

# Health

1. How would you assess your general state of health?

- Very good
- Good
- Fair
- Poor
- Very poor

2. If you think about your physical health, how many days *in the last 30 day period* would you say that it was not good (because of illness, bodily discomfort or injury)?

*Number of days between 0 and 30*

days

3. If you think about your mental health, how many days *in the last 30 day period* would you say that it was not good (because of stress, depression or unease, for example)?

*Number of days between 0 and 30*

days

4. How many days in the last 30 day period has poor physical or mental health hindered your ability to work or your day-to-day activities?

*Number of days between 0 and 30*

days

5. Have you had any accidents in the last three months that led to your seeking health care or dental care?

- No
- Yes, once
- Yes, more than once

6. Do you have any long-term illness, discomfort following an accident, any reduced physical function or any other long-term health problem?

- No
- Yes



Does this condition mean that your ability to work is reduced or hinders you in your other day-to-day jobs?

- No, not at all
- Yes, to some extent
- Yes, a great deal

**7. Can you see and make out normal text in daylight without difficulty?**

- Yes, without glasses
- Yes, with glasses
- No

**8. Can you hear what is being said in a conversation between several persons without difficulty?**

- Yes, without a hearing aid
- Yes, with a hearing aid
- No

**9. Can you run a short distance (about 100 metres)?**

- Yes      **—————>**      Go on to question 11
- No

**10. Are you limited in any of the following activities because of your state of health?**

*Mark one alternative on each row.*

	Yes	No
a) Can you walk up steps without difficulty? <i>e.g. steps up to a bus or train</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) Can you take a short walk (about 5 minutes) at a reasonably fast pace?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you need any aids or the help of another person to move around outdoors?	<input type="checkbox"/>	<input type="checkbox"/>

**11. Do you have any of the following illnesses?**

**a) Diabetes?**

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

**b) Asthma?**

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

**c) Allergies?**

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

**d) High blood pressure?**

- No
- Yes, but with no discomfort
- Yes, minor discomfort
- Yes, severe discomfort

**12. How tall are you?**

*Answer in whole centimetres.*

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 cm

**13. How much do you weigh?**

*Answer in whole kilos. If you are pregnant, state how much you normally weigh.*

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 kg

**14. Do you have any of the following discomfort or symptoms?**

**a) Aches in your shoulders or neck?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**b) Aches or pains in your back, hip pain or sciatica?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**c) Aches or pains in your hands, elbows, legs or knees?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**d) Headaches or migraine?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**e) Anxiety, unease or fear?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**f) Tiredness?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**g) Sleeping difficulties?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**h) Eczema or skin eruptions?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**i) Ringing in your ears (tinnitus)?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**j) Incontinence (urine leakage)?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**k) Recurrent stomach or bowel problems?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

**l) Overweight, obesity?**

- No
- Yes, minor discomfort
- Yes, severe discomfort

## Well-being

15. Have you *recently* been able to concentrate on whatever you're doing?

- Better than usual
- Same as usual
- Less than usual
- Much less than usual

17. Have you *recently* lost much sleep over worry?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

19. Have you *recently* felt you are playing a useful part in things?

- More so than usual
- Same as usual
- Less useful than usual
- Much less useful

21. Have you *recently* felt capable of making decisions about things?

- More so than usual
- Same as usual
- Less so than usual
- Much less capable

23. Have you *recently* felt constantly under strain?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

25. Have you *recently* felt you couldn't overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

16. Have you *recently* been able to enjoy your normal day-to-day activities?

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

18. Have you *recently* been able to face up to your problems?

- More so than usual
- Same as usual
- Less able than usual
- Much less able

20. Have you *recently* been feeling unhappy and depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

22. Have you *recently* been losing confidence in yourself?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

24. Have you *recently* been thinking of yourself as a worthless person?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

26. Have you *recently* been feeling reasonably happy, all things considered?

- More so than usual
- About same as usual
- Less so than usual
- Much less than usual

**27. Do you feel stressed at present?**

*By stressed, we mean a condition where you feel tense, restless, nervous, uneasy or unable to concentrate.*

- Not at all
- To some extent
- Quite a lot
- Very much

**28. Have you at any time in the last 12 months been in a situation where you have seriously considered taking your own life?**

