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Healthy Finland

National survey of health, well-being and service use



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/tervesuomi

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 www.thl.fi/tervesuomi/osallistu.

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/tervesuomi/osallistu" 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 4*
- no

2. Where do you live?

- in an ordinary private home
- in sheltered housing or in a group home or family foster home where service is available only some of the time
- in a nursing home (either sheltered housing or a home for the aged, with care staff present 24 hours a day) → *You can proceed to question 4*
- some other place

3. 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 old or older	<input type="text"/>

4. How many years altogether have you attended school or studied full time? *Including primary and comprehensive school.*

_____ years

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"/>
abilities to use public transport or other means of transport	<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"/>				

INCLUSION AND FUNCTIONAL CAPACITY

12. Do you ever feel lonely?

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



13. 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"/>

14. 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"/>
move from one room to another in your home	<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"/>

15. Do you have difficulties using a phone?

	no difficulty	some difficulty	a lot of difficulty	cannot do at all
making a call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
receiving a call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. 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"/>				

17. 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

18. Can you usually perform the following everyday chores and activities?

	yes, with no difficulty	yes, but with some difficulty	yes, but with a lot of difficulty	no, I cannot do at all
cooking or heating meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
washing yourself in a shower, bath or sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dressing and undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you get help in for any of the activities listed above?

- no, I handle all of them myself
- yes, I get enough help
- I would need more help

20. Can you usually perform the following everyday chores and activities?

	yes, with no difficulty	yes, but with some difficulty	yes, but with a lot of difficulty	no, I cannot do at all
light housework (vacuum cleaning, washing dishes, making beds, doing laundry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
minor repairs around the home (replacing a light bulb or a smoke alarm battery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
day-to-day financial transactions (paying bills, withdrawing cash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going to a grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking medication (remembering to take medication, correct dosage, opening the packaging, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
leave the apartment (for errands, outdoor activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you get help in any of the activities listed above?

- no, I handle all of them myself
- yes, I get enough help
- I would need more help

22 . Where can you get help if you need it (you can select more than one option)

- I don't get help
- from a person living in the same household
- from a person living in a different household
- from volunteers (provided through an organisation, congregation or other community)
- from municipal home care (home nursing, home services, support services such as catering, cleaning services and transport services)
- I purchase private services (e.g. cleaning help, private home help, taking people for outdoor recreation, 'Gubbe' activities)

23. Has your need for services been assessed by a professional?

Please choose only one alternative

- yes, within the past 12 months
- yes, at least a year (12 months) ago
- no

24. Do you regularly help someone who has limited functional capacity, or is ill, to cope at home? *You can choose multiple options*

- no
- yes, my spouse or cohabiting partner
- yes, my child or grandchild
- yes, some other person

HEALTH

25. How tall are you?

_____ *cm, please round to nearest centimeter*

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

_____ *kg, please round to nearest kilogramme*

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

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

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

- yes
- no → *You can proceed to question 30*

29. 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



30. 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 32*

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

- yes
- no

32. Do you have removable dentures?

- full dentures on both jaws (no own teeth nor tooth roots)
- full denture on one jaw and either a partial denture on the other jaw or my own teeth
- a partial denture on either one or both jaws and my own teeth as well
- only my own teeth, no dentures
- neither dentures nor my own teeth

33. How often do you clean your removable dentures?

- more often than twice a day
- twice a day
- once a day
- less frequently than every day
- never

34. 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.

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

- no
- yes

HEALTH SERVICES

36. 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"/>

37. 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"/>				



38. Do you feel you received enough of the following health care services in the previous 12 months? Please note services provided by the municipality 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"/>

39. 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 48

yes

40. 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 or had?

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	I saw 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
at a hospital outpatient clinic	<input type="text"/> times	<input type="text"/> times
other	<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	mouth hygienist	dental technician
in public dental care	<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

41. 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"/>

42. 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 43 - 47 relate to your most recent dealings with a healthcare professional.

43. 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
- hospital outpatient clinic
- some other place (student health care, military service)

44. How did you manage your affairs?

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

45. 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

46. 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"/>				

47. 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"/>				

48. 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

If you do not have a long-term illness, you may move on to question 50.

