

thl.fi/healthyfinland/participate

User id:

Password:

Healthy Finland

National survey of health, well-being and service use

Separate the cover and survey from each other at the broken line



Healthy Finland - National survey of health, well-being and service use

Please respond to this questionnaire as soon as possible, preferably within 10 days. Thank you for your responses!

By answering the survey, I agree that my personal data will be processed in accordance with the privacy statement and that my survey response can be linked to the results received from my health and welfare register data.

Participation is voluntary.

INSTRUCTIONS TO RESPONDENTS

Answer the questions as follows:

- Tick the most suitable alternative or write the information required in the space given with a ballpoint pen.
-  If you make some marks to an answer box which you do not mean, please blacken the entire answer box.
- You should only tick one best alternative for each question unless it is specifically stated that you may select more than one alternative.
- There are further instructions for some questions. Remember to answer all questions. Enter negative answers by ticking the 'no' alternative or by writing '0' (zero) in the space provided.

EXAMPLE 1.

How would you evaluate your state of health at present?

- very good
- fairly good
- fair
- fairly poor
- poor

EXAMPLE 2.

Give your present height and weight

height _____ 165 cm
weight _____ 62 kg

More information about the survey:

www.thl.fi/healthyfinland

Toll-free number tel. +358 (0)800 97730 (at 9.00-11.00)

e-mail: tervesuomi@thl.fi

You can also complete the questionnaire online!

The questionnaire is available at thl.fi/healthyfinland/participate.

You can log in using either strong authentication or the username and password (see the top of the front cover).

When completing the questionnaire online:

1. Write "thl.fi/healthyfinland/participate" into the address field of your web browser and press the Enter key.
2. Select your login preference (strong authentication or the user id and password)
3. Under the title "Questionnaire 1" press "Continue"
4. Complete the questionnaire.
5. Confirm your answers by clicking on the "Send" button.

Please ensure that you complete the online questionnaire within 10 days.

LIVING CONDITIONS AND QUALITY OF LIFE

1. Do you live alone?

- yes → You can proceed to question 3
 no

2. How many of your household members including yourself are (please mark 0 for none):

| | number |
|-------------------|----------------------|
| under 3 years old | <input type="text"/> |
| 3-6 years old | <input type="text"/> |
| 7-13 years old | <input type="text"/> |
| 14-17 years old | <input type="text"/> |
| 18-64 years old | <input type="text"/> |
| 65-79 years old | <input type="text"/> |
| 80 years or older | <input type="text"/> |

3. How many years altogether have you attended school or studied full time?

Including primary and comprehensive school.

_____ years

4. At the moment, are you principally:

Please choose the option that best describes your situation

- employed full-time
 employed part-time _____ hours per week
 retired on an old age pension
 receiving a disability pension or rehabilitation benefit
 on part-time retirement
 unemployed or laid off, length of current period in months: _____ months
 on family leave, or a stay-at-home mother/father
 a student or on study leave
 other

5. Have you within the past 12 months ever:

| | no | yes |
|---|--------------------------|--------------------------|
| feared that you will run out of food before you can get money to buy more | <input type="checkbox"/> | <input type="checkbox"/> |
| been unable to buy medicines because you did not have any money | <input type="checkbox"/> | <input type="checkbox"/> |
| not visited a doctor because you did not have any money | <input type="checkbox"/> | <input type="checkbox"/> |

6. How large was your household's income last year (before taxes)?

- less than 15 000 € (less than 1250 €/month)
 15 001 - 35 000 € (about 1251–2915 €/month)
 35 001 - 55 000 € (about 2916–4580 €/month)
 55 001 - 75 000 € (about 4581–6250 €/month)
 more than 75 000 € (6251 €/month or more)

When answering questions number 7 - 11, please consider the past two weeks.

7. How safe do you feel in your daily life?

- not at all
 a little
 a moderate amount
 very much
 extremely

8. How would you rate your quality of life?

- very poor
 poor
 neither poor nor good
 good
 very good

9. How satisfied are you with?

| | very dissatisfied | fairly dissatisfied | neither satisfied nor dissatisfied | fairly satisfied | very satisfied |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| your health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your ability to perform your daily living activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| your personal relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| the conditions of your living place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. In the last two weeks, how completely were you able to do the following:

| | not at all | a little | moderately | mostly | completely |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| do you have enough energy for everyday life? | <input type="checkbox"/> |
| have you enough money to meet your needs? | <input type="checkbox"/> |

