



HEALTH 2011

**A Survey
on Health and Functional Capacity
in Finland**

QUESTIONNAIRE 1

YOUNG ADULTS



TERVEYDEN JA
HYVINVOINNIN LAITOS

The purpose of this questionnaire is to learn about some of your living habits, work, living environment, health and well-being. The information will be handled strictly confidentially. We ask you **to fill in the questionnaire at home and to bring it along to the health examination**. Should you have difficulties in filling in any part of the questionnaire you can ask for help at the examination. Before answering please record below the date when you started filling in the questionnaire.

Date: ____/____/2011

Instructions

In general the questions are answered by circling the number of the alternative best describing your situation or opinion or by filling in the empty spaces provided. Some questions contain additional answering instructions.

Answering examples:

1. Have you been able to enjoy your daily routines lately?

- 5 often
 4 quite often
 3 now and then
 2 quite rarely
 1 never

2. How tall are you?

| 1 | 7 | 0 | cm (an estimate suffices)

3. Within the past 12 months, have you been working?

- 0 No → go to question number 59
 1 Yes

4. How much do your symptoms affect your leisure time activities?

0.....1.....2..... 3.....4.....5.....6.....7.....8.....9.....10
 No hindrance at all Worst possible, i.e. a very significant hindrance

FUNCTIONAL CAPACITY

Kys1_K04

1. Do you have some chronic illness, defect or injury?

- 0 No → go to question number 3
1 Yes

2. Estimate how much symptoms, diseases or injuries affect your daily life by circling the most suitable alternative:

Kys1_K0501

During leisure time activities

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
No hindrance at all Worst possible, i.e. a very significant hindrance

Kys1_K0502

In household chores

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
No hindrance at all Worst possible, i.e. a very significant hindrance

Kys1_K0503

At work

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
No hindrance at all Worst possible, i.e. a very significant hindrance

SOCIAL ENVIRONMENT

3. Estimate your possibilities to get help from people close to you when you need help or support. You may choose several options.

Husband, wife, partner	Some other relative	Close friend	Close fellow worker	Close neighbour	Someone else close	No one
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On whose help can

you really count on when

you feel exhausted and need relaxation? Kys1_K680101 Kys1_K680103 Kys1_K680105 Kys1_K680107
1.....2.....3.....4.....5.....6.....7

Kys1_K680102 Kys1_K680104 Kys1_K680106

Who do you think really

cares about you no matter what happened to you? Kys1_K680201 Kys1_K680203 Kys1_K680205 Kys1_K680207
1.....2.....3.....4.....5.....6.....7

Kys1_K680202 Kys1_K680204 Kys1_K680206

Who can really make

you feel better when you feel down? Kys1_K680301 Kys1_K680303 Kys1_K680305 Kys1_K680307
1.....2.....3.....4.....5.....6.....7

Kys1_K680302 Kys1_K680304 Kys1_K680306

From whom do you get

practical help when needed? Kys1_K680401 Kys1_K680403 Kys1_K680405 Kys1_K680407
1.....2.....3.....4.....5.....6.....7

Kys1_K680402 Kys1_K680404 Kys1_K680406

NEIGHBOURHOOD SAFETY

Kys1_K62

4. Do you feel unsafe when walking in your neighbourhood?

- 0 Never
- 1 Very rarely
- 2 Quite rarely
- 3 Quite often
- 4 Very often

Kys1_K64

5. Are you afraid to be alone outdoors in the evenings after 22 hours?

- 0 I do not go out alone in the evenings or I cannot tell
- 1 I do not go out alone in the evenings because I am afraid
- 2 Never
- 3 Every now and then
- 4 Often

PSYCHOLOGICAL WELL-BEING

Kys1_K69

6. Have you recently been able to concentrate on what you're doing?

- 0 Better than usual
- 1 Same as usual
- 2 Less than usual
- 3 Much less than usual

Kys1_K70

7. Have you recently lost much sleep over worry?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K71

8. Have you recently felt that you are playing a useful part in things?

- 0 More so than usual
- 1 Same as usual
- 2 Less so than usual
- 3 Much less than usual

Kys1_K72

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

- 0 More so than usual
- 1 Same as usual
- 2 Less than usual
- 3 Much less than usual

Kys1_K73

10. Have you recently felt constantly under strain?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K74

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

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K75

12. Have you recently been able to enjoy your normal day to day activities?

- 0 More so than usual
- 1 Same as usual
- 2 Less so than usual
- 3 Much less than usual

Kys1_K76

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

- 0 More so than usual
- 1 Same as usual
- 2 Less than usual
- 3 Much less than usual

Kys1_K77

14. Have you recently been feeling unhappy or depressed?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K78

15. Have you recently been losing confidence in yourself?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K79

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

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K80

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

- 0 More so than usual
- 1 Same as usual
- 2 Less so than usual
- 3 Much less than usual

The following two questions (18 and 19) deal with thoughts and feelings regarding harming yourself. Some people experience difficulties in their lives that prompt such thoughts and feelings.

