Healthy Finland -survey

Questionnaire 2

- You should only choose one best alternative for each question unless it is specifically stated that you may choose more than one.
- There are further instructions for some questions.
- Remember to answer all questions. Enter negative answers by choosing the 'no' alternative or by writing '0' (zero) in the space given.

You can fill in the form using either a mouse or the keyboard. When using the keyboard, the tab key takes you to the next question and you can moved between the different response options using the arrow keys. For questions where you can select multiple options, use the space bar to select an option and the tab key to go to the next option. To go to the next page, press Enter.

HEALTH

1 . **How is your health in general? Is it**
- ○ very good **ts221.health_now=1**
- ○ good **ts221.health_now=2**
- ○ fair **ts221.health_now=3**
- ○ poor **ts221.health_now=4**
- ○ very poor **ts221.health_now=5**

2 . **Have you ever had your blood sugar level measured? When was the last time?**
- ○ during the last 6 months **ts221.bloodsugar_screening=1**
- ○ 6 months - 1 year ago **ts221.bloodsugar_screening=2**
- ○ 1 year - 5 years ago **ts221.bloodsugar_screening=3**
- ○ over 5 years ago **ts221.bloodsugar_screening=4**
- ○ never **ts221.bloodsugar_screening=5**
- ○ I do not know **ts221.bloodsugar_screening=6**

3 . **Have you ever been diagnosed for diabetes? You can choose multiple options**
- ☐ no **ts221.diabetes.set:1**
- ☐ no, but I have been diagnosed for elevated blood glucose levels or prediabetes **ts221.diabetes.set:2**
- ☐ yes, type 1 diabetes (childhood-onset diabetes) **ts221.diabetes.set:3**
- ☐ yes, type 2 diabetes (adult-onset diabetes) **ts221.diabetes.set:4**
- ☐ yes, but I don't know which type **ts221.diabetes.set:5**
- ☐ yes, gestational diabetes **ts221.diabetes.set:6**

4 . **When diagnosed for diabetes were you given one of the following treatments? You can choose multiple options**
- ☐ lifestyle counselling only (diet, exercise, etc.) **ts221.diabetes_treatment22.set:1**
- ☐ tablet treatment **ts221.diabetes_treatment22.set:2**
- ☐ insulin treatment **ts221.diabetes_treatment22.set:3**
- ☐ other injectable medicine **ts221.diabetes_treatment22.set:5**
- ☐ none of the above **ts221.diabetes_treatment22.set:4**

5 . **What prescription medicine do you use for diabetes? You can choose multiple options**
- ☐ nothing **ts221.diabetes_medication22.set:1**
- ☐ insulin **ts221.diabetes_medication22.set:2**
- ☐ tablets **ts221.diabetes_medication22.set:3**
- ☐ other injectable medicine **ts221.diabetes_medication22.set:5**

6 . **Have you ever had your cholesterol level checked? When was the last time?**
- ○ during the last 6 months **ts221.cholesterol_screening=1**
- ○ 6 months - 1 year ago **ts221.cholesterol_screening=2**
- ○ 1 year - 5 years ago **ts221.cholesterol_screening=3**
- ○ over 5 years ago **ts221.cholesterol_screening=4**
- ○ never **ts221.cholesterol_screening=5**
- ○ I do not know **ts221.cholesterol_screening=6**

7 . **Have you ever been diagnosed for high or elevated blood cholesterol level?**
- ○ no **ts221.cholesterol_high=1**
- ○ yes **ts221.cholesterol_high=2**

8 . **Have you been given dietary instructions for lowering your cholesterol level?**
- ○ no **ts221.cholesterol_diet=1**
- ○ yes **ts221.cholesterol_diet=2**

9 . **Have you ever had your blood pressure measured? When was the last time?**
- ○ during the last 6 months **ts221.hypertension_screening=1**
- ○ 6 months - 1 year ago **ts221.hypertension_screening=2**
- ○ 1 year - 5 years ago **ts221.hypertension_screening=3**
- ○ over 5 years ago **ts221.hypertension_screening=4**
- ○ never **ts221.hypertension_screening=5**

10 . **Have you ever been diagnosed for high or elevated blood pressure?**
- ○ no **ts221.hypertension_high=1**
- ○ yes **ts221.hypertension_high=2**

11 . **Have you ever used medicine for high blood pressure?**
- ○ no **ts221.hypertension_medication=1**
- ○ yes **ts221.hypertension_medication=2**

12 . When was the last time you took medicine for high blood pressure?
- ○ today or yesterday **ts221.hypertension_medication_usage=1**
- ○ 2 - 7 days ago **ts221.hypertension_medication_usage=2**
- ○ 1 week - 6 months ago **ts221.hypertension_medication_usage=3**
- ○ 6 months - 1 year ago **ts221.hypertension_medication_usage=4**
- ○ 1 year - 5 years ago **ts221.hypertension_medication_usage=5**
- ○ over 5 years ago **ts221.hypertension_medication_usage=6**

13 . Do you use a blood pressure monitor at home?
- ○ daily **ts221.blood_pressure_home_meter=1**
- ○ weekly **ts221.blood_pressure_home_meter=2**
- ○ monthly **ts221.blood_pressure_home_meter=3**
- ○ 2 to 4 times a year **ts221.blood_pressure_home_meter=4**
- ○ once every year **ts221.blood_pressure_home_meter=5**
- ○ never **ts221.blood_pressure_home_meter=6**

14 .
Has a doctor ever diagnosed you with?

	no	yes
a myocardial infarction, i.e., coronary thrombosis	○ ts221.disease_multi_22.noyes:4=1	○ ts221.disease_multi_22.noyes:4=2
a (cerebral) stroke, cerebral haemorrhage or cerebral thrombosis	○ ts221.disease_multi_22.noyes:2=1	○ ts221.disease_multi_22.noyes:2=2
memory disorder	○ ts221.disease_multi_22.noyes:11=1	○ ts221.disease_multi_22.noyes:11=2
Liver problems	○ ts221.disease_multi_22.noyes:22=1	○ ts221.disease_multi_22.noyes:22=2
sleep apnoea	○ ts221.disease_multi_22.noyes:23=1	○ ts221.disease_multi_22.noyes:23=2

15 .
Has your risk of developing the following diseases been assessed in the past 12 months?

	no	yes
a memory disorder, for example, using the risk test for memory disorders	○ ts221.illness_evaluation.noyes:1=1	○ ts221.illness_evaluation.noyes:1=2
diabetes, for example, using the risk test for diabetes or measuring the blood sugar values	○ ts221.illness_evaluation.noyes:2=1	○ ts221.illness_evaluation.noyes:2=2
heart disease, using for example the FINRISK calculator	○ ts221.illness_evaluation.noyes:3=1	○ ts221.illness_evaluation.noyes:3=2

16 .
During the past 12 months, have you had any of the following symptoms or complaints?

	not at all	occasionally	weekly	daily or al
headache	○ ts221.symptoms_last_year.set:2=1	○ ts221.symptoms_last_year.set:2=2	○ ts221.symptoms_last_year.set:2=3	○ ts221.sy
constipation	○ ts221.symptoms_last_year.set:5=1	○ ts221.symptoms_last_year.set:5=2	○ ts221.symptoms_last_year.set:5=3	○ ts221.sy
urinary incontinence, problems in controlling the bladder	○ ts221.symptoms_last_year.set:6=1	○ ts221.symptoms_last_year.set:6=2	○ ts221.symptoms_last_year.set:6=3	○ ts221.sy
faecal incontinence, problems in controlling the bowel movements	○ ts221.symptoms_last_year.set:14=1	○ ts221.symptoms_last_year.set:14=2	○ ts221.symptoms_last_year.set:14=3	○ ts221.sy
hot flashes	○ ts221.symptoms_last_year.set:10=1	○ ts221.symptoms_last_year.set:10=2	○ ts221.symptoms_last_year.set:10=3	○ ts221.sy
night sweatting	○ ts221.symptoms_last_year.set:11=1	○ ts221.symptoms_last_year.set:11=2	○ ts221.symptoms_last_year.set:11=3	○ ts221.sy
bad breath (halitosis or malodor)	○ ts221.symptoms_last_year.set:12=1	○ ts221.symptoms_last_year.set:12=2	○ ts221.symptoms_last_year.set:12=3	○ ts221.sy
dry mouth	○ ts221.symptoms_last_year.set:13=1	○ ts221.symptoms_last_year.set:13=2	○ ts221.symptoms_last_year.set:13=3	○ ts221.sy
fluctuating fatigue	○ ts221.symptoms_last_year.set:15=1	○ ts221.symptoms_last_year.set:15=2	○ ts221.symptoms_last_year.set:15=3	○ ts221.sy

