



HEALTH 2011

A Survey
on Health and Functional Capacity
in Finland

QUESTIONNAIRE 3



TERVEYDEN JA
HYVINVOINNIN LAITOS

T4005

The purpose of this questionnaire is to learn more about factors influencing your health and welfare. We ask that you fill in the questionnaire within one week and return it in the enclosed envelope (postage pre-paid). The questions are answered by circling the number of the alternative best describing your current situation or opinion or by writing down the appropriate amount or quantity in the empty space provided.

We hope that you answer each question even if you feel completely healthy.

Example 1 **Do you snore when sleeping?** (*Ask other if you are not sure*)

0 No → go to question 6
 1 Yes

If you do not snore, please circle "0". In some questions after certain answers there is a statement "go to question...". In such cases you can skip straight to that question and leave the questions in between unanswered.

Example 2 **How many hours do you sleep during the night?**

_____ 7,5 _____ hours

Remember to answer all the questions – even when your answer is "No" please circle the corresponding number.

SLEEP AND SLEEPING

Kys3_K01

1. How many hours on average do you sleep in 24 hours?

_____ hours

Nkys_K43

2. Do you think that you get enough sleep?

- 1 Yes, nearly always
- 2 Yes, often
- 3 Seldom or hardly ever
- 4 Don't know

Kys3_K06

3. Do you snore when sleeping? (*Ask others if you are not sure*)

- 0 No → go to question 6
- 1 Yes

Kys3_K07

4. How often do you snore?

- 1 Once a month or more rarely
- 2 During 1 to 2 nights a week
- 3 During 3 to 5 nights a week
- 4 Every night or nearly every night
- 5 Don't know

Kys3_K08

5. What is your snoring like? *(Ask others if needed)*

- 1 My snoring is quiet and even
- 2 My snoring is even but quite loud
- 3 My snoring is even but so loud that it can be heard in the room next to the bedroom
- 4 My snoring is very loud and uneven (sometimes there are occasional respiratory arrests during which there are pauses in breathing followed by loud croaking sounds)
- 5 Don't know

Kys3_K09

6. Have you noticed (or have others noticed) respiratory arrests when you sleep?

- 1 Never or more rarely than once a month
- 2 More rarely than once a week
- 3 From 1 to 2 nights a week
- 4 From 3 to 5 nights a week
- 5 Each or nearly each night
- 6 Don't know

Kys3_K04

7. In your opinion, are you usually more tired during the day than other people of your age?

- 1 Yes, nearly always
- 2 Yes, often (at least weekly)
- 3 No
- 4 Don't know

SEASONAL VARIATIONS**8. How much do the following vary according to season of year?**

	No change at all	Varies somewhat	Varies clearly	Varies a lot
Kys3_K1801 Length of sleep	0	1	2	3
Kys3_K1802 Social activity	0	1	2	3
Kys3_K1803 Mood (general feeling of well-being)	0	1	2	3
Kys3_K1804 Weight	0	1	2	3
Kys3_K1805 Appetite	0	1	2	3
Kys3_K1806 Energy	0	1	2	3

Kys3_K19

9. Is any of the seasonal variations listed above a problem for you?

- 0 I do not experience any of the variations listed above
 - 1 The variations listed above are not a problem
- The variations listed above are:**
- 2 A slight problem
 - 3 A problem to some extent
 - 4 A considerable problem
 - 5 A serious problem

SYMPTOMS

10. Listed below are some symptoms of strain that people sometimes have.

Please read each one carefully and circle the answer that best reflects how much that symptom has bothered you during the past week.

How much have the following symptoms bothered you during the past 7 days?

	Not at all	A little	Quite a bit	Extremely
T11_Kys3_K1001 Suddenly scared for no reason	1	2	3	4
T11_Kys3_K1002 Feeling fearful	1	2	3	4
T11_Kys3_K1003 Faintness, dizziness, or weakness	1	2	3	4
T11_Kys3_K1004 Nervousness or shakiness inside	1	2	3	4
T11_Kys3_K1005 Heart pounding or racing	1	2	3	4
T11_Kys3_K1006 Trembling	1	2	3	4
T11_Kys3_K1007 Feeling tense or keyed up	1	2	3	4
T11_Kys3_K1008 Headaches	1	2	3	4
T11_Kys3_K1009 Spells of terror or panic	1	2	3	4
T11_Kys3_K1010 Feeling restless, can't sit down	1	2	3	4
T11_Kys3_K1011 Feeling low in energy – slowed down	1	2	3	4
T11_Kys3_K1012 Blaming yourself for things	1	2	3	4
T11_Kys3_K1013 Crying easily	1	2	3	4
T11_Kys3_K1014 Loss of sexual interest or pleasure	1	2	3	4
T11_Kys3_K1015 Poor appetite	1	2	3	4
T11_Kys3_K1016 Difficulty falling asleep, staying asleep	1	2	3	4
T11_Kys3_K1017 Feeling hopeless about the future	1	2	3	4
T11_Kys3_K1018 Feeling blue	1	2	3	4
T11_Kys3_K1019 Feeling lonely	1	2	3	4
T11_Kys3_K1020 Feeling trapped or caught	1	2	3	4