Nkys_K29

18. Have you ever seriously thought about committing suicide?

- 1 Never → go to question 20
- 2 Yes, last time was less than six months ago
- 3 Yes, last time was from 6 to 12 months ago
- 4 Yes, last time was more than 12 months ago

Nkys_K31

19. Have you ever attempted suicide, planned or unplanned?

- 1 Never
- 2 Yes, once Nkys_K3101
- 3 Yes, more than once, altogether |____|____| times

WEIGHT AND HEIGHT

Kys1_K17

20. How much do you weigh at present? |____|____|____| kg (an estimate suffices)

Kys1_K17B

21. How tall are you? |___|___|___| cm (an estimate suffices)

EXERCISE

If there is major seasonal variation, select the option closest to your average situation.

Kys1_K27

22. How much do you exercise and strain yourself physically in your leisure time?

- 1 In my leisure time I read, watch TV and do other activities in which I do not move much and which do not strain me physically.
- 2 In my leisure time I walk, cycle and move in other ways at least 4 hours per week.
- 3 In my leisure time I exercise at least 3 hours per week.
- 4 In my leisure time I practice regularly several times per week for competition (choose this also if you train full time for competition sports).

Kys1_K28

23. How often do you exercise in your leisure time for at least half an hour so that you are at least slightly out of breath and sweating?

- 1 Daily
- 2 4 - 6 times a week
- 3 2 - 3 times a week
- 4 Once a week
- 5 2 - 3 times a month
- 6 Few times a year or even more rarely

Kys1_K37

24. How many minutes do you walk or cycle on your daily way to and from work?

Add the times to travel to work and to travel back home.

- 1 I do not work or I work at home
- 2 I use a motor vehicle for the entire trip
- 3 Less than 15 minutes a day
- 4 From 15 to 29 minutes a day
- 5 From 30 to 59 minutes a day
- 6 From 1 to 2 hours a day
- 7 2 hours or longer a day

25. How physically active are you during a week?

Consider all regular weekly physical activity which lasts at least 10 minutes per session. Circle all alternatives from 2 to 6 that correspond to your physical activity habits, and add the weekly amount of each type of activity (frequency per week, duration in hours and minutes). If you are not weekly engaged in any type of regular physical activity select alternative 1 and pass the other alternatives.

T11_Kys1_K24_1

1 Hardly any regular weekly physical activity

T11_Kys1_K24_2

2 Easy and peaceful aerobic type exercise (no perspiration or shortness of breath, for example light walking)

T11_Kys1_K24_2PV

T11_Kys1_K24_2T

T11_Kys1_K24_2M

|____| days in a week, altogether |____|____| hours |____|____| minutes in a week

T11_Kys1_K24_3

3 Brisk and lively aerobic type exercise (some perspiration and shortness of breath, for example brisk walking)

T11_Kys1_K24_3PV

T11_Kys1_K24_3T

T11_Kys1_K24_3M

|____| days in a week, altogether |____|____| hours |____|____| minutes in a week

T11_Kys1_K24_4

4 Vigorous and strenuous aerobic type exercise (profound perspiration and shortness of breath, for example jogging or running)

T11_Kys1_K24_4PV

T11_Kys1_K24_4T

T11_Kys1_K24_4M

|____| days in a week, altogether |____|____| hours |____|____| minutes in a week

T11_Kys1_K24_5

5 Neuromuscular training (for example keep-fit circuit training or muscular strength training in a gym, and including exercises for the main muscle groups with 8-12 repetitions)

T11_Kys1_K24_5PV

T11_Kys1_K24_5T

T11_Kys1_K24_5M

|____| days in a week, altogether |____|____| hours |____|____| minutes in a week

T11_Kys1_K24_6

6 Exercise that requires or improves balance (e.g. tai chi, dancing, sports games, balancing exercises e.g. on one foot, on an uneven surface or kneeling down)

T11_Kys1_K24_6PV

T11_Kys1_K24_6T

T11_Kys1_K24_6M

|____| days in a week, altogether |____|____| hours |____|____| minutes in a week

26. How many hours do you spend sitting on an average weekday?

If you never sit, please enter 0.

