



HEALTH 2011

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

HEALTH QUESTIONNAIRE



TERVEYDEN JA
HYVINVOINNIN LAITOS

T4095

The purpose of this questionnaire is to gather information on the health, functioning and well-being of people living in Finland. All information will be handled strictly confidentially and results will be displayed only as tables so that no individual can be identified. We ask you **to fill in the questionnaire and return it by mail in the enclosed envelope to the National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos, THL). The postage has been prepaid.**

In case this questionnaire is addressed to a relative of yours or another person who is unable to complete the questionnaire on their own, we ask that you help him/her to fill in the questionnaire or fill in the questionnaire on his/her behalf (where possible).

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 the empty spaces provided. Some questions contain additional answering instructions.

The following four questions are answering examples. Please begin filling in the questionnaire from page 3.

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 were you at the age of 20?**

180 cm

3. **Do you have access to a computer, e-mail and/or an internet connection?**

- 0 No
- 1 Yes

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

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

HEALTH AND ILLNESSES

BA01

1. Is your present state of health?

- 1 good
- 2 rather good
- 3 moderate
- 4 rather poor
- 5 poor

BA02

2. Do you have any permanent or chronic illness or any defect, trouble or injury, which reduces your working capacity or functional ability?

Include all chronic illnesses diagnosed by a doctor and all troubles which have lasted for at least three months and have not been diagnosed by a doctor, but which affect your functional capacity.

- 0 no
- 1 yes

Has a doctor ever diagnosed you with any of the following diseases?

	No	Yes
RESPIRATORY DISEASES		
BA04 3. asthma	0	1
BA05 4. chronic obstructive pulmonary disease (COPD)	0	1
BA06 5. chronic bronchitis	0	1
CARDIOVASCULAR DISEASES		
BA08 6. coronary thrombosis i.e. myocardial infarction	0	1
BA09 7. coronary heart disease (angina pectoris)	0	1
BA10 8. heart failure, cardiac insufficiency	0	1
BA13 9. high blood pressure, hypertension	0	1
BA14 10. stroke (cerebral haemorrhage, cerebral thrombosis)	0	1
DEFECTS AND DISEASES OF THE JOINTS AND BACK		
BA18 11. rheumatoid arthritis	0	1
BA19 12. osteoarthritis (arthrosis, joint degeneration)	0	1
12a. If you answered "yes" to question 12, please specify in which joints. <i>Multiple alternatives allowed.</i>		
BA19A1. knee	0	1
BA19A2. hip	0	1
BA19A3. hand	0	1
BA19A4. back	0	1
BA19A5. other	0	1
BA19A5_T. other, what? _____		

Has a doctor ever diagnosed you with any of the following diseases?

	No	Yes
BA21 13. back disease or other back defect	0	1

BA21F 14. neck disease or other defect in the neck	0	1
---	---	---

INJURIES

BA24 15. permanent injury or defect caused by an accident	0	1
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15a. If you answered “yes” to question 15, please specify the type of injury or defect.
Multiple alternatives allowed.

BA24A1A. face or chin injury	0	1
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BA24A1. some other head or brain injury	0	1
---	---	---

BA24A2. vision defect	0	1
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BA24A3. hearing defect	0	1
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BA24A4. injury of the upper limb/s	0	1
------------------------------------	---	---

BA24A5A. hip fracture or its consequence	0	1
--	---	---

BA24A5. some other injury of the lower limb/s	0	1
---	---	---

BA24A6. injury of the trunk or back	0	1
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BA24A7. pulmonary injury	0	1
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BA24A9_T11.some other injury	0	1
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BA24A9_T. some other injury, what? _____		
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MENTAL HEALTH PROBLEMS

BA25 16. psychological or mental illness	0	1
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16a. If you answered “yes” to question 16, please specify the type of illness in question.
Multiple alternatives allowed.

BA25A1. psychosis	0	1
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BA25A2. depression	0	1
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BA25A3. anxiety	0	1
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BA25A4. substance use problem	0	1
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BA25A5. other	0	1
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BA25A5_T. other, what? _____		
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VISION AND HEARING DEFECTS

BA36 17. cataract in the eyes	0	1
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BA36A 17a. If you answered “yes” to question 17, have you had an eye operation because of it?	0	1
--	---	---

BA37 18. glaucoma	0	1
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BA38 19. eye ground degeneration	0	1
---	---	---

BA40 20. hearing defect, hearing injury or disease causing impaired hearing	0	1
--	---	---

Has **a doctor** ever diagnosed you with any of the following diseases?

