TERVEYDEN JA HYVINVOINNIN LAITOS

Lomaketarra

FINRISKI 2012
NATIONAL HEALTH STUDY

POST-EXAMINATION QUESTIONNAIRE for FINRISK participant

Mail this form to the National Institute for Health and Welfare in the envelope you received at the examination (postage paid).

INSTRUCTIONS FOR RESPONDENT

Answer the questions by marking the appropriate number with an X or by writing out the information in the space provided for it.

Read each question carefully before answering.

EXAMPLE 1. Have you ever had allergic eye symptom?

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

Please answer all questions – a negative answer should also be indicated by marking the “no” alternative or by marking “0” in the space reserved for the answer.

EXAMPLE 2. How many of your household members are

under 7 years 1

7–17 years old 0

(Please mark 0 for none)

Some questions have certain alternatives that end with the instruction “Proceed to question ...”, in which case you can proceed directly to the question indicated and leave the questions in between unanswered.

Please follow the instructions closely and avoid any superfluous markings.

Please mark the main date on which you filled this form:

QUESTIONNAIRE

USE OF HEALTH SERVICES

1. 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

2. 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

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

___ days

4. 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

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

- ☐ no
- ☐ yes, partial disability pension
- ☐ yes, temporary disability pension
- ☐ yes, permanent disability pension

6. 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
- ☐ 1 year - 5 years ago
- ☐ over 5 years ago
- ☐ never

7. Do you have a chronic disease or other long-term health problem (which has lasted or is expected to last 6 months or longer)?

- ☐ no
- ☐ yes

8. How much have health issues restricted your life in the last 6 months?

- ☐ not at all
- ☐ restricted a little
- ☐ restricted significantly

HOME MONITORING OF BLOOD PRESSURE

9. Do you use a blood pressure monitor at home?

- ☐ no (proceed to question 25)
- ☐ yes

10. Do you measure your blood pressure with

- ☐ an upper arm monitor, which make and model?

  _____
- ☐ a wrist monitor, which make and model?

  _____

11. What size upper arm cuff do you use?

- ☐ a small adult cuff (the most common type, width of cuff 12-13 cm)
- ☐ a medium adult cuff (width of cuff 14-16 cm)
- ☐ a large cuff (width of cuff ca. 18 cm)

12. Do you avoid smoking and drinking caffeinated drinks (coffee, tee, cola drinks) during the half an hour before the measurement?

- ☐ no
- ☐ yes

13. Do you mainly monitor your blood pressure when

- ☐ lying down
- ☐ sitting
- ☐ standing

14. Do you monitor your blood pressure

- ☐ only in the mornings (6:00 - 9:00)
- ☐ only in the daytime (9:00 - 18:00)
- ☐ only in the evenings (18:00 - 21:00)
- ☐ in the mornings (6:00 - 9:00) and in the evenings (18:00 - 21:00)
- ☐ in the mornings (6:00 - 9:00) and in the daytime (9:00 - 18:00)
- ☐ in the daytime (9:00 - 18:00) and in the evenings (18:00 - 21:00)
- ☐ usually at some other time, when? _____

15. At the place of monitoring, before the first measurement

- ☐ I put the cuff around my upper arm and take measurements immediately
- ☐ I sit for less than 5 minutes but more than 2 minutes with the cuff around my upper arm
- ☐ I sit for at least 5 minutes with the cuff around my upper arm

16. How many measurements do you take in one monitoring session?

- ☐ one
- ☐ two
- ☐ three or more

17. Do you write down

- ☐ all results
- ☐ only the lowest result
- ☐ only the last result
- ☐ I usually don't write down the measurements
- ☐ other, what? _____

18. Do you perform measurements

- ☐ irregularly, ____ times a year
- ☐ regularly in monitoring sequences of several days (which of the below):
  - ☐ monitoring sequence of 2-3 days
  - ☐ monitoring sequence of 4-7 days
  - ☐ monitoring sequence of 8 or more days

19. How many times a year do you perform the aforementioned regular sequence of blood pressure measurements?

- ☐ once
- ☐ 2-3 times
- ☐ 4-5 times
- ☐ 6-7 times
- ☐ 8 or more times

20. Do you calculate the averages of the regularly performed sequences of measurements or does someone calculate them for you?