	Not at all	A little	Quite a bit	Extremely
T11_Kys3_K1021 Worrying too much about things	1	2	3	4
T11_Kys3_K1022 Feeling no interest in things	1	2	3	4
T11_Kys3_K1023 Thoughts of ending your life	1	2	3	4
T11_Kys3_K1024 Feeling everything is an effort	1	2	3	4
T11_Kys3_K1025 Feelings of worthlessness	1	2	3	4

HEALTH RELATED QUALITY OF LIFE

*Please read through all the alternative responses to each question before circling the alternative which **best describes your present health status**. Continue through all 15 questions in this manner, **giving only one answer to each**.*

11. Your health status today

Kys3_LIIK

Mobility

- 1 I am able to walk normally (without difficulty) indoors, outdoors and on stairs
- 2 I am able to walk without difficulty indoors, but outdoors and/or on stairs I have slight difficulties
- 3 I am able to walk without help indoors (with or without an appliance), but outdoors and/or on stairs only with considerable difficulty or with help from others
- 4 I am able to walk indoors only with help from others
- 5 I am completely bed-ridden and unable to move about

Kys3_NAKO

Vision

- 1 I see normally, i.e. I can read newspapers and TV text without difficulty (with or without glasses)
- 2 I can read papers and/or TV text with slight difficulty (with or without glasses)
- 3 I can read papers and/or TV text with considerable difficulty (with or without glasses)
- 4 I cannot read papers or TV text either with glasses or without, but I can see enough to walk about without guidance
- 5 I cannot see enough to walk about without a guide, i.e. I am almost or completely blind

Kys3_KUUL

Hearing

- 1 I can hear normally, i.e. normal speech (with or without a hearing aid)
- 2 I hear normal speech with a little difficulty
- 3 I hear normal speech with considerable difficulty; in conversation I need voices to be louder than normal
- 4 I hear even loud voices poorly; I am almost deaf
- 5 I am completely deaf

Kys3_HENG

Breathing

- 1 I am able to breathe normally, i.e. with no shortness of breath or other breathing difficulty
- 2 I have shortness of breath during heavy work or sports, or when walking briskly on flat ground or slightly uphill
- 3 I have shortness of breath when walking on flat ground at the same speed as others my age
- 4 I get shortness of breath even after light activity, e.g. washing or dressing myself
- 5 I have breathing difficulties almost all the time, even when resting

Kys3_NUKK

Sleeping

- 1 I am able to sleep normally, i.e. I have no problems with sleeping
- 2 I have slight problems with sleeping, e.g. difficulty in falling asleep, or sometimes waking at night
- 3 I have moderate problems with sleeping, e.g. disturbed sleep, or feeling I have not slept enough
- 4 I have great problems with sleeping, e.g. having to use sleeping pills often or routinely, or usually waking at night and/or too early in the morning
- 5 I suffer from severe sleeplessness e.g. sleep is almost impossible even with full use of sleeping pills or staying awake most of the night

Kys3_SYOM

Eating

- 1 I am able to eat normally, i.e. with no help from others
- 2 I am able to eat by myself with minor difficulty (e.g. slowly, clumsily, shakily, or with special appliances)
- 3 I need some help from another person in eating
- 4 I am unable to eat by myself at all, so I must be fed by another person
- 5 I am unable to eat at all, so I am fed either by tube or intravenously

Kys3_PUHU

Speech

- 1 I am able to speak normally, i.e. clearly, audibly and fluently
- 2 I have slight speech difficulties, e.g. occasional fumbling for words, mumbling, or changes of pitch
- 3 I can make myself understood, but my speech is e.g. disjointed, faltering, stuttering or stammering
- 4 Most people have great difficulty understanding my speech
- 5 I can only make myself understood by gestures