	No	Yes
OTHER DISEASES DIAGNOSED BY A DOCTOR		
BA26 21. diabetes	0	1
BA32 22. cancer (malignant growth)	0	1
BA35 23. Parkinson's disease	0	1
BA44 24. urinary incontinence, problems in controlling the bladder	0	1
BA46 25. Do you have some other chronic illness, defect, trouble or injury diagnosed by a doctor?	0	1
25a. If you answered "yes" to question 25, please specify the type of illness, defect, trouble or injury in question:		
BA46_1T 1. _____		
BA46_2T 2. _____		
BA46_3T 3. _____		

TREATMENT OF ILLNESSES

If you have no long term illnesses or injuries (you answered "no" to all the questions concerning diagnoses by a doctor) you can skip to question 28.

BB01A

26. Do you need continuous treatment by a doctor because of any of the chronic illnesses, defects or injuries you just mentioned?

- 0 no
1 yes

BB01C

27. Do you have a chronic illness for which you would like to get continuous treatment by a doctor but do not receive it?

- 0 no
1 yes

USE OF HEALTH CARE SERVICES

BB10

28. Have you been an inpatient in a hospital ward during the past 12 months?

- 0 no
1 yes

DB01

29. Have you seen a doctor because of your own illness (or pregnancy or delivery) during the past 12 months? Do not include dental visits or the times you have been in a hospital as an inpatient.

- 0 no
1 yes

29a. How many times during the past 12 months have you visited the following because of your own illness:

DB03A. a health centre doctor	___ ___ times
DB03B. a hospital outpatient department	___ ___ times
DB03C. an occupational health care doctor	___ ___ times
DB03CN. a student health care doctor	___ ___ times
DB03D. a private doctor's surgery or private medical centre	___ ___ times
DB03E. met a doctor at your home	___ ___ times
DB03F. seen a doctor somewhere else	___ ___ times

29b. How many times have you because of your own illness (or pregnancy or delivery) during the past 12 months:

DB08A. visited an occupational health nurse	___ ___ times
DB08BN2. visited some other nurse	___ ___ times
DB08C. met a nurse in your home	___ ___ times
DB08BN1. visited a student health nurse	___ ___ times

MEDICINES

DF02

30. Are you at the moment using any medicine prescribed by a doctor?

- 0 no → go to question 31
1 yes

30b. If you answered "yes" to question 30, what are the names of these medicines?

Please check the names from the package or prescriptions. If you do not remember the exact names of the medicines, recalled information is also sufficient. Also enter medicines taken occasionally.

- | | |
|---|--|
| <u>1.</u> DF03_1T (text), DF03_1_ATC (code) | <u>8.</u> DF03_8T (text), DF03_8_ATC (code) |
| <u>2.</u> DF03_2T (text), DF03_2_ATC (code) | <u>9.</u> DF03_9T (text), DF03_9_ATC (code) |
| <u>3.</u> DF03_3T (text), DF03_3_ATC (code) | <u>10.</u> DF03_10T (text), DF03_10_ATC (code) |
| <u>4.</u> DF03_4T (text), DF03_4_ATC (code) | <u>11.</u> DF03_11T (text), DF03_11_ATC (code) |
| <u>5.</u> DF03_5T (text), DF03_5_ATC (code) | <u>12.</u> DF03_12T (text), DF03_12_ATC (code) |
| <u>6.</u> DF03_6T (text), DF03_6_ATC (code) | <u>13.</u> DF03_13T (text), DF03_13_ATC (code) |
| <u>7.</u> DF03_7T (text), DF03_7_ATC (code) | <u>14.</u> DF03_14T (text), DF03_14_ATC (code) |

DENTAL CARE

EC06_T11

31. When did you last receive dental care? *Dental care refers to visits to a dentist, dental hygienist, dental nurse and/or dental technician.*

- 1 during the past 12 months
- 2 1 to 2 years ago
- 3 3 to 5 years ago
- 4 over 5 years ago
- 5 I have never received dental care

ED04

32. Do you think you need dental treatment now?

- 0 no
- 1 yes

WORK ABILITY

Persons of the age 75 and over can skip to question 37.