- ☐ no
- ☐ yes, I do
- ☐ yes, a family member or acquaintance
- ☐ yes, a health care professional

21. Do you make use of the blood pressure measurements you take at home? *You can choose several alternatives.*

- ☐ no, I do not
- ☐ yes, to evaluate the influence of my lifestyle on blood pressure
- ☐ yes, to evaluate the influence of my medication on blood pressure
- ☐ for some other purpose, specify: _____

22. Does a doctor or nurse write down your blood pressure home monitoring measurements in your health records (the health-care databases)?

- ☐ no
- ☐ yes
- ☐ I don't know

23. Does your doctor use your blood pressure home monitoring measurements to evaluate your need for blood pressure treatment (medication and the need for its change)?

- ☐ no
- ☐ yes
- ☐ I don't know

24. What would you consider your ideal blood pressure level in home monitoring?

- ☐ less than 120/80 mmHg
- ☐ less than 130/85 mmHg, but more than 120/80 mmHg
- ☐ less than 140/90 mmHg, but more than 130/85 mmHg
- ☐ less than 150/95 mmHg, but more than 140/90 mmHg
- ☐ less than 160/100 mmHg, but more than 150/95 mmHg
- ☐ more than 160/100 mmHg

WEIGHT

25. Have you ever seriously tried to lose weight? If so, how many times?

- ☐ I have never tried to lose weight (proceed to question 29)
- ☐ 1-2 times
- ☐ 3-5 times
- ☐ 6 times or more

26. What has been your best result when trying to lose weight?

- ☐ less than 2 kg
- ☐ 2-5 kg
- ☐ 6-10 kg
- ☐ more than 10 kg

27. How many times in the last 10 years have you intentionally lost at least 5 kg of weight?

- ☐ never (proceed to question 29)
- ☐ ____ times

28. How many of these times have you ended up regaining all the lost weight?

- ☐ never
- ☐ ____ times

29. Are you trying to lose weight at present?

- ☐ yes
- ☐ no (proceed to question 31)

30. Which methods are you currently using to lose weight? *Choose one or more alternatives.*

- ☐ diet
- ☐ exercise
- ☐ prescription weight loss medication
- ☐ other diet products (health foods etc.)
- ☐ other methods (acupuncture etc.)

QUESTIONS CONCERNING HEALTH STATUS, ACCIDENTS AND WORKING ABILITY

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

	no	yes
Joint ache	☐	☐
Back ache	☐	☐
Swelling of the legs	☐	☐
Varicose veins	☐	☐
Constipation	☐	☐
Urinary incontinence	☐	☐
Continuous stomach aches	☐	☐
Nausea	☐	☐
Trouble to walk or limping because of trouble or handicap in a knee	☐	☐

32. Has your risk of diabetes been assessed during the past year (12 months) with e.g. a diabetes risk test or a blood glucose measurement?

- ☐ no
- ☐ yes

33. Has your risk of heart disease been assessed during the past year (12 months) with e.g. the FINRISK calculator or risk score questionnaire?

- ☐ no
- ☐ yes

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

	no	yes
Traffic accident involving a motorised vehicle	☐	☐
Other traffic accident *(e.g. on a bicycle)*	☐	☐
Accident at work or elsewhere indoors	☐	☐
Accident outdoors *(not on the way to or from work)*	☐	☐
Accident on the way to or from work *(if not traffic accident)*	☐	☐
Accident at home indoors	☐	☐
Accident at home in the yard	☐	☐
Sporting accident indoors *(fitness training or competitive sports)*	☐	☐
Sporting accident outdoors *(fitness training or competitive sports)*	☐	☐
Other leisure-time accident indoors	☐	☐
Other leisure-time accident outdoors	☐	☐

35. For how many whole days did you find it difficult or impossible to get through usual daily chores and actions because of the injuries caused by the accident?
(If none, answer 0.)