49. To what extent are the following true for the treatment of your long-term illness? If you have several diseases, please select your answers based on the illness requiring most care.

	always	usually	sometimes	never	does not apply to me
there is good cooperation between the health/social centre and the hospital or other specialised medical care unit	<input type="checkbox"/>				
there is good cooperation between the health/social centre and home care	<input type="checkbox"/>				
there is good cooperation between the health/social centre and social services	<input type="checkbox"/>				
in cases involving multiple illnesses: all my illnesses and service needs are comprehensively taken into account in my treatment	<input type="checkbox"/>				

SOCIAL SERVICES AND BENEFITS

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

	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"/>				

51. 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"/>
services supporting living at home (e.g. safety service, catering, cleaning service, transport service, apartment alteration work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
customer and service guidance (assessment of service needs, support for accessing services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rehabilitation services (home rehabilitation, respite care, day-care centre activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
residential service for older adults (e.g. assisted living, care home, family care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for disabled people (e.g. transportation services, personal assistance, apartment alteration work, home support services)	<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"/>
social worker's guidance or counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- no → You can proceed to question 59
- yes

53. 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)
- residential services for older adults (e.g. assisted living, care home, family care, respite care)
- services for disabled people
- residential services for disabled people
- social worker's guidance or counselling services
- some other social service

54. 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"/>				

55. 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"/>				

56. 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

57. 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

58. Do you think that the fee charged for the social service you used most recently was reasonable?

yes

no

no fee was charged for the service

59. 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.

60. Do you use:

	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
e-services (e.g. My Kanta, MyTax, OmaKela)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mobile phone to receive messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mobile phone for sending messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



61. 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"/>

62. 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

63. 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"/>



64. 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"/>

65. 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



CULTURAL SERVICES

66. How often have you used the following cultural services or engaged in cultural activities in the past 12 months?

	I have not used them	a few times a year	monthly	weekly
music concerts and gigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
theatre, dance, circus or other performing arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
museums or art exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
library services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other cultural events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I myself have engaged in cultural activities or made art, participated in hobby groups or other guided cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Do you think that the following cultural services or opportunities to engage in culture have been sufficiently available in your area over the past 12 months?

Your area covers, for example, your municipality or neighbouring municipalities.

	I have not needed them	yes	no
music concerts and gigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
theatre, dance, circus or other performing arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
museums or art exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
library services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cinemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other cultural events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hobby groups or other guided cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



LIFESTYLE

68. Overall, how physically active are you every week?

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 weekly exercise → You can proceed to question 69

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

69. 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 racketed sports, or physically strenuous household chores. If you do not engage in any exercise, please write '0'

_____ days a week

70. 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"/>

71. Who usually prepares your main meal on weekdays?

- myself
- my spouse or cohabitant
- other person close to me
- a home care worker prepares it, or I have a ready meal delivered
- I eat out or bring a take-out meal to eat at home

72. Do you feel that you get enough sleep?

- yes, almost always
- yes, often
- rarely or hardly ever
- not sure

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

- yes, daily
- occasionally
- not at all
- I have never smoked

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

- no → *You can proceed to question 78*
- yes

75. 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

76. 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.

77. 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

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

78. 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 80*



79. 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"/>

80. 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



HOUSING, ACCIDENTS, DISCRIMINATION AND EXPERIENCES OF VIOLENCE

81. Have you altered your living arrangements, or have you made plans to alter your living arrangements, due to needs at old age?

- This is not presently an important consideration for me
- I have decided to stay in my current home, and will make, or have already made, the required adjustments to facilitate my living at home
- I have thought about moving
- I have already moved to a new place

82. Have you fallen down in the past 12 months?

- no I have not → *You can proceed to question 83*
- yes, indoors at home how many times? _____
- yes, in the yard or garden at home how many times? _____
- yes, outdoors in the street or in a public place how many times? _____

83. Over the past 12 months, have you been discriminated against or in some other way treated worse than others because of some personal characteristic?

(e.g. age, gender, ethnicity, skin colour, disability, appearance, sexual orientation, or religion)

	no, I haven't	yes, once	yes, several times	I haven't used these services / these services don't apply to me
in health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in social services (e.g. family services or substance abuse services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when dealing with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in public places (e.g. on the street, in a restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on social media or an online service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not experienced discrimination, go to question 85.

84. What do you think the discrimination was based on?

You can choose multiple options

- age
- gender
- origin, ethnicity or skin colour
- health issues or disability
- something else (e.g. appearance, sexual orientation or religion)

85. 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

86. Gender

- male
- female
- other

87. 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/tervesuomi

