



HEALTH 2011

A Survey
on Health and Functional Capacity
in Finland

INTERVIEW

T4001

Interview – Contents

A. Background information

- AA. Mother tongue, marital status and relationship
- AB. Household
- AC. Education
- AD. Main activity, occupation
- AE. Present/previous occupation (main job)
- AF. Working hours and income (main occupation)
- AH. Unemployment
- AI. Information about your spouse

B. Health and illnesses

- BA. Perceived health and chronic illnesses
- BB. Treatment of illnesses
- BC. Questions for men
- BD. Questions for women

D. Health services

- DA. Availability and accessibility
- DB. Ambulatory visits due to illnesses or symptoms
- DC. Mental health services
- DD. Health examinations and preventive health services
- DE. Physiotherapy / DE. Other treatments and therapies
- DF. Medicines

E. Oral health

- EA. Oral health status
- EB. Oral self-care
- EC. Use of services
- ED. Dental care customer

F. Living habits

- FA. Eating habits
- FB. Tobacco

G. Living environment

- GB. Residential environment
- GC. Neighbourhood services

H. Functional capacity

- HA. Activities of daily living (ADL and IADL)
- HB. Mobility
- HC. Sensory functions
- HD. Need and use of assistance and help
- HG. Aids
- HF. Cognitive capacity

I. Work and working ability

- IA. Working conditions
- IB. Work ability
- IC. Skills
- ID. Retirement attitudes
- IE. Working history

J. Rehabilitation

- JA. Use of services
- JB. Need for rehabilitation

K. Interviewer's assessments

- KA. Health examination
- KB. Interviewer's assessments on the functional ability of the interviewee

A BACKGROUND INFORMATION

AA. Mother tongue, marital status and relationship

AA00. What is your mother tongue?

Central Statistical Office of Finland's (Tilastokeskus) classification

AA01. Are you currently:

- 1 married or in a civil union
- 2 living with your partner
- 3 divorced or separated → AA03
- 4 widowed → AA04
- 5 or single? → AA05

AA02. Which year did your current relationship (marriage or cohabitation) begin?

_____ → AA05

AA03. Which year did you divorce? _____ → AA05

AA04. Which year did you become widowed? _____

AA05. Have you earlier been married or had a common-law relationship with someone else?

- 0 no → AB01
- 1 yes

AA06. How many marriages or common-law relationships have you had? (including your current/last relationship)? _____

AB. Household

In this survey household refers to people who live and eat meals together or in other ways share expenses.

AB01. How many people belong to your household at the moment, including yourself?

INSTRUCTION: INCLUDE CHILDREN FROM SUBJECT'S PREVIOUS RELATIONSHIPS EVEN IF THEY LIVE WITH HIM/HER ONLY PART-TIME REGARDLESS OF WHERE THEY ARE REGISTERED.

_____ if 1 → AC01

<AB01_A – AB01_M asked of all household members>

Next I will ask a couple of questions about each person belonging to your household. Let's begin with the oldest member of your household.

Person 1:

AB01_1A. What year was he/she born? _____

AB01_1B. His/her gender:

- 1 male
- 2 female

AB01_1C. How is he/she related to you?

- 1 spouse or registered partner
- 2 common-law partner (domestic partnership/cohabitating), boy/girlfriend, partner
- 3 son or daughter
- 4 spouse's/partner's son or daughter
- 5 grandchild
- 6 father or mother
- 7 father- or mother-in-law
- 8 brother or sister
- 9 brother's or sister's spouse/partner (brother- or sister-in-law)
- 10 subtenant
- 11 flatmate/roommate
- 12 other

AB01_M. Which other relation? _____

Person 2: <same information as from person 1>

AB01_A2 ... AB01_M2

...

Person 20: <same information as from person 1>

AB01_A20 ... AB01_M20

AC. Education

(INSTRUCTION: CHOOSE THE HIGHEST ATTENDED)

AC01. Is your basic education:

- 1 less than primary school
- 2 primary school
- 3 secondary school
- 4 part of grammar school or part of comprehensive school (less than 9 years)
- 5 grammar school
- 6 comprehensive school
- 7 high school (upper secondary school) or part of it
- 8 matriculation examination

(INSTRUCTION: CHOOSE THE HIGHEST COMPLETED)

AC02. What is the highest completed education or examination after your basic education:

- 1 no vocational education at all
- 2 training or technical certificate for courses completed
- 3 vocational school certificate, apprenticeship contract
- 4 vocational school (e.g. technical school)
- 5 a technical college qualification
- 6 a special vocational qualification (e.g. a mastership examination)
- 7 a degree of higher vocational qualification
- 8 a lower university qualification
- 9 a higher university qualification
- 10 licentiate examination
- 11 doctor's degree

AC03. How many years altogether have you studied full-time, including primary school?

_____ years

(INSTRUCTION:

PRIMARY SCHOOL, COMPREHENSIVE SCHOOL

9 TO 10 YEARS

VOCATIONAL SCHOOL, HIGH-SCHOOL

3 YEARS (IN TOTAL $9+3 = 12$)

TECHNICAL COLLEGE/ VOCATIONAL HIGH-SCHOOL

3 YEARS (IN TOTAL $9+3+3 = 15$)

UNIVERSITY

6 YEARS (IN TOTAL $9+3+6 = 18$)

AD. Main activity, occupation

AD01. Which of the following alternatives best describes your current main activity:
(Instruction: THE MAIN ACTIVITY IS THE ONE TAKING MOST OF YOUR TIME OR GIVING YOU MOST INCOME)

- 1 full-time employment → AE01
- 2 part-time employment (also part-time pensioners) → AD01a1
- 3 student → AD05
- 4 retired → AD02
- 5 unemployed or temporarily laid-off → AD04
- 6 management of own household or care of family members → AD05
- 7 conscript or non-military service → AD05
- 8 other → AD05

AD01a1 Do you receive a part-time disability pension?

- 0 no → AD08, if the subject is under 58 or over 67 years old, otherwise → AD01a
- 1 yes → AD08

<asked from subjects that are between 58-67 years old at the time of the interview. Subjects under 58 and over 67 go to question AD08>

AD01a. Do you receive a part-time pension?

- 0 no → AD08
- 1 yes → AD08

<AD02 asked only if AD01=4>

AD02. Do you receive:

- 1 a work disability pension or other early retirement pension
- 2 an old age pension (due to your age or working years)
- 3 an unemployment pension
- 4 some other pension

<AD04 asked only if AD01=5>

AD04. How many months has your current unemployment or temporary lay-off period lasted?

_____ months

<if (AD01=3 or 6-8 (student, managing household, conscript or other unclassified) or (AD04 < 12 (unemployed for less than 12 months), ask AD05. If unemployed for over 12 months, ask AD07>

AD05. And have you worked at all in a paid job during the past 12 months?

- 0 no → AD07
- 1 yes

AD06. Have you:

- 1 worked full-time → AE01
- 2 worked part-time? → AE01

<if AD01=4 (retired) or AD05=0 (no employment within the past 12 months), ask AD07:>

AD07. Which year have you last been employed? _____

INSTRUCTION: IN FORM YYYY, IF NEVER WORKED, MARK 9996

<if (AD01=2-4 or 5-8), ask AD08>

AD08. Would you like to work full-time or at least occasionally some hours per week:

- 1 yes, full-time
- 2 yes, but not full-time
- 3 no
- 4 cannot say

AE. Present/previous occupation (main job)

The next questions deal with your occupation and work. If you are not working at the moment, please answer according to your latest occupation or work.

AE01. Are you/were you:

- 1 an employee
- 2 a farmer (incl. forestry, gardening, fishing etc.)
- 3 other entrepreneur
- 4 self-employed professional or freelancer
- 5 working on a family member's farm without salary
- 6 working in a family member's enterprise without salary
- 7 other
- 8 I have never worked full-time in an occupation?
→ A104, if AA01=1 or 2. If AA01=3,4 or 5 go to BA01)
- 9 cannot say

AE06a. What is your present/latest (previous) occupation?

<Statistics Finland's most recent classification of professions>
<If the occupation is empty, unknown or cannot say--> 99000>

AE06aT. Present/latest (previous) occupation, text:

<AE06b shall not be asked if an occupation code is found >

AE06b. What are/were your most important working tasks?

AE06x. How many years altogether have you worked in your present/latest occupation?

_____ years

<asked only from employees (AE01=1) >

AE06f. Is/was your employer:

- 1 a private company
- 2 municipality, association of municipalities or municipal institution
- 3 a company owned by a municipality (instruction: over 50%)
- 4 the state or an institution owned by the state
- 5 a company owned by the state (instruction: over 50%)
- 6 other

<AE07 asked if AD01=1 or 2 (full-time- or part-time job) or AD05=1 (has been working during 12 months), others go to question AF01>

AE07. When did your work start in your present/latest job?

_____ <dmmmyyyy>

(INSTRUCTION: ALSO WORK IN OWN/FAMILY MEMBER'S COMPANY COUNTED FROM AGE 15. ESTIMATION, IF THE INTERVIEWEE DOES NOT REMEMBER EXACTLY.)

if AE01=5 or 6, go to question AF01

<AE08 and AE09 asked if AE01=1 (is or has been an employee)

AE08. Is/was your present/latest employment agreed:

- 1 as permanent
- 2 as temporary

CONDITION: if AD05=1, do not ask AE09

AE09. How many job contracts (or jobs) have you had during the past 12 months?

AF. Working hours and income (main occupation)

<AF01-AF02 are asked from people who work (AD01=1 or 2) and from those, who have been working within the last 12 months. (AD05=1) >

AF01. What sort of hours do/did you work in your main occupation:

- 1 regular day-job (between 6 am and 6 pm)
- 2 regular evening job
- 3 regular night job
- 4 2-shift work
- 5 3-shift work
- 6 periodical work
- 7 only weekend work
- 8 other sort of working time

(INSTRUCTION: THE ACTUAL WORKING TIME IS MEANT, ALSO OVERTIME WITH OR WITHOUT PAYMENT IS TAKEN INTO ACCOUNT. AVERAGE YEARLY WORKING TIME.)

AF02. What is/was your weekly working time in your main job in hours?

_____ hours/week

<AF05 is asked, if AD01=1 or 2 (working whole or part-time)>

AF05. How much time (in minutes) does your way to work and back on the average take on a normal working day?

_____ minutes

AH. Unemployment

<if AD01=5 (unemployed or laid off) → AH04, or if AD07 is 2005 or earlier → AI04. Others are asked AH01>

(INSTRUCTION: UNEMPLOYED = WITHOUT WORK, LOOKING FOR WORK AND IS AT DISPOSAL FOR WORK)

AH01. Have you been unemployed or laid off during the past 5 years?

0 no → AI04, if AA01=1 or 2. If AA01=3,4 or 5, go to question BA01

1 yes

AH02. How many times? _____ times

AH03. How many months have you been unemployed or laid off during the past 5 years?

_____ months

<if AD01=5 (unemployed), ask AH04 and AD05>

AH04. How many times altogether have you been unemployed or laid off during the past 5 years including the present period?

_____ times

AH05. How many months altogether? _____ months

AI. Information about your spouse

<AI04-AI05 asked if AA01=1 or 2. Others go to BA01>

AI04. Which of the following best describes your spouse's current main activity:
(MAIN ACTIVITY IS THE ONE TAKING MOST TIME OR GIVING MOST INCOME)

- 1 full-time employment
- 2 part-time employment (ALSO PART-TIME PENSIONERS)
- 3 student
- 4 retired → AI05
- 5 unemployed or laid off
- 6 management of own household or care of family members
- 7 conscript or non-military service
- 8 other

<AI05 asked if AI04=4>

AI05. Is he/she:

- 1 on invalidity pension or other early retirement
- 2 on old age pension (due to his/her age or working years)
- 3 on unemployment pension
- 4 other pension

B. HEALTH AND ILLNESSES

BA. Perceived health and chronic illnesses

BA01. I would next like to inquire about matters concerning your health and illnesses. Is your present state of health:

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor

BA02. Do you have any permanent or chronic illness or any defect, trouble or injury, which reduces your working capacity or functional ability?

Instruction: Include all chronic illnesses diagnosed by a doctor and also all troubles which have lasted at least three months, which a doctor has not diagnosed, but which affect the interviewee's functional or working capacity.

- 0 no
- 1 yes

CONDITION: If AD07 = <2000, do not ask BA03b

BA03b_T11. Have you had to change your occupation or working tasks because of your illness or handicap since the year 2000?

- 0 no → BA04
- 1 yes

BA03b_1. Since the year 2000, have you had to:

BA03b_11_T11. change your occupation

- 0 no
- 1 yes

BA03b_12_T11. change your job

- 0 no
- 1 yes

BA03b_13_T11. move over to other tasks in your place of work

- 0 no
- 1 yes

BA03b_14_T11. reduce or give up some task permanently?

- 0 no
- 1 yes

Next I would like to ask you in detail which of the following diseases a doctor has ever diagnosed you with and about the treatment and care you have received for them.

< Before every disease the following text visible, after the first one it could be in parentheses:>

Has a doctor ever diagnosed you with any of the following diseases?

RESPIRATORY DISEASES

BA04. Asthma?

- 0 no → BA05
- 1 yes

BA04A. Which year was the asthma diagnosed for the first time? _____

BA04D. Do you currently use medication because of it?

- 0 no
- 1 yes

BA04E. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA04E1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

BA04F. Have you had shortness of breath or difficulties in breathing because of asthma during the past 12 months?

- 0 no → BA05
- 1 yes

BA04H. How often have you had shortness of breath or difficulties in breathing because of asthma during the past 12 months?

- 1 daily or almost daily during the whole year
- 2 daily or almost daily during part of the year
- 3 only occasionally

BA05. Chronic obstructive pulmonary disease (COPD)?

- 0 no → BA06
- 1 yes

BA05C. Do you currently use medication because of it?

- 0 no
- 1 yes

BA05D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA06. Chronic bronchitis?

0 no → BA07
1 yes

BA06C. Do you currently use medication because of it?

0 no
1 yes

BA06D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA06D1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

BA07. Other respiratory disease?

0 no
1 yes

HEART DISEASES

BA08. Coronary thrombosis i.e. myocardial infarction?

0 no → BA09
1 yes

BA08A. Which year was it diagnosed for the first time? _____

BA08B. Have you been treated in hospital because of it?

0 no
1 yes

BA08D. Do you currently use medication because of it?

0 no
1 yes

BA08E. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA08E1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

BA09. Coronary heart disease (angina pectoris)?

0 no → BA10
1 yes

BA09C. Do you currently use medication because of it?