11. Below are listed some statements regarding emotions and thoughts.

For each statement, please check the box that best describes your experiences in the past two weeks.

| | none of the time | rarely | some of the time | often | all of the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I've been feeling optimistic about the future | <input type="checkbox"/> |
| I've been feeling useful | <input type="checkbox"/> |
| I've been feeling relaxed | <input type="checkbox"/> |
| I've been dealing with problems well | <input type="checkbox"/> |
| I've been thinking clearly | <input type="checkbox"/> |
| I've been feeling close to other people | <input type="checkbox"/> |
| I've been able to make up my own mind about things | <input type="checkbox"/> |

12. How worried are you about climate change?

- not at all worried
- not very worried
- somewhat worried
- very worried
- extremely worried
- don't know
- I don't want to say

13. In the future, do you wish to have (more) children?

- no
- yes, but it is not yet/no longer an issue for us
- yes, we are hoping to conceive
- I am, or my spouse or partner is currently pregnant
- I can't say

14. Have there been time periods when you have attempted to get pregnant but either have not succeeded or it took over 12 months?

- no, because I/we have never tried to have a baby
- no, we got pregnant within 12 months
- yes, our current attempt to get pregnant has lasted over 12 months
- yes, most recently in year _____

INCLUSION AND FUNCTIONAL CAPACITY

15. Do you ever feel lonely?

- never
- very rarely
- sometimes
- fairly often
- all the time

16. What is your opinion of the following statements?

Please mark for each statement the alternative that best describes your experience.

| | strongly disagree | somewhat disagree | neither agree nor disagree | somewhat agree | completely agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I feel that what I do every day is significant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get positive feedback on what I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I belong to a group or community that is important for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other people need me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can influence the course of my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel my life has a meaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can strive for things that are important for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I receive help when I really need it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel trusted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can influence some things in my living environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. Can you usually perform the following activities?

| | yes, with no problem | yes, with some difficulty | yes, but with great difficulty | no, I cannot |
|--|--------------------------|---------------------------|--------------------------------|--------------------------|
| run a short distance (about 100 m) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| walk about 500 m without stopping to rest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| see ordinary newspaper print (with spectacles, if you use them) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hear what is said in a conversation between several people (with hearing aid, if you use it) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| walk up one flight of stairs without stopping to rest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. How would you rate your memory and your ability to learn and concentrate?

| | very well | well | adequately | poorly | very poorly |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| how well does your memory work? | <input type="checkbox"/> |
| how easily do you learn new things? | <input type="checkbox"/> |
| how well can you concentrate on things? | <input type="checkbox"/> |

19. If your functional capacity is impaired, do you need and get help for your daily activities?

- I do not need help and do not get it
- I would need help but do not get it
- I get help, but not enough
- I get enough help
- I get more help than I need

20. Do you regularly help someone who has limited functional capacity, or is ill, to cope at home?

You can choose multiple options

- no → You can proceed to question 22
- yes, my spouse or cohabiting partner
- yes, my child or grandchild
- yes, my own or my spouse's parents
- yes, my own or my spouse's grandparents
- yes, some other person

21. How often do you help the family and friends you mentioned above?

If you provide help to more than one person, please estimate the total number of times.

- every day, helping requires continuous presence at during the night and day
- every day, helping does not require continuous presence
- several times a week
- 1 to 4 times a month
- less often

22. Regardless of whether you are employed or not, please estimate your current work capacity. Are you:

- completely fit for work
- partially unable to work
- completely unable to work?

23. In terms of your health, do you feel that you will be able to work in your current profession until retirement age?

- no
- probably not
- probably yes
- yes
- I am retired

HEALTH

24. How tall are you?

_____ cm, please round to nearest centimeter

25. How much do you weigh when wearing light clothing?

_____ kg, please round to nearest kilogramme

26. How would you describe your state of health at present?

- good
- fairly good
- average
- fairly poor
- poor

27. Do you have any longstanding illness or longstanding health problem?

- yes
- no → You can proceed to question 29

28. Does your long-term illness or health problem require regular treatment or monitoring by a health care professional (e.g. a doctor or nurse)?