____ days

36. Whether you are currently employed or not, assess your working ability at present. Are you

- ☐ fully able to work
- ☐ partly able to work
- ☐ fully unable to work

37. Assume that your working ability at its best has achieved 10 points. How many points would you give to your current working ability? (0 = fully unable to work, 10 = working ability at its best)

____ points

38. Workload and influencing possibilities
How well do the following propositions describe your current work? If you are not working, assess your last job. Do you agree or disagree with the proposition?
Mark the alternative that best reflects your opinion for each proposition.

	completely agree	somewhat agree	neither agree nor disagree	somewhat disagree	completely disagree
I can make many independent decisions in my job	☐	☐	☐	☐	☐
I have a lot of say in how I can do my job	☐	☐	☐	☐	☐
I have very little freedom to decide how I do my job	☐	☐	☐	☐	☐
My job requires working very hard	☐	☐	☐	☐	☐
I'm expected to do an unreasonable amount of work	☐	☐	☐	☐	☐
I don't have enough time to get my work done	☐	☐	☐	☐	☐

ILLNESSES IN IMMEDIATE FAMILY

39. Has your father been diagnosed for

	no	yes	I don't know
Myocardial infarction when he was under 60 years	☐	☐	☐
Myocardial infarction when he was over 60 years	☐	☐	☐
Stroke when he was under 75 years	☐	☐	☐
Diabetes	☐	☐	☐
Heightened blood pressure, arterial hypertension	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
Depression	☐	☐	☐

40. Has your mother been diagnosed for	no	yes	I don't know
Myocardial infarction when she was under 65 years	☐	☐	☐
Myocardial infarction when she was over 65 years	☐	☐	☐
Stroke when she was under 75 years	☐	☐	☐
Diabetes	☐	☐	☐
Heightened blood pressure, arterial hypertension	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
Depression	☐	☐	☐

41. How many brothers or step-brothers do you have or have you had?
(If none, mark 0 and proceed to question 43.)

|__|__|

42. Has at least one of your brothers or step-brothers been diagnosed for	no	yes	I don't know
Myocardial infarction when he was under 60 years	☐	☐	☐
Myocardial infarction when he was over 60 years	☐	☐	☐
Stroke when he was under 75 years	☐	☐	☐
Diabetes	☐	☐	☐
Heightened blood pressure, arterial hypertension	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
Depression	☐	☐	☐

43. How many sisters or step-sisters do you have or have you had?
(If none, mark 0 and proceed to question 45.)

|__|__|

44. Has at least one of your sisters or step-sisters been diagnosed for	no	yes	I don't know
Myocardial infarction when she was under 65 years	☐	☐	☐
Myocardial infarction when she was over 65 years	☐	☐	☐
Stroke when she was under 75 years	☐	☐	☐
Diabetes	☐	☐	☐
Heightened blood pressure, arterial hypertension	☐	☐	☐
Asthma	☐	☐	☐
Cancer	☐	☐	☐
Depression	☐	☐	☐

PHYSICAL ACTIVITY

45. How often do you in your leisure time exercise for at least 20 minutes so that you at least are mildly out of breath and sweaty *(the exercise of travelling to and from work not included)?*

- ☐ I have a disability or a disease which does not enable me to exercise
- ☐ less than once a week
- ☐ once a week
- ☐ 2 times a week
- ☐ 3 times a week
- ☐ 4 times a week
- ☐ 5 times a week or more often

46. How long does your usual leisure time activity take at a time?

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

47. How do you consider your current physical condition?

- ☐ very good
- ☐ quite good
- ☐ fair
- ☐ quite bad
- ☐ very bad

48. How much physical activity do you get weekly at work, on the way to or from work or in your spare time in total?

Think of the past year (12 months). Take into account regular weekly physical activity that lasts at least 10 minutes at a time.

Mark all the alternatives in sections 2-6 that describe your situation and mark in the blanks how much of the activity you perform (days per week, hours and minutes per week in total).

If you hardly ever perform regular weekly physical activity, choose alternative number 1 and leave the other sections unmarked.