Kys3_ERIT

Elimination

- 1 My bladder and bowel work normally and without problems
- 2 I have slight problems with my bladder and/or bowel function, e.g. difficulties with urination, or loose or hard bowels
- 3 I have marked problems with my bladder and/or bowel function, e.g. occasional 'accidents', or severe constipation or diarrhea
- 4 I have serious problems with my bladder and/or bowel function, e.g. routine 'accidents', or need of catheterization or enemas
- 5 I have no control over my bladder and/or bowel function

Kys3_TAVA

Usual activities

- 1 I am able to perform my usual activities (e.g. work, studying, housework, free-time activities) without difficulty
- 2 I am able to perform my usual activities slightly less effectively or with minor difficulty
- 3 I am able to perform my usual activities much less effectively, with considerable difficulty, or not completely
- 4 I can only manage a small proportion of my previously usual activities
- 5 I am unable to manage any previously usual activities

Kys3_HENK

Mental function

- 1 I am able to think clearly and logically, and my memory functions well
- 2 I have slight difficulties in thinking clearly and logically, or my memory sometimes fails me
- 3 I have marked difficulties in thinking clearly and logically, or my memory is somewhat impaired
- 4 I have great difficulties in thinking clearly and logically, or my memory is seriously impaired
- 5 I am permanently confused and disoriented in place and time

Kys3_VAIV

Discomfort and symptoms

- 1 I have no physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.
- 2 I have mild physical discomfort or symptoms, e.g. mild pain, ache, nausea, itching etc.
- 3 I have marked physical discomfort or symptoms, e.g. marked pain, ache, nausea, itching etc.
- 4 I have severe physical discomfort or symptoms, e.g. severe pain, ache, nausea, itching etc.
- 5 I have unbearable physical discomfort or symptoms, e.g. unbearable pain, ache, nausea, itching etc.

Kys3_MASE

Depression

- 1 I do not feel at all sad, melancholic or depressed
- 2 I feel slightly sad, melancholic or depressed
- 3 I feel moderately sad, melancholic or depressed
- 4 I feel very sad, melancholic or depressed
- 5 I feel extremely sad, melancholic or depressed

Kys3_AHDI

Distress

- 1 I do not feel at all anxious, stressed or nervous
- 2 I feel slightly anxious, stressed or nervous
- 3 I feel moderately anxious, stressed or nervous
- 4 I feel very anxious, stressed or nervous
- 5 I feel extremely anxious, stressed or nervous

Kys3_ENER

Vitality

- 1 I feel healthy and energetic
- 2 I feel slightly weary, tired or feeble
- 3 I feel moderately weary, tired or feeble
- 4 I feel very weary, tired and feeble, almost exhausted
- 5 I feel extremely weary, tired or feeble, totally exhausted

Kys3_SUKU

Sexual activity

- 1 My state of health has no adverse effect on my sexual activity
- 2 My state of health has a slight effect on my sexual activity
- 3 My state of health has a considerable effect on my sexual activity
- 4 My state of health makes sexual activity almost impossible
- 5 My state of health makes sexual activity impossible

12. How often have you experienced the following problems related to oral health during the last month?

	Very often	Fairly often	Occasionally	Hardly ever	Never	Don't know
Kys3_K1601 Have you had trouble <u>pronouncing any words</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1602 Have you felt that your <u>sense of taste has worsened</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1603 Have you had <u>pain or ache</u> in your mouth?	1	2	3	4	5	6
Kys3_K1604 Have you found it <u>uncomfortable to eat any foods</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1605 Have you been <u>self-conscious</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6

	Very often	Fairly often	Occasionally	Hardly ever	Never	Don't know
Kys3_K1606 Have you <u>felt tense</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1607 Has your <u>diet been unsatisfactory</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1608 Have you had to <u>interrupt meals</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1609 Have you found it <u>difficult to relax</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1610 Have you been a bit <u>embarrassed</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1611 Have you been a bit <u>irritable with other people</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1612 Have you had <u>difficulty doing your usual jobs</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1613 Have you felt that life in general was <u>less satisfying</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6
Kys3_K1614 Have you been <u>totally unable to function</u> because of problems with your teeth, mouth or dentures?	1	2	3	4	5	6

RELATIONSHIPS

13. Read the following claims and circle the option closest to the truth.

	Fully correct	Quite correct	Quite incorrect	Fully incorrect
Kys1_K8101 I am sure that most people do not have problems with lying for their own good	1	2	3	4
Kys1_K8102 Most people are good and honest mainly because they are afraid to get caught	1	2	3	4
Kys1_K8103 Most people are ready to use any means, also dishonest ones, in order to gain benefits	1	2	3	4
Kys1_K8104 I often think what could be the real reasons when others do something for my benefit	1	2	3	4