- yes
- no

29. Are you limited because of a health problem in activities people usually do?

- severely limited
- limited but not severely
- not limited at all → You can proceed to question 31

30. Have you been limited for at least the past 6 months?

- yes
- no

31. How much of the time during the past 4 weeks have you...

Please choose one alternative on each line

| | all of the time | most of the time | a good bit of the time | some of the time | a little of the time | none of the time |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| been very nervous person | <input type="checkbox"/> |
| felt so down in the dumps that nothing could cheer you up | <input type="checkbox"/> |
| felt calm and peaceful | <input type="checkbox"/> |
| felt downhearted and blue | <input type="checkbox"/> |
| been a happy person | <input type="checkbox"/> |

The following question deals with thoughts and feelings regarding harming yourself. Some people experience difficulties in their lives that prompt such thoughts and feelings.

32. Have you had suicidal thoughts over the past 12 months?

- no
 yes

HEALTH SERVICES

33. What is your opinion of the following statements:

| | completely agree | somewhat agree | neither agree nor disagree | somewhat disagree | strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| in general, health services function well in Finland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| in general, social welfare services function well in Finland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. Have you acquired a private medical insurance that covers costs resulting from the treatment of an illness in Finland, such as private doctors' fees, medicine costs and fees charged for days spent in hospital?

You can choose multiple options

- yes, for myself
 yes, for my child
 no, but I am considering getting one for myself
 no, but I am considering getting one for my child
 no, and I have not considered it

35. Have the following factors interfered with you receiving treatment in the past 12 months?

The question does not apply to visits for coronavirus vaccinations or tests.

| | always | most of the time | sometimes | never | does not apply to me or the services I have used |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| I was sent back and forth from one service unit to another | <input type="checkbox"/> |
| I had to explain my situation to several employees or many different times | <input type="checkbox"/> |
| the opening hours were difficult | <input type="checkbox"/> |
| the place of care was hard to reach | <input type="checkbox"/> |
| excessively high fees | <input type="checkbox"/> |
| excessively long waiting times | <input type="checkbox"/> |
| information was not passed on between the professionals treating me | <input type="checkbox"/> |

36. Do you feel you received enough of the following health care services in the previous 12 months?

Please note services provided by the municipality, occupational services and private service providers.

| | I have not needed | I would have needed but did not receive | I have used but it was not adequate | I have used and it was adequate |
|---|--------------------------|---|-------------------------------------|---------------------------------|
| doctor's appointment services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nurse's or public health nurse's appointment services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dentist services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| dental hygienist services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37. Have you used health care services (e.g. doctor, nurse, hospital, dentist, dental hygienist) in the past 12 months?

- no → You can proceed to question 46
 yes

38. How many times in the past 12 months have you seen a doctor, public health nurse or a nurse either at their reception or at your home because of an illness you have had (or because of pregnancy or childbirth)?

If you have not seen a doctor or nurse at all, please enter 0. This does not include any times when you have been admitted to a hospital or any visits for coronavirus vaccinations or tests.

| | a doctor | a nurse |
|--|----------------------------|----------------------------|
| at a health station (no dental appointments) | <input type="text"/> times | <input type="text"/> times |
| at a private medical clinic | <input type="text"/> times | <input type="text"/> times |
| in occupational health care | <input type="text"/> times | <input type="text"/> times |
| at a hospital outpatient clinic | <input type="text"/> times | <input type="text"/> times |
| elsewhere (e.g. student health care service, military health care service) | <input type="text"/> times | <input type="text"/> times |

How many times have you seen a dentist, dental hygienist or dental technician in the past 12 months?

| | a dentist | dental hygienist | dental technician |
|---|----------------------------|----------------------------|----------------------------|
| in public dental care (including student health care service, military health care service) | <input type="text"/> times | <input type="text"/> times | <input type="text"/> times |
| in private dental care | <input type="text"/> times | <input type="text"/> times | <input type="text"/> times |

39. When using the health services, do you typically see the same....

| | always | most of the time | sometimes | never |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. Have you used a service voucher to access health care services in the past 12 months?

- yes, the service voucher compensated part of the price of the service
- yes, the service voucher compensated the whole price of the service
- no
- not sure

These questions 41 - 45 relate to your most recent dealings with a healthcare professional.

41. Where did you last see a health care professional (doctor, nurse, or other professional)?

Does not apply to dental care or visits for coronavirus vaccination or tests.