17 . In adulthood, have you been diagnosed with a bone fracture that has emerged on its own or as a result of a small accident that would usually not cause a fracture?
- ○ no **ts221.fracture_adult=1**
- ○ yes **ts221.fracture_adult=2**

18 . Have you had any migraine attacks (mild, moderate or severe) in the past 12 months?
- ○ none **ts221.headache=1**
- ○ less than once a month **ts221.headache=2**
- ○ 1–7 attacks a month **ts221.headache=3**
- ○ 8–14 attacks a month **ts221.headache=4**
- ○ more than 15 attacks a month **ts221.headache=5**

19 .
How often have you taken the following medicines in the past 30 days?

	seldom or never	occassionally	daily or almost daily
Painkillers	○ ts221.medication22.use:12=1	○ ts221.medication22.use:12=2	○ ts221.medication22.use:12=3
Medicines preventing headache	○ ts221.medication22.use:14=1	○ ts221.medication22.use:14=2	○ ts221.medication22.use:14=3
Sleeping pills	○ ts221.medication22.use:4=1	○ ts221.medication22.use:4=2	○ ts221.medication22.use:4=3
Tranquillizers	○ ts221.medication22.use:5=1	○ ts221.medication22.use:5=2	○ ts221.medication22.use:5=3
Acetylsalicylic acid to prevent thrombosis (e.g. Aspirin, Disperin, Primaspan)	○ ts221.medication22.use:9=1	○ ts221.medication22.use:9=2	○ ts221.medication22.use:9=3
Cortisone cream or lotion on the skin	○ ts221.medication22.use:13=1	○ ts221.medication22.use:13=2	○ ts221.medication22.use:13=3

Comments on the questions on this page: [_____] ts221.marginal_notes.note:2

20 . **Have you been ill with coronavirus?**
- ○ no **ts221.corona_yn=1**
- ○ yes, once **ts221.corona_yn=2**
- ○ yes, at least twice **ts221.corona_yn=3**
- ○ cannot say **ts221.corona_yn=4**

21 . **When were you ill with coronavirus? You can choose multiple options**
- ☐ in 2020 **ts221.corona_when.option:1**
- ☐ in 2021 **ts221.corona_when.option:2**
- ☐ in 2022 **ts221.corona_when.option:3**
- ☐ in 2023 **ts221.corona_when.option:4**

22 . **How was coronavirus diagnosed? If you have had several infections, think about the first one. You can choose several options.**
- ☐ with a home test **ts221.corona_diagnose.option:1**
- ☐ with a test conducted in healthcare **ts221.corona_diagnose.option:2**
- ☐ I had symptoms consistent with coronavirus **ts221.corona_diagnose.option:3**

23 .
What is your opinion of the following statements?

	completely agree	somewhat agree	neither agree nor disagree	somewhat
I have a positive attitude to vaccinations.	○ ts221.vaccine_hesitation.noyes:1=1	○ ts221.vaccine_hesitation.noyes:1=2	○ ts221.vaccine_hesitation.noyes:1=3	○ ts221.va
I have been hesitant to get a vaccine prescribed to me because I did not have enough information about the safety of vaccinations.	○ ts221.vaccine_hesitation.noyes:2=1	○ ts221.vaccine_hesitation.noyes:2=2	○ ts221.vaccine_hesitation.noyes:2=3	○ ts221.va
I have hesitated to get vaccines because I am afraid of needles or injections.	○ ts221.vaccine_hesitation.noyes:3=1	○ ts221.vaccine_hesitation.noyes:3=2	○ ts221.vaccine_hesitation.noyes:3=3	○ ts221.va

24 . **Have you had any of the following symptoms in the past 30 days? You may choose one or more alternatives.**
- ☐ back pain **ts221.pain_multi.diagnosis:1**
- ☐ pain at the back of the neck **ts221.pain_multi.diagnosis:2**
- ☐ shoulder pain **ts221.pain_multi.diagnosis:3**
- ☐ limping or difficulty walking because of a hip complaint or defect **ts221.pain_multi.diagnosis:4**
- ☐ limping or difficulty walking of a knee complaint or defect **ts221.pain_multi.diagnosis:5**
- ☐ none of the above **ts221.pain_multi.diagnosis:6**

25 . **Have you been ill with shingles diagnosed by a doctor in the past five years?**
- ○ no **ts221.shingles=1**
- ○ yes **ts221.shingles=2**
  How many times? [_____] ts221.shingles_times_txt times In which year were you last ill with shingles?
  [_____] ts221.shingles_year_txt year
- ○ I don't remember or don't know **ts221.shingles=3**

26 . **Because of shingles, have you ever had to... You can choose multiple options**
- ☐ be absent from work? **ts221.shingles_yes.set:1**
- ☐ contact a nurse or a doctor by phone? **ts221.shingles_yes.set:2**
- ☐ make an appointment with a nurse? **ts221.shingles_yes.set:3**
- ☐ make an appointment with a doctor? **ts221.shingles_yes.set:4**
- ☐ be hospitalised? **ts221.shingles_yes.set:5**

27 .
Have you ever had any of the following?

	no	yes, within the past 12 months	yes, the last time was more than one year ago
hay fever or other allergic nose symptoms	○ ts221.allergic_symptoms_multi.set:1=1	○ ts221.allergic_symptoms_multi.set:1=2	○ ts221.allergic_symptoms_multi.set:1=3
allergic eye symptoms	○ ts221.allergic_symptoms_multi.set:2=1	○ ts221.allergic_symptoms_multi.set:2=2	○ ts221.allergic_symptoms_multi.set:2=3
an itchy rash that has been called infantile atopic dermatitis, Besnier's prurigo or atopic eczema	○ ts221.allergic_symptoms_multi.set:3=1	○ ts221.allergic_symptoms_multi.set:3=2	○ ts221.allergic_symptoms_multi.set:3=3

28 . **Have you had any of the following in the past 12 months? You may choose one or more alternatives.**
☐ shortness of breath **ts221.dyspnoea.set:1**
☐ your breathing has made a wheezing or hissing sound when you have not had a flu or a respiratory tract infection **ts221.dyspnoea.set:2**
☐ your breathing has felt so heavy that it has woken you up **ts221.dyspnoea.set:3**
☐ an asthma attack **ts221.dyspnoea.set:4**
☐ none of the above **ts221.dyspnoea.set:5**

29 . **Do you usually cough phlegm when waking up on winter mornings?**
○ no **ts221.sputum_winter_morning=1**
○ yes **ts221.sputum_winter_morning=2**

30 . **Do you usually cough phlegm during the day or at night during winter?**
○ no **ts221.sputum_winter_day_and_night=1**
○ yes **ts221.sputum_winter_day_and_night=2**

31 . **Do you cough phlegm on most days or nights for at least 3 months yearly?**
○ no **ts221.sputum_3_month=1**
○ yes **ts221.sputum_3_month=2**

32 .
Have you ever

	no	yes, over the past 12 months	yes, most recently over a year ago
had symptoms caused by the indoor air in your home?	○ ts221.indoor_air_symptom.set:1=1	○ ts221.indoor_air_symptom.set:1=2	○ ts221.indoor_air_symptom.set:1=3
had symptoms caused by the indoor air at your workplace?	○ ts221.indoor_air_symptom.set:2=1	○ ts221.indoor_air_symptom.set:2=2	○ ts221.indoor_air_symptom.set:2=3
been examined or treated by a doctor because of symptoms or poor health suspected to have been caused primarily by poor indoor air?	○ ts221.indoor_air_symptom.set:3=1	○ ts221.indoor_air_symptom.set:3=2	○ ts221.indoor_air_symptom.set:3=3

If you have not had any symptoms caused by indoor air, proceed to question. 34 .

33 . **Have symptoms caused by indoor air made your work, household chores or interaction with other people more difficult in the past 12 months?**
○ not at all **ts221.indoor_air_symptom_diffic=1**
○ fairly little **ts221.indoor_air_symptom_diffic=2**
○ fairly well **ts221.indoor_air_symptom_diffic=3**
○ quite a lot **ts221.indoor_air_symptom_diffic=4**
○ very much **ts221.indoor_air_symptom_diffic=5**

34 . Under each heading, please tick the ONE box that best describes your health TODAY .

