

# HEALTH 2011

A Survey  
on Health and Functional Capacity  
in Finland

## QUESTIONNAIRE 2

### YOUNG ADULTS



TERVEYDEN JA  
HYVINVOINNIN LAITOS

*The questions in this form concern allergic and musculoskeletal symptoms. You are also asked to answer a few questions related to your mental state and mood.*

## ALLERGIC SYMPTOMS

OIRE\_29

**1. Have you ever had hay fever (seasonal allergic rhinitis) or another type of allergic rhinitis?** *(sneezing, blocked or runny nose caused by e.g. pollen or animals)*

- 0 No → go to question 3  
1 Yes

OIRE\_30

**2. Has a doctor diagnosed you with allergic rhinitis?**

- 0 No  
1 Yes  
2 Don't know

OIRE\_31

**3. Have you ever had an allergic eye inflammation?** *(redness and itching of the eyes caused by e.g. pollen or animals)*

- 0 No → go to question 5  
1 Yes

OIRE\_32

**4. Has a doctor diagnosed you with an allergic eye inflammation?**

- 0 No  
1 Yes  
2 Don't know

OIRE\_33

**5. Have you ever had an itching rash that has been called milk crust (infantile eczema), rash in the crooks of arms or legs or atopic rash (atopic eczema)?**

- 0 No → go to question 7  
1 Yes  
2 Don't know → go to question 7

**6. When have you had this type of rash/eczema?**

*(you may choose several options)*

- OIRE\_341\_K. 1 In babyhood (under the age of 2)  
OIRE\_342\_K. 2 At pre-school age (between the age of 2-7)  
OIRE\_343\_K. 3 At school age (between the age of 7-18)  
OIRE\_344\_K. 4 As a grown up (over the age of 18)  
OIRE\_345\_K. 5 During the past 12 months  
OIRE\_346\_K. 6 At present time