- ☐ 1. almost no regular weekly physical activity
- ☐ 2. slow and leisurely endurance activity (=no sweating or faster breathing, e.g. leisurely walking)
  on ____ days per week, total ____ hours ____ minutes per week
- ☐ 3. rapid and brisk endurance activity (=some sweating and/or faster breathing, e.g. brisk walking)
  on ____ days per week, total ____ hours ____ minutes per week
- ☐ 4. strength-based and strenuous endurance activity (=much sweating and/or faster breathing, e.g. jogging or running)
  on ____ days per week, total ____ hours ____ minutes per week
- ☐ 5. muscle training (=e.g. circuit training or gym training which involves repeating exercises that affect different muscle groups at least 8-12 times)
  on ____ days per week, total ____ hours ____ minutes per week
- ☐ 6. balance training (=e.g. tai chi, dancing, sports games, balance exercises e.g. on one foot, on an uneven platform or on all fours)
  on ____ days per week, total ____ hours ____ minutes per week

SMOKING

49. In recent years, more and more restrictions have been placed on smoking in Finland. The following contains propositions regarding smoking and its restrictions. *Please mark on each line the alternative that best reflects your views.*

	completely disagree	somewhat disagree	neither agree nor disagree	somewhat agree	completely agree
Smoking is accepted in society	☐	☐	☐	☐	☐
Workplaces are successfully smoke-free in Finland	☐	☐	☐	☐	☐
Smokers take non-smokers into account when smoking	☐	☐	☐	☐	☐
It is difficult for minors to get tobacco products	☐	☐	☐	☐	☐
Smoking restrictions are enforced sufficiently	☐	☐	☐	☐	☐
Youth smoking must be restricted	☐	☐	☐	☐	☐
Tobacco must be sold in fewer places	☐	☐	☐	☐	☐
Health care personnel must be allowed to smoke during working hours	☐	☐	☐	☐	☐
Teachers must be allowed to smoke during working hours	☐	☐	☐	☐	☐
Smoking should not be allowed in any profession during working hours	☐	☐	☐	☐	☐
I like smoking	☐	☐	☐	☐	☐
I like the smell of tobacco	☐	☐	☐	☐	☐
Smoking on balconies should be forbidden by law	☐	☐	☐	☐	☐
All smoking is not harmful	☐	☐	☐	☐	☐
A non-smoker may get sick as a result of inhaling tobacco smoke	☐	☐	☐	☐	☐
The warning texts on cigarette packs are useful	☐	☐	☐	☐	☐
Nicotine replacement therapy products are easy to get	☐	☐	☐	☐	☐
Nicotine replacement products are too expensive	☐	☐	☐	☐	☐
Society should support people who quit smoking after getting sick from smoking	☐	☐	☐	☐	☐
Society should support everyone who quits smoking	☐	☐	☐	☐	☐
Smoking is a conscious choice, it is useless to blame the tobacco industry	☐	☐	☐	☐	☐
Smuggled tobacco is available around me	☐	☐	☐	☐	☐
A person who quits smoking needs the support of health care professionals	☐	☐	☐	☐	☐
The main obstacle to quitting is insufficient information about the hazards of smoking	☐	☐	☐	☐	☐
The main obstacle to quitting is the unwillingness to quit	☐	☐	☐	☐	☐

The following questions concern people who smoke or have smoked in the past. If you have never smoked, proceed to question 60.

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

- ☐ far too much
- ☐ a bit too much
- ☐ moderately
- ☐ I don’t smoke nowadays

51. Would you like to quit smoking?

- ☐ no
- ☐ yes
- ☐ I can't say
- ☐ I don’t smoke nowadays

Next, tell us about your smoking habits. Even if you have quit, recall what your smoking was like before you quit.

52. Is it difficult for you to refrain from smoking in places where smoking is banned?

- ☐ yes
- ☐ no

53. Which cigarette is the most difficult for you to give up?

- ☐ the first of the morning
- ☐ some other cigarette

54. Do you usually have a habit of smoking or using snuff more frequently in the first hours after waking than at other times of day?