Mobility
○ I have no problems in walking about **ts221.motion=1**
○ I have slight problems in walking about **ts221.motion=2**
○ I have moderate problems in walking about **ts221.motion=3**
○ I have severe problems in walking about **ts221.motion=4**
○ I am unable to walk about **ts221.motion=5**

Self-care
○ I have no problems washing or dressing myself **ts221.caretaking=1**
○ I have slight problems washing or dressing myself **ts221.caretaking=2**
○ I have moderate problems washing or dressing myself **ts221.caretaking=3**
○ I have severe problems washing or dressing myself **ts221.caretaking=4**

○ I am unable to wash or dress myself **ts221.caretaking=5**

Usual activities (e.g. work, study, housework, family or leisure activities)
○ I have no problems doing my usual activities **ts221.everyday_activities=1**
○ I have slight problems doing my usual activities **ts221.everyday_activities=2**
○ I have moderate problems doing my usual activities **ts221.everyday_activities=3**
○ I have severe problems doing my usual activities **ts221.everyday_activities=4**
○ I am unable to do my usual activities **ts221.everyday_activities=5**

Pain / discomfort
○ I have no pain or discomfort **ts221.pain_discomfort=1**
○ I have slight pain or discomfort **ts221.pain_discomfort=2**
○ I have moderate pain or discomfort **ts221.pain_discomfort=3**
○ I have severe pain or discomfort **ts221.pain_discomfort=4**
○ I have extreme pain or discomfort **ts221.pain_discomfort=5**

Anxiety / depression
○ I am not anxious or depressed **ts221.anxiety_depression=1**
○ I am slightly anxious or depressed **ts221.anxiety_depression=2**
○ I am moderately anxious or depressed **ts221.anxiety_depression=3**
○ I am severely anxious or depressed **ts221.anxiety_depression=4**
○ I am extremely anxious or depressed **ts221.anxiety_depression=5**

35 . We would like to know how good or bad your health is TODAY.
You will see a scale numbered from 0 to 100.
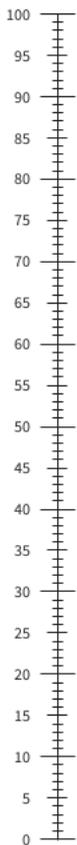100 means the <u>best</u> health you can imagine.
0 means the <u>worst</u> health you can imagine.
Please indicate on the scale how your health is TODAY.
Now, write the number you marked on the scale in the "Your health today" box.

The best health
you can imagine

100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0

The worst health
you can imagine

Your health today = [   ] **ts221.health_scale_txt**

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36 .
Has your mother and/or father been diagnosed for...

	no	yes	I don't know
myocardial infarction when he was under 60 years	○ ts221.diseases_parents.options:1=1	○ ts221.diseases_parents.options:1=2	○ ts221.diseases_parents.options:1=3

	no	yes	I don't know
myocardial infarction when he was over 60 years	○ ts221.diseases_parents.options:2=1	○ ts221.diseases_parents.options:2=2	○ ts221.diseases_parents.options:2=3
stroke when he was under 75 years	○ ts221.diseases_parents.options:3=1	○ ts221.diseases_parents.options:3=2	○ ts221.diseases_parents.options:3=3
diabetes	○ ts221.diseases_parents.options:4=1	○ ts221.diseases_parents.options:4=2	○ ts221.diseases_parents.options:4=3
elevated blood pressure, hypertension	○ ts221.diseases_parents.options:5=1	○ ts221.diseases_parents.options:5=2	○ ts221.diseases_parents.options:5=3
asthma	○ ts221.diseases_parents.options:6=1	○ ts221.diseases_parents.options:6=2	○ ts221.diseases_parents.options:6=3
cancer	○ ts221.diseases_parents.options:7=1	○ ts221.diseases_parents.options:7=2	○ ts221.diseases_parents.options:7=3
liver problem	○ ts221.diseases_parents.options:10=1	○ ts221.diseases_parents.options:10=2	○ ts221.diseases_parents.options:10=3
mental health disorder	○ ts221.diseases_parents.options:8=1	○ ts221.diseases_parents.options:8=2	○ ts221.diseases_parents.options:8=3
memory disorder	○ ts221.diseases_parents.options:11=1	○ ts221.diseases_parents.options:11=2	○ ts221.diseases_parents.options:11=3
substance abuse problem	○ ts221.diseases_parents.options:9=1	○ ts221.diseases_parents.options:9=2	○ ts221.diseases_parents.options:9=3
hip fracture	○ ts221.diseases_parents.options:12=1	○ ts221.diseases_parents.options:12=2	○ ts221.diseases_parents.options:12=3

37 . **Is the condition of your teeth and the health of your mouth at present...**
- ○ good **ts221.teeth_condition=1**
- ○ rather good **ts221.teeth_condition=2**
- ○ moderate **ts221.teeth_condition=3**
- ○ rather poor **ts221.teeth_condition=4**
- ○ poor **ts221.teeth_condition=5**

Comments on the questions on this page: [_____] **ts221.marginal_notes.note:3**

WORKING AND FUNCTIONAL CAPACITY

38 .
Assuming that the best working capacity you have ever had would score 10 on a scale of 0 to 10, how would you score your working capacit
Please tick the number that best applies to your working capacity.

No working capacity	0	1	2	3
	○ ts221.ability_work_scale.score:1=0	○ ts221.ability_work_scale.score:1=1	○ ts221.ability_work_scale.score:1=2	○ ts221.ability_w

39 . **How many whole days have you been absent from work or unable to perform your regular tasks during the past year (12 months)?**
If none, answer 0. [_____] **ts221.absent_work_days days**

40 .
Do you have difficulty…

	no difficulty	some difficulty	a lot of difficulty	cannot do at all
seeing? (If you use glasses or contact lenses, asses your vision with wearing them)	○ ts221.ability_restrictions.set:1=1	○ ts221.ability_restrictions.set:1=2	○ ts221.ability_restrictions.set:1=3	○ ts221.ability_rest
walking or climbing steps?	○ ts221.ability_restrictions.set:2=1	○ ts221.ability_restrictions.set:2=2	○ ts221.ability_restrictions.set:2=3	○ ts221.ability_rest
remembering or concentrating?	○ ts221.ability_restrictions.set:3=1	○ ts221.ability_restrictions.set:3=2	○ ts221.ability_restrictions.set:3=3	○ ts221.ability_rest
with self-care such as washing all over or dressing?	○ ts221.ability_restrictions.set:4=1	○ ts221.ability_restrictions.set:4=2	○ ts221.ability_restrictions.set:4=3	○ ts221.ability_rest
communicating when using your usual language, for example understanding or being understood?	○ ts221.ability_restrictions.set:5=1	○ ts221.ability_restrictions.set:5=2	○ ts221.ability_restrictions.set:5=3	○ ts221.ability_rest

41 . **Do you have difficulty hearing? (If you use a hearing aid, assess your hearing wearing it)**
- ○ no difficulty **ts221.hearing_impairment=1**

○ some difficulty **ts221.hearing_impairment=2**
○ a lot of difficulty **ts221.hearing_impairment=3**
○ cannot do at all **ts221.hearing_impairment=4**

42 . **Does the difficulty hearing restrict your everyday life?**
○ no **ts221.hearing_restrictions=1**
○ yes, a little **ts221.hearing_restrictions=2**
○ yes, a lot **ts221.hearing_restrictions=3**

43 . **Has anyone close to you suspected that your hearing has deteriorated over the past 12 months?**
○ no **ts221.hearing_suspection=1**
○ yes **ts221.hearing_suspection=2**

44 .
How easy do find the following matters?