0 no
1 yes

BA09D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA09D1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

BA09E. How much do the coronary disease symptoms trouble you in your daily activities:

- 1 no symptoms or no trouble
- 2 minor trouble in the heaviest daily activities
- 3 problems already in normal daily activities even if they require only small efforts
- 4 symptoms already at rest

<if BA08=1 or BA09=1 ask BA09f and g, otherwise → BA10>

BA09. Have you had:

BA09F. Coronary by-pass surgery?

- 0 no
- 1 yes

BA09G. Balloon distension (PTCA)?

- 0 no
- 1 yes

BA10. Heart failure, cardiac insufficiency?

- 0 no → BA12
- 1 yes

BA10C. Do you currently use medication because of it?

- 0 no
- 1 yes

BA12_T11. Some other heart disease?

- 0 no → BA13
- 1 yes

BA12A. Do you have:

	no	yes
BA12A1_T11. heart arrhythmia	0	1
BA12A2_T11. congenital heart disease	0	1
BA12A3_T11. valvular heart disease	0	1
BA12A4_T11. heart muscle disease (cardiomyopathia) or inflammation of the heart muscle (myocarditis)	0	1
BA12A5_T11. other heart disease or inflammation of the heart	0	1

BA12C. Do you currently use medication because of it?

- 0 no
- 1 yes

BA12D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA12D1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

OTHER DISEASES OF THE VASCULAR SYSTEM

BA13. High blood pressure, hypertension?

- 0 no → BA14
- 1 yes

BA13C. Do you currently use medication because of it?

- 0 no
- 1 yes

BA13D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA13E. And a nurse or public health nurse? _____ times

BA13F_T11. How many times has your blood pressure been measured during the past 12 months? _____ times

INSTRUCTION: Include only measurements performed by health care professionals, exclude measurements done by the subject him/herself at home.

BA14. Stroke (cerebral haemorrhage, cerebral thrombosis)?

- 0 no → BA16
- 1 yes

BA14A. Which year was it diagnosed for the first time? _____

BA14B. Have you been hospitalised because of it?

- 0 no
- 1 yes

BA14D. Do you currently use medication because of it?

- 0 no
- 1 yes

BA14E. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA14F. Have you received physiotherapy or other rehabilitation because of it during the past 12 months?

- 0 no
- 1 yes

BA16. Varicose veins in the lower extremities?

- 0 no → BA18
- 1 yes

BA16A. Have they been operated?

- 0 no
- 1 yes

DEFECTS, DISEASES AND INJURIES OF THE JOINTS, EXTREMITIES AND THE BACK

BA18. Rheumatoid arthritis?

- 0 no → BA19
- 1 yes

BA18A. Which year was it diagnosed for the first time? _____

BA18D. Do you currently use medication because of it?

- 0 no
- 1 yes

BA18E. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA18E1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

BA18F. Have you received physiotherapy or other rehabilitation because of it during the past 12 months?

- 0 no
- 1 yes

BA19. Osteoarthritis (arthrosis, joint degeneration)?

- 0 no → BA19
- 1 yes

BA19a.	In which joints?	<i>INSTRUCTION: SHOW CARD 1</i>	
		No	Yes
BA19a1.	knee	0	1
BA19a2.	hip	0	1
BA19a3.	hand	0	1
BA19a4.	back	0	1
BA19a5.	other	0	1

BA19B. Have you been operated because of it?

- 0 no → BA19E
- 1 yes

BA19B1. Do you have a hip endoprosthesis?

- 0 no
- 1 yes

BA19B2. Do you have a knee endoprosthesis?

- 0 no
- 1 yes

BA19E. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA19F. Have you received physiotherapy or other rehabilitation because of it during the past 12 months?

- 0 no
- 1 yes

BA21. Back disease or other back defect?

- 0 no → BA21f
- 1 yes

BA21A. Which disease? _____ (code)

BA21AT. _____ (text)

BA21B. Have you been operated because of it?

- 0 no
- 1 yes

BA21D. Do you currently use medication because of it?

- 0 no
- 1 yes

BA21E. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA21E1. Have you received physiotherapy or other rehabilitation because of it during the past 12 months?

- 0 no
- 1 yes

BA21F. Neck disease or other defect in the neck?

- 0 no → BA22
- 1 yes

BA21G. Which disease? _____ (code)

BA21GT. _____ (text)

BA21H. Have you been operated because of it?

- 0 no
- 1 yes

BA21K. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA21L1. Have you received physiotherapy or other rehabilitation because of it during the past 12 months?

- 0 no
- 1 yes

BA22. Fracture or fractures (broken bones)?

- 0 no → BA23
- 1 yes

INSTRUCTION: SHOW CARD 2

BA22a. Where have you had fractures?

	no	yes
BA22a1. head or face	0	1
BA22a2. wrist	0	1
BA22a3. upper arm or shoulder	0	1
BA22a4. other upper limb	0	1
BA22a5. ankle	0	1
BA22a6. leg	0	1
BA22a7. hip	0	1
BA22a8. other lower limb	0	1
BA22a9. rib	0	1
BA22a10. cervical spine	0	1
BA22a11. lumbar spine	0	1
BA22a12. other spine	0	1
BA22a13. other	0	1

BA23. Osteoporosis (bone loss)?

0 no → BA24
1 yes

BA23A. Was it diagnosed from:

	No	Yes
BA23A_1_T11. the heel	0	1
BA23A_2_T11. the femur or lumbar spine	0	1
BA23A_3_T11. somewhere else?	0	1

BA23C. Do you currently use medication because of it?

0 no
1 yes

BA23D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA24. Permanent injury or defect caused by an accident?

INSTRUCTION: SHOW CARD 3

0 no → BA25
1 yes

BA24a1A. Is it a face or chin injury?

0 no
1 yes

BA24a1. (Do you have) a permanent head or brain injury (caused by an accident)?

0 no
1 yes

BA24a2. (Do you have) a permanent vision defect (caused by an accident)?

0 no
1 yes

BA24a3. (Do you have) a permanent hearing defect (caused by an accident)?

0 no
1 yes

BA24a4. (Do you have) a permanent injury in the upper limb/s (caused by an accident)?

0 no
1 yes

BA24a5a. (Do you have) a permanent hip fracture or its consequence (caused by an accident)?

0 no
1 yes

BA24a5. (Do you have) some other permanent injury of the lower limb/s (caused by an accident)?

- 0 no
- 1 yes

BA24a6. (Do you have) a permanent injury of the trunk or back (caused by an accident)?

- 0 no
- 1 yes

BA24a7. (Do you have) a permanent pulmonary injury (caused by an accident)?

- 0 no
- 1 yes

BA24A9_T11. (Do you have) some other permanent injury (caused by an accident)?

- 0 no
- 1 yes

MENTAL HEALTH PROBLEMS

BA25. Has a doctor ever diagnosed you with a psychological or mental illness?

- 0 no → BA36
- 1 yes

BA25a. Is it: *INSTRUCTION: SHOW CARD 4*

	no	yes
BA25a1. psychosis	0	1
BA25a2. depression	0	1
BA25a3. anxiety	0	1
BA25a4. substance use problem	0	1
BA25a5. other	0	1

BA25B. Which year was it diagnosed for the first time? _____

BA25E. Do you currently use medication because of it?

- 0 no
- 1 yes

BA25F. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA25G. Do you currently receive any other treatment for it, e.g. psychotherapy?

- 0 no
- 1 yes

VISION AND HEARING DEFECTS

BA36. Cataract in the eyes?

- 0 no → BA37
- 1 yes

BA36F. Are you followed-up by an ophthalmologist (eye specialist) because of it?

- 0 no
- 1 yes

BA36A. Have you had an eye operation because of it?

- 0 no → BA37
- 1 yes

BA36B. Have you been operated:

- 1 on one eye
- 2 on both eyes

BA37. Glaucoma?

- 0 no → BA38
- 1 yes

BA37A. Are you being followed-up by an eye specialist because of it?

- 0 no
- 1 yes

BA37B. Do you use daily eye medication because of it?

- 0 no
- 1 yes

BA37C. Have you received laser treatment of the eyes because of it?

- 0 no
- 1 yes

BA37D. Have you had an eye operation because of it?

- 0 no
- 1 yes

BA38. Eye ground degeneration?

- 0 no → BA39
- 1 yes

BA38A. Are you being followed-up by an eye specialist because of it?

- 0 no
- 1 yes

BA38B. Have you received laser treatment of the eyes because of it?

- 0 no
- 1 yes

BA39. Other visual defect or injury?

- 0 no → BA40
- 1 yes

INSTRUCTION: SHOW CARDS 5 AND 6 <Classification of eye diseases>

BA39A_1_T11. What kind of defect or injury? <text>

BA39A_LK1_T11. What other kind of eye defect or injury? <new classification>

BA39A_2_T11. What kind of defect or injury? <text>

BA39A_LK2_T11. What other kind of eye defect or injury? <new classification>

BA39A_3_T11. What kind of defect or injury? <text>

BA39A_LK3_T11. What other kind of eye defect or injury? <new classification>

BA39A_4_T11_T11. What kind of defect or injury? <text>

BA39A_LK4_T11. What other kind of eye defect or injury? <new classification>

BA40. Hearing defect, hearing injury or disease causing impaired hearing?

0 no → BA26

1 yes

INSTRUCTION: SHOW CARD 7

BA40A. What kind of defect or injury? <several options allowed>

	no	yes
BA40A_11_T11. noise injury	0	1
BA40A_12_T11. congenital hearing defect	0	1
BA40A_13_T11. declined hearing, age-related	0	1
BA40A_14_T11. deafness, deafness of one ear	0	1
BA40A_15_T11. tinnitus, ringing in the ears	0	1
BA40A_16_T11. infection, secretory inflammation of the middle ear, cholesteatoma	0	1
BA40A_17_T11. disease of the eardrum	0	1
BA40A_18_T11. diseases of the ear canal	0	1
BA40A_19_T11. war injury, accident	0	1
BA40A_20_T11. earache	0	1
BA40A_21_T11. Ménière's disease	0	1
BA40A_22_T11. otosclerosis	0	1
BA40A_23_T11. complication of another illness	0	1
BA40A_24_T11. other defect	0	1

BA40D. How many times have you seen a doctor because of it during the past 12 months? _____ times

OTHER DISEASES DIAGNOSED BY A DOCTOR

BA26. Diabetes?

0 no → BA28

1 yes

BA26A. Which year was it first diagnosed? _____

BA26C. Do you currently use medication because of it?

0 no

1 yes

BA26C_1. Do you use:

1 tablets

2 insulin

3 both

BA26D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA26D1. And how many times have you seen a nurse or public health nurse because of it during the past 12 months? _____ times

BA26D1a. How many times has your blood glucose been measured during the past 12 months? Please include measurements you have performed yourself as well as measurements by health care professionals.

- 1 daily
- 2 weekly
- 3 less frequently

BA26E. Has a doctor ever examined your eyegrounds or have your eyegrounds been photographed?

- 0 no → BA26I
- 1 yes

BA26F. Have you been diagnosed with changes in your eyegrounds caused by diabetes?

- 0 no → BA26I
- 1 yes

BA26G. Have you received laser treatment of the eyegrounds because of diabetes?

- 0 no
- 1 yes

BA26I. Has increased albumin excretion been observed in your urine?

- 0 no
- 1 yes

BA26J. Have you been diagnosed with kidney insufficiency?

- 0 no
- 1 yes

BA26K. Has a part of your lower limb (toe, foot or leg) been amputated because of diabetes?

- 0 no
- 1 yes

BA28. A chronic skin disease, e.g. psoriasis or atopic dermatitis?

0 no → BA31
1 yes

INSTRUCTION: SHOW CARD 8

BA28a. Is it:

	no	yes
BA28a1. allergic dermatitis (allergic eczema)	0	1
BA28a2. atopic dermatitis (atopic eczema)	0	1
BA28a3. contact dermatitis (toxic eczema)	0	1
BA28a4. inflammation caused by a mycosis (in the skin or nails), fungal infection	0	1
BA28a5. psoriasis	0	1
BA28a6. other skin disease	0	1

BA31. A chronic illness or inflammation of the bowel, e.g. celiac disease, lactose intolerance or colitis (inflammation of the large intestine)?

0 no → BA32
1 yes

Is it: <after every “yes” answer (BA31a-f=1) ask BA31A_6-BA31F_6>

	no	yes	How many times have you seen a doctor because of it during the past 12 months?	
				times
BA31A. inflammation of the large intestine (Colitis ulcerosa)	0	1	BA31A_6	
BA31B. Crohn’s disease	0	1	BA31B_6	
BA31C. celiac disease	0	1	BA31C_6	
BA31D. lactose intolerance (malabsorption of milk sugar)	0	1	BA31D_6	
BA31E. irritable colon	0	1	BA31E_6	
BA31F. other chronic illness or inflammation of the bowel	0	1	BA31F_6	

BA32. Cancer (malignant growth)?

- 0 no women → BA34
men → BA35
- 1 yes

INSTRUCTION: SHOW CARD 9

Which cancer?

<After every "yes" answer (BA32a-Ba32a13=1) ask which year it was diagnosed (BA32v-BA32v13) and number of doctor's visits (BA32h-BA32h13)>

	no	yes	Which year was it first diagnosed?	How many times have you seen a doctor or visited a hospital outpatient clinic because of it during the past 12 months?
BA32a. lung	0	1	BA32v.	BA32h.
BA32a2. mouth, pharyngeal or laryngeal	0	1	BA32v2.	BA32h2
BA32a3. oesophagus	0	1	BA32v3.	BA32h3.
BA32a4. stomach	0	1	BA32v4.	BA32h4.
BA32a5. bowel, incl. rectum	0	1	BA32v5	.BA32h5.
BA32a6. breast	0	1	BA32v6	.BA32h6.
BA32a7. uterus, ovary <i><only asked from women></i>	0	1	BA32v7.	BA32h7.
BA32a8. prostate <i><only asked from men></i>	0	1	BA32v8	.BA32h8.
BA32a9. skin melanoma	0	1	BA32v9.	BA32h9.
BA32a10. skin, other	0	1	BA32v10.	BA32h10.
BA32a11. lymphatic/lymphoma	0	1	BA32v11.	BA32h11.
BA32a12. leukaemia/blood cancer	0	1	BA32v12.	BA32h12.

BA32a13. other cancer 0 1 BA32v13 .BA32h13.

if BA32a13=0, do not ask which other cancer

BA32a13T. Which other cancer? _____

Only asked from women:

BA34. Benign tumours of the uterus, e.g. myomas?

- 0 no
- 1 yes

BA35. Parkinson's disease?

