



HEALTH ON EQUAL TERMS?

**A survey of health and living conditions in Sweden
2005**

SOME FACTS ABOUT THE SURVEY

How does the survey work?

The questionnaire survey is produced jointly by the Swedish National Institute for Public Health (FHI), the Western Götaland Region, Jönköping County Council, Dalecarlia County Council, Kalmar County Council and Blekinge County Council. The survey is carried out with the help of Statistics Sweden (SCB).

During April 2005 the Swedish-language questionnaire is being distributed by post to some 65,000 randomly selected people in Sweden aged 16-64 years.

The completed questionnaires are collected by Statistics Sweden. All personal particulars are then removed before the material is sent to FHI and the relevant county councils for further processing.

The assembled and analysed material will form a basis for a number of reports on public health.

Can anyone see my answers?

The collected information is presented in tables from which no individual answers can be read out. Your answers are protected by the Official Secrets Act (SFS 1980:100 chapter 9, paragraph 4) and the Data Protection Act. Everyone working on the survey is obliged to observe professional secrecy.

Data material from the survey may only be released to other county councils than those mentioned, or to researchers, after scrutiny as to their confidentiality. The number at the top of the form is to enable Statistics Sweden to see during the collection who has answered and who should be sent a reminder.

Fill in the questionnaire as follows:

It takes about 20-30 minutes to fill in the form. The answers are read by machine, and for this reason it is important that they are marked in the right way.

Use a good ballpoint pen or dark blue ink. Do not use a pencil.

Put a cross in the boxes you consider match your own circumstances best. Keep your crosses inside the boxes if possible, like this:



Should you wish to change your answer, fill in the whole box:

And put a new cross in the box you consider match your choice.

What if I want to change my answers?

You have the opportunity to alter things until September. Since Statistics Sweden removes all particulars of identity, no alterations can be made after the material has been handed over to FHI and the county councils.

Stamped-addressed envelope

Return the enquiry in the enclosed stamped-addressed envelope, or answer it via the Internet. *Kindly answer as soon as possible.*

With thanks for your cooperation!



Health

1. How do you rate your general health state?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

2. Thinking of your physical health, on how many days *during the past 30-day period* would you say that it has not been good (owing to illness, bodily troubles or injuries)?

State number of days between 0 and 30.

Days

3. Thinking of your mental health, on how many days *during the past 30-day period* would you say that it has not been good (owing to stress, depression or anxiety)?

State number of days between 0 and 30.

Days

4. On how many days *during the past 30-day period* did poor physical or mental health lower your work capacity or hinder you in your daily activities?

State number of days between 0 and 30.

Days

5. Do you have any long-term illness, problems following an accident, any functional impairment or other long-term health problem?

- 1 No
- 2 Yes



Do these problems mean that your work capacity is lowered or hinder you in your other daily activities?

- 1 No, not at all
- 2 Yes, to some extent
- 3 Yes to a great extent



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6. Have you any of the following disorders or symptoms?**a) Pain in the shoulders or neck?**

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

b) Back pain, backache, hip pains or ischias?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

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

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

d) Headache or migraine?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

e) Anxiety, worry or anguish?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

f) Fatigue?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

g) Sleeping problems?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

h) Eczema or skin rashes?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

i) Ringing in the ears (tinnitus)?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

j) Incontinence (urine leakage)?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

k) Recurrent bowel trouble?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

l) Excess weight, obesity?

- 1 No
2 Yes, mild discomfort
3 Yes, great discomfort

7. Can you without difficulty see and pick out normal text in a daily newspaper?

- 1 Yes, without spectacles
2 Yes, with spectacles
3 No

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

- 1 Yes, without a hearing-aid
2 Yes with a hearing aid
3 No

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

- 1 Yes **—————>** Go to question 11
- 2 No

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

Put a cross on every line.

	Yes 1	No 2
a) Can you walk up steps without difficulty? <i>e.g. getting onto a bus or train</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) Can you take a fairly short walk (about 5 mins.) at a fairly brisk pace?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you need aids or someone's help to move about outdoors?	<input type="checkbox"/>	<input type="checkbox"/>

11. Have you any of the following diseases?

Put a cross on every line.

	No 1	Yes, but no distress 2	Yes, slight distress 3	Yes, great distress 4
a) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 feel stressed at present?

By stress is meant a state where one feels tense, restless, nervous, worried or distracted.