	very difficult	fairly difficult	fairly easy	very ea
Finding out where to get professional help when you are ill (e.g., doctor, nurse, pharmacist, psychologist)	○ ts221.healthcare_skills.options:1=1	○ ts221.healthcare_skills.options:1=2	○ ts221.healthcare_skills.options:1=3	○ ts22
Understanding information about what to do in a medical emergency	○ ts221.healthcare_skills.options:2=1	○ ts221.healthcare_skills.options:2=2	○ ts221.healthcare_skills.options:2=3	○ ts22
Judging the advantages and disadvantages of different treatment options	○ ts221.healthcare_skills.options:3=1	○ ts221.healthcare_skills.options:3=2	○ ts221.healthcare_skills.options:3=3	○ ts22
Acting on advice from your doctor or pharmacist	○ ts221.healthcare_skills.options:4=1	○ ts221.healthcare_skills.options:4=2	○ ts221.healthcare_skills.options:4=3	○ ts22
Finding information on how to handle mental health problems such as stress or depression	○ ts221.healthcare_skills.options:5=1	○ ts221.healthcare_skills.options:5=2	○ ts221.healthcare_skills.options:5=3	○ ts22
Understanding information about recommended health screenings or examinations (e.g., cancer screenings, blood sugar measurements)	○ ts221.healthcare_skills.options:6=1	○ ts221.healthcare_skills.options:6=2	○ ts221.healthcare_skills.options:6=3	○ ts22
Judging if information on unhealthy habits, such as smoking, low physical activity or drinking too much alcohol, is reliable	○ ts221.healthcare_skills.options:7=1	○ ts221.healthcare_skills.options:7=2	○ ts221.healthcare_skills.options:7=3	○ ts22
Deciding how you can protect yourself from illness using information from the mass media (e.g., newspapers, TV or internet)	○ ts221.healthcare_skills.options:8=1	○ ts221.healthcare_skills.options:8=2	○ ts221.healthcare_skills.options:8=3	○ ts22
Finding information on healthy	○ ts221.healthcare_skills.options:9=1	○ ts221.healthcare_skills.options:9=2	○ ts221.healthcare_skills.options:9=3	○ ts22

	very difficult	fairly difficult	fairly easy	very ea
lifestyles such as physical activity, healthy food or nutrition				
Understanding advice concerning your health from family or friends	○ ts221.healthcare_skills.options:10=1	○ ts221.healthcare_skills.options:10=2	○ ts221.healthcare_skills.options:10=3	○ ts22
Judging how your housing conditions may affect your health and well-being	○ ts221.healthcare_skills.options:11=1	○ ts221.healthcare_skills.options:11=2	○ ts221.healthcare_skills.options:11=3	○ ts22
Making decisions to improve your health and well-being	○ ts221.healthcare_skills.options:12=1	○ ts221.healthcare_skills.options:12=2	○ ts221.healthcare_skills.options:12=3	○ ts22

Comments on the questions on this page: [   ] **ts221.marginal_notes.note:4**

WEIGHT

45 . **Do you consider yourself...**
○ too thin **ts221.weight_opinion=1**
○ a little too thin **ts221.weight_opinion=2**
○ normal **ts221.weight_opinion=3**
○ a little overweight **ts221.weight_opinion=4**
○ too much overweight **ts221.weight_opinion=5**

46 . **Has your weight changed in the past 12 months?**
○ no **ts221.weight_change=1**
○ yes, I have put on weight **ts221.weight_change=2**
[   ] **ts221.weight_up_txt kg**
○ yes, I have lost weight **ts221.weight_change=3**
[   ] **ts221.weight_diet_txt kg**

47 . **Have you tried to lose weight in the past 12 months?**
○ no **ts221.weight_losing_12m=1**
○ yes, but I did not succeed **ts221.weight_losing_12m=2**
○ yes, and I did lose weight, but some kilos have come back **ts221.weight_losing_12m=3**
○ yes, and I have managed to keep the weight I reached **ts221.weight_losing_12m=4**

48 . **In the past 10 years, have you alternately lost weight and put it on again (meaning yo-yo dieting)?**
○ no **ts221.weight_jojo=1**
○ yes, once or twice **ts221.weight_jojo=2**
○ yes, several times or constantly **ts221.weight_jojo=3**

49 .
How do you find the following factors have affected you weight management in the past 12 months?

	made it easier	no impact, I don't know	made it more difficu
an illness or a health issue	○ ts221.weight_management_drawback.options:1=1	○ ts221.weight_management_drawback.options:1=2	○ ts221.weight_ma
hereditary factors (genes)	○ ts221.weight_management_drawback.options:2=1	○ ts221.weight_management_drawback.options:2=2	○ ts221.weight_ma
attitudes of people in your close circles	○ ts221.weight_management_drawback.options:3=1	○ ts221.weight_management_drawback.options:3=2	○ ts221.weight_ma
advertisements, media	○ ts221.weight_management_drawback.options:4=1	○ ts221.weight_management_drawback.options:4=2	○ ts221.weight_ma
financial situation, e.g., the price of healthy food or physically active hobbies	○ ts221.weight_management_drawback.options:5=1	○ ts221.weight_management_drawback.options:5=2	○ ts221.weight_ma
previous experiences of weight management and dieting	○ ts221.weight_management_drawback.options:6=1	○ ts221.weight_management_drawback.options:6=2	○ ts221.weight_ma

	made it easier	no impact, I don't know	made it more difficu
life situation (e.g., time management in daily life)	○ ts221.weight_management_drawback.options:7=1	○ ts221.weight_management_drawback.options:7=2	○ ts221.weight_ma
food habits and preferences	○ ts221.weight_management_drawback.options:8=1	○ ts221.weight_management_drawback.options:8=2	○ ts221.weight_ma
knowledge and skills	○ ts221.weight_management_drawback.options:9=1	○ ts221.weight_management_drawback.options:9=2	○ ts221.weight_ma

50 . **Have you encountered inappropriate treatment because of your weight in the past 12 months?**
○ no **ts221.weight_discrimination=1**
○ yes, once or twice **ts221.weight_discrimination=2**
○ yes, several times or constantly **ts221.weight_discrimination=3**

51 . **In your opinion, what should society do to prevent obesity from becoming any more common in Finland? You can choose multiple options**
☐ Foods and drinks containing plenty of sugar should be taxed more heavily than currently **ts221.obesity_society.set:1**
☐ Foods containing plenty of fat should be taxed more heavily than currently **ts221.obesity_society.set:2**
☐ Quantity discounts of unhealthy foods should be prohibited **ts221.obesity_society.set:3**
☐ Food packaging should indicate clearly how recommendable the food is from the point of view of health **ts221.obesity_society.set:4**
☐ In shops, unhealthy foods (e.g., sweets) should be moved away from near the tills **ts221.obesity_society.set:5**
☐ The availability of fast food should be limited, for example, by regulating the number or the opening hours of the restaurants **ts221.obesity_society.set:6**
☐ The advertising of unhealthy foods should be limited (e.g., in connection with children's programmes) **ts221.obesity_society.set:7**
☐ Participation in weight management groups should be made easier than currently (e.g., free groups) **ts221.obesity_society.set:8**
☐ The food industry should modify foods into healthier versions **ts221.obesity_society.set:9**
☐ The package sizes of unhealthy foods should be reduced **ts221.obesity_society.set:10**
☐ Opportunities for incidental exercise should be increased (e.g., more routes for bicycle and pedestrian traffic) **ts221.obesity_society.set:11**
☐ The quality of the food served in food services (e.g., schools, workplaces, service for the elderly) should be improved even if it cost more **ts221.obesity_society.set:12**

52 . **How much did you weigh when you were about 20? (An estimate suffices)** [   ] **ts221.weight_at_age20 kg**

WELL-BEING

53 .
Over the last 2 weeks, how often have you been bothered by any of the following problems?

	not at all	several days	more than half the days	nearly every day
Little interest or pleasure in doing things	○ ts221.mentalhealth_phq9.x:1=1	○ ts221.mentalhealth_phq9.x:1=2	○ ts221.mentalhealth_phq9.x:1=3	○ ts221.mentalhealth_
Feeling down, depressed, or hopeless	○ ts221.mentalhealth_phq9.x:2=1	○ ts221.mentalhealth_phq9.x:2=2	○ ts221.mentalhealth_phq9.x:2=3	○ ts221.mentalhealth_
Trouble falling or staying asleep, or sleeping too much	○ ts221.mentalhealth_phq9.x:3=1	○ ts221.mentalhealth_phq9.x:3=2	○ ts221.mentalhealth_phq9.x:3=3	○ ts221.mentalhealth_
Feeling tired or having little energy	○ ts221.mentalhealth_phq9.x:4=1	○ ts221.mentalhealth_phq9.x:4=2	○ ts221.mentalhealth_phq9.x:4=3	○ ts221.mentalhealth_
Poor appetite or overeating	○ ts221.mentalhealth_phq9.x:5=1	○ ts221.mentalhealth_phq9.x:5=2	○ ts221.mentalhealth_phq9.x:5=3	○ ts221.mentalhealth_
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	○ ts221.mentalhealth_phq9.x:6=1	○ ts221.mentalhealth_phq9.x:6=2	○ ts221.mentalhealth_phq9.x:6=3	○ ts221.mentalhealth_
Trouble concentrating on things, such as reading the newspaper or watching television	○ ts221.mentalhealth_phq9.x:7=1	○ ts221.mentalhealth_phq9.x:7=2	○ ts221.mentalhealth_phq9.x:7=3	○ ts221.mentalhealth_
Moving or speaking so slowly that	○ ts221.mentalhealth_phq9.x:8=1	○ ts221.mentalhealth_phq9.x:8=2	○ ts221.mentalhealth_phq9.x:8=3	○ ts221.mentalhealth_

	not at all	several days	more than half the days	nearly every day
other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead, or of hurting yourself in some way	○ ts221.mentalhealth_phq9.x:9=1	○ ts221.mentalhealth_phq9.x:9=2	○ ts221.mentalhealth_phq9.x:9=3	○ ts221.mentalhealth_