- 0 no → BA42
- 1 yes

BA35C. Do you currently use medication because of it?

- 0 no
- 1 yes

BA35D. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA42_T11. Have you had recurrent, severe (moderate or intense) headaches?

- 1 yes, within the past 3 months
- 2 yes, within the past year
- 3 yes, over a year ago
- 4 no, I have not had recurrent, severe headaches

<If BA42_T11=1-3, give separate form>

BA43. Bladder, urinary tract or a renal pelvis infection or bacteria in the urine?

- 0 no → BA44
- 1 yes

BA43B. How many infections have you had during the past 12 months?

_____ infections

BA43D. Do you currently use medication because of it?

- 0 no
- 1 yes

BA43F. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA44. Urinary incontinence, problems in controlling the bladder?

- 0 no → BA46
- 1 yes

BA44A. Have you received treatment because of it?

- 0 no → BA46
- 1 yes

BA44C. Have you received physiotherapy for it?

- 0 no
- 1 yes

BA44D. Have you been operated because of it?

- 0 no
- 1 yes

BA44G. Do you currently use medication because of it?

- 0 no
- 1 yes

BA44H. How many times have you seen a doctor because of it during the past 12 months? _____ times

BA46. Do you have some other chronic illness, defect, trouble or injury diagnosed by a doctor?

- 0 no → BB01a
- 1 yes

What other?

BA46A_1. _____ (code)

BA46A_2. _____ (code)

BA46A_3. _____ (code)

BA46A_1T -- BA46A_3T (disease as a text field)

<if BA02=0 and BA04-BA46=0 (no chronic illnesses) → BB10>

BB. Treatment of illnesses

Next, I would like you to think about your illnesses and their treatment as a whole.

BB01A. Do you need continuous treatment by a doctor because of any of the chronic illnesses, defects or injuries you just mentioned?

- 0 no
- 1 yes

BB01C. Do you have a chronic illness for which you would like to get continuous treatment by a doctor but do not receive it?

0 no → BB10
1 yes

BB01D. Which illness/es?

BB01D_1. _____ (code)

BB01D_2. _____ (code)

BB01D_3. _____ (code)

BB01D_1T – BB01D_3T (text fields)

BB01e. Have the following circumstances prevented you from getting the doctor's treatment you want?

	no	yes
BB01e1. Queuing to get treatment	0	1
BB01e2. Poor means of transportation to the place of treatment (e.g. health centre or hospital)	0	1
BB01e3. Excessively high service fees and prices (e.g. health centre and outpatient clinic fees, doctor's fees)	0	1
BB01e4. Difficulties in getting treatment for some other reason	0	1
BB01e5. Other reason	0	1
BB01e_5T. What other reason? _____		

Hospital care

BB10. And have you been an inpatient in a hospital ward during the past 12 months?

0 no → BB12
1 yes

BB11B. How many days in total? _____ days

Surgical operations

BB12. Have you been operated on since the year 2000?

0 no → women → BD00a
1 yes

BC. Questions for men

BC02. How many living children do you have at the moment, including adopted children, children for whom you are a foster parent and other “non biological” children? _____

Infertility

(CONDITION: ASKED FROM MEN UNDER 70 YEARS, MEN OF 70 YEARS AND OLDER GO TO QUESTION DA01)

BC03. Have there been time periods when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?

0 no → BC05
1 yes

BC03_1. Which year did you last attempt to have a child? _____

BC04. Have you been examined because of infertility or sought treatment because of it?

0 no → BC05 (55 years and under), other men → DA01
1 yes

BC04_1. Which year were you last examined or sought treatment? _____

BC04_2. Did you succeed in having a child due to the treatments?

0 no
1 yes

Contraception

CONDITION: Asked from subjects of 55 years old and under

INSTRUCTION: SHOW CARD 10

BC05 Which contraceptive method are you currently using or have recently used with your partner?

(Instruction: Time before pregnancy if partner is currently pregnant. Because the question is limited to birth control, e.g. the use of condom in homosexual relationships is not meant here.)

	no	yes
BC050. I have not needed contraception because I have not had sexual intercourse during the past 12 months	0	1
BC051. We don't use any contraception → BC05_1	0	1
BC052. Partner uses oral contraceptive pills, contraceptive vaginal ring or contraceptive patch	0	1
BC053. Partner uses an intrauterine device	0	1
BC054. Condom	0	1
BC055. Emergency contraceptive pill (“morning-after pill”)	0	1
BC056. Some other method	0	1

INSTRUCTION: SHOW CARD 11
BC05_1. Why are you not using contraception?

	no	yes
BC05_11. no sexual intercourse	0	1
BC05_12. no chance of pregnancy for some other reason	0	1
BC05_13. hoping for a child	0	1
BC05_14. I have been sterilized	0	1
BC05_15. my partner has been sterilized	0	1
BC05_16. some other reason	0	1

BD. Questions for women

BD00a. How often do you attend gynaecological examinations?

- 1 regularly at least once a year
- 2 occasionally
- 3 only if I have symptoms
- 4 never

BD00b. How often do you examine your breasts yourself?

- 1 more often than once a month
- 2 about once a month
- 3 occasionally
- 4 never

<The rest of the questions in section BD are asked from women under the age of 70; older women go to question DA01>

Menstruation

BD02. How old were you when your periods started? _____

BD03. Do you have periods nowadays: (If the person is pregnant, mark the situation before the pregnancy.)

- 1 regularly
- 2 irregularly
- 3 not at all

BD05. When did you last have periods? _____ <mmyyyy>

INSTRUCTION: MONTH AND YEAR (MMYYYY), UNKNOWN MONTHS AND YEARS NOTED BY ZEROS, E.G. 002010.

Ask, if BD03=3

BD06. Did your periods end:

- 1 naturally with the menopause
- 2 after an operation or radiotherapy
- 3 for some other reason (e.g. because of hormone medication)?

BD06_1. Have you had a hysterectomy?

- 0 no → BD07
- 1 yes

BD06_2. What was removed in the operation?

- 1 uterus and both ovaries
- 2 uterus and one ovary
- 3 only uterus, no ovaries

Pregnancies and deliveries

< (BD07: women under 55 years old)>

BD07. Are you pregnant at the moment?

- 0 no
- 1 yes

BD08d. How many deliveries have you had? _____

<if BD08d=0 → BD19>

INSTRUCTION: INCLUDE ALL DELIVERIES, BOTH CAESAREAN SECTIONS AND NATURAL BIRTHS.

BD09. INSTRUCTION: YEAR (YYYY)

BD09A. Which year was your first delivery? _____

BD09U. And which year was your last delivery? _____

BD12A. How many live children have you delivered? _____

0=go to question BD19

BD12B. How many months did you breastfeed your 1st child, including also partial breastfeeding together with other feeding? _____

INSTRUCTION:

0= HAS ONLY TRIED OUT, NO CONTINUOUS BREASTFEEDING

97=CONTINUOUS BREASTFEEDING FOR OVER 1 WEEK BUT LESS THAN 1 MONTH

98=NO BREASTFEEDING BECAUSE CHILD HAS DIED

<BD12W asked if BD08d=2 or more>

BD12W. And your youngest child? _____

BD12_X. Are you currently breastfeeding?
(asked if BD09A or BD09U birth year = 2010 or 2011)

- 0 no
- 1 yes

BD19. How many miscarriages have you had? _____
INSTRUCTION: DO NOT INCLUDE ABORTIONS

BD20. (How many) extra uterine pregnancies have you had? _____

BD21. (How many) abortions have you had? _____

BD22. How many living children do you have at the moment, including adopted children, children whose foster parent you are and other “non biological” children? _____

<BD13-BD17 asked only if at least one pregnancy (BD08d, BD19, BD20 or BD21 = 1) or more>

BD13. Have you during any pregnancy had:

BD13A. Toxaemia

- 0 no → BD13B
- 1 yes

BD13a_1. During how many pregnancies? _____

BD13B. High blood pressure?

- 0 no → BD13BC
- 1 yes

BD13b_1. During how many pregnancies? _____

<if BD13b=1 ask BD14, others skip questions BD14-BD17>

BD14. Was your high blood pressure treated with medicines during (any) pregnancy?

- 0 no → BD17
- 1 yes

BD15. Was the antihypertensive treatment (always) stopped after the delivery?

- 0 no
- 1 yes → BD23

<if 15=0 ask BD16>

BD16. Was the antihypertensive treatment continued after (any) delivery:

- 1 not more than one year
- 2 over one year

BD13C. Albumin in the urine?

- 0 no → BD13D
- 1 yes

BD13c_1. During how many pregnancies? _____

BD13D. High blood sugar values?

- 0 no → BD23
- 1 yes

BD13d_1. During how many pregnancies? _____

<if BD13D=1 ask BD17>

BD17. What kind of treatment did you receive because of the high blood glucose values:

INSTRUCTION: MARK THE STRONGEST TREATMENT RECEIVED AT LEAST DURING ONE PREGNANCY (1=STRONGEST, 3=LEAST STRONG TREATMENT)

- 1 started insulin treatment, which continued over one year after the delivery
- 2 started insulin treatment, which was stopped after the pregnancy
- 3 changes in the diet
- 4 no treatment

Infertility

BD23. Have there been time periods, when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?

- 0 no → BD261
- 1 yes

BD24. Have you been in examinations because of infertility or received treatment for it?

- 0 no → BD261
- 1 yes

BD24a. Which year were you last examined or sought treatment? _____

BD24_2. Did you succeed in having a child due to the treatments?

- 0 no
- 1 yes

BD25. Have you received any of the following infertility treatments:

INSTRUCTION: ALSO INCLUDE TREATMENT PERIODS, IN WHICH DONATED SEX CELLS WERE USED AND THOSE WHICH WERE INTERRUPTED (E.G. NO EMBRYO TRANSFER).

<ask if BD24=1>

BD25A. Hormone treatments?

- 0 no
- 1 yes

<ask if BD24=1>

BD25B. Artificial insemination?

- 0 no
- 1 yes

<ask if BD24a>1981>

BD25C. In vitro fertilisation (IVF) or intra cytoplasmic sperm injection treatment (ICSI) or equivalent?

<ask if BD24a>1988>

BD25E. Frozen embryo transfer (FET)?

- 0 no
- 1 yes

<ask if BD24=1>

BD25F. Other infertility treatment?

- 0 no
- 1 yes

Contraception

(INSTRUCTION: ASKED FROM UNDER 55 YEAR-OLDS WHO HAVE NOT HAD A HYSTERECTOMY (BD06_1=0) or BD06=3)

INSTRUCTION: SHOW CARD 12

BD26. Which contraceptive method are you currently using or have recently used with your partner? <Several alternatives allowed. If currently pregnant, answer according to time before pregnancy>

	no	yes
BD260. I have not needed contraception because I have not had sexual intercourse during the past 12 months	0	1
BD261. I/we don't use contraception → B261_1b	0	1
BD262. Oral contraceptive pills	0	1
BD263. Contraceptive vaginal ring	0	1
BD264. Contraceptive patch	0	1
BD265. Hormonal intrauterine device	0	1
BD266. Intrauterine device without hormone	0	1
BD267. Condom	0	1
BD268. Emergency contraceptive pill ("morning-after pill")	0	1
BD269. Some other method	0	1
BD2610. Sterilization (self or partner)	0	1

BD269_1. (some other method) what? _____

Ask if BD261=yes *INSTRUCTION: SHOW CARD 13*
BD261_b. Why are you not using contraception?

	no	yes
BD261_b1. no sexual intercourse	0	1
BD261_b2. no chance of pregnancy for some other reason	0	1
BD261_b3. hoping for a child / planning a pregnancy	0	1
BD261_b4. I have been sterilized	0	1
BD261_b5. my partner has been sterilized	0	1
BD261_b6. some other reason	0	1

BD26A. For how many years altogether have you been taking contraceptive pills (including all earlier time periods)? _____
INSTRUCTION: LESS THAN 1 YEAR CODE =97, never=0

BD29. For how many years altogether have you been using a hormonal intrauterine device (all separate time periods included, note only hormonal intrauterine devices, not intrauterine devices without hormone)? _____
INSTRUCTION: LESS THAN 1 YEAR CODE =97, never =0

Hormone replacement therapies

(Only asked from women under 70 years old, older women go to question DA1)

BD32. Have you used hormone replacement therapy as tablets, gel or patches because of menopause, menstrual problems or some other reason during the past six months? <several alternatives allowed>

BD32_0_T11. no → BD33

BD32_1_T11. yes, as tablets

BD32_2_T11. yes, as gel

BD32_3_T11. yes, as patches

BD32_4_T11. yes, as vaginal suppository

BD32_5_T11. yes, as vaginal cream

What is the name of the preparation you are using now?

BD32B_1T. _____ (text)

BD32B_2T. _____ (text)

BD32B_3T. _____ (text)

(BD32b_1_ATC -- BD32b_3_ATC= preparation as a code)

(INSTRUCTION: BD33 asked only if BD32=0)

BD33. Have you earlier used hormone replacement therapy as tablets, gel or patches because of menopause or menstrual problems?

1 yes

2 no → DA00

BD33a. For how many years have you been using hormone replacement therapy (all earlier time periods included)? _____

INSTRUCTION: LESS THAN 1 YEAR CODE =97, never =0

BD34. How old were you when you started using hormone replacement therapy?

D. HEALTH SERVICES

DA. Availability and accessibility

DA00. Do you have a certain doctor that you generally visit?

- 0 no → DA06
- 1 yes

DA04_T11. Who is this doctor:

- 1 a health centre doctor
- 2 an occupational health care doctor
- 3 a student health care doctor
- 4 a private doctor
- 5 a doctor in a hospital outpatient department
- 6 a doctor who is an acquaintance or a relative
- 7 some other doctor

DA06. Do you have a certain nurse whom you primarily contact when in need of help or advice concerning your health?

- 0 no → DB01
- 1 yes

DA07_T11. Is this nurse:

- 1 in a health centre
- 2 in a private medical centre
- 3 in a hospital
- 4 an occupational health nurse
- 5 a student health care nurse
- 6 a nurse who is an acquaintance or a relative
- 7 some other nurse

DB. Ambulatory visits due to illnesses or symptoms

INSTRUCTION: Do not include dental visits!

DB01. Have you seen a doctor because of your own illness (or pregnancy or delivery) during the past 12 months? Do not include the times you have been in a hospital as an inpatient.

- 0 no → DB06A
- 1 yes

DB02. How many times altogether? _____

DB02_k. How many times altogether? (corrected variable on the basis of DB03) _____

INSTRUCTION: Include all one on one visits. Several alternatives allowed.