IB01

33. Regardless of whether you are employed or not, please estimate your current work ability. Are you:

- 1 completely fit for work
- 2 partially unable to work
- 3 completely unable to work

IB04

34. Let's assume that your work ability would receive a score of 10 points at its best. What point score would you give your current work ability?
(0 means that you are currently unable to do any work)

0	1	2	3	4	5	6	7	8	9	10
completely unable to work										work ability at its best

IB11

35. Do you have illnesses or injuries which hinder your present/latest work?

- 0 no → go to question 37
- 1 yes

IB12

36. If you answered "yes" to question 35, how much do/did they hinder your work:

- 1 I can perform at work, but it causes symptoms
- 2 I sometimes have to reduce the pace of my work or change the way I work
- 3 I often have to reduce the pace of my work or change the way I work
- 4 due to my illness, I feel I am able to manage only part-time work
- 5 I feel I am completely unable to work

FUNCTIONAL CAPACITY

37. How do you manage the following activities nowadays:

Do not include temporary restrictions such as a leg in a cast.

	without difficulties	with minor difficulties	with major difficulties	not at all
HA01A. getting in and out of bed	1	2	3	4
HA01B. dressing and undressing	1	2	3	4
HA02H. shopping	1	2	3	4
HA02I. cooking	1	2	3	4
HA02K. heavy cleaning, e.g. carrying and beating of carpets or washing windows	1	2	3	4
HA02M. banking, handling matters in public offices or similar	1	2	3	4
HA01N. taking care of matters together with other people	1	2	3	4
HA01O. presenting matters to unknown people	1	2	3	4

38. How do you manage the following nowadays:

	without difficulties	with minor difficulties	with major difficulties	not at all
HB06. climbing up several flights of stairs without resting	1	2	3	4
HB07. climbing one flight of stairs without resting	1	2	3	4
HB09. walking about half a kilometre without resting	1	2	3	4
HB10. moving about in your apartment from one room to another?	1	2	3	4

HB02

39. How well can you move about?

- 1 my moving about is not restricted
- 2 I am able to move about alone and without any aids, but it is difficult
- 3 I am able to move about, but only with help or on a wheel chair, with crutches or other aids
- 4 I am totally unable to move about

HC01

40. Is your eye sight good enough (with glasses) for reading normal newspaper text?

- 1 I can read without difficulties
- 2 I can read, but it causes difficulties
- 3 I cannot read at all

HC04

41. Can you hear without difficulties what is said in a conversation between several people (with or without a hearing aid)?

- 1 I can hear without difficulties
- 2 I can hear, but it causes difficulties
- 3 I cannot hear at all

HF09_A

42. Are you generally able to concentrate on matters:

- 1 very well
- 2 well
- 3 satisfactorily
- 4 poorly
- 5 very poorly

HF09_B

43. Are you able to acquire new information and learn:

- 1 very well
- 2 well
- 3 satisfactorily
- 4 poorly
- 5 very poorly

HF10

44. How would you estimate your present memory? Is your memory:

- 1 very good
- 2 good
- 3 satisfactory
- 4 poor
- 5 very poor

NEED AND USE OF ASSISTANCE AND HELP

HD01

45. Do you receive repeated assistance or help in your everyday activities (for example household work, washing up, shopping) because of your reduced functional capacity?

- 0 no
1 yes → go to question 48

HD02

46. Would you need this kind of assistance or help due to reduced functional capacity?

- 0 no → go to question 52
1 yes

HD03

47. If you answered “yes” to question 46, how often would you need this kind of help?

- 1 once a month or less frequently
2 2 to 3 times a month
3 once a week
4 a few times a week
5 daily, part of the day
6 most of the day
7 almost 24 hours a day

Answer the following questions only if you receive repeated assistance or help in your everyday activities due to reduced functional capacity. If you do not receive repeated assistance or help, skip to question 52.

