, gymnastics, swimming, playing ball games or I do heavy gardening or the like for at least 3 hours per week.

In my spare time I regularly exercise several times a week competitive sports such as running, orienteering, skiing, swimming, playing ball games or other heavy sports.

75. How many minutes do you walk, ride on a bicycle or otherwise exercise to get to work? (Please count in both traveling to and from work.)

I do not work or I use only a motorised vehicle
less than 15 minutes daily
15 - 29 minutes daily
30 - 44 minutes daily
45 - 59 minutes daily
over an hour daily

76. How often do you in your leisure time exercise for at least 20-30 minutes so that you at least are mildly out of breath and sweaty?

daily
2-3 times a week
once a week
2-3 times a month
a few times a year or more seldom
I have a disability or a disease which does not enable me to exercise (proceed to question 79)

77. How many times in a week do you exercise in your free time for at least half an hour so that you at least are mildly out of breath and sweaty? (if not at all, mark 0.)

times a week

78. How long does your usual leisure time activity take?

I do not exercise in my free time
less than 15 minutes
15 - 29 minutes
30 - 59 minutes
one hour or longer

79. How many minutes do you daily walk, cycle or engage in a hobby in your leisure time that requires moving about (yard work or gardening, fixing or cleaning the house)? Do not count in the activity needed at work, traveling to work (question 75) or leisure time sports (questions 76-78).

less than 15 minutes per day
15-29 minutes per day
30-44 minutes daily
45-59 minutes daily
over an hour per day

80. How do you consider your current physical condition?

very good
quite good
fair
quite bad
very bad

81. Have you ever smoked?

no (proceed to question 95)
yes (proceed from question 82)

82. Have you during your life smoked at least 100 times (cigarettes, cigars or pipefuls)

no (proceed to question 95)
yes

83. Have you ever smoked regularly (almost every day for at least a year)? How many years altogether?

I have never smoked regularly
I have smoked regularly for

years

84. How old were you when you started smoking?

years

85. Do you smoke now (cigarettes, cigars, pipefuls)?

yes, daily
yes, occasionally
not at all

86. How many days in a week do you usually smoke?

7 days a week
5 - 6 days a week
2 - 4 days a week
once a week
more seldom than once a week
I do not smoke at all

87. When was the last time you smoked? If you smoke continuously, mark the alternative number 1.

yesterday or today
2 days - 1 month ago
1 month - 6 months ago (proceed to question 93)
6 months - 1 year ago (proceed to question 93)

1 - 5 years ago (proceed to question 95)
6 - 10 years ago (proceed to question 95)

over 10 years ago (proceed to question 95)

88. How much on average per day do you smoke or did smoke before you quit? Please mark each space. (If you do not smoke or did not smoke at all, mark 0.)

manufactured cigarettes per day
self-rolled cigarettes per day
pipefuls per day
cigars per day

89. What do you think of your present smoking? Do you think you smoke

far too much
a little too much
moderately
I do not smoke nowadays

90. Would you like to quit smoking?

no
yes
I can't say
I do not smoke nowadays

91. If you would try to quit smoking, do you think you could succeed?

no
yes
I can't say
I do not smoke nowadays

92. Have you ever seriously tried to quit smoking? If you have, when was the last time?

never
over a year ago
6 months - a year ago
1 month - 6 months ago
during the past month

93. Has a doctor advised you to stop smoking during the past year?

not even once
once
several times

94. Has a public health nurse or an occupational health nurse (at your working place) advised you to stop smoking during the past year?

not even once
once
several times

95. Have you during the past year (last 12 months) used nicotine replacement therapy (gum, patches, tablets etc.)?

no, I have not
yes, to help me stop smoking
yes, for an other reason

96. Do you use snuff?

yes, daily
sometimes
not at all

97. How many hours do you daily spend in spaces where you have to inhale other people's smoke?
(If not at all, mark 0.)

at work hours
at home hours
other places hours

NUTRITION

98. How many meals or snacks do you usually eat during weekdays (the total number of meals/snacks in a day)?

1-2 meals/snacks
3-4 meals/snacks
5-6 meals/snacks
7 or more meals/snacks

99. Where do you usually eat your main meal on weekdays (warm meal/bread and salad meal)? (Mark only one alternative.)

a) at lunch time
I do not have lunch
I bring my lunch with me to where I work, packed lunch at home
at a restaurant, bar or a fast food place
at a work site cafe or other cafeteria
somewhere else

b) at dinnertime
I do not have dinner
I bring my dinner with me to where I work, packed dinner at home
at a restaurant, bar or a fast food place
at a work site cafe or other cafeteria
somewhere else

100. Do you follow a special diet?

no
yes

lactose-free diet
non-glutein diet (I avoid domestic crops/cereals)
I have food allergy, which?

diabetics diet
cholesterol lowering diet
weight loser's diet
vegetarian diet
other diet, which?