During the working day at the office, etc.	T11_Kys1_K25_1T	T11_Kys1_K25_1M
	____ ____ hours	____ ____ minutes a day
At home watching TV or videos	T11_Kys1_K25_2T	T11_Kys1_K25_2M
	____ ____ hours	____ ____ minutes a day
At home at the computer	T11_Kys1_K25_3T	T11_Kys1_K25_3M
	____ ____ hours	____ ____ minutes a day
In transport (car, bus, plane)	T11_Kys1_K25_4T	T11_Kys1_K25_4M
	____ ____ hours	____ ____ minutes a day

Elsewhere T11_Kys1_K25_5T T11_Kys1_K25_5M
 |__|__| hours |__|__| minutes a day

TIME MANAGEMENT AND HOBBIES

27. How often do you practice the following activities on an average?

	Every day or during most days	Once or twice a week	Once or twice a month	Once or a few times a year	Less frequently or never
Kys1_K2001 Club or society activities (including posts of trust in society)	5	4	3	2	1
Kys1_K2002 Theatre, movies, concerts, art exhibitions, sport competitions etc.	5	4	3	2	1
Kys1_K2003 Studying	5	4	3	2	1
Kys1_K2004 Church or other religious activities	5	4	3	2	1
Kys1_K2005 Exercise, hunting, fishing, gardening or other outdoor activity	5	4	3	2	1
Kys1_K2008 Handicrafts, playing music, singing, photographing, painting, collecting (e.g. stamps)	5	4	3	2	1
Kys1_K2010 Visiting family, friends or neighbors	5	4	3	2	1
Kys1_K2012 Having family, friends or neighbors visit you	5	4	3	2	1
Kys1_K2014 Talking on the phone	5	4	3	2	1

USE OF ALCOHOL

Kys1_K38

28. Describe your use of alcohol; circle the alternative best describing your own alcohol use.

- 1 I have been a non-drinker all my life (or tasted alcohol not more than 10 times during my life).
- 2 I used previously to drink from year ^{Kys1_K3801} |__|__|__|__| but I stopped drinking ^{Kys1_K3802} |__|__| years ago.
- 3 I have been drinking alcoholic drinks since year ^{Kys1_K3803} |__|__|__|__| and continue to do so.

The following questions concern the amount of alcohol you drink.

One standard drink is approximately:

One small bottle (1/3 liter) of beer, one glass of wine or one restaurant portion (4 cl) of spirits or other strong alcohol.

ALL ALCOHOLIC DRINKS

T11_Kys1_K28

29. How often do you have a drink containing alcohol?

- 0 Never → go to question 38
- 1 Monthly or less
- 2 2 to 4 times a month
- 3 2 to 3 times a week
- 4 4 or more times a week

T11_Kys1_K29

30. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 1 or 2
- 2 3 or 4
- 3 5 or 6
- 4 7 to 9
- 5 10 or more

T11_Kys1_K30

31. How often do you have six or more drinks on one occasion?

- 0 Never
- 1 Less than monthly
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

BEER, CIDER OR LONG DRINKS

Kys1_K40

32. How often have you drunk beer, cider or long drinks during the past 12 months?

- 0 not once → go to question number 34
- 1 6 to 7 times a week
- 2 4 to 5 times a week
- 3 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approx. once a month
- 7 approx. once every two months
- 8 3 to 4 times a year
- 9 a couple of times a year

Kys1_K41

33. How many drinks did you usually have a day on the days when you drank any beer, cider or long drinks?

A bottle = 1/3 liter bottle

Kys1_K4101

- 1 15 bottles or more, how many bottles? _____ bottles
- 2 11 to 14 bottles
- 3 approx. 10 bottles
- 4 6 to 9 bottles
- 5 4 to 5 bottles
- 6 three bottles (=two half liter mugs)
- 7 two bottles
- 8 approximately one bottle
- 9 less than one bottle

WINE

Kys1_K43

34. How often have you drunk wine during the past 12 months?

- 0 not once → go to the question number 36
- 1 6 to 7 times a week
- 2 4 to 5 times a week
- 3 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approx. once a month
- 7 approx. once every two months
- 8 3 to 4 times a year
- 9 a couple of times a year