48. How often do you receive help?

	not at all	once a month or less frequently	2 to 3 times a month	once a week	a few times a week	daily, some part of the day	most of the day	almost 24 hours a day
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HD05_O. from relatives, neighbours, friends or acquaintances

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

HD05_K. from a home care assistant

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

HD05_P. from a sheltered home assistant

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

HD05_M. from someone else

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

HD06

49. How often do you receive help from all the persons mentioned above in total? (relatives, neighbours etc., home care and/or sheltered home assistants or nurses or somewhere else)

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24 hours a day

HD08

50. Do you receive enough help to manage at home?

- 1 I receive enough help and support → go to question 52
- 2 I would need more help and support
- 3 I would cope with less help → go to question 52

HD08BX

51. If you answered “yes” to question 50, how often would you need this kind of help?

- 1 once a month or less frequently
- 2 2 to 3 times a month
- 3 once a week
- 4 a few times a week
- 5 daily, part of the day
- 6 most of the day
- 7 almost 24 hours a day

HD09

52. Do you yourself help anybody (spouse, relative, friend, neighbour) regularly in tasks helping him/her to cope at home?

- 0 no → go to question 54
- 1 yes

HD10_C

53. If you answered “yes” to question 52, how many hours per week in total, including travel time, do you spend helping?

Approximately | ___ | ___ | ___ | hours per week

ASSISTIVE DEVICES

54. Do you use any of the following assistive devices?

	No	Yes
HG01. glasses (<i>reading-, distance- or bifocal spectacles or contact lenses</i>)	0	1
HG02. other assistive devices for seeing	0	1
HG03. hearing aids	0	1
HG07. assistive devices for food preparing, eating or facilitating daily activities	0	1
HG05. assistive device for mobility	0	1

54a. Which assistive device for mobility?

	No	Yes
HG05_1a. walking cane	0	1
HG05_1b. Nordic walking poles	0	1
HG05_1c. elbow or auxiliary crutches	0	1
HG05_1d. rollator, 4 wheeled kick bike or other walker	0	1
HG05_1j. other	0	1
HG05__1_jT. Other, what other mobility device? _____		

HEIGHT AND WEIGHT

Kys1_K17

55. How much do you weigh at present?

|__|__|__| kilos (*an estimate suffices*)

Kys1_K17B

56. How tall are you?

|__|__|__| cm (*an estimate suffices*)

LIVING HABITS

FB05

57. Do you smoke nowadays (cigarettes, cigars or pipe)?

- 1 daily
- 2 occasionally
- 3 not at all

Kys1_K27

58. 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

59. 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

FA09

60. How often have you eaten vegetables and root vegetables (not potatoes) during the past week (7 days) as such, grated or in fresh salads:

- 1 not at all
- 2 on 1 to 2 days
- 3 on 3 to 5 days
- 4 on 6 to 7 days

T11_Kys1_K28

61. 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

FAMILY

AA01

62. Are you currently:

- 1 married or in a civil union
- 2 living with your partner
- 3 divorced or separated
- 4 widowed
- 5 single

AB01

63. How many people belong to your household including yourself?

By household we refer to people who live and eat meals together or in other ways share expenses. Please include children from your or your partner's previous relationships even if they live with you only part-time regardless of where they are registered.

|__|__| persons

men: BC02 / women: BD22

64. How many children do you have at the moment?

Please include adopted children and children whose foster parent you are as well as children from your or your partner's previous relationships even if they live with you only part-time regardless of where they are registered.

|__|__| children

men: BC03 / women: BD23

65. Have there been time periods when you have attempted to have a child but have not succeeded or it took over 12 months to succeed?

- 0 no
- 1 yes

men: BC04 / women: BD24

66. Have you been in examinations because of childlessness/infertility or received treatment for it?

- 0 no
- 1 yes, most recently in year |__|__|__|__|

men: BC04_1 / women: BD24A

EDUCATION

AC01

67. Is your basic education:

Please choose the highest attended.

- 1 less than primary school
- 2 primary school
- 3 secondary school
- 4 part of grammar school or part of comprehensive school (less than 9 years)
- 5 grammar school
- 6 comprehensive school
- 7 high school (upper secondary school) or part of it
- 8 matriculation examination

AC02

68. What is the highest completed education or examination after your basic education:

- 1 no vocational education at all
- 2 training or technical certificate for courses completed
- 3 vocational school certificate, apprenticeship contract
- 4 vocational school (e.g. technical school)
- 5 a technical college qualification
- 6 a special vocational qualification (e.g. a mastership examination)
- 7 a degree of higher vocational qualification
- 8 a lower university qualification
- 9 a higher university qualification
- 10 licentiate examination
- 11 doctor's degree

MAIN ACTIVITY AND OCCUPATION

Main activity is the activity that you spend most of your time on or which gives you the most income.