54 .
Over the last 2 weeks, how often have you been bothered by any of the following problems?

	not at all	several days	more than half the days	nearly every day
Feeling nervous, anxious, or on edge	○ ts221.mentalhealth_gad7.x:1=1	○ ts221.mentalhealth_gad7.x:1=2	○ ts221.mentalhealth_gad7.x:1=3	○ ts221.mentalhealth_gad
Not being able to stop or control worrying	○ ts221.mentalhealth_gad7.x:2=1	○ ts221.mentalhealth_gad7.x:2=2	○ ts221.mentalhealth_gad7.x:2=3	○ ts221.mentalhealth_gad
Worrying too much about different things	○ ts221.mentalhealth_gad7.x:3=1	○ ts221.mentalhealth_gad7.x:3=2	○ ts221.mentalhealth_gad7.x:3=3	○ ts221.mentalhealth_gad
Trouble relaxing	○ ts221.mentalhealth_gad7.x:4=1	○ ts221.mentalhealth_gad7.x:4=2	○ ts221.mentalhealth_gad7.x:4=3	○ ts221.mentalhealth_gad
Being so restless that it's hard to sit still	○ ts221.mentalhealth_gad7.x:5=1	○ ts221.mentalhealth_gad7.x:5=2	○ ts221.mentalhealth_gad7.x:5=3	○ ts221.mentalhealth_gad
Becoming easily annoyed or irritable	○ ts221.mentalhealth_gad7.x:6=1	○ ts221.mentalhealth_gad7.x:6=2	○ ts221.mentalhealth_gad7.x:6=3	○ ts221.mentalhealth_gad
Feeling afraid as if something awful might happen	○ ts221.mentalhealth_gad7.x:7=1	○ ts221.mentalhealth_gad7.x:7=2	○ ts221.mentalhealth_gad7.x:7=3	○ ts221.mentalhealth_gad

55 . **How satisfied are you with your economic situation?**
- ○ very satisfied **ts221.financial_status=1**
- ○ satisfied **ts221.financial_status=2**
- ○ somewhat satisfied **ts221.financial_status=3**
- ○ unsatisfied **ts221.financial_status=4**
- ○ very unsatisfied **ts221.financial_status=5**

56 . **How satisfied are you with your accomplishments in life?**
- ○ very satisfied **ts221.achievements_in_life=1**
- ○ satisfied **ts221.achievements_in_life=2**
- ○ somewhat satisfied **ts221.achievements_in_life=3**
- ○ unsatisfied **ts221.achievements_in_life=4**
- ○ very unsatisfied **ts221.achievements_in_life=5**

57 . **How satisfied are you with your family life?**
- ○ very satisfied **ts221.family_life=1**
- ○ satisfied **ts221.family_life=2**
- ○ somewhat satisfied **ts221.family_life=3**
- ○ unsatisfied **ts221.family_life=4**
- ○ very unsatisfied **ts221.family_life=5**
- ○ I do not have a family **ts221.family_life=0**

58 . Do you currently have a close friend with whom you can talk confidentially about almost any issues concerning yourself?

○ I don't have any close friends **ts221.confidential_friend22=1**
○ I have one close friend **ts221.confidential_friend22=2**
○ I have two or more close friends **ts221.confidential_friend22=3**

Did you have any of the following experiences when you were a child (aged under 18)? You may find answering some of the questions hard.

59 .
Anywhere, at home or elsewhere:

	never	rarely	sometimes
I was bullied	○ ts221.childhood_experiences.option:1=1	○ ts221.childhood_experiences.option:1=2	○ ts221.childhood_experiences.option:1=3
I was a target of physical violence	○ ts221.childhood_experiences.option:2=1	○ ts221.childhood_experiences.option:2=2	○ ts221.childhood_experiences.option:2=3
I was a target of sexual harassment or sexual violence	○ ts221.childhood_experiences.option:3=1	○ ts221.childhood_experiences.option:3=2	○ ts221.childhood_experiences.option:3=3
Someone touched me sexually or made me touch them sexually even though I didn't want to do it	○ ts221.childhood_experiences.option:4=1	○ ts221.childhood_experiences.option:4=2	○ ts221.childhood_experiences.option:4=3
I had an adult who I could talk to about my own matters	○ ts221.childhood_experiences.option:5=1	○ ts221.childhood_experiences.option:5=2	○ ts221.childhood_experiences.option:5=3

60 .
Parents and family: A parent means an adult who was responsible for you. When you answer, think about the parent with whom the issue wa

	never	rarely	sometimes
My parent hurt, belittled or humiliated me.	○ ts221.childhood_experiences_parents.option:6=1	○ ts221.childhood_experiences_parents.option:6=2	○ ts221.childhood_ex
My parent slapped, hit or kicked me , pulled my hair or in some other way hurt me physically	○ ts221.childhood_experiences_parents.option:7=1	○ ts221.childhood_experiences_parents.option:7=2	○ ts221.childhood_ex
My parent slapped, hit or kicked my other parent , pulled their hair or in some other way hurt the other parent physically	○ ts221.childhood_experiences_parents.option:8=1	○ ts221.childhood_experiences_parents.option:8=2	○ ts221.childhood_ex
My parent was intoxicated (drunk or in drugs)	○ ts221.childhood_experiences_parents.option:9=1	○ ts221.childhood_experiences_parents.option:9=2	○ ts221.childhood_ex
My family had financial problems	○ ts221.childhood_experiences_parents.option:10=1	○ ts221.childhood_experiences_parents.option:10=2	○ ts221.childhood_ex
I had to go hungry or wear dirty or	○ ts221.childhood_experiences_parents.option:11=1	○ ts221.childhood_experiences_parents.option:11=2	○ ts221.childhood_ex

	never	rarely	sometimes
broken clothes			
A member of my family had mental health problems, for example, depression or self-destructive behaviour	○ ts221.childhood_experiences_parents.option:12=1	○ ts221.childhood_experiences_parents.option:12=2	○ ts221.childhood_ex
I suffered from losing a parent, for example, because of a divorce, abandonment or death	○ ts221.childhood_experiences_parents.option:13=1	○ ts221.childhood_experiences_parents.option:13=2	○ ts221.childhood_ex
I was appreciated and considered important at home	○ ts221.childhood_experiences_parents.option:14=1	○ ts221.childhood_experiences_parents.option:14=2	○ ts221.childhood_ex

If responding to the survey made you want to talk about the topic more, you can contact the healthcare and social welfare services of your region or the Crisis Helpline tel. 09 2525 0111. If you have experienced violence, you can contact Nollalinja tel. 080 005 005.

Comments on the questions on this page: [   ] **ts221.marginal_notes.note:5**

LIFESTYLE

61 .
How many hours on average do you sit in a weekday? Mark 0 if not at all .

	hours	minutes
during the working day or day at studies	[ ] ts221.sitting.hour:1	[ ] ts221.sitting.minute:1
in front of the TV, a computer, or a smart device in your free time	[ ] ts221.sitting.hour:2	[ ] ts221.sitting.minute:2
in a vehicle	[ ] ts221.sitting.hour:3	[ ] ts221.sitting.minute:3
other sitting	[ ] ts221.sitting.hour:4	[ ] ts221.sitting.minute:4

62 . **How much do you exercise and stress yourself physically in your leisure time?**
○ In my leisure time I read, watch TV and do other activities in which I do not move much and which do not strain me physically **ts221.exercise_freetime=1**
○ In my leisure time I walk, cycle and move in other ways several hours a week. This includes walking, fishing and hunting, and light home gardening. **ts221.exercise_freetime=2**
○ In my leisure time I exercise several hours a week. This includes running, jogging, cross country skiing, fitness training, swimming, ball games, and strenuous garden work. **ts221.exercise_freetime=3**
○ In my leisure time I practice regularly strenuous sport several times per week. This includes competitive sports such as running, orienteering, cross country skiing, swimming and ball games. **ts221.exercise_freetime=4**