- at a health centre
- at a private medical clinic
- occupational health care
- hospital outpatient clinic
- some other place (student health care, military service)

42. How did you manage your affairs?

- visiting in person (at the professional's reception)
- remotely by phone
- e-services via video
- e-services via chat (instant messaging)

43. Who did you see? If you saw more than one professional, select the one that you saw most often.

- a general practitioner or medical specialist
- a nurse or public health nurse
- another health professional

44. The following questions concern access to treatment during your most recent appointment, mentioned above:

| | absolutely yes | to some extent | not really | absolutely not | cannot say |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Were you able to contact the place of care without difficulty? | <input type="checkbox"/> |
| Were you able to make an appointment without undue delay? | <input type="checkbox"/> |
| Were you examined without undue delay? | <input type="checkbox"/> |

45. The following questions relate to the interaction with the professional you met (doctor, nurse or other health care professional) during your most recent appointment.

| | absolutely yes | to some extent | not really | absolutely not | cannot say |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Was enough time spent with you during your appointment? | <input type="checkbox"/> |
| Were things explained to you in an understandable way? | <input type="checkbox"/> |
| Were you treated respectfully? | <input type="checkbox"/> |
| Was your personal information handled confidentially? | <input type="checkbox"/> |
| Were you able to use your own native language in the service? | <input type="checkbox"/> |
| Could you ask questions or express concerns about the recommended care? | <input type="checkbox"/> |
| Did you get to participate in the decisions concerning your care as much as you wanted to? | <input type="checkbox"/> |
| Did the service meet your need? | <input type="checkbox"/> |

46. In the past 12 months, have you visited any of the following services because of mental health problems or substance abuse problems?

| | no | yes, because of mental health problems | yes, because of substance abuse problems |
|--|--------------------------|--|--|
| a health centre, occupational health care or student health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a psychiatry outpatient clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an A-Clinic, detoxification or other substance abuse treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a private practice (e.g. doctor, psychologist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a psychiatric or other hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other place of care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

47. When did you last receive dental care?

Dental care refers to visits to a dentist, dental hygienist, dental nurse and/or dental technician.

- during the past 12 months
- 1 to 2 years ago
- 2 to 5 years ago
- over 5 years ago
- I have never received dental care

SOCIAL SERVICES AND BENEFITS

48. Have the following factors interfered with you receiving social welfare services in the past 12 months?

For example, social welfare services refer to services for elderly people, services for families with children, home services, services for disabled people, counselling provided by a social worker or counsellor, and social assistance.

| | always | most of the time | sometimes | never | does not apply to me or the services I have used |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| I was sent back and forth from one service unit to another | <input type="checkbox"/> |
| I had to explain my situation to several employees or many different times | <input type="checkbox"/> |
| the opening hours were difficult | <input type="checkbox"/> |
| the service unit was hard to reach | <input type="checkbox"/> |
| excessively high fees | <input type="checkbox"/> |

49. Do you feel you have been adequately provided with the following social welfare services in the past 12 months?

| | I have not needed | I would have needed but did not receive | I have used but it was not adequate | I have used and it was adequate |
|--|--------------------------|---|-------------------------------------|---------------------------------|
| home care (home services, home nursing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| residential services for disabled people (assisted, guided, supported housing, assisted living) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| services for families with children (e.g. child welfare services, parenting and family counselling, home services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| social worker's guidance or counselling services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50. Have you used social services over the past 12 months?

- no → You can proceed to question 56
- yes

51. Which social welfare services have you most recently used (in the past 12 months)?

- home care (home services, home nursing)
- services supporting living at home (e.g. safety, catering, cleaning or transport service, apartment alteration work)
- services for families with children
- services for disabled people
- residential services for disabled people
- social worker's guidance or counselling services
- some other social service

52. How do the following questions describe your experiences?

Please evaluate the service you have used most recently.

| | absolutely yes | to some extent | not really | absolutely not | cannot say |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Was enough time spent with you during your meeting? | <input type="checkbox"/> |
| Were things explained to you in an understandable way? | <input type="checkbox"/> |
| Were you treated respectfully? | <input type="checkbox"/> |
| Did you receive information about the handling of your case? | <input type="checkbox"/> |
| Could you ask questions or express concerns? | <input type="checkbox"/> |
| Were you able to participate in the decisions made about your own affairs and their management as much as you wanted? | <input type="checkbox"/> |
| Were you able to use your own native language in the service? | <input type="checkbox"/> |

53. How do the following statements describe your experiences of social welfare services?

Please evaluate the service you have used most recently.

| | absolutely yes | to some extent | not really | absolutely not | cannot say |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Was it easy for you to find an appropriate service for your circumstances? | <input type="checkbox"/> |
| Were you able to access the service without undue delay? | <input type="checkbox"/> |
| Did the service meet your need? | <input type="checkbox"/> |
| Did you meet the same professional as before? | <input type="checkbox"/> |