AD01

69. Which of the following alternatives best describes your current main activity:

- 1 full-time employment
- 2 part-time employment
- 3 student
- 4 retired → go to question 70
- 5 unemployed or temporarily laid off → go to question 71
- 6 management of own household or care of family members
- 7 conscript or non-military service
- 8 other, what? AD01 1

AD02

70. If you answered “retired” to question 69, do you receive:

- 1 a work disability pension or other early retirement pension
- 2 an old age pension (due to your age or working years)
- 3 an unemployment pension
- 4 some other pension, what? _____

AD04

71. How many months has your current unemployment or temporary lay-off period lasted?

|__|__|__| months

Answer the next questions according to your current occupation or work. If you are not working at the moment, please answer according to your latest occupation or work.

AE01

72. Are you/were you:

- 1 an employee
- 2 a farmer (incl. forestry, gardening, fishing etc.)
- 3 other entrepreneur
- 4 self-employed professional or freelance
- 5 working on a family member’s farm without salary
- 6 working in a family member’s enterprise without salary
- 7 other, what? AE01_1
- 8 I have never worked full-time in an occupation
- 9 cannot say

AH01

73. Have you been unemployed or laid off during the past 5 years?

- 0 no → go to question 75
- 1 yes

AH03

74. If you answered “yes” to question 73, for how many months have you been unemployed or laid off during the past 5 years?

|__|__|__| months

PARTICIPATING IN A HEALTH SURVEY

In order to improve surveys dealing with health, functioning and well-being issues we ask that you answer the following final questions of this questionnaire.

75. Last year you received an invitation to take part in the Health 2011 Survey's health examination. Which of the following reasons played a part in the fact that you did not participate in the examination? You may choose multiple alternatives.

- 1 I did not receive an invitation to the health examination
- 2 The time and/or place of the examination were not convenient for me.
- 3 I was too sick or poor in health to participate.
- 4 The examination took too long.
- 5 My previous experiences of the Health 2000 Survey did not meet my expectations (e.g. the examination took too long or I was treated unkindly).
- 6 Other reason, what? _____

76. Would you participate in similar health surveys in the future if:
Please choose max. 3 most important alternatives.

- 1 You could choose the time and place of the examination yourself
- 2 The survey would include a medical examination by a doctor.
- 3 The survey would include an oral examination by a dentist.
- 4 The survey would include a greater variety of tests and measurements.
- 5 You would get more information on your own test results.
- 6 The examination would be shorter (1-2 hours).
- 7 You would be compensated for travel costs to the examination place / other travel arrangements.
- 8 You would get a gift certificate worth 10-20 euros as compensation for participating in the survey.
- 9 You would be paid 50 euros as compensation for participating in the survey.
- 10 Other factor, what: _____
- 11 I would not participate in any case.

For men, this concludes the survey. Please fill in who completed the questionnaire and the date of completion at the end of the form. Thank you!

The following questions apply only to women.

BD08D_T11

77. How many deliveries have you had?

Include both natural births and Caesarean sections.

- 1 none
2 |__|__| deliveries BD08D_1_T11

BD21_T11

78. Have you had any abortions?

- 1 no
2 yes, how many |__|__| BD21_1_T11

BD19_20_T11

79. Have you had miscarriages or extra uterine pregnancies?

- 1 no
2 yes, how many |__|__| BD19_20_1_T11

80. Have you used hormone replacement therapy because of menopause, menstrual problems or some other reason during the past six months?

Multiple alternatives allowed.

	No	Yes
BD32_1_T11. tablets	0	1
BD32_2_T11. gel	0	1
BD32_3_T11. patches	0	1
BD32_4_T11. vaginal suppository	0	1
BD32_5_T11. vaginal cream	0	1

Who filled in the questionnaire?

1. The participant of the survey
2. Spouse or other relative of the participant
3. Another person on behalf of the participant (e.g. nurse or friend)

Please make sure that you have answered all the questions on the form.
Return the questionnaire in the enclosed envelope. The postage has been pre-paid.

Date on which you filled in the questionnaire:

____ / ____ 2012

We thank you for your time and effort!