DB03. How many times during the past 12 months have you visited the following because of your own illness:

- DB03a. a health centre doctor _____
- DB03b. a hospital outpatient department _____
- DB03c. an occupational health care doctor _____
- DB03CN. a student health care doctor _____
- DB03d. a private doctor's surgery or private medical centre _____
- DB03e. met a doctor at your home _____
- DB03f. seen a doctor somewhere else _____

"You may enter at most 3 of the latest reasons for doctor's visits" and the instruction needs to be seen by the interviewers"

<DB051T asked if DB02>=1>

DB05AT_T11. What illness was the reason for your latest visit to a doctor?

_____ (text)

DB05A_T11. _____ (code)

DB05_1. Where did you last visit a doctor (or had a doctor visit you)?

1. in a health centre
2. in a hospital outpatient department
3. in occupational health care
4. in student health care
5. in a private doctor's surgery or private medical centre
6. somewhere else

<DB052T asked if DB02>=2>

DB05BT_T11. What illness was the reason for your second most recent visit to a doctor?

_____ (text)

DB05B_T11. _____ (code)

DB05_2. Where did you visit a doctor (or had a doctor visit you) during your second most recent visit?

1. in a health centre
2. in a hospital outpatient department
3. in occupational health care
4. in student health care
5. in a private doctor's surgery or private medical centre
6. somewhere else

<DB053T asked if DB02>=3>

DB05CT_T11. What illness was the reason for your third most recent visit to a doctor?

_____ (text)

DB05C_T11. _____ (code)

DB05_3. Where did you visit a doctor (or had a doctor visit you) during your third most recent visit?

1. in a health centre
2. in a hospital outpatient department
3. in occupational health care
4. in student health care
5. in a private doctor's surgery or private medical centre
6. somewhere else

DB05_4. Thinking about your latest visit to a doctor, do you agree with the following:

	Completely agree	Somewhat agree	Disagree
DB05_21. I was able to get an appointment fast enough	1	2	3
DB05_22. I received adequate information about my health status and care	1	2	3
DB05_23. The doctor listened to me and showed interest in me	1	2	3
DB05_24. I was able to influence the decisions made about my treatment	1	2	3
DB05_25. The treatment I received helped me	1	2	3

INSTRUCTION: Does NOT concern face-to-face visits.

DB06. How many times during the past 12 months have you been in contact with a doctor because of your own illness (or pregnancy or delivery):

DB06A. by phone? _____ times

DB06B. via Internet, e-mail? _____ times

INSTRUCTION: Include all face-to-face visits. Several alternatives allowed.

DB08. How many times during the past 12 months have you because of your own illness (or pregnancy or delivery):

DB08a. visited an occupational health nurse _____ times

DB08BN2. visited some other nurse _____ times

DB08c. met a nurse in your home _____ times

DB08BN1. visited a student health nurse _____ times

INSTRUCTION: Does NOT concern face-to-face visits.

DB11. How many times during the past 12 months have you been in contact with a nurse because of your own illness (or pregnancy or delivery):

DB11a. by phone? _____ times

DB11b. via Internet, e-mail? _____ times

DC. Mental health services

DC01. Have you used any health services because of mental health problems during the past 12 months?

0 no → DC12

1 yes

DC02. Have you visited the following because of mental health problems during the past 12 months:

	no	yes	DC03. How many such visits did you attend within the past 12 months?	times
DC02a. a health centre	0	1	DC03A	
DC02b. an occupational health clinic	0	1	DC03B	
DC02k. a student health clinic	0	1	DC03K	
DC02c. a mental health clinic or a psychiatric outpatient department	0	1	DC03C	
DC02d. an A-clinic (clinic for persons with alcohol and/or other addiction problems)	0	1	DC03D	
DC02f. a doctor or a psychologist in a private clinic	0	1	DC03F	
DC02g. a psychiatric hospital	0	1	DC03G	
DC02h. another hospital	0	1	DC03H	
DC02j. somewhere else	0	1	DC03J	

DC02J_1. Elsewhere, where? _____

INSTRUCTION: BY THIS WE REFER TO SUCH SCHEDULED AND RECURRENT APPOINTMENTS WHICH HAVE BEEN CLASSIFIED AS PSYCHOTHERAPY AND WHICH ARE CARRIED OUT BY A TRAINED PSYCHOTHERAPIST.

DC05a_k. Did your treatment comprise psychotherapy?

0 no → DC06
1 yes

	no	yes	DC05a_k_1. Mention therapy orientation if known:	DC05a_k_2. How many such visits did you attend within the past 12 months?	times
DC05a_ka. Individual psychotherapy					
DC05a_ka1. short-term (less than one year)	0	1	DC05a_ka1_1	DC05a_ka1_2	
DC05a_ka2. long-term (one year or more)	0	1	DC05a_ka2_1	DC05a_ka2_2	
DC05a_kb. Couple therapy	0	1	DC05a_kb_1	DC05a_kb_2	
DC05a_kc. Family therapy	0	1	DC05a_kc_1	DC05a_kc_2	
DC05a_kd. Group therapy	0	1	DC05a_kd_1	DC05a_kd_2	
DC05a_ke. Other	0	1	DC05a_ke_1	DC05a_ke_2	

DC05a_keT.

Other, what? _____

Several alternatives allowed.

DC06. Who has treated you because of mental health problems during the past 12 months:

DC061. a psychiatrist

0 no
1 yes

DC06_1_1. How many times during the past 12 months? _____

DC062. some other doctor

0 no
1 yes

DC06_2_1. How many times during the past 12 months? _____

DC063. a nurse

0 no
1 yes

DC06_3_1. How many times during the past 12 months? _____

DC064. some other professional (e.g. psychologist)?

0 no
1 yes

DC06_4_1. How many times during the past 12 months? _____

DC07. Did your treatment include pharmacotherapy (medicines)?

- 0 no
- 1 yes

INSTRUCTION: THE FOLLOWING REFERS TO GROUP THERAPY OR GROUP REHABILITATION CARRIED OUT BY PROFESSIONALS.

DC07_2. Have you been in group therapy or group rehabilitation because of mental health problems?

- 0 no
- 1 yes

<Asked if DC01=1>

DC10. Thinking about the services you have received for mental health problems, do you agree with the following:

	Completely agree	Somewhat agree	Disagree
DC10_1. I was able to get an appointment fast enough	1	2	3
DC10_2. I received adequate information about my health status and care	1	2	3
DC10_3. The therapist listened to me and showed interest in me	1	2	3
DC10_4. I was able to influence the decisions made about my treatment	1	2	3
DC10_5. The treatment I received helped me	1	2	3

DC11. How long did you wait to get an appointment? _____ weeks

DC12. Do you think that you are currently in need of health services due to mental health problems?

- 0 no → DD01
- 1 yes

DC12_T. What kind of service?

	no	yes
DC12_TA_T11. Counselling or evaluation of the need for treatment	0	1
DC12_TB_T11. Medication	0	1
DC12_TC_T11. Psychotherapy	0	1
DC12_TD_T11. Other conversational help	0	1
DC12_TE_T11. Other treatment or therapy:	0	1
DC12_TF_T11. Cannot say	0	1

< DC12_e_T asked if DC12_TE_T11=1>

DC12_e_T. What other treatment? _____

DD. Health examinations and preventive health services

DD01. Have you attended the following health examinations during the past five (5) years:
 (A health examination means a visit to a doctor or a nurse which is directly related to an early diagnosis of an illness, general health examination or acquiring a doctor's certificate.)

<DD01b and DD01d asked only from those <65 years; DD01f and DD01g asked only from women <55 years.>

	no	yes
DD01A. driver's license examination	0	1
DD01B_T11. employment-related health examination or some other examination in the occupational health service	0	1
DD01BN2. student health examination		
DD01C. examination for the unemployed	0	1
DD01D. examination for a certain age group	0	1
DD01F. examination connected with birth control	0	1
DD01G. examination connected with pregnancy or delivery	0	1
DD01H. other examination	0	1

DD04. Have you attended the following examinations during the past five (5) years:

**DD05A_T11-DD05Q_T11.
How about within
the past 12 months?**

	no	yes	no	yes
DD04A. vision examination	0	1	0	1
DD04B. hearing examination	0	1	0	1
DD04D. blood sugar level measurement	0	1	0	1
DD04E. blood cholesterol measurement	0	1	0	1
DD04F. bone density measurement	0	1	0	1
DD04P. fecal blood test for diagnosing intestinal cancer	0	1	0	1
DD04Q. HIV test	0	1	0	1

<women are additionally asked:>

**DD05H_T11-
DD05L_T11.
How about
within the past
12 months?**

	no	yes	no	yes
DD04H. mammography (X-ray of the breasts)	0	1	0	1
DD04J. ultrasonic examination of the breasts	0	1	0	1
DD04K. PAP smear (cervix cancer screening)	0	1	0	1
DD04L. a gynaecological examination	0	1	0	1

<men are additionally asked:>

DD040. Blood sample to measure PSA value related to prostate examination?

- 0 no
- 1 yes

DD050_T11. How about within the past 12 months?

- 0 no
- 1 yes

< asked from subjects aged 70 or over>

DD07. Has a home visit been made in order to assess your need for services?

- 0 no
- 1 yes, within the past 12 months
- 2 yes, earlier (over 12 months ago)

DD08. Did you spend so much on health care services in 2010 that your expenses exceeded the amount one has to pay out of own pocket?

- 0 no
- 1 yes
- 2 I cannot say because I have not kept track of my payments
- 3 I cannot say because I am not aware that there is a certain threshold above which one no more has to pay out of own pocket

DE. Physiotherapy

<Refers only to outpatient visits, not treatment received in a hospital or rehabilitation centre.>

DE01. Have you been in physiotherapy on a doctor's referral during the past 12 months?

- 0 no
- 1 yes

DE01_1. Have you been to physiotherapy without a doctor's referral during the past 12 months?

- 0 no
- 1 yes

DE02_T11 asked if DE01 or DE01_1 = 1 (yes)

INSTRUCTION: REFERS TO SEPARATE VISITS, NOT SERIES OF TREATMENTS. OF INCOMPLETE TREATMENT SERIES NOTE ONLY THE VISITS WHICH HAVE ALREADY BEEN CARRIED OUT.

DE02_T11. How many physiotherapy visits have you made during the past 12 months?

DE02_1T. What illness, symptom, trouble or injury was the reason for the most recent physiotherapy visit?

_____ (text)

DE02_1. _____ (code)

DE02_2. The reason for the most recent physiotherapy visit, recoded

- 300 Complaints and symptoms from neurological background
- 400 Other common symptoms, complaints and impairments
- 550 Musculoskeletal symptoms, injuries and complaints in undefined site of upper or lower limbs
- 561 Hips
- 562 Knees
- 563 Feet, lower limbs
- 571 Shoulders
- 572 Elbows, wrists, hands
- 801 Physiotherapy focused on undefined part of spine for musculoskeletal symptoms
- 802 Spinal complaints and symptoms affecting neck, upper back or upper limbs
- 803 Spinal complaints and symptoms affecting lower back or lower limbs

*INSTRUCTION: SHOW CARD 14***DE03. Did you receive physiotherapy:**

	no	yes
DE03A. at a health centre	0	1
DE03B. at a hospital outpatient department	0	1
DE03C. in a private clinic or in a physiotherapist's private practice	0	1
DE03D. in occupational health care	0	1
DE03FN. in student health care	0	1
DE03G_T11. a physiotherapist has visited me at home	0	1
DE03E_T11. somewhere else	0	1

DE03_1. Thinking about the physiotherapy services you have received, do you agree with the following:

	Completely agree	Somewhat agree	Disagree
DE03_1A. I was able to get an appointment fast enough	1	2	3
DE03_1B. I received adequate information about my health status and care	1	2	3
DE03_1C. The therapist listened to me and showed interest in me	1	2	3
DE03_1D. I was able to influence the decisions made about my treatment	1	2	3
DE03_1E. The treatment I received helped me	1	2	3

DE. OTHER TREATMENTS AND THERAPIES

DE03_2. Due to some illness, defect or injury have you been to the following during the past 12 months:

DE03_2A. Occupational therapy

- 0 no
1 yes

DE03_2B. Speech therapy

- 0 no
1 yes

DE04. Have you been to the following treatments during the past 12 months:

	no	yes	DE05. How many times during the past 12 months?
DE04C. a massage therapist	0	1	DE05C. _____
DE04A_T11. a chiropractor, osteopath or naprapath	0	1	DE05A_T11. _____
DE04G. a lymph therapist	0	1	DE05G. _____
DE04E. a zone therapist or reflexologist	0	1	DE05E. _____
DE04H. acupuncture treatment	0	1	DE05H. _____
DE04F. a homeopath	0	1	DE05F. _____
DE04I. some other alternative treatment (e.g. traditional healer, reiki treatment or Chinese medicine)?	0	1	DE05I. _____

DF. Medicines

DF01. Have you used any medicine prescribed by a doctor at least once during the past 12 months? *<when under 55-year-old female, continue with>* including birth-control pills

- 0 no → DF07
1 yes

DF02. Are you at the moment using any medicine prescribed by a doctor?

- 0 no → DF07
1 yes

DF03. What are the names of these medicines?

INSTRUCTION: CHECK NAMES FROM THE PACKAGE OR PRESCRIPTION IF THE SUBJECT DOES NOT REMEMBER THEM. IF THESE ARE UNAVAILABLE, RECALLED INFORMATION IS ACCEPTED (INCLUDE MEDICINES TAKEN OCCASIONALLY).