- ☐ yes
- ☐ no

55. Do you smoke if you are so ill that you have to stay in bed for much of the day?

- ☐ yes
- ☐ no
- ☐ I can't say

56. What is the largest number of cigarettes you have ever smoked in a period of 24 hours?

____ cigarettes

57. Do you currently use electronic cigarettes?

- ☐ daily
- ☐ sometimes
- ☐ never

58. What is or was the significance of the following weight management issues for your smoking?
If you no longer smoke, answer according to the time when you last smoked.

	not at all or very little	a little	moderately	quite much	very much
How important is losing weight or maintaining your current weight for you compared to other health-related issues?	☐	☐	☐	☐	☐
How important is smoking for your weight management?	☐	☐	☐	☐	☐
How much does smoking help you in your weight management?	☐	☐	☐	☐	☐
If you were to quit smoking, how worried would you be about gaining weight afterwards?	☐	☐	☐	☐	☐
If you were to quit smoking, how likely would it be that you would gain weight?	☐	☐	☐	☐	☐
How important for your weight management is substituting meals with smoking or snuff?	☐	☐	☐	☐	☐

59. If you have quit smoking, did you gain weight after quitting?

- ☐ no
- ☐ yes. How much: ____ kg

NUTRITION

60. Which of the following describe your food choices? For each proposition, mark the alternative that best reflects your views.

It is important for me...	not important at all	not very important	all the same	important	very important
that my food can be prepared quickly	☐	☐	☐	☐	☐
that my food is local	☐	☐	☐	☐	☐
that my food is organic	☐	☐	☐	☐	☐
that my food is affordable	☐	☐	☐	☐	☐
that my food tastes good	☐	☐	☐	☐	☐
that my diet contains much meat, chicken or sausage	☐	☐	☐	☐	☐
to avoid bread, potatoes or pasta	☐	☐	☐	☐	☐
that my diet includes fish	☐	☐	☐	☐	☐
that my food does not contain many additives	☐	☐	☐	☐	☐
to eat in moderation	☐	☐	☐	☐	☐
to choose low-fat foods	☐	☐	☐	☐	☐
to favor high-fiber foods	☐	☐	☐	☐	☐
to avoid very salty foods	☐	☐	☐	☐	☐
to follow a low-carbohydrate diet	☐	☐	☐	☐	☐
to favor vegetable oil or vegetable oil spreads	☐	☐	☐	☐	☐
to eat many vegetables, fruits or berries	☐	☐	☐	☐	☐
to console myself with food (when sad or stressed)	☐	☐	☐	☐	☐
to choose food that helps me stay healthy	☐	☐	☐	☐	☐
to choose food that is good for the skin, nails or hair	☐	☐	☐	☐	☐
to chew my food well or to eat slowly	☐	☐	☐	☐	☐
that the food is similar to what I usually eat	☐	☐	☐	☐	☐
that the meal is colorful	☐	☐	☐	☐	☐

61. How often do you add salt to your food at the table?

- ☐ never
- ☐ usually when the food does not taste salty enough
- ☐ almost always

62. What kind of salt do you mostly use at home?

- ☐ ordinary iodized table salt (e.g. Jozo)
- ☐ non-iodized sea salt, rose salt, fleur de sel
- ☐ low-sodium salt (e.g. Pansuola, Seltin)
- ☐ aromatic salt, herbal salt (e.g. Herbamare)
- ☐ we do not use salt at home

63. When you eat outside the home, how salty is the food compared to home-made food?

- ☐ more salty
- ☐ as salty
- ☐ less salty

64. Do you consider ready meals (microwave meals, frozen food) more or less salty than home-made food?

- ☐ more salty
- ☐ as salty
- ☐ less salty

CONSUMPTION OF ALCOHOL

65. How often did you drink the following amounts daily during the last 12 months?

Instruction: Start answering from the first row.

