



HEALTH 2011

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

QUESTIONNAIRE 2



TERVEYDEN JA
HYVINVOINNIN LAITOS

T4003

The questions in this form concern respiratory symptoms, shortness of breath, chest pain and allergic symptoms as well as musculoskeletal symptoms. You are also asked to answer a few questions related to your mental state and mood.

SHORTNESS OF BREATH

OIRE_08

- 1. Do you experience shortness of breath when you walk uphill, climb the stairs or hurry on flat ground?**

- 0 No → go to question 5
- 1 Yes
- 2 I never hurry

OIRE_09

- 2. Do you experience shortness of breath when you walk at an ordinary pace on flat ground with people of the same age as yourself?**

- 0 No → go to question 5
- 1 Yes

OIRE_10

- 3. Do you need to stop to catch your breath due to shortness of breath when walking at your own pace on flat ground (for less than 150 m)?**

- 0 No → go to question 5
- 1 Yes

OIRE_11

- 4. Do you experience shortness of breath even while remaining in place, e.g. while washing or getting dressed?**

- 0 No
- 1 Yes

CHEST PAIN

OIRE_12

- 5. Have you ever had any pain or discomfort in your chest?**

- 0 No
- 1 Yes → go to question 7

OIRE_13

- 6. Have you ever felt pressure or strain in your chest?**

- 0 No → go to question 14
- 1 Yes

OIRE_14

- 7. Do you get this feeling when you walk uphill or hurry?**
(Answer "Yes" if either walking uphill or hurrying causes discomfort.)

- 0 No
- 1 Yes
- 2 I never hurry or walk uphill

OIRE_15A

8. Do you get it when you walk at an ordinary pace on the level?

- 0 No → go to question 13
1 Yes

OIRE_16

9. When you get any pain or discomfort in your chest what do you do?
(Answer "Stop or slow down" if you continue after taking nitroglycerin.)

- 1 Stop or slow down
2 Continue at the same pace → go to question 12

OIRE_17

10. If you stop, does the pain or discomfort

- 1 Continue? → go to question 12
2 Diminish?

OIRE_18

11. How soon?

- 1 In 10 minutes or less
2 In more than 10 minutes

12. Where do you get this pain or discomfort?

	No	Yes	
OIRE_191_K 1 In the upper or middle part of the sternum	0	1	
OIRE_192_K 2 In the lower part of the sternum	0	1	
OIRE_193_K 3 In the front part of the chest	0	1	
OIRE_194_K 4 In the left upper limb	0	1	
OIRE_195_K 5 Elsewhere	0	1	

OIRE_20

13. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 0 No
1 Yes

ALLERGIC SYMPTOMS

OIRE_29

14. 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 16
- 1 Yes

OIRE_30

15. Has a doctor diagnosed you with allergic rhinitis?

- 0 No
- 1 Yes
- 2 Don't know

OIRE_31

16. 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 18
- 1 Yes

OIRE_32

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

- 0 No
- 1 Yes
- 2 Don't know

OIRE_33

18. 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 20
- 1 Yes
- 2 Don't know → go to question 20

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

(you may choose several options)

- 1 OIRE_341_K. In babyhood (under the age of 2)
- 2 OIRE_342_K. At pre-school age (between the age of 2–7)
- 3 OIRE_343_K. At school age (between the age of 7–18)
- 4 OIRE_344_K. As a grown up (over the age of 18)
- 5 OIRE_345_K. During the past 12 months
- 6 OIRE_346_K. At present time