- No
- Yes, once
- Yes, more than once

**29. Have you at any time in the last 12 months attempted to take your own life?**

- No
- Yes, once
- Yes, more than once

## Medicines

**30. Have you, during the *last three months* taken any of the following medicines?**

*Mark one alternative on each row.*

	No	Yes
a) Medicine for stomach ulcer/intestinal catarrh	<input type="checkbox"/>	<input type="checkbox"/>
b) Medicine for asthma or allergies	<input type="checkbox"/>	<input type="checkbox"/>
c) Medicine for diabetes	<input type="checkbox"/>	<input type="checkbox"/>
d) Medicine to reduce blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
e) Medicine for sleeplessness/insomnia	<input type="checkbox"/>	<input type="checkbox"/>
f) Anti depressive medicine	<input type="checkbox"/>	<input type="checkbox"/>
g) Tranquilisers/medicines to lessen anxiety	<input type="checkbox"/>	<input type="checkbox"/>
h) Pain relief medicine on prescription	<input type="checkbox"/>	<input type="checkbox"/>
i) Pain relief medicine without prescription	<input type="checkbox"/>	<input type="checkbox"/>
j) Medicine to reduce blood lipids	<input type="checkbox"/>	<input type="checkbox"/>
k) Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
l) Other medicine	<input type="checkbox"/>	<input type="checkbox"/>

**31. a) Have you, during *the last three months* refrained from buying medicine for which you had a prescription?**

- No  *Go on to question 32*
- Yes

**b) What is the main reason why you did not obtain the medicine?**

*More than one answer can be given.*

- Became well
- Could not afford it
- Had sufficient medicine already
- Too far to the pharmacy
- Did not think the medicine would help
- Other reason


## Health care contacts

**32. During the last three months, have you visited or been visited by any of the following?**

*Applies to your own illness or condition. Mark one alternative on each row.*

	No	Yes, once	Yes, more than once
a) Doctor at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Doctor at health centre, private/company doctor or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) District nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Youth clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Welfare officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Naprapath, chiropractor, homeopath or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Been admitted to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. a) Have you during the last three months believed yourself to be in need of medical care but refrained from seeking care?**

- No       Go on to question 34
- Yes

**b) What was/were the reason(s) why you did not seek medical care?**

*More than one answer can be given.*

- The problem cleared up
- Waiting times too long
- Difficult to get through on the telephone
- Did not get an appointment quickly enough
- Negative experience from previous visits
- Financial reasons
- Did not have time
- Did not know where to go
- Other reason

## Dental health


### 34. How is your dental health?

- Very good
- Quite good
- Neither good nor poor
- Quite poor
- Very poor

### 35. When were you last at the dentist/dental hygienist?

- Less than a year ago
- Between one and two years ago
- Between three and five years ago
- More than five years ago
- Have never been to a dentist/dental hygienist
- Don't know/can't remember

### 36. a) Have you during *the last three months* believed yourself to be in need of dental care but refrained from seeking care?

- No  Go on to question 37
- Yes

### b) What was/were the reason(s) why you did not seek dental care?

*More than one answer can be given.*

- The problem cleared up
- Financial reasons
- Declined to go (fear of dentists)
- Did not have time
- Other reason

## Physical activity

### 37. How much physical movement and exertion have you had *in the last 12 months*?

*If your level of activity varies, e.g. between summer and winter, try to find an average. Please mark only one alternative!*

- Sedentary leisure time  
*You mostly spend your free time with reading, TV, cinema or other sedentary pastimes. You walk, cycle or otherwise exercise less than 2 hours a week.*
- Moderate exercise in leisure time  
*You walk, cycle or otherwise exercise at least 2 hours a week, usually without sweating. Include in this walking to and from work, other walking, ordinary gardening, fishing, table tennis, bowling.*
- Moderate, regular exercise in leisure time  
*You exercise regularly 1-2 times a week for at least 30 minutes each time, running, swimming, tennis, badminton or other activity that makes you sweat.*
- Regular exercise and training  
*You exercise by e.g. running, swimming, tennis, badminton, gymnastics or similar on average at least 3 times a week. This lasts for at least 30 minutes each time.*

**38. How much time do you spend in a normal week in moderately strenuous activities that make you warm?**

*For example walking fast, gardening, heavy housework, cycling, swimming. This may vary during the year, but try to give some kind of average. Choose one alternative.*

- 5 hours or more a week
- More than 3 hours a week and less than 5
- Between 1 and 3 hours a week
- No more than one hour a week
- Not at all

**39. Do you want to increase your physical activity?**

- Yes, and I believe I will be able to do this myself
- Yes, but I need support
- No

## Food habits

**40. a) How often do you eat vegetables and root vegetables?**

*This means all kinds of vegetables, leguminous plants and root vegetables (but not potatoes). Includes fresh, frozen, preserved, cooked, vegetable juice, vegetable soups etc. This may vary during the year, but try to give some kind of average. Choose one alternative.*