63 .
How often do you engage in the following (leisure time) activities? Please give your answers separately for summer and winter.
IN SUMMER

	rarely or never	a few times a month	once a week
Incidental exercise indoors or out in the garden	○ ts221.exercise_alternatives_summer22.options:1=1	○ ts221.exercise_alternatives_summer22.options:1=2	○ ts221.exercise_a
Walking, Nordic walking, walking to work	○ ts221.exercise_alternatives_summer22.options:2=1	○ ts221.exercise_alternatives_summer22.options:2=2	○ ts221.exercise_a
Bicycling, spinning, bicycling to work, running errands by bicycle	○ ts221.exercise_alternatives_summer22.options:3=1	○ ts221.exercise_alternatives_summer22.options:3=2	○ ts221.exercise_a

	rarely or never	a few times a month	once a week
Jogging, running, orienteering	○ ts221.exercise_alternatives_summer22.options:4=1	○ ts221.exercise_alternatives_summer22.options:4=2	○ ts221.exercise_a
Swimming, other water sports	○ ts221.exercise_alternatives_summer22.options:5=1	○ ts221.exercise_alternatives_summer22.options:5=2	○ ts221.exercise_a
Skiing and skating	○ ts221.exercise_alternatives_summer22.options:6=1	○ ts221.exercise_alternatives_summer22.options:6=2	○ ts221.exercise_a
Ball games	○ ts221.exercise_alternatives_summer22.options:7=1	○ ts221.exercise_alternatives_summer22.options:7=2	○ ts221.exercise_a
Workout, muscle strengthening exercises	○ ts221.exercise_alternatives_summer22.options:8=1	○ ts221.exercise_alternatives_summer22.options:8=2	○ ts221.exercise_a
Group exercise, gymnastics, dancing, combat sports	○ ts221.exercise_alternatives_summer22.options:9=1	○ ts221.exercise_alternatives_summer22.options:9=2	○ ts221.exercise_a

IN WINTER

	rarely or never	a few times a month	once a week
Incidental exercise indoors or out in the garden	○ ts221.exercise_alternatives_winter22.options:11=1	○ ts221.exercise_alternatives_winter22.options:11=2	○ ts221.exercise_alte
Walking, Nordic walking, walking to work	○ ts221.exercise_alternatives_winter22.options:12=1	○ ts221.exercise_alternatives_winter22.options:12=2	○ ts221.exercise_alte
Bicycling, spinning, bicycling to work, running errands by bicycle	○ ts221.exercise_alternatives_winter22.options:13=1	○ ts221.exercise_alternatives_winter22.options:13=2	○ ts221.exercise_alte
Jogging, running, orienteering	○ ts221.exercise_alternatives_winter22.options:14=1	○ ts221.exercise_alternatives_winter22.options:14=2	○ ts221.exercise_alte
Swimming, other water sports	○ ts221.exercise_alternatives_winter22.options:15=1	○ ts221.exercise_alternatives_winter22.options:15=2	○ ts221.exercise_alte
Skiing and skating	○ ts221.exercise_alternatives_winter22.options:16=1	○ ts221.exercise_alternatives_winter22.options:16=2	○ ts221.exercise_alte
Ball games	○ ts221.exercise_alternatives_winter22.options:17=1	○ ts221.exercise_alternatives_winter22.options:17=2	○ ts221.exercise_alte
Workout, muscle strengthening exercises	○ ts221.exercise_alternatives_winter22.options:18=1	○ ts221.exercise_alternatives_winter22.options:18=2	○ ts221.exercise_alte
Group exercise, gymnastics, dancing, combat sports	○ ts221.exercise_alternatives_winter22.options:19=1	○ ts221.exercise_alternatives_winter22.options:19=2	○ ts221.exercise_alte

If you do not study or go to work, proceed to question 66 .

64 . **How long is your journey to work or studies one way? If you work in several locations, estimate the length of your typical journey to work.** [ ] **ts221.commute_txt km**

65 .
On how many days a week do you use the following forms of transport to get to your workplace or study place? Please give your answers se cold seasons (winter conditions).
IN SUMMER CONDITIONS

	on none	on 1–2 days	on 3–4 days
Walking (the entire journey)	○ ts221.commute_vehicle_summer.options:1=1	○ ts221.commute_vehicle_summer.options:1=2	○ ts221.commute_vehicle_summer
Cycling (the entire journey)	○ ts221.commute_vehicle_summer.options:2=1	○ ts221.commute_vehicle_summer.options:2=2	○ ts221.commute_vehicle_summer

	on none	on 1–2 days	on 3–4 days
Public transport, less than 1 km of the journey on foot/by bike	○ ts221.commute_vehicle_summer.options:3=1	○ ts221.commute_vehicle_summer.options:3=2	○ ts221.commute_vehicle_summer
Public transport, more than 1 km of the journey on foot/by bike	○ ts221.commute_vehicle_summer.options:4=1	○ ts221.commute_vehicle_summer.options:4=2	○ ts221.commute_vehicle_summer
Car, driving or as a passenger	○ ts221.commute_vehicle_summer.options:5=1	○ ts221.commute_vehicle_summer.options:5=2	○ ts221.commute_vehicle_summer

IN WINTER CONDITIONS

	on none	on 1–2 days	on 3–4 days
Walking (the entire journey)	○ ts221.commute_vehicle_winter.options:1=1	○ ts221.commute_vehicle_winter.options:1=2	○ ts221.commute_vehicle_winter.option
Cycling (the entire journey)	○ ts221.commute_vehicle_winter.options:2=1	○ ts221.commute_vehicle_winter.options:2=2	○ ts221.commute_vehicle_winter.option
Public transport, less than 1 km of the journey on foot/by bike	○ ts221.commute_vehicle_winter.options:3=1	○ ts221.commute_vehicle_winter.options:3=2	○ ts221.commute_vehicle_winter.option
Public transport, more than 1 km of the journey on foot/by bike	○ ts221.commute_vehicle_winter.options:4=1	○ ts221.commute_vehicle_winter.options:4=2	○ ts221.commute_vehicle_winter.option
Car, driving or as a passenger	○ ts221.commute_vehicle_winter.options:5=1	○ ts221.commute_vehicle_winter.options:5=2	○ ts221.commute_vehicle_winter.option

Comments on the questions on this page: [_____] ts221.marginal_notes.note:6

66 . **Have you ever smoked in your life?**
○ no **ts221.smoking_during_lifetime=1**
○ yes **ts221.smoking_during_lifetime=2**

67 . **Have you smoked at least 100 times in your life (cigarettes, cigars, pipe)?**
○ no **ts221.smoking_100_times=1**
○ yes **ts221.smoking_100_times=2**

68 . **Have you ever smoked regularly (almost daily for at least one year)?**
○ I have never smoked regularly **ts221.smoking_daily_least_oneyear=1**
○ I have smoked regularly. **ts221.smoking_daily_least_oneyear=2**
[_____] **ts221.smoking_daily_least_oneyear_n years**

69 . **When did you last smoke? If you smoke constantly, please select the option "yesterday or today".**
○ yesterday or today **ts221.smoking_last_time=1**
○ 2 days to 1 month ago **ts221.smoking_last_time=2**
○ 1 month to 6 months ago **ts221.smoking_last_time=3**
○ 6 months to one year ago **ts221.smoking_last_time=4**
○ one year to 5 years ago **ts221.smoking_last_time=5**
○ 5–10 years ago **ts221.smoking_last_time=6**
○ more than 10 years ago **ts221.smoking_last_time=7**

70 . **Which of the following options best describes principal way you use tobacco or nicotine products?**
○ I always use the same product (e.g., cigarettes) **ts221.smoking_use=1**
○ I have changed over from one product to a different one (e.g., from cigarettes to e-cigarettes) **ts221.smoking_use=2**
○ I constantly use several products **ts221.smoking_use=3**
○ I keep changing between different products **ts221.smoking_use=4**

71 . How soon after waking up do you smoke your first cigarette?
- ○ in 5 minutes **ts221.first_cigarette=1**
- ○ in 6 - 30 minutes **ts221.first_cigarette=2**
- ○ in 31 - 60 minutes **ts221.first_cigarette=3**
- ○ more than 60 minutes after waking up **ts221.first_cigarette=4**

72 .
How much on average per day do you smoke?
Mark all tobacco products you are using. If you have not used the product
at all, please mark 0.

	per day
manufactured cigarettes	ts221.smoking_daily.n:1
self-rolled cigarettes	ts221.smoking_daily.n:2
pipefuls	ts221.smoking_daily.n:3
cigars	ts221.smoking_daily.n:4