## MUSCULOSKELETAL SYMPTOMS

### Back pain

OIRE\_42

**7. Have you ever had back pain?**

- 0 No → go to question 18  
1 Yes

OIRE\_43

**8. Have you had back pain more than once?**

- 0 No  
1 Yes, 2-5 times  
2 Yes, 6 times or more  
3 Continuous back pain

T11\_Kys2\_K22

**9. Have you had back pain in the past 12 months?**

- 0 No → go to question 13  
1 Yes

T11\_Kys2\_K23

**10. Please give an estimate on how many days you have had back pain in the past 12 months:**

- 1 On 1-7 days  
2 On 8-30 days  
3 On over 30 days but not daily  
4 Daily

OIRE\_46A

**11. Have you had back pain during the past 30 days?**

- 0 No → go to question 13  
1 Yes

T11\_Kys2\_K25

**12. How often have you had back pain in the past 30 days?**

- 1 On some days  
2 On most days  
3 Daily

OIRE\_48

**13. Have you ever had back pain that radiates down the leg, beyond the knee (*sciatica*)?**

- 0 No → go to question 18  
1 Yes

T11\_Kys2\_K27

**14. Have you had this type of radiating pain in the past 12 months?**

- 0 No → go to question 18  
1 Yes

T11\_Kys2\_K28

**15. Please give an estimate on how many days you have had this type of radiating pain in the past 12 months:**

- 1 On 1-7 days  
2 On 8-30 days  
3 On over 30 days but not daily  
4 Daily

T11\_Kys2\_K29

**16. Have you had this type of radiating pain in the past 30 days?**

- 0 No → go to question 18  
1 Yes

T11\_Kys2\_K30

**17. How often have you had this type of radiating pain in the past 30 days?**

- 1 On some days  
2 On most days  
3 Daily

## Neck pain

T11\_Kys2\_K31

**18. Have you had neck pain in the past 12 months?**

- 0 No → go to question 27  
1 Yes

T11\_Kys2\_K32

**19. Please give an estimate on how many days you have had neck pain in the past 12 months:**

- 1 On 1-7 days  
2 On 8-30 days  
3 On over 30 days but not daily  
4 Daily

OIRE\_52A

**20. Have you had neck pain during the last past 30 days?**

- 0 No → go to question 22  
1 Yes

T11\_Kys2\_K34

**21. How often have you had neck pain in the past 30 days?**

- 1 On some days  
2 On most days  
3 Daily

T11\_Kys2\_K35

**22. Have you ever had neck pain that radiates down the arm, beyond the elbow?  
(to the forearm, hand or fingers)**

- 0 No → go to question 27  
1 Yes

T11\_Kys2\_K36

**23. Have you had this type of radiating pain in the past 12 months?**

- 0 No → go to question 27  
1 Yes

T11\_Kys2\_K37

**24. Please give an estimate on how many days you have had this type of radiating pain in the past 12 months:**

- 1 On 1-7 days  
2 On 8-30 days  
3 On over 30 days but not daily  
4 Daily

T11\_Kys2\_K38

**25. Have you had this type of radiating pain in the past 30 days?**

- 0 No → go to question 27  
1 Yes

T11\_Kys2\_K39

**26. How often have you had this type of radiating pain in the past 30 days?**

- 1 On some days  
2 On most days  
3 Daily

## Shoulder pain

T11\_Kys2\_K40

**27. Have you had shoulder pain in the past 12 months?**

- 0 No → go to question 32  
1 Yes

T11\_Kys2\_K41

**28. Please give an estimate on how many days you have had shoulder pain in the past 12 months:**

- 1 On 1-7 days  
2 On 8-30 days  
3 On over 30 days but not daily  
4 Daily

OIRE\_56A

**29. Have you had shoulder pain during the last past 30 days?**

- 0 No → go to question 32  
1 Yes

T11\_Kys2\_K43

**30. How often have you had shoulder pain in the past 30 days?**

- 1 On some days
- 2 On most days
- 3 Daily

T11\_Kys2\_K44

**31. On which shoulder have you had the pain in the past 30 days?**

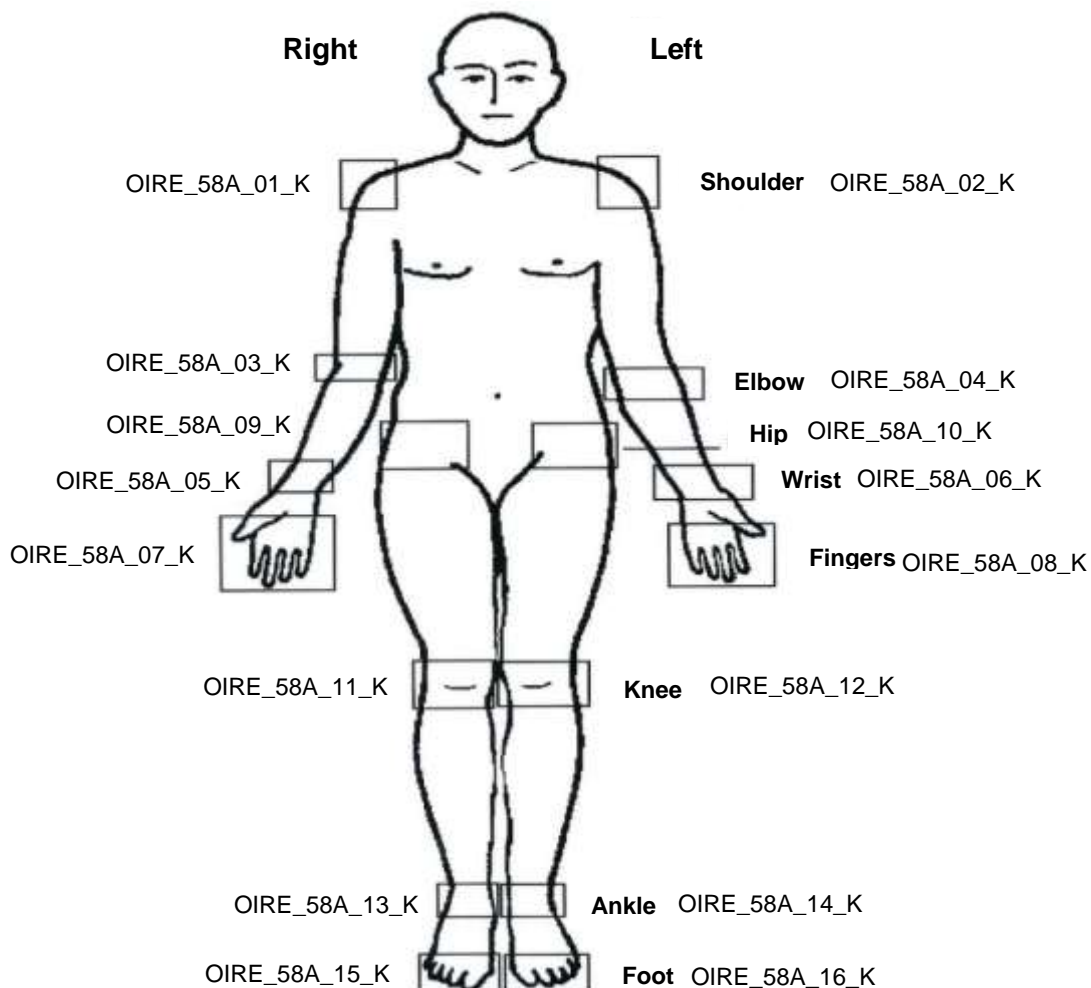
- 1 On the right shoulder
- 2 On the left shoulder
- 3 On both shoulders