- 1 Not at all
- 2 To some extent
- 3 Fairly much
- 4 Very much





15. Have you been able to concentrate on all your activities *in the past few weeks*?

- 1 Better than usual
- 2 As usual
- 3 Worse than usual
- 4 Much worse than usual

16. *In the past few weeks* have you felt that you can appreciate what you have accomplished during the day?

- 1 More than usual
- 2 As usual
- 3 Worse than usual
- 4 Much less than usual

17. Have you had any trouble sleeping due to worry *in the past few weeks*?

- 1 None at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

18. Have you been able to manage your problems *in the past few weeks*?

- 1 Better than usual
- 2 As usual
- 3 Worse than usual
- 4 Much worse than usual

19. Do you feel that you have accomplished things *in the past few weeks*?

- 1 More than usual
- 2 As usual
- 3 Less than usual
- 4 Much less than usual

20. Have you felt dejected and depressed *in the past few weeks*?

- 1 Not at all
- 2 No more than usual
- 3 More than usual
- 4 Much more than usual

21. Have you been able to make various decisions *in the past few weeks*?

- 1 Better than usual
- 2 As usual
- 3 Worse than usual
- 4 Much worse than usual

22. *In the past few weeks* have you lost faith in yourself?

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

23. Have you felt constant tension *in the past few weeks*?

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

24. Have you felt worthless *in the past few weeks*?

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

25. Have you felt that you cannot manage your problems *in the past few weeks*?

- 1 Not at all
- 2 Not more than usual
- 3 More than usual
- 4 Much more than usual

26. Have you been relatively happy *in the past few weeks*?

- 1 More than usual
- 2 As usual
- 3 Less than usual
- 4 Much less than usual



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27. Have you at any time found yourself in a situation when you have seriously considered taking your own life?

- 1 No
- 2 Yes, once
- 3 Yes, several times

28. Have you ever tried to take your own life?

- 1 No
- 2 Yes, once
- 3 Yes, several times

29. Have you *during the past three months* used one or more of the following medical preparations?

Put a cross on every line.

	No	Yes
	1	2
a) Stomach ulcer/gastritis medicine	<input type="checkbox"/>	<input type="checkbox"/>
b) Asthma/allergy medicine	<input type="checkbox"/>	<input type="checkbox"/>
c) Diabetes medicine	<input type="checkbox"/>	<input type="checkbox"/>
d) Blood-pressure-lowering medicine	<input type="checkbox"/>	<input type="checkbox"/>
e) Sleeping drugs	<input type="checkbox"/>	<input type="checkbox"/>
f) Antidepressive medicine	<input type="checkbox"/>	<input type="checkbox"/>
g) Sedative/anxiety-reducing medicine	<input type="checkbox"/>	<input type="checkbox"/>
h) Painkilling medicine on prescription	<input type="checkbox"/>	<input type="checkbox"/>
i) Prescription-free painkilling medicine	<input type="checkbox"/>	<input type="checkbox"/>
j) Blood-fat-reducing medicine	<input type="checkbox"/>	<input type="checkbox"/>
k) Other medicine	<input type="checkbox"/>	<input type="checkbox"/>

30. a) Have you *during the past three months* not bought medicine for which you had been given a prescription?

- 1 No  Continue to question 31
- 2 Yes

b) What is the chief reason why you did not purchase medicine?

Several reasons may be given!

- 1 Got better
- 1 Could not afford to
- 1 Already had enough medicine
- 1 Was too far to the chemist's
- 1 Didn't think the medicine would help
- 1 Other reason, state what _____

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31. Have you *during the past three months* had contact with the medical services
Regarding your own trouble or illness.

- 1 No
 2 Yes

32. Have you *during the past three months* visited or been visited by any of the following?
For your own trouble or illness. Put a cross on every line.

	No	Yes, once	Yes, several times
	1	2	3
a) Doctor in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Doctor at health centre, in private practice, 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) Have you been admitted to hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. What do you think about your dental health?

- 1 Very good
 2 Quite good
 3 Neither good nor bad
 4 Quite poor
 5 Very poor

34. Where *during the past five years* have you mainly obtained dental care?

- 1 Private dental care
 2 National dental health service
 3 Other
 4 Have neither received nor asked for dental care

35. a) Have you *during the past three months* considered yourself in need of dental care but have refrained from seeking care?

- 1 No **—————>** *Continue to question 36*
 2 Yes

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b) What was your reason/were your reasons for not seeking dental care?

Several alternatives possible.

