



HEALTH 2011

A Survey
on Health and Functional Capacity
in Finland

QUESTIONNAIRE 4



TERVEYDEN JA
HYVINVOINNIN LAITOS

T4045

The purpose of this questionnaire is to verify some essential information on your lifestyle, quality of life, and the symptoms you may be experiencing and the hindrance they may cause. All information will be dealt with in confidence.

We ask that you **fill in the questionnaire by circling the number of the alternative best describing your situation or opinion. Please return the questionnaire in the enclosed envelope** (postage pre-paid).

HEALTH STATUS

Kys1_K04

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

- 0 No
- 1 Yes

OIRE_29

2. 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
- 1 Yes

OIRE_46A

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

- 0 No
- 1 Yes

OIRE_52A

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

- 0 No
- 1 Yes

OIRE_56A

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

- 0 No
- 1 Yes

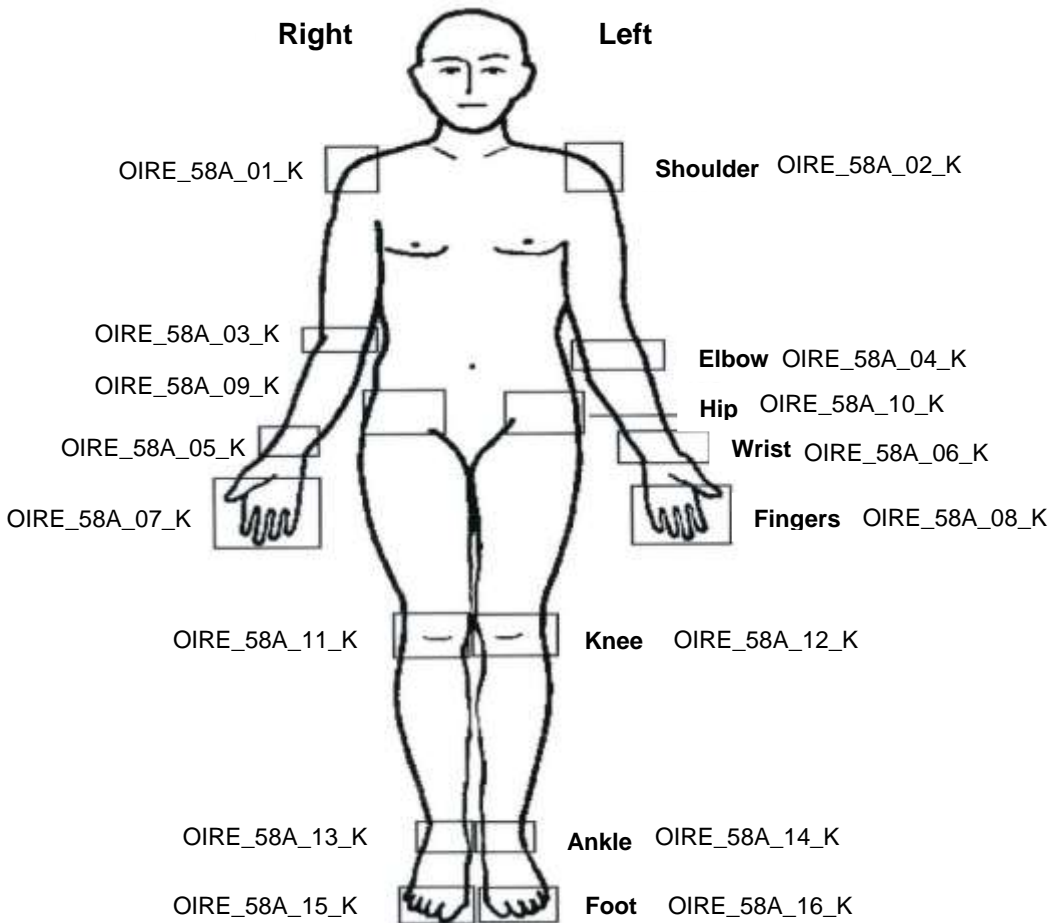
OIRE_57

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

- 0 No → go to question 8
- 1 Yes

7. Please identify these joints in the diagram:

Mark the applicable joints on the diagram with an "X".



T11_Kys2_K47

8. 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

9. 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

OIRE_59

10. 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

11. 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

LIVING HABITS

Kys1_K27

12. 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).

T11_Kys1_K28

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

- 0 Never
- 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

QUALITY OF LIFE

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

T11_Kys1_K41

14. How would you rate your quality of life?

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

T11_Kys1_K52

15. Do you ever feel lonely?

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

Kys1_K09

16. 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 can't tell/ it is hard to estimate

Please make sure you answered all the questions on this questionnaire. We ask that you return the questionnaire in the enclosed envelope. The postage has been pre-paid.

Date on which you filled in the questionnaire: _____ / _____ / _____

We thank you for your effort!