MUSCULOSKELETAL SYMPTOMS

Back pain

OIRE_42

20. Have you ever had back pain?

- 0 No → go to question 31
- 1 Yes

OIRE_43

21. 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

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

- 0 No → go to question 26
- 1 Yes

T11_Kys2_K23

23. 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

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

- 0 No → go to question 26
- 1 Yes

T11_Kys2_K25

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

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

OIRE_48

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

- 0 No → go to question 31
- 1 Yes

T11_Kys2_K27

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

- 0 No → go to question 31
- 1 Yes

T11_Kys2_K28

28. 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

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

- 0 No → go to question 31
- 1 Yes

T11_Kys2_K30

30. 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

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

- 0 No → go to question 40
- 1 Yes

T11_Kys2_K32

32. 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

33. Have you had neck pain during the past 30 days?

- 0 No → go to question 35
- 1 Yes

T11_Kys2_K34

34. 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

**35. 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 40
- 1 Yes

T11_Kys2_K36

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

- 0 No → go to question 40
1 Yes

T11_Kys2_K37

37. 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

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

- 0 No → go to question 40
1 Yes

T11_Kys2_K39

39. 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

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

- 0 No → go to question 45
1 Yes

T11_Kys2_K41

41. 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

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

- 0 No → go to question 45
1 Yes

T11_Kys2_K43

43. 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

44. 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

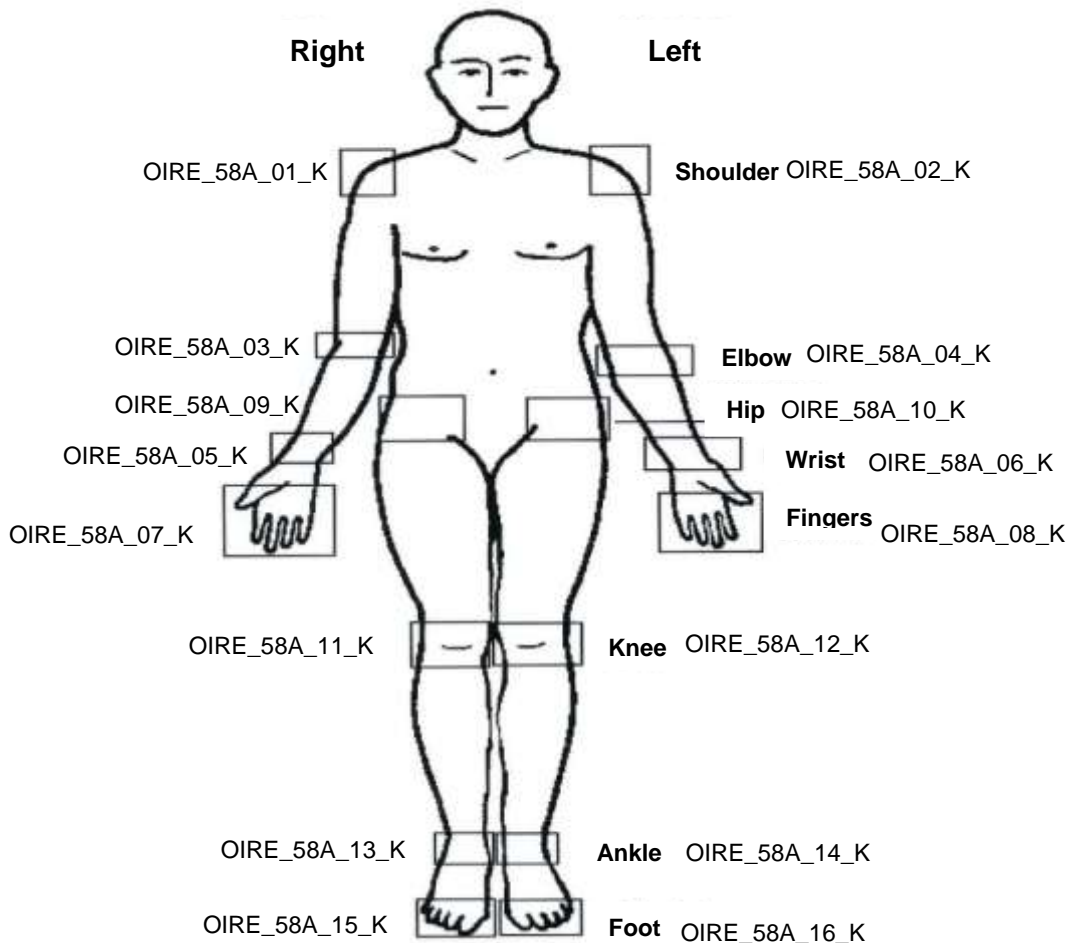
Joint pain

OIRE_57

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

- 0 No → go to question 47
- 1 Yes

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



Overall hindrance

T11_Kys2_K47

47. 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

48. 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

Completely rules
out working

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

OIRE_65B

Hindrance during free time

No hindrance
at all

Worst possible
hindrance

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

Walking difficulties

OIRE_59

49. Have you had difficulty in walking or have you limped due to a hip disorder or defect during the past 30 days?

- 0 No
1 Yes

OIRE_60

50. Have you had difficulty in walking or have you limped due to a knee disorder or defect during the past 30 days?

- 0 No
1 Yes

FALLING

OIRE_61

51. Have you fallen while walking indoors or outdoors in the past 12 months?

- 0 No → go to question 54
1 Yes

OIRE_62

52. How many times have you fallen while walking in the past 12 months?

Approximately |__| |__| |__| times

OIRE_63

53. Have you had to seek medical attention on any of these occasions?

- 0 No
 1 Yes | ___ | ___ | times

MOOD AND FEELINGS**54. 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.

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- 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 anymore.

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_K82S1802 2 My appetite is not as good as it used to be.
 Kys1_K82S1803 3 My appetite is much worse now.
 Kys1_K82S1804 4 I have no appetite at all anymore.

ORIENTATION TO LIFE

55. 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: _____ / _____ / _____

Thank you!