Kys1_K44

35. How much wine did you drink on an average per day during the days when you drank any wine?

A big bottle = a bottle of 0.75 liters
A small bottle = a bottle of 0.37 liters = 1/2 of a big bottle

- 1 two big bottles or more
- 2 one and a half big bottles
- 3 about one big bottle
- 4 about half a liter
- 5 about one small bottle
- 6 about two glasses
- 7 about one glass
- 8 less than one glass

STRONG ALCOHOLIC DRINKS

Kys1_K47

36. How often have you drunk spirits or other strong alcohol during the past 12 months?

- 0 not once → go to question 38
- 1 6 to 7 times a week
- 2 4 to 5 times a week
- 3 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approx. once a month
- 7 approx. once every two months
- 8 3 to 4 times a year
- 9 a couple of times a year

Kys1_K47

37. How much spirits a day did you usually drink on the days when you drank them?

1 whole bottle	= 0.75 liters
Half a bottle	= 0.5 liters (e.g. a bottle of Vodka or other strong spirits)
1 small bottle	= 0.37 liters (e.g. pocket flask)
Restaurant portion	= 4 cl

- 1 more than two half liter bottles
- 2 approx. two half liter bottles (or one liter bottle)
- 3 approx. one whole bottle (0.75 liters)
- 4 approx. one half liter bottle
- 5 approx. one small bottle (0.37 liters)
- 6 a little less than one small bottle (approx. 0.30 liters)
- 7 approx. five restaurant portions (approx. 20 cl)
- 8 approx. four restaurant portions (approx. 16 cl)
- 9 a couple restaurant portions (approx. 8 cl)
- 10 approx. one restaurant portion (approx. 4 cl)

EATING OR DRINKING SWEETS OR SWEETENED DRINKS

38. How often do you consume the products listed below? Answer separately for each product.

	3 times a day or more often	Once or twice a day	2 to 5 times a week	More rarely	Never
Kys1_K6001 Sugar in your tea or coffee	4	3	2	1	0
Kys1_K6002 Other drinks with sugar added: juices, lemonades, hot chocolate	4	3	2	1	0
Kys1_K6008 Chewing gum with xylitol	4	3	2	1	0

EATING PROBLEMS

T11_Kys1N_K39

39. Do you make yourself sick when you feel uncomfortably full?

- 1 Yes
- 2 No

T11_Kys1N_K40

40. Do you worry you might lose control over how much you eat?

- 1 Yes
- 2 No

T11_Kys1N_K41

41. Have you recently lost more than six kilos in a 3 month period?

- 1 Yes
- 2 No

T11_Kys1N_K42

42. Do you believe yourself to be fat when others say you are too thin?

- 1 Yes
- 2 No

T11_Kys1N_K43

43. Would you say that food dominates your life?

- 1 Yes
- 2 No

SEXUALITY

Nkys_K106

44. How important is sex life to you? Circle on the line the number best describing your situation. Number 10 stands for "very important" and number 0 for "not important at all".

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
 Not Very
 important important
 at all

Nkys_K107

45. Are you satisfied with your sexual life? Circle on the line the number best describing your situation. Number 10 stands for "very satisfied" and number 0 for "not satisfied at all".

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
 Very Very
 unsatisfied satisfied

Nkys_K108

46. How often do you have sexual intercourse with another person?

- 1 Not at all
- 2 Once a month or more rarely
- 3 Nearly weekly
- 4 Once or twice a week
- 5 More often than twice a week

Nkys_K109

47. With how many people have you had sexual intercourse within the past 12 months?

- 0 None
- 1 One Nkys_K10901
- 2 Several, how many? |__|__|__|

Nkys_K110

48. In case you have had sexual intercourse with someone other than your partner within the past 12 months, did you use a condom?