- 3 times a day or more
- Twice a day
- Once a day
- 5-6 times a week
- 3-4 times a week
- 1-2 times a week
- A few times a month or never

**b) How often do you eat fruit and berries?**

*Applies to all types of fruit and berries (fresh, frozen, preserved, juice, compote etc.) This may vary during the year, but try to give some kind of average. Choose one alternative.*

- 3 times a day or more
- Twice a day
- Once a day
- 5-6 times a week
- 3-4 times a week
- 1-2 times a week
- A few times a month or never

**41. Do you want to increase your intake of fruit and vegetables?**


- Yes, and I believe I will be able to do this myself
- Yes, but I need support
- No



## Smoking and snuff habits

*These questions apply to tobacco products such as cigarettes, cigarillos, cigars, pipe tobacco and snuff.*

**42. Do you smoke every day?**

- Yes     *Go on to question 45*  
 No

**43. Do you smoke now and then?**

- No  
 Yes


**44. Have you previously smoked daily for at least 6 months?**

- No  
 Yes

**45. Do you want to stop smoking?**

- I don't smoke  
 Yes, and I believe I will be able to do this myself  
 Yes, but I need support  
 No

**46. Do you use snuff every day?**

- Yes     *Go on to question 49*  
 No

**47. Do you use snuff now and then?**

- No  
 Yes

**48. Have you previously used snuff daily for at least 6 months?**

- No  
 Yes

**49. Do you want to stop using snuff?**

- I don't use snuff  
 Yes, and I believe I will be able to do this myself  
 Yes, but I need support  
 No

**50. How often are you indoors in places where people are smoking or have just been smoking?**

Mark one alternative on each row.

	Every day	A few times a week	A few times a month	Less often or never
a) In your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In a café, bar or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In other enclosed places, such as in friends' homes, in the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. Have you ever used hashish or marijuana?**

- No
- Yes, more than 12 months ago
- Yes, during the last 12 months
- Yes, during the last 30 days


**52. Have you ever taken any illicit drug other than hashish or marijuana (such as amphetamines, cocaine, heroin, ecstasy or LSD)?**

- No
- Yes, more than 12 months ago
- Yes, during the last 12 months
- Yes, during the last 30 days

## Gaming habits

**53. Have you *in the last 12 months* bought lottery tickets or bet money on a game?**

*By game, we mean for example scratch cards, bingo, casino games, football pools, betting on horses or similar and games for money on the internet such as poker or online betting.*

- No       Go on to question 58
- Yes

**54. Thinking about the last 12 months, have you bet more than you could really afford to lose?**

- Never
- Sometimes
- Most of the time
- Almost always

**55. Still thinking about the last 12 month, have you needed to gamble with larger amounts of money to get the same feeling of excitement?**

- Never
- Sometimes
- Most of the time
- Almost always

56. Thinking about the last 12 months, when you gambled, did you go back another day to try to win back the money you lost?

- Never
- Sometimes
- Most of the time
- Almost always

57. Thinking about the last 12 months, have you borrowed money or sold anything to get money to gamble?

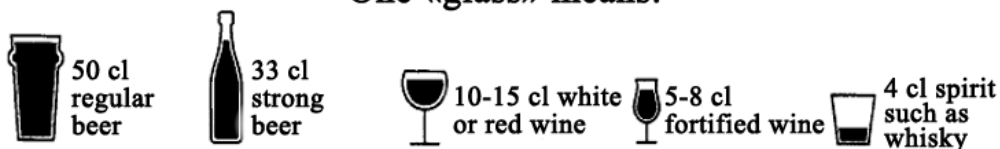
- Never
- Most
- Most of the time
- Almost always

## Alcohol habits

By alcohol we mean beer with medium or strong alcohol content, cider, wine, fortified wine and spirits.

Answer the questions as accurately and honestly as possible.

One «glass» means:



58. How often have you drunk alcohol in *the last 12 months*?

- 4 times a week or more
- 2-3 times a week
- 2-4 times a month
- Once a month or less
- Never → Go on to question 63

59. How many "glasses" (see example) do you drink on a typical day when you drink alcohol?

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more
- Don't know

60. How often do you drink six "glasses" or more at a time?

- Daily or almost every day
- Every week
- Every month
- Less than once a month
- Never

61. How often in *the last 12 months* have you drunk so much alcohol that you have become intoxicated?

- Daily or almost every day
- A few times a week
- Once a week
- 2-3 times a month
- Once a month
- Once or a few times every six months
- Less often or never

62. Would you like to reduce your alcohol consumption?

- Yes, and I believe I will be able to do this myself
- Yes, but I need support
- No

## Economic circumstances

63. If you should suddenly find yourself in an unforeseen situation where you had to find 15 000 kronor in *one week*, would you manage it?