54. Have you used a service voucher to access social welfare services in the past 12 months?

- yes, the service voucher compensated part of the price of the service
- yes, the service voucher compensated the whole price of the service
- no
- not sure

55. Have you used private social welfare services at your own expense in the past 12 months? *Social welfare services refer to, for instance, services for elderly people, home services and services for disabled people.*

- yes
- no
- not sure

56. Do you feel you have been adequately provided with the following social welfare benefits or assistance over the past 12 months?

| | I have not needed | I would have needed but did not receive | I have used but it was not adequate | I have used and it was adequate |
|--|--------------------------|---|--|---------------------------------------|
| support services for informal caregivers (e.g. possibility to take time off) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| compensation for informal care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basic social assistance provided by the Social Insurance Institution of Finland (Kela) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| supplementary or preventive social assistance provided by the municipality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THE USE OF E-SERVICES

E-services include, for example, using a digital system to make an appointment, My Kanta, and websites providing health-related information.

57. Do you use the Internet to access e-services (e.g. My Kanta, MyTax, OmaKela)?

- I use it independently
 I use it with another person's help or someone else uses it on my behalf
 I don't use it

58. How many times have you arranged to visit any of the following professionals in the past 12 months electronically (e.g. by video link or chat)?

| | not at all | once | more than once |
|--|--------------------------|--------------------------|--------------------------|
| a doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a nurse (e.g. registered nurse or public care nurse) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a social worker or social instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other social or health care professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

59. If you have used social and health care services electronically in the past 12 months, estimate how many traditional phone calls or visits using electronic services has replaced. If using the electronic services has not replaced calls or visits, answer zero.

- I have not used electronic services

By using the electronic services, I was able to avoid having to call or visit _____ times

60. How do you feel about the following statements about electronic services?

| | completely agree | somewhat agree | neither agree nor disagree | somewhat disagree | strongly disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| face-to-face encounters cannot be replaced by electronic contacts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The electronic services are not accessible to me e.g. due to my visual impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The services I need are not available electronically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am concerned about data security when it comes to my personal details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| data connections are poor in my area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I need help with using the online services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

61. How do you feel about the following statements concerning the benefits of electronic social and health care services?

| Electronic services... | completely agree | somewhat agree | neither agree nor disagree | somewhat disagree | strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| help me to assess the need for services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| support me in finding and choosing the most suitable services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| make it easier for me to use services regardless of where I am and when | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| make it easier for me to collaborate with professionals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| help me to take an active role in looking after my own health and welfare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| help me to take care of the health, welfare and functional capacity of family or friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

62. How would you rate your competence to use online services (on a computer or smartphone)?

- no competence
 low competence
 moderate competence
 high competence
 very high competence

LIFESTYLE

63. Have you received an adequate amount of services to promote your health and wellbeing?

| | I have not needed them | I would have needed them but was not provided any | I have used them but they were not adequate | I have received adequate support |
|---|--------------------------|---|---|----------------------------------|
| lifestyle guidance (e.g. exercise or nutritional guidance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| day centre activities (e.g. a group service for older people) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| guided cultural activities (e.g. art/handicrafts groups) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a peer support group (e.g. informal care or disease group-specific peer support groups) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

64. How much exercise do you get in a week in the course of your work, commute, and spare time?

Think about the past 12 months. Take all regular, weekly physical exertion in consideration. You can write your answer on several lines if necessary.

hardly any regular exercise → You can proceed to question 65

low-intensity aerobic exercise (= does not make you sweat or get out of breath, e.g. walking leisurely)

in total _____ hours and _____ minutes a week

moderate-intensity aerobic exercise (= makes you sweat a bit and/or get slightly out of breath, e.g. Walking briskly)

in total _____ hours and _____ minutes a week

high-intensity aerobic exercise (= makes you sweat a lot and/or get out of breath, e.g. jogging or running)

in total _____ hours and _____ minutes a week

65. On how many days during an ordinary week do you engage in exercise that maintains or develops muscle tone? E.g. exercising at a gym, home exercises, fitness classes, ball games and raked sports, or physically strenuous household chores. If you do not engage in any exercise, please write '0'.