101. How often do you usually eat the following foods? Think of the past year (last 12 months). Please give an answer on each row and mark the box indicating how often you use the food.

More seldom than once a month or not at all
Once or twice in a month
Once a week
Twice a week
Almost daily
Daily or more often

CEREAL:

rye bread or rye crisp bread
dark wheat bread, graham or dark, mixed grain bread
white bread
sweet pastry
pies and pastries (e.g. Carelian pastries)
porridges
muesli or cereal
macaroni, pasta or rice

MILK PRODUCTS:

cultured milk or yoghurt
low-fat cheese (fat% <20, e.g. Polar-15, cottage cheese)
other cheeses (e.g. Edam, Emmental, Aura, Brie)
ice cream, puddings, berry or fruit curd cheese

VEGETABLES:

potatoes cooked or mashed
fried potatoes or french fries
vegetable meals
cooked vegetables or legumes
fresh vegetables, root crops, fresh salads
salad dressing or oil with vegetables

FRUIT, BERRIES:

fruit
fresh or frozen berries
fruit or berry juices

FISH, MEAT:

fish, fish dishes
chicken, turkey, chicken dishes
meat dishes (e.g. beef stew, sauce with minced meat)
sausage meals, frankfurters
sausages (e.g. salami, gotler sausage)
cold meat cuts (cooked ham)
eggs cooked, fried, omelet

PIZZA, HAMBURGERS ETC.:

pizza
hamburgers
salty snacks (e.g. potato chips, popcorn, salted peanuts)

SWEETS:

chocolate
candy
soft drinks with sugar (e.g. cola etc. soft drinks)
diet soft drinks (e.g. Funlight, Pepsi Max, Light-Cola)

OTHER:

fresh herbs or
flavoring vegetables (e.g. dill, basil)
nuts
seeds (e.g. flax seeds)
soya products (e.g. soya beans, Femisoija, tofu)
functional or with nutritional supplemented food products (e.g. Gefilus, Rela, Benecol, Becel pro.activ, Linobene, multi-vitamin juices)
ready-to-eat meals (e.g. meatballs, pizza, microwave meals)
fast food from hamburger restaurants or kiosks

102. How often do you usually eat different fishes and meals prepared from them? Think of the past year (12 months). Please answer each row. Please mark the alternative on how often you eat fish.

More seldom than once a month or not at all
Once or twice in a month
Once a week
Twice a week or more often
Almost daily
Daily or more often

Rainbow trout, salmon
Baltic herring
Other fish

103. What kind of fat do you usually use on your bread? (Mark only one alternative.)

nothing

margarine spread with 35-60% fat (e.g. Keiju, Kevytlevi, Kevyt maukas, Lättä, Soft, Flora vähärasvaisempi, Becel35)

margarine spread with 70-80 % fat (e.g. Becel, Flora, Soila)

butter-vegetable oil mixture, blend fat (e.g. Voimariini, Enilett)

butter

vegetable sterol margarine (Becel pro.activ, Benecol)

104. What kind of fat do you usually use for cooking? (Mark only one alternative.)

vegetable oil

margarine spread with 60% fat (e.g. Flora vähärasvaisempi, Keiju, Kultarypsi)

margarine spread with 70-80 % fat (e.g. Becel, Flora, Keiju)

cooking margarine (e.g. Milda, Sunnuntai)

butter-vegetable oil mixture, blend fat (e.g. Voimariini, Enilett)

butter

vegetable sterol margarine (Becel pro.activ, Benecol)

no fat at all

105. When eating, how often do you add salt to your food?

never

usually when the food does not taste salty enough

almost always

106. What kind of salt is mainly used at your home?

regular salt with iodine

sea salt

low sodium salt (e.g. Pansuola, Seltin)

aromatic salt/ herb salt

no salt is used at all

107. When eating outside your home is the food compared to home cooking

saltier

as salty as at home

less salty

108. Do you think ready-to-eat meals (ready processed foods, frozen foods) are compared to home cooking

saltier

as salty as at home

less salty

109. How many cups of coffee or tea do you usually drink per day? (Mark 0 if none.)

coffee cups

(1 cup = c. 1 deciliter)

tea cups

(1 cup = c. 2 deciliters)