ATC code	Name of medicine
DF03_1_ATC	DF03_1T
DF03_2_ATC	DF03_2T
DF03_3_ATC	DF03_3T
DF03_4_ATC	DF03_4T
DF03_5_ATC	DF03_5T
DF03_6_ATC	DF03_6T
DF03_7_ATC	DF03_7T
DF03_8_ATC	DF03_8T
DF03_9_ATC	DF03_9T
DF03_10_ATC	DF03_10T
DF03_11_ATC	DF03_11T
DF03_12_ATC	DF03_12T
DF03_13_ATC	DF03_13T
DF03_14_ATC	DF03_14T
DF03_15_ATC	DF03_15T

<for every medicine ask DF04>

DF04. Have you used it during the past seven days?

	no	yes
		→ skip question DF04_1
DF04_1. Prescription medicine 1	0	1
DF04_2. Prescription medicine 2	0	1
DF04_3. Prescription medicine 3	0	1
DF04_4. Prescription medicine 4	0	1
DF04_5. Prescription medicine 5	0	1
DF04_6. Prescription medicine 6	0	1
DF04_7. Prescription medicine 7	0	1
DF04_8. Prescription medicine 8	0	1
DF04_9. Prescription medicine 9	0	1
DF04_10. Prescription medicine 10	0	1
DF04_11. Prescription medicine 11	0	1
DF04_12. Prescription medicine 12	0	1
DF04_13. Prescription medicine 13	0	1
DF04_14. Prescription medicine 14	0	1
DF04_15. Prescription medicine 15	0	1

DF05. Are you using it:	continuously	occasionally/ temporarily	only when needed
DF05_1. Prescription medicine 1	1	2	3
DF05_2. Prescription medicine 2	1	2	3
DF05_3. Prescription medicine 3	1	2	3
DF05_4. Prescription medicine 4	1	2	3
DF05_5. Prescription medicine 5	1	2	3
DF05_6. Prescription medicine 6	1	2	3
DF05_7. Prescription medicine 7	1	2	3
DF05_8. Prescription medicine 8	1	2	3
DF05_9. Prescription medicine 9	1	2	3
DF05_10. Prescription medicine 10	1	2	3
DF05_11. Prescription medicine 11	1	2	3
DF05_12. Prescription medicine 12	1	2	3
DF05_13. Prescription medicine 13	1	2	3
DF05_14. Prescription medicine 14	1	2	3
DF05_15. Prescription medicine 15	1	2	3

- DF19. Did you spend so much on medicine in 2010 that your expenses exceeded the amount that one has to pay out of own pocket?**
- 0 no
 - 1 yes
 - 2 I cannot say because I have not kept track of my payments
 - 3 I cannot say because I am not aware that there is a certain threshold above which one no more has to pay out of own pocket

DF07. Have you used any of the following at least once during the past 12 months:

DF07a_T11. a non-prescription medicine from a pharmacy?

- 0 no
- 1 yes

DF07b_T11. a vitamin or mineral product? (e.g. multivitamins, C-vitamin, iron or calcium supplements)

- 0 no
- 1 yes

DF07c_T11. natural medicines or medicinal herbs or products (e.g. Echinacea, St. John's wort, lactic acid bacteria, omega-3 fatty acid)?

- 0 no
- 1 yes

DF07d_T11. homeopathic or anthroposophic products?

- 0 no
- 1 yes

<Programming instruction: If (DF07a=1 and/or DF07b=1 and or DF07c=1 and/or DF07d=1), ask DF08 and DF09. If (DF07a=0 and DF07b=0 and DF07c=0 and DF07d=0), → EA01>

DF08. Are you at the moment using any of these products?

- 0 no → EA01
- 1 yes

DF09. What are the names of these products?

INSTRUCTION: CHECK NAMES FROM THE PACKAGE OR PRESCRIPTION, IF THE SUBJECT DOES NOT REMEMBER THEM. IF THESE ARE UNAVAILABLE RECALLED INFORMATION IS ACCEPTED (INCLUDE MEDICINES TAKEN OCCASIONALLY).

- DF09_1. _____ < ATC-code and natural medicine codes >
- DF09_2. _____
- DF09_3. _____
- DF09_4. _____
- DF09_5. _____
- DF09_6. _____
- DF09_7. _____
- DF09_8. _____
- DF09_9. _____
- DF09_10. _____
- DF09_11. _____
- DF09_12. _____
- DF09_13. _____
- DF09_14. _____
- DF09_15. _____

DF09_1T--DF09_15T. text fields

DF09_1_ATC_T11--DF09_15_ATC_T11. code fields

E. ORAL HEALTH

EA. Oral health status

EA01. Is the condition of your teeth and the health of your mouth at present:

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor

EA02. Have you during the past 12 months had toothache or other trouble related to your teeth or dentures?

- 0 no
- 1 yes

EA04. Are you able to chew hard or tough food, such as rye bread, meat or apple?

- 1 without problems
- 2 yes, but chewing is difficult
- 3 no

EA05. Do you have removable dentures?

- 1 complete dentures (no own teeth nor roots)
- 2 partial dentures and own teeth
- 3 no dentures, has own teeth
- 4 no dentures nor teeth

EB. Oral self-care

EB01. How often do you usually brush your teeth?

- 1 more often than twice a day
- 2 twice a day
- 3 once a day
- 4 less frequently than every day
- 5 never → EC01a

EB03. How often do you use for cleaning and caring for your mouth and teeth:

	daily	weekly	less frequently	not at all
EB03B. an electric tooth brush	1	2	3	4
EB03C. dental floss or interdental brush	1	2	3	4
EB03E. fluoride toothpaste	1	2	3	4
EB03G. mouth wash or mouth rinse	1	2	3	4

EC. Use of services

EC01a. Do you usually go to a dentist:

- 1 regularly for a check-up
- 2 only when you have toothache or some other trouble
- 3 never → EC01c

EC01b_T11. Do you visit a dentist for a check-up:

- 1 about once a year
- 2 about every other year
- 3 about every third year
- 4 less frequently

EC01c. Do you visit a dental hygienist:

- 1 regularly
- 2 occasionally
- 3 never

EC06_T11. When did you last receive dental care? Dental care refers to visits to a dentist, dental hygienist, dental nurse and/or dental technician.

- 1 during the past 12 months
- 2 1 to 2 years ago → EC05_1
- 3 3 to 5 years ago → EC05_1
- 4 over 5 years ago → EC05_1
- 5 I have never received dental care → ED04

EC05. How many times during the past 12 months have you visited:

- EC05A. a dentist at a health centre _____
- EC05B. a dentist at a private clinic _____
- EC05C. a dentist somewhere else (students' health care, defence forces, university, hospital etc.) _____
- EC05D. a dental technician _____
- EC05H_T11. a dental hygienist at a health centre _____
- EC05F_T11. a dental hygienist at a private clinic _____
- EC05E_T11. some other dental treatment _____

EC05_1. Have the following circumstances prevented you from getting the dentist's treatment you want?

	no	yes
EC05_1_1. Queuing to get treatment	0	1
EC05_1_2. Poor means of transportation to the place of treatment (e.g. health centre or hospital)	0	1
EC05_1_3. Excessively high service charges and prices (e.g. health centre and outpatient clinic fees)	0	1

ED. A customer of dental care

ED01_T11. How did you make the appointment to begin your latest dental treatment series?

- 1 did you make the appointment yourself
- 2 did the dentist, dental hygienist or dental nurse invite you
- 3 was the appointment made already during the previous treatment session
- 4 or did you go to the consultation without making an appointment in advance

ED02. Which treatments were performed during your latest treatment series (A treatment series comprises all dental care visits during which all detected dental diseases and troubles are treated). Were the following performed:

	no	yes	
ED02A. examination of mouth and teeth	0	1	→ED02_1
ED02B. X-ray	0	1	→ED02_1
ED02C. filling or renewal of old filling	0	1	→ED02_1
ED02D. root treatment	0	1	
ED02E. making or repairing a crown or bridge	0	1	
ED02F. making or repairing dentures	0	1	→ED02_1
ED02G. extraction of a tooth or root	0	1	→ED02_1
ED02H. surgery in the mouth	0	1	
ED02I. treatment of temporomandibular joint disorders	0	1	→ED02_1
ED02J. cleaning of teeth or scaling tartar from the teeth	0	1	→ED02_1
ED02K. fluoride varnish or other fluoride treatment	0	1	→ED02_1
ED02L. teaching how to brush	0	1	→ED02_1
ED02M. food and nutrition counselling	0	1	→ED02_1
ED02N. advice on use of fluoride	0	1	→ED02_1

<If ED02A-ED02N =yes, ask ED02_1 separately for each, except ED02_1 not to be asked after root treatment (ED02D), making or repairing a crown or bridge (ED02E) or surgery of the mouth (ED02H).>

ED02_1. By whom were they (examinations and treatments) performed?

	dentist or specialized dentist	dental hygienist or dental nurse	dental technician or specialized dental technician
ED02A_1. examination of mouth and teeth	1	2	3
ED02B_1. X-ray	1	2	3
ED02C_1. filling or renewal of old filling	1	2	3
ED02F_1. making or repairing dentures	1	2	3
ED02G_1. extraction of a tooth or root	1	2	3
ED02I_1. treatment of temporomandibular joint disorders	1	2	3
ED02J_1. cleaning of teeth or scaling tartar from the teeth	1	2	3
ED02K_1. fluoride varnish or other fluoride treatment	1	2	3
ED02L_1. teaching how to brush	1	2	3
ED02M_1. food and nutrition counselling	1	2	3
ED02N_1. advice on use of fluoride	1	2	3

ED03_1. Thinking about your latest visit to a dentist, do you agree with the following:

	Completely agree	Somewhat agree	Disagree
ED03_1. I was able to get an appointment fast enough	1	2	3
ED03_2. I received adequate information about my health status and care	1	2	3
ED03_3. The dentist listened to me and showed interest in me	1	2	3
ED03_4. I was able to influence the decisions made about my treatment	1	2	3
ED03_5. The treatment I received helped me	1	2	3

ED04. Do you think you need dental treatment now?

- 0 no
- 1 yes

ED07. Do you think that visiting a dentist is:

- 1 not frightening at all
- 2 somewhat frightening
- 3 very frightening

F. LIVING HABITS

FA. Eating habits

INSTRUCTION: SHOW CARD 15

FA02. Who mainly prepares your meals?

- 1 myself
- 2 spouse/ other partner
- 3 other person living at home
- 4 other relative, neighbour or friend
- 5 home help or home care
- 6 I eat in restaurants or bars
- 7 I eat in a staff canteen, sheltered housing unit, day centre, old-age home etc. (or I take the food over from above-mentioned places and eat at home)
- 8 ready-made meals are delivered to my home

INSTRUCTION: SHOW CARD 16

FA05a. Which spread do you mostly use on your bread?

- 1 nothing
- 2 spread with less than 65 % fat (e.g. Keiju Kevyt, Flora Kevyt or 60, Becel 38 or 60, Lätta, Kevyt Levi, Oivariini Balansia)
- 3 vegetable stanole margarine (e.g. Benecol)
- 4 margarine or spread with 70 – 80 % fat (e.g. Keiju)
- 5 mixture of butter and vegetable oil (e.g. Oivariini, Enilet)
- 6 butter

INSTRUCTION: SHOW CARD 17

FA05b_T11. Which cooking fat do you mostly use?

- 1 vegetable oil
- 2 fluid vegetable oil product or fat mixture (e.g. Flora Culinesse, Sunnuntai Juokseva)
- 3 spread with about 60 % fat (e.g. Becel 60, Kultarypsi)
- 4 margarine or fat spread with 70 – 80 % fat (e.g. Keiju)
- 5 household margarine (e.g. Flora, Sunnuntai)
- 6 mixture of butter and vegetable oil (e.g. Voimariini, Enilet)
- 7 butter
- 8 no fat at all

FA06a_T11. Do you eat cheese:

- 1 daily
- 2 a few times a week
- 3 not more than once a week
- 4 less frequently →FA08
- 5 never →FA08

FA06b. What kind of cheese do you usually eat:

- 1 normal fat cheese
- 2 low fat cheese (less than 20 % fat)
- 3 vegetable fat cheese

FA08A. How many slices of rye bread do you normally eat daily: _____

FA09. How often have you eaten vegetables and root vegetables (not potatoes) during the past week (7 days) as such, grated or in fresh salads:

- 1 not at all
- 2 on 1 to 2 days
- 3 on 3 to 5 days
- 4 on 6 to 7 days

FA10. How often have you eaten fruits or berries during the past week (7 days):

- 1 not at all
- 2 on 1 to 2 days
- 3 on 3 to 5 days
- 4 on 6 to 7 days

FA11. Have you been to nutritional counselling because of some illness during the past 5 years?

- 0 no →FB01
- 1 yes

FA12. For what reason?

	no	yes
FA12A_T11. heart disease	0	1
FA12B_T11. stroke or other vascular disease	0	1
FA12C_T11. high blood pressure	0	1
FA12D_T11. high cholesterol	0	1
FA12E_T11. diabetes	0	1
FA12F_T11. overweight	0	1
FA12G_T11. other reason	0	1

FB. Tobacco

FB01. Have you ever smoked during your life time?

- 0 no →GB06
- 1 yes

FB03. Have you ever smoked daily for at least one year?

- 0 no →FB05
- 1 yes

FB04. How many years altogether have you smoked daily? _____ years

FB05. Do you smoke nowadays (cigarettes, cigars or pipe):

- 1 daily →FB07_X
- 2 occasionally
- 3 not at all

FB06. When did you smoke last?

- 1 yesterday or today
- 2 2 days to one month ago
- 3 over one month to half a year ago
- 4 over half a year to one year ago
- 5 over one year to 5 years ago
- 6 over 5 to 10 years ago
- 7 over 10 years ago

<If FB03=0 and FB05=3 → GA01>

FB07_X_T11. On average, how much do you smoke or used to smoke daily (cigarettes, cigarillos, cigars, full pipes)? _____ cigs./pipes

CONDITION: To be asked only if FB06=1-6

FB08. How many times have you seriously (= been without smoking for 24 hours at a time) attempted to quit smoking during the past 10 years? _____ times

G. LIVING ENVIRONMENT

GB. Residential environment

<asked from all>

GB06_T11. Do you live in:

- 1 a regular private residence → GB01_A
- 2 somewhere else, e.g. sheltered housing unit, retirement home or institution

GB06_1. Do you live:

- 1 in a sheltered housing unit or group home → GB06_1_1
- 2 retirement home (nursing home) → GB01_1
- 3 health centre or hospital → GB01_1
- 4 somewhere else

GB06_1_2. Where? _____

< if GB06_1=1 then ask GB06_1_1>

GB06_1_1. Is the sheltered housing unit where you live:

- 1 A regular sheltered housing unit with services available part of the time, for example during daytime (less than 24 hours a day)
- 2 A sheltered housing unit with services available 24 hours a day

GB01_1. What is the name of the unit or institution where you live?

<If GB06_1=2 or 3, skip to GC01>

GB01_A. Do you currently live in a block of flats (apartment building)?

- 0 no →GB05
- 1 yes

<if GB01_A = 1 → GB01_2 and GB01_3>

GB01_2. On which floor do you live? _____ floor

GB01_3. Is there a lift?

- 0 no
- 1 yes

Hindrances in your residential environment

<asked from subjects aged 70 years and older>

Next I will list some factors related to housing which may hinder living. Please estimate for each factor whether it hinders your living at your current residence.