**Joint pain**

OIRE\_57

**32. Have you had pain, ache or motion sensitivity in one or more joints in the past 30 days?**

- 0 No → go to question 34
- 1 Yes

**33. Please identify these joints in the diagram: Mark the applicable joints on the diagram with an "X".**

## Overall hindrance

T11\_Kys2\_K47

**34. Have you been unable to perform your daily tasks or duties due to back, neck, shoulder or joint pain within the past 30 days?**

- 0 No  
1 Yes

**35. On a scale from 1 to 10, please give an estimate on how much hindrance is caused by your back, neck, shoulder or joint pain:**

OIRE\_65A

### Hindrance at work

No hindrance  
at all

0 1 2 3 4 5 6 7 8 9 10

Completely rules  
out working

OIRE\_65B

### Hindrance during free time

No hindrance  
at all

0 1 2 3 4 5 6 7 8 9 10

Worst possible  
hindrance

## MOOD AND FEELINGS

**36. Below are groups of statements. Please read each group of statements carefully. Then pick out the statement in each group which best describes your current situation. Circle the number beside the statement you picked. *If several statements in the group seem to apply equally well, circle each one.***

Series 1: Kys1\_K82S101 1 I do not feel sad  
Kys1\_K82S102 2 I feel blue or sad  
Kys1\_K82S103 3 I am blue or sad all the time and I can't snap out of it  
Kys1\_K82S104 4 I am so sad or unhappy that it is very painful  
Kys1\_K82S105 5 I am so sad or unhappy that I can't stand it

Series 2: Kys1\_K82S201 1 I am not particularly pessimistic or discouraged about the future  
Kys1\_K82S202 2 I feel discouraged about the future  
Kys1\_K82S203 3 I feel I have nothing to look forward to  
Kys1\_K82S204 4 I feel that I won't ever get over my troubles  
Kys1\_K82S205 5 I feel that the future is hopeless and that things cannot improve

Series 3: Kys1\_K82S301 1 I do not feel like a failure  
Kys1\_K82S302 2 I feel like I have failed more than the average person  
Kys1\_K82S303 3 I feel I have accomplished very little that is worthwhile or that means anything  
Kys1\_K82S304 4 As I look back on my life all I can see is a lot of failures  
Kys1\_K82S305 5 I feel I am a complete failure as a person