- 1 Yes, always
- 2 Yes, nearly always
- 3 Occasionally
- 4 No I did not
- 5 I have not had sexual intercourse with anyone besides my partner or I have not had sexual intercourse at all

HEALTH PROMOTION

49. Have you regularly participated in any of the following group activities during the past year? (Do not include a single lecture or discussion)

	I have not participated	I have participated
Kys1_K6101 A group or a course to reduce weight	0	1
Kys1_K6102 A group or a course to stop smoking	0	1
Kys1_K6103 A group to improve the condition of your neck and back	0	1
Kys1_K6104 Other exercise or fitness group	0	1
Kys1_K6106 A group to help you stop drinking or control your alcohol consumption (e.g. AA)	0	1
Kys1_K6108 A group aiming to help you get rid of an addiction (e.g. drug addiction, gambling or Internet dependence)	0	1
Kys1_K6110 A group for self-care (e.g. heart, cancer or mental health patients) or a group for patients' family members	0	1
T11_Kys1_K40_8 Yoga, pilates or guided meditation or relaxation group	0	1
Kys1_K6105 A mental well-being group (e.g. mourning, divorce or other conversation group)	0	1

QUALITY OF LIFE

Next, we ask that you think about your life in the last two weeks:

T11_Kys1_K41

50. How would you rate your quality of life?

- 1 Very poor
- 2 Poor
- 3 Neither poor nor good
- 4 Good
- 5 Very good

51. How satisfied are you with:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
T11_Kys1_K42_1 Your health	1	2	3	4	5
T11_Kys1_K42_2 Your ability to perform your daily living activities	1	2	3	4	5
T11_Kys1_K42_3 Yourself	1	2	3	4	5
T11_Kys1_K42_4 Your personal relationships	1	2	3	4	5
T11_Kys1_K42_5 The conditions of your living place	1	2	3	4	5

52. Do you have:

	Not at all	A little	Moderately	Mostly	Completely
T11_Kys1_K43_1 Enough energy for everyday life	1	2	3	4	5
T11_Kys1_K43_2 Enough money to meet your needs	1	2	3	4	5

PERCEPTION OF WORK AND STUDIES

53. In the following we ask you to estimate how you perceive your work and work performance, especially how often your situation corresponds to each of the claims in the list below.

If you are not working currently, please answer the questions according to your main activity (e.g. studying). Please circle one answer option (0-6) from each row.

How often do you have the following feelings or thoughts?

	Never	A few times a year	Once a month	A few times a month	Once a week	A few times a week	Daily
Kys1_K8501 I feel emotionally drained from my work.	0	1	2	3	4	5	6
Kys1_K8502 I feel used up at the end of the workday.	0	1	2	3	4	5	6
Kys1_K8503 I feel tired when I get up in the morning and have to face another day on the job.	0	1	2	3	4	5	6
Kys1_K8504 Working all day is really a strain for me.	0	1	2	3	4	5	6
Kys1_K8505 I can effectively solve the problems that arise in my work	0	1	2	3	4	5	6
Kys1_K8506 I feel burned out from my work.	0	1	2	3	4	5	6
Kys1_K8507 I feel I am making an effective contribution to what this organization does.	0	1	2	3	4	5	6
Kys1_K8508 I have become less interested in my work since I started this job.	0	1	2	3	4	5	6
Kys1_K8509 I have become less enthusiastic about my work.	0	1	2	3	4	5	6
Kys1_K8510 In my opinion, I am good at my job.	0	1	2	3	4	5	6
Kys1_K8511 I feel exhilarated when I accomplish something at work.	0	1	2	3	4	5	6
Kys1_K8512 I have accomplished many worthwhile things in this job.	0	1	2	3	4	5	6
Kys1_K8513 I just want to do my job and not be bothered.	0	1	2	3	4	5	6

Kys1_K8514 I have become more cynical about whether my job contributes anything.	0	1	2	3	4	5	6
Kys1_K8515 I doubt the significance of my work.	0	1	2	3	4	5	6
Kys1_K8516 At my work, I feel confident that I am effective at getting things done.	0	1	2	3	4	5	6
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WORKING CONDITIONS

Kys1_K83

54. Within the past 12 months, have you been working?

- 0 No → go to question 58
1 Yes

In case you are not working at the moment, but have worked in the past 12 months, we ask you to respond according to your most recent job.

Kys1_K84

55. How strenuous is your job physically? *Select the alternative best describing your situation.*

- 1 In my job I mainly sit and do not walk much.
- 2 I walk quite a bit in my job, but I do not need to lift or carry heavy items.
- 3 In my job I need to walk or lift quite a lot or climb stairs or walk uphill.
- 4 My job is heavy physical labour and I have to lift or carry heavy items, dig, shovel, pound or do some other heavy labour.