GB05. Do the following factors hinder your living in your residence:

INSTRUCTION: DO NOT INCLUDE TEMPORARY PROBLEMS SUCH AS A LEG IN A CAST

	no	yes
GB05A. hindering stairs	0	1
GB05B. lack of a lift/elevator	0	1
GB05K. doorsteps or thresholds which hinder moving	0	1
GB05L. doorways which are too narrow	0	1
GB05M. lack of gripping aids (e.g. in toilet, bathroom)	0	1
GB05N. kitchen cupboards or working surfaces set up too high or too low	0	1
GB05D. poor lighting	0	1
GB05E. insufficient washing facilities	0	1
GB05F. insufficient cooking facilities	0	1
GB05I. lack of running warm water	0	1
GB05J. poor laundering facilities	0	1
GB05P. other shortages <if 1 yes → GB05P_T>	0	1

GB05P_T. Which other shortages? _____

GB07. Are there any of the following facilitating factors in your residence:

	no	yes
GB07a. ramp at front door or stairs	0	1
GB07b. motion sensors which turn on lights automatically	0	1
GB07c. other factors which facilitate living <if 1 yes → GB07c_T>	0	1

GB07c_T. Which other facilitating factors? _____

GB08. Are there any of the following safety equipment in your residence:

GB08A. Switches which turn off electricity automatically (e.g. safety cooker)

0 no
1 yes

GB08B. Fire alarm

0 no
1 yes

GB09. Do you use any of the following safety equipment:

	no	yes
GB09a. slip stoppers for shoes	0	1
GB09b. safety hip pants	0	1
GB09c. safety phone or wrist band	0	1

GB10. Are there any of the following hindering factors in your living environment outside of your home?

	no	yes
GB10a. poorly maintained slippery yards or streets	0	1
GB10b. heavy traffic	0	1
GB10c. unrest or threat of violence	0	1
GB10d. steep, narrow or slippery stairs	0	1
GB10e. poor lighting in walkways, streets or staircases	0	1

GC. Neighbourhood services

<to be asked from over 55-year-olds>

I am next going to ask you about the services and transport connections in your neighbourhood.

GC01. How do you usually go to the nearest grocery shop you use?

- 1 by foot
- 2 by bike
- 3 by car
- 4 using public transport
- 5 by taxi
- 6 by some other means
- 7 cannot go/don't go at all → GC02

INSTRUCTION: REFERS TO ONE WAY TRAVEL. THE ANSWER IS TO BE ROUNDED TO THE NEAREST KILOMETER. LESS THAN 500 METRES = 0.

GC01a. How far is it? _____ km

GC02. How do you usually go from your home to the nearest friend or relative with whom you are in contact?

- 1 by foot
- 2 by bike
- 3 by car
- 4 using public transport
- 5 by taxi
- 6 by some other means
- 7 cannot go/don't go at all → GC03

INSTRUCTION: THE ANSWER IS TO BE ROUNDED TO THE NEAREST KILOMETER. LESS THAN 500 METRES = 0.

GC02a. How far is it? _____ km

<GC03 asked only from those who do not live in an apartment building (GB01_A=no)>

GC03. How far is it to your nearest neighbour? _____ km

GC04. How far from your home is the health centre? _____ km

GC05. How far from your home is the nearest pharmacy? _____ km

INSTRUCTION: INCLUDES ALSO MUNICIPAL TRAFFIC SERVICES (NOT REGULAR TAXIS). THE ANSWER IS TO BE ROUNDED TO THE NEAREST KILOMETER. LESS THAN 500 METRES = 0.

GC06. How far from your home is the nearest public transport stop? _____ km

GC07. Do you manage all the trips mentioned above on your own (GC01-GC06)?

- 0 no
- 1 yes

H. FUNCTIONAL CAPACITY

HA. Activities of Daily Living (ADL and IADL)

<HA01A-HA0H to be asked from 55-year-olds and over>

INSTRUCTION: SHOW CARD 18 (HA01A-H)

HA01. How do you manage the following activities nowadays:

INSTRUCTION: DO NOT INCLUDE TEMPORARY RESTRICTIONS

HA01A. getting in and out of bed?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01B. dressing and undressing?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01C. cutting your toenails?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01D. eating?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01E. washing yourself?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01F. going to the toilet?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01G. using the phone for calls?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 3 not at all

HA01H. dosing and taking medication?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

And how do you manage the following activities. If you do not engage in some activities, please give an estimate on how probable it would be for you to manage them <To be asked from all ages>

INSTRUCTION: SHOW CARD 18 (HA02H-O)

HA02. How do you manage the following activities nowadays:

INSTRUCTION: DO NOT INCLUDE TEMPORARY RESTRICTIONS SUCH AS IF A LEG IS IN A CAST.

HA02H. shopping?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA02I. cooking?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA02J. laundering?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA02K. heavy cleaning, e.g. carrying and beating of carpets or washing windows?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA02L. carrying a shopping bag or some other load weighing about 5 kilos for at least 100 metres?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

< if HA02L=2-4 ask HA02L_1 >

HA02L_1. carrying a shopping bag or some other load weighing about 5 kilos for at least 10 metres?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA02M. banking, handling matters in public offices or similar?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

<HA01N and HA01O to be asked from all ages>

HA01N taking care of matters together with other people?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HA01O presenting matters to unknown people?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB. Mobility

<to be asked from all ages>

HB01. Is your physical condition:

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor

HB02. How well can you move about:

- 1 my moving about is not restricted
- 2 I am able to move about alone and without any aids, but it is difficult
- 3 I am able to move about, but only with help or on a wheel chair, with crutches or other aids
- 4 I am totally unable to move about? → **HC01**

INSTRUCTION: SHOW CARD 18 (HB03-06)

HB03. How do you manage the following activities nowadays? Are you able to run a longer distance (about half a kilometre)?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

<If HB03=2-4 ask HB04>

HB04. Are you able to run a short distance (about 100 metres)?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB06. Are you able to climb up several flights of stairs without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

<If HB06=1, ask HB06_1-HB06_3>

INSTRUCTION: SHOW CARD 19

HB06_1. How easy is it for you to climb several flights of stairs without resting?

- 1 very easy
- 2 somewhat easy
- 3 not so easy

HB06_2. Do you get tired when climbing several flights of stairs?

- 0 no
- 1 yes

HB06_3. During the past year have you cut down on climbing stairs (several flights) because your physical condition or health has deteriorated?

- 0 no
- 1 yes

<If HB06=2-4 ask HB07>

INSTRUCTION: SHOW CARD 18 (HB07-08)

HB07. Are you able to climb one flight of stairs without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB08. Are you able to walk about 2 kilometres without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

<If HB08=1, ask HB08_1-HB08_3>

INSTRUCTION: SHOW CARD 19

HB08_1. How easy is it for you to walk about 2 kilometres without resting?

- 4 very easy
- 5 somewhat easy
- 6 not so easy

HB08_2. Do you get tired when walking about 2 kilometres?

- 0 no
- 1 yes

HB08_3. During the past year have you cut down on walking longer distances (about 2 kilometres) because your physical condition or health has deteriorated?

- 0 no
- 2 yes

<If HB08=2-4, ask HB09>

INSTRUCTION: SHOW CARD 18 (HB09-11)

HB09. Are you able to walk about half a kilometre without resting?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

<If HB09=2-4, ask HB10>

HB10. Are you able to move about in your apartment from one room to another?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB11. Are you able to travel by train, bus or tram?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

HB14. Do you drive a car or some other motor vehicle yourself when you go shopping, make visits or take care of other matters, for example?

- 0 no
- 1 yes

HC. Sensory functions

HC01. Is your eye sight good enough (with glasses) for reading normal newspaper text?

- 1 I can read without difficulties
- 2 I can read, but it causes difficulties
- 3 I cannot read at all

HC04. Can you hear without difficulties what is said in a conversation between several people (with or without a hearing aid)?

- 1 I can hear without difficulties
- 2 I can hear, but it causes difficulties
- 3 I cannot hear at all

<If HC04=2-3, ask HC06>

HC06. Can you hear without difficulties what is said to you in a one-to-one (between two persons) conversation (with or without a hearing aid)?

- 1 I can hear without difficulties
- 2 I can hear, but it causes difficulties
- 3 I cannot hear at all

HD. Need and use of assistance and help

HD01. Do you receive repeated assistance or help in your everyday activities (for example household work, washing up, shopping) because of your reduced functional capacity?

- 0 no → HD02
1 yes

HD01a. In which of the following activities do you receive assistance or help:

INSTRUCTION: SHOW CARD 20

	no	yes
HD01a1. cooking	0	1
HD01a2. eating	0	1
HD01a3. washing	0	1
HD01a4. dressing	0	1
HD01a5. taking care of medication	0	1
HD01a6. cleaning	0	1
HD01a7. laundry or other care of clothes	0	1
HD01a8. shopping	0	1
HD01a9. handling other tasks outside home, e.g. banking	0	1
HD01a10. something else?	0	1

HD01a10T. (something else) what? _____

<To be asked if HD01 is 0=no>

HD02. Would you need this kind of assistance or help due to reduced functional capacity?

- 0 no → HD09
- 1 yes

HD02a. In which of the following activities would you need assistance or help:

INSTRUCTION: SHOW CARD 20

		no	yes
HD02a1.	cooking	0	1
HD02a2.	eating	0	1
HD02a3.	washing	0	1
HD02a4.	dressing	0	1
HD02a5.	taking care of medication	0	1
HD02a6.	cleaning	0	1
HD02a7.	laundry or other care of clothes	0	1
HD02a8.	shopping	0	1
HD02a9.	handling other tasks outside home, e.g. banking	0	1
HD02a10.	something else	0	1

HD02a10T. (something else) what?_____

INSTRUCTION: SHOW CARD 21

<To be asked if HD02 is 1 = yes>

HD03. How often would you need this kind of help?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24-hours a day

<To be asked if HD01 is 1 = yes>

HD04. Have you received help:

<several alternatives allowed>

		no	yes
HD04A.	from your spouse?	0	1
HD04B.	from your children or their spouses?	0	1
HD04C.	from relatives, neighbours, friends or acquaintances?	0	1

<to be asked if HD04a-c=1>

INSTRUCTION: SHOW CARD 21

HD05_o. How often do you receive help from these people in total (relatives, neighbours, friends or acquaintances)?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24 hours a day

<To be asked if HD01 is 1 = yes>

HD04DE. Have you received help from a home care assistant or nurse?

- 0 no → HD04G
- 1 yes

HD04DE_1. Was the home care:

- 1 municipal
- 2 private
- 3 both municipal and private

INSTRUCTION: SHOW CARD 21

<To be asked if HD04DE is 1 = yes>

HD05_k. How often do you receive help from a home care assistant or nurse?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24 hours a day

<If GB06_1=1 (lives in a sheltered home) → HD04G>

HD04FX_T11. Have you received help from an assistant or nurse at a sheltered home?

- 0 no → HD04G
- 1 yes

< to be asked if HD04F=1>**HD05_p. How often do you receive help from her/him? (assistant or nurse at a sheltered home)**

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week

HD04G. Have you received help from someone/somewhere else (e.g. privately purchased cleaning help)?

- 0 no
- 1 yes

<if HD04G=1, ask HD04G_1 and HD05_m>

HD04G_1. From where or whom? _____

INSTRUCTION: SHOW CARD 21

HD05_m. How often do you receive help from someone/somewhere else?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24-hours a day

<if receives help from more than one quarter mentioned above

-from relatives or acquaintances (HD04A=1, HD04B=1 or HD04C=1)

-from home care (HD04DE=1)

-from sheltered home worker (HD04F=1)

-from someone/somewhere else (HD04G=1)

→ HD06 = how much help in total from all quarters>

INSTRUCTION: SHOW CARD 21

HD06. How often do you receive help from all the persons mentioned above in total? (relatives, neighbours etc., home care and/or sheltered home assistants or nurses or somewhere else)

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24-hours a day

<To be asked only if HD01 is 1=yes>

HD06_1. Do you have an informal caregiver who is entitled to an informal caregiver's allowance?

- 0 no
- 1 yes

<To be asked if HD01 is 1=yes>

HD07. Do you receive some other help or assistance such as:

	no	yes
HD07A. meal service (meals on wheels)	0	1
HD07B. transport service	0	1
HD07D. bathing or sauna service outside your home	0	1
HD07C. some other help or service	0	1

< to be asked if HD01=1>

HD07_1. Have you been in interval care for short periods during the past 12 months in a sheltered home, nursing home or hospital ward?

- 0 no
- 1 yes

<if HD01=1 and/or HD07a,b,c=1 → HD08, otherwise HD09>

HD08. Do you receive enough help to manage at home:

- 1 I receive enough help and support → HD09
- 2 I would need more help and support
- 3 I would cope with less help → HD09

INSTRUCTION: SHOW CARD 20

<To be asked if HD08=2>

HD08A. In which of the following activities would you need assistance or help:

	no	yes
HD08a1. cooking	0	1
HD08a2. eating	0	1
HD08a3. washing	0	1
HD08a4. dressing	0	1
HD08a5. taking care of medication	0	1
HD08a6. cleaning	0	1
HD08a7. laundry or other care of clothes	0	1
HD08a8. shopping	0	1
HD08a9. other tasks outside home, e.g. banking	0	1
HD08a10. something else?	0	1

INSTRUCTION: SHOW CARD 21

<To be asked after every "yes" answer.>

(HD08b1--HD08b10)

HD08b. How often would you need this kind of help?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24-hours a day

HD09. Do you help anybody (spouse, relative, friend, neighbour) regularly in tasks helping him/her to cope at home?

- 0 no → HG01 (Aids)
- 1 yes

<several alternatives allowed>

HD10. Whom are you helping?

	no	yes
HD101. grandparents or spouse's grandparents	0	1
HD102. parents or spouse's parents	0	1
HD103. spouse, partner	0	1
HD104. child	0	1
HD105. other relative	0	1
HD106. friend or neighbour	0	1

<HD10_a – HD10_c to be asked after each HD10_1-6 = 1 ("yes" answer)>

(HD101_a–HD106_a)

HD10_a. Do you live in the same household as the person whom you are helping?

- 0 no
- 1 yes

(HD101_b–HD106_b)

HD10_b. Are you this person's informal caregiver and receive informal caregiver's allowance?

- 0 no
- 1 yes

(HD101_c–HD106_c)

HD10_c. How many hours per week in total, including travel time, do you spend helping?

Approximately _____ hours per week

HG. Assistive devices

<to be asked from all>

HG01. Do you wear glasses (reading spectacles, distance spectacles, bifocals or contact lenses)?

- 0 no
- 1 yes

HG02. Do you use other assistive devices for seeing?