Series 4:	Kys1_K82S401	1	I am not particularly dissatisfied
	Kys1_K82S402	2	I feel bored most of the time
	Kys1_K82S403	3	I don't enjoy things the way I used to
	Kys1_K82S404	4	I don't get satisfaction out of anything anymore.
	Kys1_K82S405	5	I am dissatisfied with everything
Series 5:	Kys1_K82S501	1	I don't feel particularly guilty
	Kys1_K82S502	2	I feel bad or unworthy a good part of the time
	Kys1_K82S503	3	I feel quite guilty
	Kys1_K82S504	4	I feel bad or unworthy practically all the time now
	Kys1_K82S505	5	I feel as though I am very bad or worthless
Series 6:	Kys1_K82S701	1	I don't feel disappointed in myself
	Kys1_K82S702	2	I am disappointed in myself
	Kys1_K82S703	3	I don't like myself
	Kys1_K82S704	4	I am disgusted with myself
	Kys1_K82S705	5	I hate myself
Series 7:	Kys1_K82S901	1	I have never had any thoughts of harming myself
	Kys1_K82S902	2	I have thoughts of harming myself but I would not carry them out
	Kys1_K82S903	3	I feel I would be better off dead
	Kys1_K82S904	4	I feel my family would be better off if I were dead
	Kys1_K82S905	5	I wish I were dead
Series 8:	Kys1_K82S1201	1	I have not lost interest in other people
	Kys1_K82S1202	2	I am less interested in other people now than I used to be
	Kys1_K82S1203	3	I have lost most of my interest in other people and have little feeling for them
	Kys1_K82S1204	4	I have lost all my interest in other people and don't care about them at all
Series 9:	Kys1_K82S1301	1	I make decisions about as well as ever
	Kys1_K82S1302	2	I am less sure of myself now and try to put off making decisions
	Kys1_K82S1303	3	I have difficulties in making decisions
	Kys1_K82S1304	4	I can't make any decisions at all any more
Series 10:	Kys1_K82S1401	1	I don't feel I look any worse than I used to
	Kys1_K82S1402	2	I am worried that I am looking old or unattractive
	Kys1_K82S1403	3	I feel that there are permanent changes in my appearance and they make me look unattractive
	Kys1_K82S1404	4	I feel that I am ugly or repulsive looking
Series 11:	Kys1_K82S1501	1	I can work about as well as before
	Kys1_K82S1502	2	It takes extra effort to get started at doing something
	Kys1_K82S1503	3	I don't work as well as I used to
	Kys1_K82S1504	4	I have to push myself very hard to do anything
	Kys1_K82S1505	5	I can't do any work at all
Series 12:	Kys1_K82S1701	1	I don't get any more tired than usual
	Kys1_K82S1702	2	I get tired more easily than I used to
	Kys1_K82S1703	3	I get tired from doing anything
	Kys1_K82S1704	4	I get too tired to do anything
Series 13:	Kys1_K82S1801	1	My appetite is no worse than usual
	Kys1_K82S1801	2	My appetite is not as good as it used to be
	Kys1_K82S1801	3	My appetite is much worse now
	Kys1_K82S1801	4	I have no appetite at all any more



## ORIENTATION TO LIFE

**37. How do you feel?** Circle from options 1 to 7 the one best describing your opinion.

Kys3\_K1701

**Until now your life has had:**

No clear goals or  
purpose at all

Very clear goals  
and purpose

1.....2.....3.....4.....5.....6.....7

Kys3\_K1702

**Do you have the feeling that you don't really care about what goes on around you?**

Very seldom  
or never

Very often

1.....2.....3.....4.....5.....6.....7

Kys3\_K1703

**Has it happened in the past that you were surprised by the behavior of people whom you thought you knew well?**

Never  
happened

Always  
happened

1.....2.....3.....4.....5.....6.....7

Kys3\_K1704

**Has it happened that people whom you counted on disappointed you?**

Never  
happened

Always  
happened

1.....2.....3.....4.....5.....6.....7

Kys3\_K1705

**Do you have the feeling that you're being treated unfairly?**

Very often

Very seldom  
or never

1.....2.....3.....4.....5.....6.....7

Kys3\_K1706

**Do you have the feeling that you are in an unfamiliar situation and don't know what to do?**

Very often

Very seldom  
or never

1.....2.....3.....4.....5.....6.....7

Kys3\_K1707

**Doing the things you do every day is:**

A source of deep  
pleasure and  
satisfaction

A source of pain  
and boredom

1.....2.....3.....4.....5.....6.....7

Kys3\_K1708

**Do you have very mixed-up feelings and ideas?**

Very often	Very seldom or never
1.....2.....3.....4.....5.....6.....7	

Kys3\_K1709

**Many people – even those with a strong character – sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?**

Never	Very often
1.....2.....3.....4.....5.....6.....7	

Kys3\_K1710

**When something happened, have you generally found that:**

You over- or under-estimated its importance	You saw things in the right proportion
1.....2.....3.....4.....5.....6.....7	

Kys3\_K1711

**How often do you have the feeling that there's little meaning in the things you do in your daily life?**

Very often	Very seldom or never
1.....2.....3.....4.....5.....6.....7	

Kys3\_K1712

**How often do you have feelings that you're not sure you can keep under control?**

Very often	Very seldom or never
1.....2.....3.....4.....5.....6.....7	

T11\_Kys2\_K55\_13

**Does it happen that you have feelings inside you would rather not feel?**

Very often	Very seldom or never
1.....2.....3.....4.....5.....6.....7	

*Please make sure that you answered all of the questions and fill in the date on which you completed the questionnaire.*

Date: \_\_\_\_\_ / \_\_\_\_\_ 2011

**Thank you!**