Mark 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 / can (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 / can (0.33 liter) beer (class IV), Gin Long Drink or strong cider	*= 1.25 doses*
Large bottle / can (0.5 liter) beer (class III) or medium-strong cider	*= 1.5 doses*
Large bottle / can (0.5 liter) beer (class IV)	*= 2 doses*
Bottle (0.75 liter) wine	*= 7 doses*
Bottle (0.75 liter) strong wine	*= 10 doses*
Bottle (0.5 liter) strong alcohol (e.g. Koskenkorva)	*= 12 doses*

Daily doses	At least 4 times a week	2-3 times a week	About once a week	1-2 times a month	3-10 times a year	1-2 times a year	Never
18 or more	☐	☐	☐	☐	☐	☐	☐
13-17	☐	☐	☐	☐	☐	☐	☐
8-12	☐	☐	☐	☐	☐	☐	☐
5-7	☐	☐	☐	☐	☐	☐	☐
3-4	☐	☐	☐	☐	☐	☐	☐
1-2	☐	☐	☐	☐	☐	☐	☐

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

- ☐ a 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

LIFESTYLE CHANGE RECOMMENDATIONS

67. Has any of the following people recommended you for health reasons in the past year (12 months) to:
You may choose several alternatives on each row.

	no one	doctor or dentist	nurse	family member	someone else
exercise more	☐	☐	☐	☐	☐
change your eating habits	☐	☐	☐	☐	☐
lose weight	☐	☐	☐	☐	☐
reduce consumption of alcohol	☐	☐	☐	☐	☐
quit smoking	☐	☐	☐	☐	☐

SLEEP

68. Assuming your surroundings are comfortable, how easy is it for you to get up in the morning?

- ☐ not easy at all
- ☐ not very easy
- ☐ quite easy
- ☐ very easy

69. How tired do you feel in the morning during the first half hour?

- ☐ very tired
- ☐ quite tired
- ☐ quite rested
- ☐ very rested

70. Let's assume that you have decided to start a new sport. Your friend recommends you a programme involving practice twice a week an hour at a time. The best time for your friend is in the morning at 7:00-8:00. Considering only the daily rhythm that feels right for you, how do you think you would perform?

- ☐ I would be in good condition
- ☐ I would be in moderate condition
- ☐ it would feel quite difficult
- ☐ it would feel very difficult

71. Let's assume that you have to perform two hours of demanding physical work. You can plan your schedule as you wish. Considering only the daily rhythm that feels right for you, which of the following alternatives would you choose?

- ☐ 8:00-10:00
- ☐ 11:00-13:00
- ☐ 15:00-17:00
- ☐ 19:00-21:00

72. Let's assume that you could choose your working hours. Assume that your workday lasts five hours, the work is interesting and you get paid according to your results. Which five CONSECUTIVE hours would you choose? *Mark five hours of your choice:*

☐ *1-2*	☐ *2-3*	☐ *3-4*	☐ *4-5*	☐ *5-6*	☐ *6-7*	☐ *7-8*	☐ *8-9*
☐ *9-10*	☐ *10-11*	☐ *11-12*	☐ *12-13*	☐ *13-14*	☐ *14-15*	☐ *15-16*	☐ *16-17*
☐ *17-18*	☐ *18-19*	☐ *19-20*	☐ *20-21*	☐ *21-22*	☐ *22-23*	☐ *23-24*	☐ *24-01*

OTHER QUESTIONS

73. How much do the following things change for you according to different seasons?

	no change	changes somewhat	changes clearly	changes significantly
Duration of sleep	☐	☐	☐	☐
Social activity	☐	☐	☐	☐
Mood (general feeling of well-being)	☐	☐	☐	☐
Weight	☐	☐	☐	☐
Appetite	☐	☐	☐	☐
Energy to do things	☐	☐	☐	☐

74. If you have such seasonal variations, are they a problem for you?

- ☐ not a problem
- ☐ a slight problem
- ☐ a moderate problem
- ☐ a significant problem
- ☐ a serious problem

MOOD

75. The following contains a group of sequences of five propositions. Read each sequence of propositions carefully through and mark in each sequence the one proposition that best describes your current situation.