- 0 no → HG03
- 1 yes

HG02_1. What? *INSTRUCTION: SHOW CARD 22*

	No	Yes
HG02_1a. Special spectacles or lenses	0	1
HG02_1b. Magnifying glass, binoculars	0	1
HG02_1c. Electronic reading magnifiers, aka video magnifier	0	1
HG02_1d. Braille typewriter	0	1
HG02_1e. Tactile white stick or white cane	0	1
HG02_1f. Guide dog	0	1
HG02_1g. Computer software, e.g. magnifying, speech synthesis or Braille software	0	1
HG02_1h. Some other device for seeing	0	1

HG02_1hT. What other device for seeing? _____

HG03. Do you use any assistive device for hearing?

- 0 no → HG04
- 1 yes

HG03_1. Which assistive device for hearing? *INSTRUCTION: SHOW CARD 23*

	No	Yes
HG03_1a. Hearing aid	0	1
HG03_1b. Assistive device for listening to the radio or TV	0	1
HG03_1c. Indicator for doorbell, telephone etc. alarm sounds	0	1
HG03_1d. Telephone attachment or video phone	0	1
HG03_1e. Some other assistive device for hearing	0	1

HG03_1_eT. What other device for hearing? _____

HG04. Do you use any assistive device for speaking or communication?

- 0 no → HG05
- 1 yes

HG04_1. Which assistive device for speaking or communication?

INSTRUCTION: SHOW CARD 24

	No	Yes
HG04_1a. Communication board or folder	0	1
HG04_1b. Dialogue device	0	1
HG04_1c. Computer-based communication programme	0	1
HG04_1d. Some other assistive device for communication	0	1

HG04_1_dT. What other device for communication? _____

HG05. Do you use any assistive device for mobility?

0 no → HG07

1 yes

HG05_1. Which moving aids? *INSTRUCTION: SHOW CARD 25*

	No	Yes
HG05_1a. Walking cane	0	1
HG05_1b. Nordic walking poles	0	1
HG05_1c. Elbow or auxiliary crutches	0	1
HG05_1d. Rollator, 4 wheeled kick bike or other walker	0	1
HG05_1e. Specially designed adaptive bicycle (also electric)	0	1
HG05_1f. Manual wheelchair (also power assisted m.wheelchair)	0	1
HG05_1g. Electric wheelchair or electric moped (scooter)	0	1
HG05_1h. Car with special adaptations to facilitate its use	0	1
HG05_1i. Lifting or transferring device	0	1
HG05_1j. Other	0	1

HG05_1_jT. What other mobility device? _____

HG07. Do you use any assistive device to facilitate eating, cooking or other everyday tasks?

0 no → HG07

1 yes

HG07_1. Which assistive device? *INSTRUCTION: SHOW CARD 26*

	No	Yes
HG07_1a. Adaptive eating utensils	0	1
HG07_1b. Assistive device for food preparing (special knife, cheese slicer, scissors, jar or bottle opener)	0	1
HG07_1c. Gripping tongs	0	1
HG07_1e. Shower chair	0	1
HG07_1f. Raised toilet seats	0	1
HG07_1g. Raised chair or bed	0	1
HG07_1i. Other	0	1

HG07A_j. What other assistive device? _____

HG08. Do you use constantly any orthoses, support bandages or prostheses?

- 0 no → HG09
- 1 yes

HG08_1. Which orthoses, support bandages or prostheses?

INSTRUCTION: SHOW CARD 27

	No	Yes
HG08_1a. Individually made supporting insoles	0	1
HG08_1b. Orthopaedic shoes	0	1
HG08_1c. Back brace, supporting girdle	0	1
HG08_1d. Knee or ankle brace/orthose	0	1
HG08_1e. Elbow or wrist brace/orthose	0	1
HG08_1f. Lower limb prosthesis	0	1
HG08_1g. Upper limb prosthesis	0	1
HG08_1h. Other brace /orthose	0	1

HG08_1hT. What other brace / orthose? _____

HG09. Do you need some other assistive device because of your reduced functional capacity?

<if answer to all assistive device-related questions is “No”, the question is to be phrased as “**Would you need assistive device because of your reduced functional capacity?**”>

- 0 no → HF01
- 1 yes

HG09A_a. What or to facilitate which function or task?

HG09A_b. What or to facilitate which function or task?

HG09A_c. What or to facilitate which function or task?

HF. Cognitive capacity

<To be asked from persons aged 55 years and older.>

MMSE_TESTI. Will the MMSE-test be performed or attempted? (Question HF01-HF09)

- 1 yes
- 2 no, the subject’s mother tongue is neither Finnish nor Swedish → MMSE_HUOM
- 3 the test cannot be performed due to dementia, mental disability or other cause related to limited cognitive functions → MMSE_HUOM
- 4 no, proxy respondent → MMSE_HUOM
- 5 no, other reason → MMSE_HUOM

Now we shall proceed to some small tasks related to memory and mental functions.

HF01_K. What year is this?

- 0 wrong
- 1 correct
- 2 not done (→ continue with MMSE but record reason onto MMSE_HUOM)

HF02_K. What is today's date? *INSTRUCTION: ANSWER MAY FLUCTUATE BY ONE DAY*

- 0 wrong
- 1 correct
- 2 not done (→ continue with MMSE but record reason onto MMSE_HUOM)

HF03_K. What month is this?

- 0 wrong
- 1 correct
- 2 not done (→ continue with MMSE but record reason onto MMSE_HUOM)

HF04. Next I will ask you to memorise three words. When I am finished, I want you to repeat them SHIRT – BROWN - ACTIVE.

INSTRUCTION: RECORD THE WORDS MEMORISED ON THE FIRST TIME. IF THERE ARE MISTAKES IN THE FIRST REPETITION, REPEAT THE WORDS UNTIL ALL THREE WORDS HAVE BEEN LEARNED BUT NOT MORE THAN 5 TIMES.

	wrong	correct
HF04A_11_K. SHIRT	0	1
HF04A_12_K. BROWN	0	1
HF04A_13_K. ACTIVE	0	1

HF05. Now I would like to ask you to subtract 7 from 100 and from the remainder 7, and 7 once again, until I ask you to stop.

INSTRUCTION: THE QUESTION CAN BE REPEATED ONCE IF IT IS NOT UNDERSTOOD. THE RESPONDENT MAY NOT USE PEN AND PAPER. If the respondent makes a mistake, but continues correctly subtracting 7 from the wrong number, there is only one incorrect answer.>

	wrong	correct
HF05A_1_K. result of 1st calculation	0	1
HF05B_1_K. result of 2nd calculation	0	1
HF05C_1_K. result of 3rd calculation	0	1
HF05D_1_K. result of 4th calculation	0	1
HF05E_1_K. result of 5th calculation	0	1

HF06. Now what were the three words I asked you to remember? Could you now repeat them. *INSTRUCTION: ORDER OF WORDS IS IRRELEVANT*

	wrong	correct
HF06A_K.SHIRT	0	1
HF06B_K. BROWN	0	1
HF06C_K. ACTIVE	0	1

HF07_K. Now I am going to read a sentence. Please repeat it after me. “No fits, ands or buts.”

INSTRUCTION: A POINT IS GIVEN ONLY IF THE WHOLE SENTENCE IS CORRECT. THE SENTENCE MAY NOT BE REPEATED.

- 0 wrong
- 1 correct
- 2 not done (→ continue with MMSE but record reason onto MMSE_HUOM)

INSTRUCTION: HAND OUT TASK SHEET

HF09_K_YHD. There is a figure drawn on this paper. Could you draw underneath it a similar one.

INSTRUCTION: A POINT IS GIVEN ONLY IF NO SIDES OR ANGLES ARE MISSING AND THE SHEAR PLANE IS A SQUARE

- 0 wrong
- 1 correct
- 2 not done (→ continue with MMSE but record reason onto MMSE_HUOM)

MMSE_HUOM. Comment or reason for unanswered questions or incomplete tasks.

<questions HF09_A – HF14 asked from participants of all ages>

HF09_A. Are you generally able to concentrate on matters:

- 1 very well
- 2 well
- 3 satisfactorily
- 4 poorly
- 5 very poorly

HF09_B. Are you able to acquire new information and learn:

- 1 very well
- 2 well
- 3 satisfactorily
- 4 poorly
- 5 very poorly

HF10. How would you estimate your present memory? Is your memory:

- 1 very good
- 2 good
- 3 satisfactory
- 4 poor
- 5 very poor

HF11. Has your memory changed during the past years:

- 1 it has become much better

- 2 a little better
- 3 stayed the same
- 4 a little worse
- 5 much worse

<if HF10=4-5 ask HF12-HF14>

HF12. Does your poor memory cause any problems in your everyday life?

- 1 no → IA04
- 2 to some extent
- 3 a lot

HF13. Has the reason for your poor memory been established?

- 0 no → IA04
- 0 yes

<if HF14=1-2 or 4-9 → IA04>

HF14. What is the reason for your poor memory?

- 1 Alzheimer's disease
- 2 circulatory disorder in the brain
- 3 something else
- 4 not known
- 9 cannot say

<Ask, if HF14=3>

HF14_1. What other reason? _____

I. WORK AND WORKING ABILITY

IA. Working conditions

<IA04 asked, if AD01=1 or 2 (those who work) or AD05=1 (those who have worked during the past 12 months)>

INSTRUCTION: SHOW CARD 28

IA04. Do/did the following hinder you in your work:		not present or no harm	hinders to some extent	hinders rather much	hinders very much
IA04a.	noise	1	2	3	4
IA04b.	dust	1	2	3	4
IA04c.	shaking or vibration	1	2	3	4
IA04d.	chemicals	1	2	3	4
IA04e.	gases	1	2	3	4
IA04f.	cigarette smoke	1	2	3	4
IA04g.	coldness	1	2	3	4
IA04h.	heat	1	2	3	4
IA04i.	air draught	1	2	3	4
IA04j.	insufficient lighting	1	2	3	4

IB. Work ability

<IB01 asked from under 75-year-olds, others → IE01>

IB01. Regardless of whether you are employed or not, please estimate your current work capacity. Are you:

INSTRUCTION: IF THE INTERVIEWEE IS DOUBTFUL, HE/SHE IS ASKED TO ESTIMATE HIS/HER ABILITY TO WORK IN HIS/HER LATEST JOB.

- 1 completely fit for work → IB04
- 2 partially unable to work
- 3 completely unable to work? → IB03

<IB02 asked, if under 75 years old and has ever worked / been employed (AE01≠8)>

IB02. How does the restriction of your work ability manifest itself.

- 1 my work ability has decreased to some extent, but I can manage in my present occupation or work
- 2 I would need special arrangements in my work, working time etc. to manage in my present occupation or work
- 3 I could manage best in some other occupation or work
- 4 I would need special arrangements to manage in any work

<IB03 and IB03A to be asked if IB01=3>

IB03. Since which year on have you been completely unable to work? _____

IB03A. What illness is the main cause for your inability to work?

INSTRUCTION: SEVERAL ALTERNATIVES ALLOWED.

	yes	no
1 musculoskeletal disorder	1	0
2 mental health problem	1	0
3 cardiovascular disorder	1	0
4 respiratory illness	1	0
5 other illness	1	0

INSTRUCTION: SHOW CARD 29

IB04. Let's assume that your work ability would receive a score of 10 points at its best. What point score would you give your current work ability? _____

0= COMPLETELY UNABLE TO WORK

10= WORK ABILITY AT ITS BEST

IB05. How has your work ability developed during the past 12 months? Has it developed:

- 1 towards a much better direction
- 2 towards a somewhat better direction
- 3 stayed the same
- 4 towards a somewhat worse direction
- 5 towards a much worse direction

IB06. And how do you believe that your work ability will develop during the next two years. Do you believe that your work ability will most likely:

- 1 improve
- 2 stay the same
- 3 decline

<IB07, if AD01=1 or 2 (working)>

IB07. Do/did the following factors hinder your managing or coping with your work:

INSTRUCTION: SHOW CARD 30

	not present or no harm	hinders a little	hinders a lot	cannot say
IB07A. problems connected with health or work ability	1	2	3	4
IB07B. lack of education or skills	1	2	3	4
IB07C. problems in the working environment or physical strain of work	1	2	3	4
IB07D. problems in the working community or mental strain of work?	1	2	3	4
IB07E. decreased motivation or desire to work?	1	2	3	4
IB07F. difficulties outside work (in the family, economic situation etc.)	1	2	3	4

<IB08 asked if AD02=1,3 or 4, AD01=5 (others than those who are on retirement and not working e.g. laid off, unemployed)>

IB08. Do the following factors hinder you in taking part in the working life:

INSTRUCTION: SHOW CARD 30

	not present or no harm	hinders a little	hinders a lot	cannot say
IB08A. problems connected with health or work capacity	1	2	3	4
IB08B. lack of education or skills	1	2	3	4
IB08C. lack of jobs, work possibilities	1	2	3	4
IB08D. decreased motivation or desire to work?	1	2	3	4
IB08E. difficulties outside work (in the family, economic situation etc.)	1	2	3	4

<IB09-IB15 asked, if AD01=1 or 2 (working) or AD05=1 (has worked during the past 12 month)>

INSTRUCTION: THE FOLLOWING QUESTIONS REFER TO CURRENT OR LATEST WORK DONE DURING THE PAST 12 MONTHS

IB09. How would you evaluate your current work ability in terms of the physical demands of your work?

- 1 very good
- 2 fairly good
- 3 average
- 4 fairly poor
- 5 very poor

IB10. How would you evaluate your current work ability in terms of the psychological demands of your work?

- 1 very good
- 2 fairly good
- 3 average
- 4 fairly poor
- 5 very poor

IB11. Do you have illnesses or injuries which hinder your present/latest work?

- 0 no → IB13
- 1 yes

IB12. Which option best describes your situation:

- 1 I can perform at work, but it causes symptoms
- 2 I sometimes have to reduce the pace of my work or change the way I work
- 3 I often have to reduce the pace of my work or change the way I work
- 4 due to my illness, I feel I am able to manage only part-time work
- 5 I feel I am completely unable to work

IB13. How many whole days have you been absent from your work due to your health condition (treatment or examination of your illness / health) during the past year (12 months)? _____ days

IB14. How many days have you been at work while sick during the past 12 months?
_____ days

IB15. In terms of your health, do you feel that you will be able to work in your current profession two years from now?