73 . Is it difficult for you to refrain from smoking in places where smoking is banned?
- ○ yes **ts221.without_smoking_difficult=1**
- ○ no **ts221.without_smoking_difficult=2**

74 . Which cigarette is the most difficult for you to give up?
- ○ the first of the morning **ts221.giving_up_cigarette=1**
- ○ some other cigarette **ts221.giving_up_cigarette=2**

75 . Do you usually have a habit of smoking more frequently in the first hours after waking than at other times of day?
- ○ yes **ts221.smoking_more=1**
- ○ no **ts221.smoking_more=2**

76 . Do you smoke even when you are so ill that you have to stay in bed for most of the day?
- ○ yes **ts221.smoking_ill=1**
- ○ no **ts221.smoking_ill=2**

77 . Would you like to quit smoking?
- ○ no **ts221.smoking_will_stop=1**
- ○ yes **ts221.smoking_will_stop=2**
- ○ I don't know **ts221.smoking_will_stop=3**

78 . Have you ever seriously tried to quit smoking and abstained from smoking for at least 24 hours? If you have, when was the last time?
- ○ during the past month **ts221.smoking_try_stop=1**
- ○ 1 month – half a year ago **ts221.smoking_try_stop=2**
- ○ half a year ago – one year ago **ts221.smoking_try_stop=3**
- ○ more than one year ago **ts221.smoking_try_stop=4**
- ○ never **ts221.smoking_try_stop=5**

79 . Which of the following methods did you use last time when you quit/tried to quit smoking? You may choose one or more alternatives.
- ☐ I have not tried to quit smoking **ts221.smoking_stop_help.set:1**
- ☐ I did not use any support **ts221.smoking_stop_help.set:2**
- ☐ support from a healthcare professional (not medicinal, e.g., advice) **ts221.smoking_stop_help.set:3**
- ☐ nicotine replacement therapy (e.g., chewing gum, patch) **ts221.smoking_stop_help.set:4**
- ☐ prescription medicines for giving up smoking **ts221.smoking_stop_help.set:5**
- ☐ advisory helpline **ts221.smoking_stop_help.set:6**
- ☐ websites **ts221.smoking_stop_help.set:7**
- ☐ peer support **ts221.smoking_stop_help.set:8**
- ☐ snus (Swedish type moist snuff) **ts221.smoking_stop_help.set:9**
- ☐ e-cigarette (electronic cigarette) **ts221.smoking_stop_help.set:10**
- ☐ heated tobacco products **ts221.smoking_stop_help.set:11**
- ☐ some other method or product **ts221.smoking_stop_help.set:12**

80 .
How many hours do you daily spend in indoor spaces where you have
to inhale other people's smoke?
If not at all, mark 0. Round your answer to the nearest full hour.

	hours
at work	ts221.smoking_exposure.hour:1
at home	ts221.smoking_exposure.hour:2
other places	ts221.smoking_exposure.hour:3

Comments on the questions on this page: ts221.marginal_notes.note:7
81 . Choose the option that best describes your alcohol consumption.
- ○ I have been a non-drinker all my life (or tasted alcohol not more than 10 times during my life). **ts221.alcohol_usage=1**
- ○ I used to drink alcoholic beverages before but I have given it up **ts221.alcohol_usage=2**
   ts221.alcohol_usage_end_txt years ago
- ○ I have used alcoholic beverages and continue to use them **ts221.alcohol_usage=3**

82 .
How many glasses (restaurant measures) or bottles did you drink during the last 7 days of the following? (If not at all, mark
0.)

	unit	
beer, bottles/cans (1/3 litre)		ts221.alcohol_amount_units.unit:1
cider, long drink or a similar mixed drink: bottles/cans (1/3 litre)		ts221.alcohol_amount_units.unit:2
wine: glasses (1 glass = approx. 12 cl)		ts221.alcohol_amount_units.unit:3
spirits: standard measures (approx. 4 cl)		ts221.alcohol_amount_units.unit:4

83 .
Over the past 12 months, how often have you used...

	I have never in my whole life tried or used them	not once in the past 12 months	less than once a month	month
sleeping pills or sedatives (benzodiazepines or similar) to get intoxicated?	○ ts221.drugs_intoxicated.options:1=1	○ ts221.drugs_intoxicated.options:1=2	○ ts221.drugs_intoxicated.options:1=3	○ ts2
strong painkillers (opioids) to get intoxicated?	○ ts221.drugs_intoxicated.options:2=1	○ ts221.drugs_intoxicated.options:2=2	○ ts221.drugs_intoxicated.options:2=3	○ ts2

Comments on the questions on this page: ts221.marginal_notes.note:8

84 .
What time do you usually fall asleep?

	at
on workdays or weekdays at (e.g. 22:30)	ts221.going_to_bed22.time:1
on days off or weekends at (e.g. 23:20)	ts221.going_to_bed22.time:2

85 .
What time do you usually wake up?

	at
on workdays or weekdays at (e.g. 07:15)	ts221.getting_out_of_bed22.time:1
on days off or weekends at (e.g. 10:30)	ts221.getting_out_of_bed22.time:2

86 .
If you could choose freely without any obligations and sleep without an alarm clock, what time would it be most natural for you to fall asleep and wake up?

	at
I would fall asleep at about (e.g., 23:20)	ts221.sleep_awake_natural.time:1
I would wake up at about (e.g., 07:20)	ts221.sleep_awake_natural.time:2

87 . **There are so-called "morning people" (early to rise, early to bed) and "evening people" (late to rise, late to bed). Which are you?**
- ○ absolutely a "morning person" **ts221.early_or_late_bird=1**
- ○ more "morning" than "evening person" **ts221.early_or_late_bird=2**
- ○ more "evening" than "morning person" **ts221.early_or_late_bird=3**
- ○ absolutely an "evening person" **ts221.early_or_late_bird=4**

88 . **Do you snore loudly?**
- ○ yes **ts221.snoring_loudly=1**
- ○ no **ts221.snoring_loudly=2**

89 . **Has anyone noticed that you stop breathing, gasp for air or cough and wheeze when you sleep?**
- ○ no **ts221.apnea22=1**
- ○ yes **ts221.apnea22=2**

90 .
How different are the following things for you at different times of the year, in other words, how much do they vary according to the season?

	no change	changes somewhat	changes clearly	conside
duration of sleep	○ ts221.meaning_of_season.options:1=0	○ ts221.meaning_of_season.options:1=1	○ ts221.meaning_of_season.options:1=2	○ ts221
social activity	○ ts221.meaning_of_season.options:2=0	○ ts221.meaning_of_season.options:2=1	○ ts221.meaning_of_season.options:2=2	○ ts221
mood (general feeling of well-being)	○ ts221.meaning_of_season.options:3=0	○ ts221.meaning_of_season.options:3=1	○ ts221.meaning_of_season.options:3=2	○ ts221
weight	○ ts221.meaning_of_season.options:4=0	○ ts221.meaning_of_season.options:4=1	○ ts221.meaning_of_season.options:4=2	○ ts221
appetite	○ ts221.meaning_of_season.options:5=0	○ ts221.meaning_of_season.options:5=1	○ ts221.meaning_of_season.options:5=2	○ ts221
energy to do things	○ ts221.meaning_of_season.options:6=0	○ ts221.meaning_of_season.options:6=1	○ ts221.meaning_of_season.options:6=2	○ ts221

91 . If you have experienced any of the above mentioned changes according to different seasons, how much of a problem is it for you?

