

Questionnaire to non-participants

Social security number

Municipality

Name

Postal code

Address

Telephone

Research number

Research date

Conductor

Date of coding

Coder

Gender: Male /Female

1. What is your marital status?

1 Single / 2 married /3 cohabitation /4 widow / 5 divorced or separated

2. What is your current (or latest) work or occupation? (In case you do not work currently, please write down your latest occupation. Additionally, explain what do you do or what did you do at your work.)

Occupation:

Work description:

Have you been employed during the past 12 months (employed by somebody else, an entrepreneur or otherwise self-employed person, an assisting family member)?

0 no /1 yes

3. What is the current (or latest) occupation of the head of your family?

Occupation

I am myself the head of the family

4. Do you have any chronic illness or permanent handicap or disability which reduces your ability to work and function?

0 no / 1 yes

5. How many times have you visited a doctor due to an illness during the past 12 months?

6. How many times have you visited a dentist during the past 12 months?

7. Has a doctor ever diagnosed you with the following diseases?

(Mark a cross in the box for each disease if it has been found in you or not) (0 no/1 yes)

1. lung asthma
2. coronary thrombosis (myocardial infarction)
3. coronary heart disease (angina pectoris)
4. heart failure or enlarged heart
5. hypertension, high blood pressure
6. stroke (cerebral thrombosis, cerebral haemorrhage)
7. rheumatoid arthritis
8. other rheumatism
9. degenerative joint disease (arthrosis)
10. back disease or back defect
11. permanent disability caused by an accident
12. nervous disorder (including neurosis, nervousness, slight depression)
13. difficult psychic illness (mental disease, serious depression)
14. diabetes
15. other chronic disease, defect or disability

(Write down on the lines below what disease, defect or disability you are referring to.)

1. _____

2. _____

3. _____

8. Have you used any medicines prescribed by a doctor during the past 3 months?

0 no (move to the question 10)

1 yes

9. What kind of medicines prescribed by a doctor have you used and how?

(Write each medicine on a separate line. Answer the additional questions.)

Name of the medicine prescribed by a doctor

Have you used during the past 7 days (0 no/1 yes)

10. What is your current ability to work?

I am fully able to work

I am partly unable to work

I am completely unable to work

11. How are you able to move?

1. My movement is not constricted
2. I can move alone and without aid but moving causes me trouble
3. I can move but only with an aid of another person or by using a wheel chair, crutches or other aid. (a simple walking stick does not count as an aid)
4. I am completely unable to move

12. How are you able to do the following actions nowadays in general?

Mark a cross for each example on the choice which best describes your most probable performance even if you could not say it with certainty.)

Performance	I can do it without problems	I can do it but there are some problems	I can do it but it is very difficult	I cannot do it at all
1. Walking several flights without resting				
2. Dressing and undressing				
3. Writing				
4. Travelling with train, bus or tram				
5. Concentrating on taking care of things, planning and carrying out time consuming tasks				

Medication coding

Coding day

Coder

13. Reason for non-attendance

Mark a cross in the box, that most accurately describes the reason for your non-attendance in the Finnish Mobile Clinic health examination. In case needed, you can give additional information in the end of the form.

- 1. I did not participate due to an occupational hindrance (or school etc.)**
- 2. I did not participate due to the circumstances at home (e.g. young children)**
- 3. I did not participate because I am not able to come easily on my own without an escort**

4. I was being treated at

- A. a hospital
- B. a mental hospital
- C. a tuberculosis sanitarium
- D. somewhere else

Where?

5. I was temporarily out of the region

- A. away on business
- B. studying
- C. on holiday
- D. other reason

6. I had moved to another municipality indefinitely

New address:

7. I did not participate for some other reason

Reason:

Possible additional information

Person filling in the form:

Myself

Family member, relative, acquaintance

Other

Who?