_____ days a week

66. How often do you usually consume the following foods and drinks?

| | not at all | once a week or less often | 2-6 times a week | 1-2 times a day | 3 times a day or more often |
|--|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------|
| fruit, berries (no juices) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vegetables, root vegetables (no potatoes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| legumes, plant protein products (e.g., peas, tofu, faba bean product) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| whole grain bread/porridge, whole grain garnish (e.g., brown rice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| milk and milk products (e.g. cheese, yoghurt) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| plant-based products used as an alternative to milk products (e.g., oat drink) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| white meat (e.g. chicken) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| red meat and meat products (e.g. cold cuts) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

67. Do you feel that you get enough sleep?

yes, almost always

yes, often

rarely or hardly ever

not sure

68. Do you smoke currently (cigarettes, cigars or pipe)?

yes, daily

occasionally

not at all

I have never smoked

69. Do you currently use any of the following products?

| | yes, daily | yes, occasionally | not at all | I have never used |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| snus (Swedish type moist snuff) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e-cigarettes with nicotine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e-cigarettes without nicotine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nicotine replacement therapy products such as patches or chewing gum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| heated tobacco products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| nicotine pouches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

70. Have you drunk alcoholic beverages over the past 12 months?

- no → You can proceed to question 74
 yes

71. How often do you consume beer, wine or other alcoholic beverages?

Also include the times when you only had a small amount, e.g. half a bottle of beer or half glass of wine.
 Choose the option that best describes your situation.

- never
 around once a month or less
 2-4 times a month
 2-3 times a week
 4 or more times a week

72. How many drinks containing alcohol do you have on a typical day when you are drinking?

Please refer to the adjacent box.

- 1-2 servings
 3-4 servings
 5-6 servings
 7-9 servings
 10 or more units

ONE ALCOHOL PORTION IS:

1 bottle (33cl) of so called medium-strength beer or cider, or
 1 glass (12cl) of regular wine, or
 1 small glass (8cl) of fortified wine, or
 a standard drink (4cl) of strong spirits.

73. How often have you had six or more drinks on one occasion?

- never
 less than once a month
 once a month
 once a week
 daily or almost daily

EXAMPLES OF 6 ALCOHOL UNITS:

four 0.5 l ('pint') of so called medium-strength beer or cider
 three 0.5 l ('pint') of so called stronger A beer or strong cider
 a 0.75 l bottle of table wine (12%) wine
 half a 0.5 l bottle of spirits

74. Have you used cannabis (hashish, marijuana) during the past 12 months?

- I have never in my whole life tried or used it
 Not once during the last 12 months
 Less than monthly
 Monthly
 Weekly
 Daily or almost daily

Gambling refers to playing games for example lottery games, slot machines, scratch cards, sports and horse games, betting games which are also available online.

75. Think about the past 12 months, how often did you gamble?

- daily or several times a week
 once a week
 1-3 times per month
 less than monthly
 not at all → You can proceed to question 77

76. Thinking about the past 12 months...

| | never | sometimes | most of the time | almost always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| have you bet more than you could really afford to lose? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| have you needed to gamble with larger amounts of money to get the same feeling of excitement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| when you gambled, did you go back another day to try to win back the money you lost? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| have you borrowed money or sold anything to gamble? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| have you felt that you might have a problem with gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| has gambling caused you any health problems, including stress or anxiety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| have people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| has your gambling caused any financial problems for you or your household? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| have you felt guilty about the way you gamble or what happens when you gamble? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

77. Thinking about your whole life, have you ever felt that you might have a problem with gambling?

- yes, the last time I felt that was in the year: _____
- no
- cannot say

EXPERIENCES OF VIOLENCE

78. Has anyone behaved violently towards you in the past 12 months?

You may choose one or more alternatives

| | no one | my current or previous partner or companion | another family member or relative | another familiar person | a stranger |
|--|--------------------------|---|-----------------------------------|--------------------------|--------------------------|
| Threatening you with physical harm in person, over the phone or online | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obstructing you from moving, or grabbing, pushing or shoving you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hitting with a fist or a hard object, kicking or strangling you, or using a weapon of some kind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Called you names to subdue or humiliate you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tried to limit your contacts with people (e.g., your family or friends) or succeeded in doing so | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BACKGROUND INFORMATION

79. Gender

- male
- female
- other

80. Do you belong to a gender minority or sexual minority?

- no
- a gender minority (such as trans people or intersex people)
- a sexual minority (such as gay men, lesbians, bisexuals, pansexuals or asexuals)

THANK YOU FOR YOUR RESPONSES!

You can see the results of the survey at www.thl.fi/terveysuomi

thl.fi/terveysuomi