56. In the following there are some claims concerning your work and working conditions.

	I fully agree	I agree to some extent	I do not agree nor disagree	I disagree to some extent	I fully disagree
Kys1_K86A I need to be fast in my job	1	2	3	4	5
Kys1_K86B My job demands extremely hard labour	1	2	3	4	5
Kys1_K86C An unreasonable amount of work is expected from me	1	2	3	4	5
Kys1_K86D I have enough time to get my work completed	1	2	3	4	5
Kys1_K86E The pace in my job is extremely fast	1	2	3	4	5
Kys1_K86F I can make a lot of independent decisions in my job	1	2	3	4	5
Kys1_K86G My job demands creativity	1	2	3	4	5
Kys1_K86H My job demands that I learn many new things	1	2	3	4	5
Kys1_K86I My job comprises many repetitive similar tasks	1	2	3	4	5
Kys1_K86J I have much say in my job and tasks	1	2	3	4	5
Kys1_K86K My job demands highly developed skills	1	2	3	4	5
Kys1_K86L I can do many different tasks in my job	1	2	3	4	5
Kys1_K86M I can improve my special skills	1	2	3	4	5
Kys1_K86N I have very little freedom to decide how I do my job	1	2	3	4	5
Kys1_K86O When needed, my closest superior supports me	1	2	3	4	5
Kys1_K86P When needed, my fellow workers support me	1	2	3	4	5

57. Are the following uncertainties or threats involved in your work?

	Very much	Quite much	To some extent	Quite little	Very little
Kys1_K87A Threat of discontinuation of some tasks	1	2	3	4	5
Kys1_K87B Threat of being moved to other tasks	1	2	3	4	5
Kys1_K87C Threat of being laid off	1	2	3	4	5
Kys1_K87D Threat of being given notice to quit	1	2	3	4	5
Kys1_K87E Threat of becoming unemployed for a long period	1	2	3	4	5
Kys1_K87F Threat of facing mental violence or bullying	1	2	3	4	5

VITALITY

Kys1_K06

58. Have you been able to enjoy your daily routines lately?

- 5 Often
- 4 Quite often
- 3 Now and then
- 2 Quite rarely
- 1 Never

Kys1_K07

59. Have you felt energetic and alive recently?

- 5 Often
- 4 Quite often
- 1 Now and then
- 2 Quite rarely
- 1 Never

Kys1_K08

60. Have you recently been full of hope when thinking about your future?

- 5 Often
- 4 Quite often
- 3 Now and then
- 2 Quite rarely
- 1 Never

LONELINESS

T11_Kys1_K52

61. Do you ever feel lonely?

- 1 Never
- 2 Very rarely
- 3 Sometimes
- 4 Fairly often
- 5 All the time

HOUSEHOLD INCOME AND EXPENDITURE

Kys1_K09

62. How would you describe the current balance between income and expenditure in your household?

- 1 We have more than enough money to cover our needs.
- 2 There is enough money to cover our needs.
- 3 We have to some extent to compromise when deciding what we do with the money.
- 4 We have to compromise considerably in our consumption but we can manage with our income.
- 5 We have to make major compromises in our consumption and despite of that we do not manage with our own income.
- 6 I cannot say / it is hard to estimate

CHILDHOOD

63. When you think about your growth years i.e. before you were aged 16...

	No	Yes	Cannot say
Kys1_K6701 Did your family have long term financial difficulties?	0	1	2
Kys1_K6702 Was your father or mother often unemployed, although they wanted to work?	0	1	2
Kys1_K6703 Did your father or mother suffer from some serious disease or disability?	0	1	2
Kys1_K6704 Did your father have alcohol problems?	0	1	2
Kys1_K6705 Did your mother have alcohol problems?	0	1	2
Kys1_K6706 Did your father have any mental health problem e.g. schizophrenia, other psychosis or depression?	0	1	2
Kys1_K6707 Did your mother have any mental health problem e.g. schizophrenia, other psychosis or depression?	0	1	2
Kys1_K6708 Were there serious conflicts within your family?	0	1	2
Kys1_K6709 Did your parents divorce?	0	1	2
Kys1_K6710 Were you yourself seriously or chronically ill?	0	1	2
Kys1_K6711 Were you bullied at school?	0	1	2

Thank you for completing the questionnaire!

Please check that you have answered each question. If you could not answer some questions, you will be helped to complete the questionnaire at the health examination.

Please fill in the date when you finished completing the questionnaire and remember to take it with you to the health examination!

Date: ____ / ____ 2011