- 1 it is unlikely
- 2 I am not sure
- 3 I am quite sure

IC. Skills

< IC01-IC03 asked, if AD01=1 or 2 (working) or AD05=1 (has worked during the past 12 months)>

IC01. Which of the following alternatives best describes your working skills and abilities:

- 1 I would need additional training to manage well my tasks
- 2 my working tasks correspond well to my present abilities and skills
- 3 my knowledge and skills would suffice for more demanding tasks

IC02. Does/did your work comprise tasks for which you have received too little training or guidance:

- 1 not at all
- 2 very little
- 3 to some extent
- 4 rather much
- 5 very much

<IC03 NOT to be asked if AD01=5 (unemployed or laid off), even if has worked during the past 12 months>

IC03. If you now would lose your job (become unemployed), do you think that you would be able to find work which corresponds to your profession and work experience:

- 1 certainly
- 2 possibly
- 3 probably not
- 4 certainly not

<IC04 asked if AD01=5 (unemployed or laid off)>

IC04. Do you believe you will find work which corresponds to your profession and work experience?"

- 1 certainly
- 2 possibly
- 3 probably not
- 4 certainly not

ID. Retirement attitudes

<ID01-ID02 asked from all except pensioners i.e. NOT those whose AD01=4>

ID01. Have you considered retiring before reaching the age for old-age pension?

- 1 no
- 2 sometimes
- 3 often
- 4 I have already handed in my pension application

<ID02 NOT asked, if AD01a=1 (part-time retired)>

ID02. Have you considered part-time retirement?

- 0 no
- 1 yes

IE. Working history

<if AE01=8 → question JA01>

IE01T. You told in the beginning of the interview that your present/latest occupation is

_____ <directory of trades and occupations, most recent, **text**>

IE01. Occupation code

IE01A. What year did you begin working in that occupation? _____

IE02_T11. Have you worked in some other occupation for over one year since the year 2000?

- 1 yes
- 2 no → IE0

IE03a. Please list these other occupations beginning from the first one that you have worked in for over one year?

1st occupation: _____
<directory of trades and occupations, most recent> (IE03AT= occupation as a text field)

IE03A_A. Starting year: _____

IE03A_P. Ending year: _____

IE03b. Please list these other occupations beginning from the first one that you have worked in for over one year?

2nd occupation: _____
<directory of trades and occupations, most recent> (IE03BT= occupation as a text field)

IE03B_A. Starting year: _____

IE03B_P. Ending year: _____

IE03c. Please list these other occupations beginning from the first one that you have worked in for over one year?

3rd occupation: _____

<directory of trades and occupations, most recent> (IE03CT= occupation as a text field)

IE03C_A. Starting year: _____

IE03C_P. Ending year: _____

IE03d. Please list these other occupations beginning from the first one that you have worked in for over one year?

4th occupation: _____

<directory of trades and occupations, most recent> (IE03DT= occupation as a text field)

IE03D_A. Starting year: _____

IE03D_P. Ending year: _____

IE03e. Please list these other occupations beginning from the first one that you have worked in for over one year?

5th occupation: _____

<directory of trades and occupations, most recent> (IE03ET= occupation as a text field)

IE03E_A. Starting year: _____

IE03E_P. Ending year: _____

<INSTRUCTION: Stress factors (IE05A-IE05M, IE06A-IE06M ... IE10A-IE10M) to be asked of current occupation and previous occupations (max. 5).>

The following questions concern the strain of your current work as well as of the occupations and jobs in which you have worked for a longer period of time.

Is/was it:

IE05A. heavy physical work in which you have to lift or carry heavy items, dig, shovel or pound?

0 no

1 yes

IE05B. work in which you have to kneel or squat on an average for at least one hour per day?

0 no

1 yes

- IE05C. work in which you have to drive a car, tractor or other machine on an average for at least 4 hours per day for more than three months a year?**
- 0 no
1 yes
- IE05D. work in which you have to manually lift, carry or push items heavier than 5 kilos at least two times per minute for at least 2 hours every day?**
- 0 no
1 yes
- IE05E. work in which you have to manually lift, carry or push items heavier than 20 kilos at least 10 times every day?**
- 0 no
1 yes
- IE05F. work in which you have to work hands above the shoulder level on an average for at least one hour per day?**
- 0 no
1 yes
- IE05G. work in which you have to work standing or on your knees in a forward leaning position without support (e.g. repairing cars, dental nurse's job) on an average for at least one hour a day?**
- 0 no
1 yes
- IE05H. work demanding considerable handgrip strength meaning squeezing, twisting, holding burdens or tools on an average for at least one hour per day? Considerable gripping strength means a force which is equivalent to a weight of at least 3 kg per hand.**
- 0 no
1 yes
- IE05I. work demanding repetitive movement of the hands or wrists (e.g packing and sorting out) on an average for at least 2 hours a day?**
- 0 no
1 yes
- IE05J. keyboard work (e.g. typewriting, cash register work, computer work) for a duration of at least 4 hours per day?**
- 0 no
1 yes
- IE05K. work in which you have to use a vibrating tool on an average for at least 2 hours per day?**
- 0 no
1 yes

IE05L. work in which you have to sit (excluding driving a car or a machine) on an average for at least five hours a day?

- 0 no
- 1 yes

IE05M. work in which you have to stand or walk on an average for at least five hours a day?

- 0 no
- 1 yes

<INSTRUCTION: MAX. 5 PREVIOUS OCCUPATIONS/JOB IN ADDITION TO CURRENT OCCUPATION/JOB>

IE06_1. First occupation/job since the year 2000: _____ <directory of trades and occupations, most recent>

Is/was it:

IE06_1A. heavy physical work in which you have to lift or carry heavy items, dig, shovel or pound?

- 1 no
- 1 yes

IE06_1B. work in which you have to kneel or squat on an average for at least one hour per day?

- 1 no
- 1 yes

IE06_1C. work in which you have to drive a car, tractor or other machine on an average for at least 4 hours per day for more than three months a year?

- 1 no
- 1 yes

IE06_1D. work in which you have to manually lift, carry or push items heavier than 5 kilos at least two times per minute for at least 2 hours every day?

- 1 no
- 1 yes

IE06_1E. work in which you have to manually lift, carry or push items heavier than 20 kilos at least 10 times every day?

- 1 no
- 1 yes

IE06_1F. work in which you have to work hands above the shoulder level on an average for at least one hour per day?

- 1 no
- 1 yes

- IE06_1G. work in which you have to work standing or on your knees in a forward leaning position without support (e.g. repairing cars, dental nurse's job) on an average for at least one hour a day?**
- 1 no
1 yes
- IE06_1H. work demanding considerable handgrip strength meaning squeezing, twisting, holding burdens or tools on an average for at least one hour per day? Considerable gripping strength means a force which is equivalent to a weight of at least 3 kg per hand.**
- 1 no
1 yes
- IE06_1I. work demanding repetitive movement of the hands or wrists (e.g packing and sorting out) on an average for at least 2 hours a day?**
- 1 no
1 yes
- IE06_1J. keyboard work (e.g. typewriting, cash register work, computer work) for a duration of at least 4 hours per day?**
- 1 no
1 yes
- IE06_1K. work in which you have to use a vibrating tool on an average for at least 2 hours per day?**
- 1 no
1 yes
- IE06_1L. work in which you have to sit (excluding driving a car or a machine) on an average for at least five hours a day?**
- 1 no
1 yes
- IE06_1M. work in which you have to stand or walk on an average for at least five hours a day?**
- 2 no
3 yes
- IE06_2. Second occupation/job since the year 2000, IE06_2A...IE06_2M**
- IE06_3. Third occupation/job since the year 2000, IE06_3A...IE06_3M**
- IE06_4. Fourth occupation/job since the year 2000, IE06_4A...IE06_4M**
- IE06_5. Fifth occupation/job since the year 2000, IE06_5A...IE06_5M**

J. REHABILITATION

The following questions concern rehabilitation. The aim of rehabilitation is to improve functioning ability, independent coping, well-being and working capacity. It may include, for example, improving physical condition, alleviating symptoms, enhancing skills, re-education or actions to promote occupational performance. According to the rehabilitation statute, rehabilitation is granted on the basis of an application and rehabilitation grants are paid by The Social Insurance Institution of Finland (Kela) or by a pension provider.

JA. Use of services

JA01. Have you during the past 10 years attended:

<JA01a asked if AD01=1 or 2 (working) or AD05=1 (worked during the past 12 months); JA01b asked if AD01<>4 (all except pensioners); JA01c asked from all>

JA01A_T11. occupational rehabilitation aiming to improve managing in an occupation (e.g. TYK, ASLAK)?

0 no →JA01B
1 yes

JA01A_1_T11. Have you received this kind of rehabilitation within the past 12 months?

0 no →JA01B
1 yes

JA01A_2_T11. Did the rehabilitation you received within the past 12 months include treatment at a rehabilitation institute?

0 no →JA01B
1 yes

JA01A_3_T11. How many days? _____ days

JA01B_T11. re-education or retraining due to an injury or illness?

0 no →JA01C
1 yes

JA01B_1_T11. Have you received this kind of rehabilitation within the past 12 months?

0 no →JA01C
1 yes

JA01B_2_T11. Did the retraining/re-education you received within the past 12 months include treatment at a rehabilitation institute?

0 no →JA01C
1 yes

JA01B_3_T11. How many days? _____ days

JA01C_T11. rehabilitation to reduce the symptoms, disabilities and handicaps caused by an illness or an injury?

- 0 no →JA07
- 1 yes

JA01C_1_T11. Have you received this kind of rehabilitation within the past 12 months?

- 0 no →JA07
- 1 yes

JA01C_2_T11. Did the rehabilitation you received within the past 12 months include treatment at a rehabilitation institute?

- 0 no →JA07
- 1 yes

JA01C_3_T11. How many days? _____ days

<JA03 to be asked if JA01a-c is 1=yes>

JA03_T11. How would you evaluate the rehabilitation you received? How satisfied were you with it:

- 1 very satisfied
- 2 rather satisfied
- 3 neither satisfied nor dissatisfied
- 4 rather dissatisfied
- 5 very dissatisfied

<JA07 asked if AD01=1 or 2 (working) or AD05=1 (has worked during the past 12 months)>

JA07. Within the past 12 months, have any of the following measures been carried out at your work:

JA07a. Measures to improve safety at work (such as improving the functionality of work space and equipment and improving safety; reducing the disturbance or risks caused by the use of machinery and equipment; improving the protection against harmful substances)?

- 0 no
- 1 yes

JA07b. Measures to reduce physical strain at work (such as reducing difficult working positions or strenuous work phases; reducing lifting, carrying, supporting or standing still)?

- 0 no
- 1 yes

JA07c. Measures to reduce mental stress at work (such as improving management practices, reducing the hurry and stress caused by tight time schedules; increasing the flexibility in working hours and tasks)?

- 0 no
- 1 yes

JB. Need for rehabilitation

<JB01 not to be asked if JA09=1 (currently attends rehabilitation)>

JB01. Do you feel that you need rehabilitation aiming to improve your capability to function or work?

- 0 no
- 1 yes

<JB02 asked from everybody in spite of JB01 answer except JB02a+b, which are NOT asked, if AD01=4 or AE01=8 (retired or has never been in a profession)>

JB02. Do you feel that you need:

JB02a. occupational/vocational rehabilitation aiming to improve managing in your current occupation (e.g. TYK, ASLAK)?

- 0 no
- 1 yes

JB02a_1. What kind of rehabilitation do you need? (to be recorded clearly, saved and classified afterwards) _____

JA02b. re-education or retraining due to an injury or illness?

- 0 no
- 1 yes

JA02b_1. What kind of rehabilitation do you need? (to be recorded clearly, saved and classified afterwards) _____

JA02c. other rehabilitation to reduce the symptoms and handicaps caused by an illness or injury?

- 0 no
- 1 yes

JA02c_1. What kind of rehabilitation do you need? (to be recorded clearly, saved and classified afterwards) _____

<JB03 asked, if JB02c=1>

JB03. Would you need:

	no	yes
JB03A. physiotherapy	0	1
JB03B. rehabilitation in a rehabilitation centre	0	1
JB03C. some other rehabilitation	0	1

JB03c_1. (other rehabilitation) What? _____

JB06. Do you have a rehabilitation issue pending at the moment?

- 1 I have made an application to receive rehabilitation
- 2 rehabilitation has been granted, but not yet started
- 3 I have not applied for rehabilitation

K. INTERVIEWER'S ASSESSMENTS

KA. Health examination

KA01. Who gave the information?

- 1 interviewee himself/herself → KB03
- 2 interviewee himself /herself assisted by another person
- 3 another person (the interviewee was not able to answer himself/herself)

KA01_1. Who gave the information or assisted with the interview?

- 1 spouse
- 2 child
- 3 parent
- 4 other relative
- 5 friend or neighbour
- 6 home care assistant or nurse
- 7 other

KA01_7K. Other, who? _____

INSTRUCTION: SEVERAL ALTERNATIVES ALLOWED

KA01_2. Why was another person needed to assist with the interview or give information?

	no	yes
KA01_21_T11. interviewee had difficulties remembering things	0	1
KA01_22_T11. interviewee had difficulties with speaking (e.g. aphasia)	0	1
KA01_23_T11. interviewee had difficulties with hearing or he/she was deaf, e.g. a sign language interpreter was needed	0	1
KA01_24_T11. interviewee had difficulties in understanding Finnish, an interpreter/translator was needed	0	1
KA01_25_T11. other reason	0	1
KA01_2M. Other reason, what? _____		

KB. Interviewer's assessments on the factors affecting the interview

KB03_T11. Did the interviewee have limited eyesight which hindered the interview?

- 1 no
- 2 his/her eye sight is somewhat reduced
- 3 his/her eye sight is considerably reduced
- 4 the interviewee is blind or nearly blind

KB04_T11. Did the interviewee have impaired hearing (even with a hearing aid) to an extent that it hindered the interview?

- 1 no
- 2 hearing is somewhat reduced
- 3 hearing is considerably reduced
- 4 the interviewee is deaf or nearly deaf

KB05_T11. Did the interviewee have difficulties in speaking to an extent that it hindered the interview?

- 1 not at all
- 2 he/she has mild difficulties in speaking
- 3 he/she has considerable difficulties in speaking
- 4 he/she is unable to speak comprehensibly

INSTRUCTION: SEVERAL ALTERNATIVES ALLOWED

KB06. Were there other hindrances or difficulties with the interview?

	no	yes
KB061_T11. nothing else	0	1 → ready
KB062_T11. there were family members or other persons present at the interview	0	1
KB063_T11. interviewee had memory problems	0	1
KB064_T11. interviewee had difficulties in concentrating on the interview	0	1
KB065_T11. other hindrances or difficulties	0	1
KB06_5T. What other hindrances or difficulties? _____		