110. What kind of coffee do you usually drink (mark only one alternative)?

filtered coffee

boiled coffee

instant coffee

other coffee drinks (e.g. espresso, cappuccino)

I do not drink coffee

111. How many glasses of milk or sour milk (1 glass = 2 deciliters) do you usually drink per day? (Mark 0 if not at all.)

milk glasses

soured milk glasses

112. If you drink milk, what kind is it usually (mark only one alternative)

whole milk
whole milk 3,5 % fat
low fat milk 1,5% fat
low fat milk 1% fat
skimmed milk 0% fat
I do not drink milk

113. In your opinion, which of the next alternatives best describe your diet?

I have healthy eating habits
I have fairly healthy eating habits
what I eat is not particularly healthy or unhealthy
I have fairly unhealthy eating habits
I have unhealthy eating habits

114. Have you used any vitamin, mineral or other nutrition supplements during the last 6 months?

no
yes, mark the name of the product/products on the lines below (see the example row) and mark the dose and the usage frequency

Product name
Dose
Once or twice a month
Once a week
2-3 times a week
Nearly every day
Daily

WEIGHT

115. Do you consider yourself

too thin
a little too thin
normal
a little overweight
too much overweight

116. How does your present weight differ from your weight a year ago?

weight gain: about ... kg
it has stayed the same
weight loss: about ... kg

117. What has been your lowest weight in adulthood (at your twenties or older)?

... kg

118. How much did you weigh at most (excluding women in pregnancy and when breast-feeding)?

... kg

119. Have you ever seriously tried to lose weight? If you have, how many times?

I have never tried to lose weight (proceed to question 123)
1-2 times
3-5 times
6 times or more often

120. How many kilos was your best dieting result?

less than 2 kg
2-5 kg
6-10 kg
over 10 kg

121. How many times during the last 10 years have you dieted at least 5 kilos?

not at all (proceed to question 123)
times

122. On how many occasions did all the dieted weight loss come back?

not at all
times

OTHER QUESTIONS

123. What reason do you think is the cause for the high rate of illnesses in the Finnish adult population?
(Mark only one alternative.)

wrong kind of diet
stress, hard circumstances in life, heavy work
smoking
lack of exercise
lack of nutrients, vitamins et. c. (soil, nutrition)
overweight
genetic factors
alcohol
lack of health services
poisoning or pollution of environment or food

124. Do you consider your marriage or cohabiting

very happy
passably happy
hard to say
quite unhappy

very unhappy
I am not married or do not cohabit

125. How many times have you been married or lived with someone? Include your present relationship.

times

How often are you troubled by having to stretch your strength to the extreme to be able to cope with your present work or work load?

almost all the time
quite often
sometimes
seldom
never
I do not work

127. Do you have trouble getting along with your spouse?

almost all the time
quite often
sometimes
seldom
never
I do not have a spouse

128. How often are you troubled by continuous busyness/stress at your work?

almost all the time
quite often
sometimes
seldom
never
I do not work

129. Have your own children caused you special trouble?

almost all the time
quite often
sometimes
seldom
never
I do not have children

130. How often are you bothered because your work interferes with your family life?

almost all the time
quite often
Sometimes
seldom
Never
I do not have a family or I am not working

131. How satisfied are you with your economic situation?

very satisfied
satisfied
somewhat satisfied
unsatisfied
very unsatisfied

132. How satisfied are you with your accomplishments in life?

very satisfied
satisfied
somewhat satisfied
unsatisfied
very unsatisfied

133. How satisfied are you with your family life?

very satisfied
satisfied
somewhat satisfied
unsatisfied
very unsatisfied
I do not have a family

134. Is your financial status now better or worse than before?

much better
somewhat better
about the same
a bit worse
a lot worse

135. Assess your possibilities to get help from your near ones when in need of help or support. You can mark several alternatives on each question.

Spouse
Some other close relative
Close friend
Close friend at work
Close neighbor
Someone else
No one

On whose help can you count on when you feel burdened and need relaxing?

Whom can you really believe care about you no matter what happened to you?

Whom do you truly trust to make you feel better when you are in low spirits?

Who helps you in practical matters?