- ☐ I do not feel low-spirited or sad
- ☐ I feel low-spirited and sad
- ☐ I feel low-spirited and I cannot get rid of the feeling
- ☐ I feel so sad or unhappy that it hurts
- ☐ I feel so sad or unhappy that I can't bear it anymore

- ☐ I do not have an especially hopeless view of my future
- ☐ My future feels hopeless to me
- ☐ I feel that I have nothing to expect from the future
- ☐ I feel that I can never get rid of my worries
- ☐ My future feels hopeless to me, and I can't believe that things could change for the better

- ☐ I do not feel that I have failed in life
- ☐ I feel that I have failed more often than other people
- ☐ I feel that I have not achieved much that is worth mentioning
- ☐ My life so far has been just a series of failures
- ☐ I feel that I have completely failed as a person

- ☐ I do not feel particularly unsatisfied
- ☐ I feel bored most of the time
- ☐ I no longer enjoy things the way I used to
- ☐ I can't get satisfaction from anything anymore
- ☐ I am unsatisfied with everything

- ☐ I do not feel that I am worse than other people
- ☐ I criticize myself for my weaknesses and mistakes
- ☐ I scold myself for everything that goes wrong
- ☐ I think I have too many bad qualities
- ☐ I consider myself completely useless

- ☐ I am not disappointed in myself
- ☐ I am disappointed in myself
- ☐ I do not like myself
- ☐ I detest myself
- ☐ I hate myself

- ☐ I have never thought to hurt myself
- ☐ I sometimes think about hurting myself, but I am nonetheless not going to do it
- ☐ I feel it would be better if I was dead
- ☐ I feel it would be better for my family if I was dead
- ☐ I would like to be dead

- ☐ I have not lost my interest in other people
- ☐ I am less interested in other people than before
- ☐ I have lost my interest towards and feelings for other people almost completely
- ☐ I have lost all my interest towards other people, and I no longer care about them at all

- ☐ I make decisions as easily as before
- ☐ I am less certain and try to delay making decisions
- ☐ I have difficulties in making decisions
- ☐ I can no longer make decisions at all

- ☐ I feel that I do not look any worse than before
- ☐ I am worried that I look old or that I do not look pleasant
- ☐ I feel that my appearance has permanently changed so that I do not look pleasant
- ☐ I feel that I look ugly and repulsive

- ☐ I can work as well as before
- ☐ Whatever work I start requires extra effort from me
- ☐ I no longer work as well as before
- ☐ To do anything I must really force myself to do it
- ☐ I can no longer work at all

- ☐ I do not tire more than usually
- ☐ I tire more easily than before
- ☐ Anything can tire me
- ☐ I am too tired to do anything

- ☐ My appetite is no worse than before
- ☐ My appetite is worse than before
- ☐ My appetite is currently much worse than before
- ☐ I have no appetite at all anymore

BACKGROUND INFORMATION

76. Have you ever been employed?

- ☐ no
- ☐ yes

77. What is your profession?
(If you are at present pensioned or unemployed, write down the profession you last had.)

78. What is your present state of employment?

- ☐ permanent full-time employment
- ☐ permanent part-time employment
- ☐ temporary full-time employment
- ☐ temporary part-time employment
- ☐ independent contractor / entrepreneur
- ☐ full-time student
- ☐ 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 or work shortened hours
- ☐ I am on maternity / paternity leave or on children's home care leave
- ☐ I'm pensioned
- ☐ on employment support: in training or employed
- ☐ out of work for other reason

79. What is your spouse's education? How many years has your spouse attended school and studied full time, basic levels included?

- ☐ ____ years
- ☐ I do not have a spouse

80. Where and how were you born?

- ☐ vaginal birth in a hospital or a maternity hospital
- ☐ vaginal birth at home or elsewhere outside the hospital
- ☐ born by Caesarean section in a hospital
- ☐ I cannot say

81. What was your home municipality at birth *(or province, if you do not know the municipality)? (If you were born abroad, write the country.)*

82. What was your mother's home municipality at birth *(or province, if you do not know the municipality)?*

83. What was your father's home municipality at birth *(or province, if you do not know the municipality)?*

THANK YOU FOR YOUR ANSWERS!

YOU CAN MAIL THIS FORM POSTAGE-FREE IN THE ENVELOPE YOU RECEIVED AT THE EXAMINATION.