- 1 The problem passed off
 1 Economic reasons
 1 Reluctant to go (fear of dentists)
 1 Had no time
 1 Other reason, state what _____

Living habits

36. How much have you moved about and exerted yourself physically in your free time *during the past 12 months*?

If your activity varies between e.g. summer and winter, try and give an average. Note! Mark only one alternative.

- 1 Free time spent sitting down
You spend time mostly reading, with TV, cinema or other sedentary occupation during your free time. You walk, cycle or move about in other ways for less than 2 hours a week.
- 2 Moderate exercise in free time
You walk, cycle or move about in other ways for at least two hours a week without sweating. This includes cycling to and from work, other walks, normal gardening, fishing, table-tennis, bowling.
- 3 Moderate regular exercise in free time
You exercise regularly 1-2 times a week for at least 30 minutes at a time. running, swimming, tennis, badminton or other activity that makes you sweat.
- 4 Regular exercise and training
You spend time for example running, swimming, tennis, badminton, exercise gymnastics or similar on at least three occasions a week. Each occasion lasts at least 30 minutes.

37. How much time in a normal week do you do moderately strenuous activities that make you hot? E.g. walks at a brisk pace, gardening, fairly hard housework, cycling, swimming. This may vary during the year, but try and give some kind of an average. Mark one alternative.

- 1 5 hours a week or more
 2 More than 3 hours but less than 5 hours a week
 3 Between 1 and 3 hours a week
 4 At most one hour a week
 5 Not at all

38. a) How often do you eat green vegetables and root vegetables?

Applies to all types of vegetable, peas & beans and root vegetables (except potatoes). Applies to fresh, frozen, tinned, stewed, vegetable juices, vegetable soups etc. This may vary during the year but try and give some kind of average. Give one alternative.

- 1 3 times a day or more often
 2 2 times a day
 3 1 time a day
 4 5-6 times a week
 5 3-4 times a week
 6 1-2 times a week
 7 A few times a month or never

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b) How often do you eat fruit and berries?

Applies to all types of fruit and berry (fresh, frozen, tinned, juices, stewed, etc.). This may vary over the year but try and give some kind of average. Mark one alternative.

- 1 3 times a day or more often
- 2 2 times a day
- 3 1 time a day
- 4 5-6 times a week
- 5 3-4 times a week
- 6 1-2 times a week
- 7 A few times a month or never

Smoking and snuff-taking habits

The questions cover all tobacco products, i.e. cigarettes, cigarillos, cigars, and pipes.

39. Do you smoke daily?

- 1 Yes **—————>** Go to question 42
- 2 No

40. Do you ever smoke occasionally?

- 1 No
- 2 Yes

41. Have you earlier smoked daily for at least 6 months?

- 1 No
- 2 Yes

42. Do you take snuff daily?

- 1 Yes **—————>** Go to question 47
- 2 No

43. Do you ever take snuff occasionally?

- 1 No
- 2 Yes

44. Have you earlier taken snuff daily for at least 6 months?

- 1 No
- 2 Yes

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45. How often do you spend time indoors in premises where other people are smoking or have just done so?

Put a cross on every line.

	Every day	Once/a few times a week	Once/a few times a week	More seldom or never
	1	2	3	4
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 cafe, bar or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In another place indoors, e.g. in friends' homes, in cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Have you ever used hash or marijuana?

- 1 No
 2 Yes, more than a year ago
 3 Yes, in the past year
 4 Yes, in the past few months

Gambling habits

47. Have you at any time during the past 12 months bought lottery tickets or placed bets?

By gambling is meant e.g. scrape-cards, bingo, casino, football pools, betting on horses or similar.

- 1 No **→** Go to question 50
 2 Yes

48. How much money have you spent on gambling during the past 7 days?

Have spent Swedish crowns

- 1 Have not placed any bets during the past 7 days

49. How many times during the past 12 months have you ...

Put a cross on each line.

	Never	1-2 times	3 times or more
	1	2	3
a) ... tried to reduce your gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ... felt restless and irritated if you have been unable to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ... lied about how much you have gambled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Alcohol habits

By "alcohol" is meant medium-strength beer, strong beer, high-alcohol-content cider, wine, fortified wines and spirits. Answer the questions as accurately and honestly as possible.