136. How well do you think the next arguments reflect your opinions?

Absolutely agree
Somewhat agree
Somewhat disagree
Absolutely disagree

I believe that most people are ready to lie in their own interest
Most people are honest and honorable mainly in fear of getting caught
Most people are ready to use also dishonest means if honesty does not help them
I often wonder what could be the real reasons why others do something for me
No one really cares about what happens to others
It is best not to trust anyone
Most people get friends because they probably are of use to them
Most people do not really want to see any trouble to help others

137. How well do you think the next arguments reflect your opinion? Please give your opinion by marking the alternative that best reflects it.

Very unsure
Quite unsure
Almost sure
Absolutely sure

How sure are you that
...with healthy lifestyles serious illnesses like heart disease, cancer or diabetes can be prevented
...it is no use to change your lifestyle to a healthier one anymore after getting an illness
...you can influence the factors increasing or diminishing your risk of getting ill
...when planning your life you are able to take health views into account
...you have the strength to follow your decisions on leading a new, healthier life
...you have the strength to lead a healthy life although other people around you do not care for it
...you can resist temptations when you know they are harmful to your health
...you care about whether something is harmful to your health or not even if you are busy, tired or under great stress
...you can even when it would be uncomfortable for you to take health views into account or even when of it you would have to give up something else that is important to you
...you are able not to smoke although others in your company smoke
...you are able to have regular health check-ups although it would cause you trouble or it would be uncomfortable

138. How do you assess your own risk to get coronary heart disease or a vascular disease?

very great
great
average
small
very small risk
I have coronary heart disease or a vascular disease

139. How do you assess your own risk to get cancer?

very great
great
average
small
very small risk
I have or did have cancer

140. How do you assess your own risk to get diabetes?

very great
great
average
small
very small risk
I have diabetes

Next are some arguments that people have different views on. Please give your own opinion. Mark the alternative that best reflects your personal opinion or situation.

141. Coronary diseases can be prevented by healthy lifestyles.

absolutely agree
somewhat agree
hard to say
somewhat disagree
absolutely disagree

142. At middle-age it is too late to change your diet.

absolutely agree
somewhat agree
hard to say
somewhat disagree
absolutely disagree

CONSUMPTION OF ALCOHOL

143. Do you use any alcoholic drinks, even occasionally (e.g. beer, wine or spirits)?

yes, at least once a month
yes, more seldom than once a month
no, because I quit using alcohol ... years ago
I have never used alcohol (you can stop answering here)

144. Have you during the past year (last 12 months) had any alcohol (beer, wine or spirits)?

yes
no (you can stop answering here)

145. How many glasses (restaurant measures) or bottles did you drink during the last week (last 7 days) the following (if not at all, mark 0):

Beer (class III) or medium strong cider (sold in markets, alcohol content 2,9-4,7%) bottles (1/3 liter)

Beer (class IV, alcohol content over 4,7%) bottles (1/3 liter)

Strong cider or long drinks (sold only in the ALKO stores, alcohol content over 4,7%) bottles (1/3 liter)

Spirits or other strong alcohol restaurant measures (c. 4 cl)

Red wine glasses (1 glass = c. 12 cl)

Other kind of wine glasses (1 glass = c. 12 cl)

146. How often did you drink the following amounts daily during the last 12 months? Instruction: Start answering from the first row. Mark (x) the most suitable 'How often?' alternative. Then continue row at a time down in the same manner. Please mark only one alternative per row.

1 dose:
bottle (1/3 liter) beer (class III)
or a glass (12 cl) of light wine
or a glass (8 cl) of strong wine
or a glass (4 cl) of spirits or other strong liquor

Bottle (0,33 liter) beer (class IV), Gin Long Drink or strong cider = 1,25 doses

Big bottle (0,5 liter) beer (class III) = 1,5 doses

Big bottle (0,5 liter) beer (class IV) = 2 doses

Bottle (0,75 liter) wine = 7 doses

Bottle (0,75 liter) = 10 doses

Bottle (0,5 liter) strong alcohol (e.g. Koskenkorva) = 12 doses

Daily doses
Never
Once a month or more seldom

2-3 times a month
About once a week
2-3 times a week
4-5 times a week
6-7 times a week

15 or
more
13-14
11-12
9-10
7-8
5-6
3-4
1-2

147. How often have you during the last 12 months had so much beer, wine or spirits that you have felt intoxicated?

few times a week or more often
about once a week
a few times a month
about once a month
about once in two months
4 - 5 times a year
2 - 3 times a year
once a year
not even once