○ I haven't experienced any seasonal variation **ts221.seasonal_variation_problem=0**
○ I have experienced seasonal variation, but it is not a problem **ts221.seasonal_variation_problem=1**
○ a slight problem **ts221.seasonal_variation_problem=2**
○ a moderate problem **ts221.seasonal_variation_problem=3**
○ a significant problem **ts221.seasonal_variation_problem=4**
○ a serious problem **ts221.seasonal_variation_problem=5**

92 .
In the past 12 months, has a healthcare professional recommended for health reasons that you should...

	no	yes
exercise more	○ ts221.request_of_lifestyle_change22.set:1=1	○ ts221.request_of_lifestyle_change22.set:1=2
change your eating habits	○ ts221.request_of_lifestyle_change22.set:2=1	○ ts221.request_of_lifestyle_change22.set:2=2
change your sleeping habits	○ ts221.request_of_lifestyle_change22.set:6=1	○ ts221.request_of_lifestyle_change22.set:6=2
lose weight	○ ts221.request_of_lifestyle_change22.set:3=1	○ ts221.request_of_lifestyle_change22.set:3=2
reduce consumption of alcohol	○ ts221.request_of_lifestyle_change22.set:4=1	○ ts221.request_of_lifestyle_change22.set:4=2
quit smoking	○ ts221.request_of_lifestyle_change22.set:5=1	○ ts221.request_of_lifestyle_change22.set:5=2

93 .
Have you received support from a healthcare professional to

	I have not needed it	I would have needed but did not receive any	I have received support but not eno...
exercise more	○ ts221.request_of_lifestyle_support.set:1=1	○ ts221.request_of_lifestyle_support.set:1=2	○ ts221.request_of_lifestyle_suppor...
change your eating habits	○ ts221.request_of_lifestyle_support.set:2=1	○ ts221.request_of_lifestyle_support.set:2=2	○ ts221.request_of_lifestyle_suppor...
change your sleeping habits	○ ts221.request_of_lifestyle_support.set:3=1	○ ts221.request_of_lifestyle_support.set:3=2	○ ts221.request_of_lifestyle_suppor...
manage your weight, lose weight	○ ts221.request_of_lifestyle_support.set:4=1	○ ts221.request_of_lifestyle_support.set:4=2	○ ts221.request_of_lifestyle_suppor...
reduce your consumption of alcohol	○ ts221.request_of_lifestyle_support.set:5=1	○ ts221.request_of_lifestyle_support.set:5=2	○ ts221.request_of_lifestyle_suppor...
quit smoking	○ ts221.request_of_lifestyle_support.set:6=1	○ ts221.request_of_lifestyle_support.set:6=2	○ ts221.request_of_lifestyle_suppor...
improve your mental well-being	○ ts221.request_of_lifestyle_support.set:7=1	○ ts221.request_of_lifestyle_support.set:7=2	○ ts221.request_of_lifestyle_suppor...
maintain your memory with "brain exercises"	○ ts221.request_of_lifestyle_support.set:9=1	○ ts221.request_of_lifestyle_support.set:9=2	○ ts221.request_of_lifestyle_suppor...
give up gambling	○ ts221.request_of_lifestyle_support.set:10=1	○ ts221.request_of_lifestyle_support.set:10=2	○ ts221.request_of_lifestyle_suppor...

Comments on the questions on this page: _____ **ts221.marginal_notes.note:9**

ACCIDENTS

94 .
Do you use any of the following protective or safety equipment?

	always	often	sometimes	not at al...
a helmet when riding a bicycle	○ ts221.safety_equipments.options:1=1	○ ts221.safety_equipments.options:1=2	○ ts221.safety_equipments.options:1=3	○ ts221...
a safety belt when travelling by car	○ ts221.safety_equipments.options:2=1	○ ts221.safety_equipments.options:2=2	○ ts221.safety_equipments.options:2=3	○ ts221...
a flotation/life jacket in a boat	○ ts221.safety_equipments.options:3=1	○ ts221.safety_equipments.options:3=2	○ ts221.safety_equipments.options:3=3	○ ts221...
studded footwear or ice grips when walking outdoors in slippery conditions	○ ts221.safety_equipments.options:4=1	○ ts221.safety_equipments.options:4=2	○ ts221.safety_equipments.options:4=3	○ ts221...

	always	often	sometimes	not at al
a reflector or reflective clothing when moving around in the dark	○ ts221.safety_equipments.options:5=1	○ ts221.safety_equipments.options:5=2	○ ts221.safety_equipments.options:5=3	○ ts221

95 . **Over the past 12 months, have you had any of the following accidents, as a result of which you have seen a doctor, a nurse or a public health nurse? You can choose multiple options**
☐ A traffic accident **ts221.accidents_12mo22.option:1**
☐ An accident at work or on the way to or from work (not a traffic accident) **ts221.accidents_12mo22.option:3**
☐ An accident indoors or outdoors at home **ts221.accidents_12mo22.option:6**
☐ Sporting accident indoors or outdoors (fitness training or competitive sports) **ts221.accidents_12mo22.option:9**
☐ Other leisure time accident **ts221.accidents_12mo22.option:11**
☐ none of the above **ts221.accidents_12mo22.option:12**

96 . **Over the past 12 months, on how many days was it impossible or very difficult for you to cope with your daily tasks and duties because of the injuries caused by the accident?**
If none, answer 0. [   ] **ts221.injury_consequence_days days**

Comments on the questions on this page: [   ] **ts221.marginal_notes.note:10**

SEXUAL AND REPRODUCTIVE HEALTH

97 . **Which contraceptive method are you currently using or have used in the past 12 months? Enter methods used by yourself and your partner/partners. You can choose multiple options**
☐ does not concern me **ts221.birth_controls22.option:8**
☐ nothing **ts221.birth_controls22.option:9**
☐ contraceptive pills (combination and mini pills) vaginal ring, contraceptive patch, hormonal intrauterine contraceptive device, hormonal capsule **ts221.birth_controls22.option:1**
☐ an intrauterine device **ts221.birth_controls22.option:3**
☐ condoms **ts221.birth_controls22.option:4**
☐ postcoital contraception ("morning-after pills") **ts221.birth_controls22.option:5**
☐ sterilization (you or your partner) **ts221.birth_controls22.option:6**
☐ some other method **ts221.birth_controls22.option:7**

98 . **Have you had sex in the past 12 months? You can choose multiple options**
☐ I have not had sex **ts221.sex_life22.option:1**
☐ yes, masturbation/solo sex **ts221.sex_life22.option:2**
☐ yes, with a person/persons of the same sex **ts221.sex_life22.option:3**
☐ Yes, with a person/persons of a different sex **ts221.sex_life22.option:4**

99 . **Over the past 12 months, have you engaged in the following? You can choose multiple options**
☐ vaginal intercourse **ts221.intercourse_alternatives.options:1**
☐ anal intercourse **ts221.intercourse_alternatives.options:2**
☐ oral sex **ts221.intercourse_alternatives.options:3**
☐ none of the above **ts221.intercourse_alternatives.options:4**

100 . **Over the past 12 months, with how many partners have you had sexual intercourse?** [   ]
ts221.intercourse_people With person/people

**This is the end of the questionnaire for men. Select "Send" on the next page.
There are still some questions for women.**

Comments on the questions on this page: [   ] **ts221.marginal_notes.note:11**

QUESTIONS FOR WOMEN

101 . How many times... Mark 0 if none. If you are currently pregnant, include it in the number of pregnancies.
I have been pregnant [   ] **ts221.preg_amount_txt times and given birth** [   ] **ts221.labor_amount_txt times**
I have had an abortion [   ] **ts221.abort_amount_txt times**
I have miscarried [   ] **ts221.miscarr_amount_txt times and had an ectopic pregnancy** [   ] **ts221.ectopic_preg_amount_txt times**

102 . **In total, how long have you breastfed your child/all children?**
○ I have never breastfed a child **ts221.breastfeeding_time22=1**
○ I have breastfed for a total of **ts221.breastfeeding_time22=3**
[   ] **ts221.breastfeeding_year years** [   ] **ts221.breastfeeding_month months**

103 . **For how long have you used the following hormone therapies in your life?**
☐ I have not used any **ts221.women_hormonal.set:1**
☐ contraceptive pills (combination and mini tablets), vaginal ring or a contraceptive patch **ts221.women_hormonal.set:2**
[   ] **ts221.women_horm_pills_txt years**

☐ a hormonal intrauterine contraception device or a hormone capsule **ts221.women_hormonal.set:3**

| ts221.women_spiral_txt years |

☐ oestrogen applied on the skin (e.g., for menopausal symptoms) **ts221.women_hormonal.set:4**

| ts221.women_estrogen_skin_txt years |

☐ oestrogen taken orally (e.g., for menopausal symptoms) **ts221.women_hormonal.set:5**

| ts221.women_estrogen_pills_txt years |

104 . **Have you experienced any of the following continuously for at least one year at some point in your life? You can choose multiple options**

☐ no, I have not **ts221.women_symptoms.option:1**

☐ severe pain during the period or ovulation (when the egg is released, about 14 days from the start of the period) **ts221.women_symptoms.option:2**

☐ continuous pain in the pelvic region or in the lower abdomen **ts221.women_symptoms.option:3**

☐ heavy periods **ts221.women_symptoms.option:4**

☐ pain when urinating or passing stool **ts221.women_symptoms.option:5**

☐ pain in the lower abdomen or genital area, during sex and/or pain caused by vibration **ts221.women_symptoms.option:6**

Remember to save the questionnaire by selecting "Send".
THANK YOU FOR RESPONDING!!

Comments on the questions on this page: | | **ts221.marginal_notes.note:12**