	Fully correct	Quite correct	Quite incorrect	Fully incorrect
Kys1_K8105 Nobody cares much about what happens to somebody else	1	2	3	4
Kys1_K8106 It is better not to trust anyone	1	2	3	4
Kys1_K8107 Most people make friends because they think friends can be useful for their purposes	1	2	3	4
Kys1_K8108 Most people would not want to go through the trouble to help other people	1	2	3	4

EMOTIONS AND FEELINGS

14. Circle a number from 1 to 5 according to how well it describes you.

	Not true at all	Not very true	Do not know	Quite correct	Completely correct
Kys3_K2201 I am often very uncertain about my feelings	1	2	3	4	5
Kys3_K2202 It is hard for me to find the right words to describe my feelings	1	2	3	4	5
Kys3_K2203 I have physical feelings that even the doctors do not understand	1	2	3	4	5
Kys3_K2204 It is easy for me to describe my feelings	1	2	3	4	5
Kys3_K2205 I prefer to analyse and think about problems rather than just to describe them	1	2	3	4	5
Kys3_K2206 When I am upset I do not know whether I am sad, scared or angry	1	2	3	4	5
Kys3_K2207 I am often quite unsure about what I feel in my body	1	2	3	4	5
Kys3_K2208 I prefer to let things go on their own weight rather than think about the reasons behind them	1	2	3	4	5
Kys3_K2209 I have emotions that I am not completely capable to identify	1	2	3	4	5
Kys3_K2210 It is extremely important to be in contact with one's emotions	1	2	3	4	5

	Not true at all	Not very true	Do not know	Quite correct	Completely correct
Kys3_K2211 It is hard for me to describe the feelings that other people make me feel	1	2	3	4	5
Kys3_K2212 People have told me to be more open about my feelings	1	2	3	4	5
Kys3_K2213 I do not really know what is going on inside of me	1	2	3	4	5
Kys3_K2214 I do not always know why I am angry	1	2	3	4	5
Kys3_K2215 I prefer rather talking with people about their daily routine than about their feelings	1	2	3	4	5
Kys3_K2216 I'd rather watch light entertainment than psychological theatre	1	2	3	4	5
Kys3_K2217 It is hard for me to tell even the ones closest to me what I feel inside.	1	2	3	4	5
Kys3_K2218 I can feel closeness to another person even in complete quietness	1	2	3	4	5
Kys3_K2219 I have noticed that it is very helpful in solving personal problems to listen and think about your feelings	1	2	3	4	5
Kys3_K2210 All the pleasure in movies or theatre disappears if you try to find deeper meanings in them	1	2	3	4	5

FINANCING OF CARE AND HEALTH SERVICES

In the next section we ask for your views on the financing of care and health services in the future. Care services here mean for example home care and assisted living homes. Their need will soon grow sharply as the population gets older. Latest estimates suggest that government and municipality funding will cover only part of the required services in the future.

15. In your opinion, how should the increase in care services be financed?

You may choose more than one answer.

T11_Kys3_K1501	1	By increasing taxes
T11_Kys3_K1502	2	By creating new voluntary care insurance (you pay insurance premiums)
T11_Kys3_K1503	3	Informal care / family caregiving, with financial support from the society
T11_Kys3_K1504	4	Informal care / family caregiving, without financial support from the society
T11_Kys3_K1505	5	By utilising property (e.g. house) of the person requiring care

16. When funds are targeted for additions in care services, how should they be primarily used?

- T11_Kys3_K1601 1 To increase the number of assisted living homes for the elderly
 T11_Kys3_K1602 2 To increase care personnel
 T11_Kys3_K1603 3 To increase home care
 T11_Kys3_K1604 4 To improve the monetary compensations of informal care / family caregiving

17. If the tax-funded health services become insufficient in the future, how would you pay for the services you require?

- T11_Kys3_K1701 1 With your own regular income
 T11_Kys3_K1702 2 With your savings
 T11_Kys3_K1703 3 By preparing in advance (targeted savings)
 T11_Kys3_K1704 4 With private medical expenses insurance

T11_Kys3_K18

18. Service vouchers are used in many municipalities. In effect they are agreements for specific services such as special health care or assisted living. If you could decide, which method would you choose for assisted living?

- 1 You pay €1000/month, and the municipality pays €2000/month. The municipality decides which assisted living home you are assigned to.
- 2 You receive a voucher worth €1500 from the municipality. You decide on the assisted living home yourself, and pay for the costs that exceed the value of the voucher. The costs can depend on for example the location and provided services.

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

Please return the questionnaire in the enclosed envelope.

Date: _____ / _____ / _____

We thank you for your time and effort!