By "a glass" is meant:



50. How often have you drunk alcohol during *the past 12 months*?

- 1 4 times a week or more
- 2 2-3 times a week
- 3 2-4 times a month
- 4 Once a month or more seldom
- 5 Never → Go to question 54

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

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

52. How often do you drink six "glasses" or more on the same occasion?

- 1 Daily or almost every day
- 2 Every week
- 3 Every month
- 4 More seldom than once a month
- 5 Never

53. How often *during the past 12 months* have you drunk so much alcohol that you have become drunk?

- 1 Daily or almost daily
- 2 A few times a week
- 3 Once a week
- 4 2-3 times a month
- 5 Once a month
- 6 Once or a few times in six months
- 7 More seldom or never



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b) Describe your main job task

58. How many hours a week do you spend working in your home? *e.g. shopping, cooking, attending to financial matters, washing, tidying, looking after children, working on the car, on the house, in the garden?*

- 1 0-2 hours a week
- 2 3-10 hours a week
- 3 11-20 hours a week
- 4 21-30 hours a week
- 5 31 hours a week or more
- 6 Don't know

59. a) Have you an ill or old relative or friend whom you help with daily activities, see to or nurse?

- 1 Yes
- 2 No **—————>** *Go to question 60*

b) How many hours a week on average does this involve for you?

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 hours a week

Security and social relations

60. Do you ever refrain from going out alone for fear of being attacked, robbed or otherwise molested?

- 1 No
- 2 Yes, sometimes
- 3 Yes, often

61. a) Have you during the *past 12 months* been subjected to physical violence?

- 1 Yes
- 2 No **—————>** *Go to question 62*

b) Where did the violence take place?

Several alternatives possible.

- 1 At my workplace/at work/at school
- 1 In my home
- 1 In another person's home/home area
- 1 In a public place/at a place of entertainment/on a train, bus, underground train
- 1 Somewhere else

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62. Have you during *the past 12 months* been subjected to threats of physical violence so that you became frightened?

1 Yes

2 No

63. Have you during *the past three months* been treated or received in such a way that you have felt wronged?

1 No  Go to question 65

2 Yes, occasionally

3 Yes, several times

64. By whom were you treated/received in a way that made you feel wronged?

Several alternatives possible.

1 Medical care

1 Your school/work

1 Job centre

1 Police/legal system

1 Social services

1 National insurance office

1 Shops/restaurants

1 Bank/insurance company

1 Landlord/local housing authority/accommodation agency

1 Close relative

1 Unknown person in public place

1 Other

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

1 Yes

2 No

66. Can you get help from another person/other persons if you have practical problems or are ill?

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

1 Yes, always

2 Yes, most of the time

3 No, mostly not

4 No, never

67. Do you believe in general that one can trust most people?

1 Yes

2 No

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68. Have you taken part in any of the following activities during the past 12 months:
Several alternatives possible.

- 1 Study circle/course at your workplace
- 1 Study circle/course in free time
- 1 Trade/professional union meeting
- 1 Other association meeting
- 1 Theatre/cinema
- 1 Art exhibition
- 1 Religious meeting
- 1 Sports event
- 1 Writing letters to the press
- 1 Demonstration of any kind
- 1 Public entertainment, *e.g. night club, dance or similar*
- 1 Largish family meeting
- 1 Private party in somebody's home
- 1 None of the above

69. How far do you trust the following social institutions/politicians?
Place a cross on each line.

	Very much	Fairly much	Not all that much	Not at all	Have no opinion
	1	2	3	4	5
a) Medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Educational system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) National insurance service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Law courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Parliament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Politicians in your county council/region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Politicians in your municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Trade and professional unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background

70. What year were you born?

Year:

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71. Are you a man or a woman?

- 1 Man
- 2 Woman

72. What is your sexual disposition?

- 1 Heterosexual
- 2 Heterosexual with some homosexual elements
- 3 Bisexual
- 4 Homosexual with some heterosexual elements
- 5 Homosexual
- 6 Unsure of my sexual disposition

73. What type of home do you live in?

- 1 Private house/terrace house
- 2 Co-operative flat/condominium
- 3 Rented accommodation
- 4 Lodgings/student flat/room
- 5 Other

74. With whom do you share your home?

*I.e. live with for the larger part of the week.
You can give several alternatives.*

- 1 Nobody
- 1 Parents/brothers/sisters
- 1 Husband/wife/partner
- 1 Other adult(s)
- 1 Children

How old are the children you live with?

- 1 0-6 years
- 1 7-12 years
- 1 13-17 years
- 1 18 years or older

75. What is your highest educational level?

- 1 Comprehensive school or elementary school
- 1 Junior secondary school
- 1 2-year upper-secondary school or vocational school
- 1 3-4-year upper-secondary school)
- 1 University or college, 2.5 years or shorter (less than 120 academic credits)
- 1 University or college, 3 years or longer (120 academic credits or more)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

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