- Yes
- No

64. During *the last 12 months*, have you ever had difficulty in managing the regular expenses for food, rent, bills etc.?

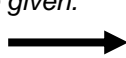
- No
- Yes, once
- Yes, more than once

## Work and employment

65. What is your present form of employment?

*More than one answer can be given.*

- Work as an employee
- Self-employed
- Leave of absence or parental leave
- Studying, training
- Labour market measures
- Unemployed
- Retired
- Sickness benefit (disability pension)
- Long term sick leave (more than 3 months)
- Taking care of own household
- Other, write in the rectangle:



% of full-time



b) On average, how many hours a week does this mean for you?

hours per week

## Security and social relations

70. Do you ever avoid going out alone for fear of being assaulted, robbed or otherwise victimised?

- No
- Yes, sometimes
- Yes, often

71. a) Have you, during *the last 12 months* been subjected to physical violence?

- Yes
- No  Go on to question 72

b) Where did the violence occur?


*More than one answer can be given.*

- At work/in school
- In the home
- In someone else's home/residential area
- In a public place/place of entertainment
- On or in connection with a train, bus, metro
- Somewhere else

72. Have you, during *the last 12 months* been subjected to a threat or menace of violence, so that you were scared?

- Yes
- No

73. During *the last three months*, have you been treated in a way that made you feel humiliated?

- No  Go on to question 75
- Yes, sometimes
- Yes, several times

**74. Was the offensive or abusive behaviour/treatment connected with any of the following?**

*More than one answer can be given.*

- Ethnic origin
- Gender
- Sexual orientation
- Age
- Disability
- Religion
- Skin colour
- Appearance
- Gender identity and/or gender expression
- Other
- Don't know

**75. Do you have anyone you can share your innermost feelings with and confide in?**

- Yes
- No

**76. Can you get help from any person or persons if you have practical problems or are ill?**

*E.g. get advice, borrow things, help with shopping, repairs etc.*

- Yes, always
- Yes, most of the time
- No, mostly not
- No, never

**77. Do you think that people generally can rely on other people?**

- Yes
- No

**78. Have you taken part in any of the following activities in the last 12 months?**

*More than one answer can be given.*

- Study circle/course at your workplace
- Study circle/course in your free time
- Trade union meeting
- Other association meeting
- Theatre/cinema
- Art exhibition
- Religious gathering
- Sporting event
- Written to the editor at newspapers/periodicals
- Demonstration of some kind
- Public entertainment *e.g. night club, dance or similar*
- Large family gathering
- Private party at someone's home
- None of the above

**79. How much confidence do you have in the following institutions/politicians in society?**

Mark one alternative on each row.

	Very much	Quite a lot	Not very much	None at all	Have no opinion
a) Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Care for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Employment offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The social insurance agency Försäkringskassan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Riksdagen (parliament)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Politicians in your county council/region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Politicians in your municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Trade unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Background

**80. What year were you born?**

Year:

**81. Are you male or female?**

- Male  
 Female

**82. What is your sexual orientation?**

- Heterosexual  
 Bisexual  
 Homosexual  
 Uncertain of my sexual orientation

**83. How do you live?**

- Own detached/terraced house  
 Own apartment  
 Rented apartment  
 Lodger, student apartment/room  
 Other



**84. a) Who do you share a home with?**

*i.e. who do you live with for most of the week.*

*You can mark more than one alternative.*

- Nobody
- Parents/siblings
- Spouse or partner
- Other adult
- Children




Go on to *question 88*

**b) How old are the children who live with you?**

- 0-6 years
- 7-12 years
- 13-17 years
- 18 or older

**Questions 85 to 87 are only to be answered by the guardian of children under age 18 living at home. *Others continue to question 88.***

**85. Do any of these children have a long-term illness, any impairment or other long-term health problem?**

- No  Go on to *question 88*
- Yes

**86. What do you consider the level of difficulty to be for these impairments or health problems?**

- Mild
- Moderate
- Difficult

**87. Does this affect daily life?**

- No, not at all
- Yes, to some degree
- Yes, to a high degree

**88. If there is anything else you would like to tell us, you are welcome to write it here. What you write will be sent to the Public Health Agency of Sweden and your county council together with your answers.**

***THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE!***

***Place the questionnaire in the return envelope attached.***