



HEALTH 2011

A Survey
on Health and Functional Capacity
in Finland

HEALTH QUESTIONNAIRE FOR YOUNG ADULTS



TERVEYDEN JA
HYVINVOINNIN LAITOS

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. The postage has been prepaid.**

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.

FAMILY

AA01

1. Are you currently?

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

AB01

2. How many persons belong to your household at the moment, including yourself?

|__|__| persons

CB01_2_T11

3. Are you currently living together with one or both of your parents in the same apartment?

- 1 yes
- 0 no

BC02 (men) / BD22 (women)

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

(Including adopted children and children whose foster parent you are.)

Also 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).

|__|__| children

CHILDHOOD

CB05

5. What is/was your father's basic education?

- 1 part of primary school or less
- 2 primary or secondary school
- 3 folk high school or people's college
- 4 grammar school
- 5 high school (upper secondary school) or part of it
- 6 matriculation examination

CB06

6. Had/has your father:

- 1 passed vocational school
- 2 passed vocational college
- 3 earned a university degree
- 4 none of these

CB10

7. What is/was your mother's basic education?

- 1 part of primary school or less
- 2 primary or secondary school
- 3 folk high school or people's college
- 4 grammar school
- 5 high school (upper secondary school) or part of it
- 6 matriculation examination

CB11

8. Had/has your mother:

- 1 passed vocational school
- 2 passed vocational college
- 3 earned a university degree
- 4 none of these

9. When you think about your growth years i.e. before you were aged 16...

| | No | Yes | Cannot say |
|---|----|-----|------------|
| Kys1_K6701 Did your family have long term financial difficulties? | 0 | 1 | 2 |
| Kys1_K6702 Was your father or mother often unemployed, although they wanted to work? | 0 | 1 | 2 |
| Kys1_K6703 Did your father or mother suffer from some serious disease or disability? | 0 | 1 | 2 |
| Kys1_K6704 Did your father have alcohol problems? | 0 | 1 | 2 |
| Kys1_K6705 Did your mother have alcohol problems? | 0 | 1 | 2 |

| | No | Yes | Cannot say |
|--|----|-----|------------|
| Kys1_K6706 Did your father have any mental health problem e.g. schizophrenia, other psychosis or depression? | 0 | 1 | 2 |
| Kys1_K6707 Did your mother have any mental health problem e.g. schizophrenia, other psychosis or depression? | 0 | 1 | 2 |
| Kys1_K6708 Were there serious conflicts within your family? | 0 | 1 | 2 |
| Kys1_K6709 Did your parents divorce? | 0 | 1 | 2 |
| Kys1_K6710 Were you yourself seriously or chronically ill? | 0 | 1 | 2 |
| Kys1_K6711 Were you bullied at school? | 0 | 1 | 2 |

EDUCATION

AC01N

10. What is the highest basic education that you have completed so far?

- 1 part of comprehensive school (less than 9 years)
- 2 comprehensive school
- 3 high school (upper secondary school) or part of it
- 4 matriculation examination

AC02N

11. What is the highest vocational education or examination that you have completed so far?

- 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

QUALITY OF LIFE

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

T11_Kys1_K41

12. How would you rate your quality of life?

- 1 very poor
- 2 poor
- 3 neither poor nor good
- 4 good
- 5 very good

13. How satisfied are you with:

| | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|--|-------------------|--------------|------------------------------------|-----------|----------------|
| T11_Kys1_K42_1 Your health | 1 | 2 | 3 | 4 | 5 |
| T11_Kys1_K42_2 Your ability to perform your daily living activities | 1 | 2 | 3 | 4 | 5 |
| T11_Kys1_K42_3 Yourself | 1 | 2 | 3 | 4 | 5 |
| T11_Kys1_K42_4 Your personal relationships | 1 | 2 | 3 | 4 | 5 |
| T11_Kys1_K42_5 The conditions of your living place | 1 | 2 | 3 | 4 | 5 |

14. Do you have:

| | Not at all | A little | Moderately | Mostly | Completely |
|---|------------|----------|------------|--------|------------|
| T11_Kys1_K43_1 Enough energy for everyday life | 1 | 2 | 3 | 4 | 5 |
| T11_Kys1_K43_2 Enough money to meet your needs | 1 | 2 | 3 | 4 | 5 |

HEALTH

BA01

15. Is your present state of health?

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

BA02

16. 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.

- 1 yes
0 no

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

| | Yes | No |
|--|-----|----|
| BA04. asthma | 1 | 0 |
| BA27A1_T11. allergic rhinitis | 1 | 0 |
| BA27A2_T11. allergic inflammation of the eye, conjunctivitis | 1 | 0 |
| BA26. diabetes | 1 | 0 |

BA24

18. Has a doctor diagnosed you with a permanent injury or defect caused by an accident?

- 1 yes
0 no

In what part of your body is the injury located? (e.g. leg, back, chin, eye injury etc.)

BA24A1A (face or chin) / BA24A1 (head or brain) / BA24A2 (vision) / BA24A3 (hearing) / BA24A4 (upper limb/s) / BA24A5A (hip) / BA24A5 (lower limb/s) / BA24A6 (trunk or back) / BA24A7 (pulmonary) / BA24A9_T11 (other)

BA25

19. Has a doctor ever diagnosed you with a psychological or mental illness?

- 1 yes
0 no

What type of illness is in question? (several alternatives allowed)

- BA25A1 1 psychosis
BA25A2 2 depression
BA25A3 3 anxiety
BA25A4 4 substance use problem
BA25A5 5 other

BA25A5_T. other, what? _____

BA46_T11

20. Do you have some other chronic illness, defect, trouble or injury diagnosed by a doctor?

- 1 yes
0 no

What other?

1. BA46A_1T (text) BA46A_1 (code)
2. BA46A_2T (text) BA46A_2 (code)
3. BA46A_3T (text) BA46A_3 (code)

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 23.

BB01A

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

- 1 yes
0 no

BB01C

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

- 1 yes
0 no

AMBULATORY VISITS DUE TO ILLNESSES OR SYMPTOMS

DB01

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

- 1 yes
0 no → go to question 25

24. How many times during the past 12 months have you visited the following because of your own illness (or pregnancy, contraception or delivery) :

- | | | |
|---------|---|-------|
| DB03A. | a health centre doctor? | __ __ |
| DB03B. | a hospital outpatient department? | __ __ |
| DB03C. | an occupational health care doctor? | __ __ |
| DB03CN. | a student health care doctor? | __ __ |
| DB03D. | a private doctor's surgery or private medical centre? | __ __ |
| DB03FN. | seen a doctor somewhere else? | __ __ |

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

- | | | |
|----------|---------------------------------------|-------|
| DB08A. | visited an occupational health nurse? | __ __ |
| DB08BN1. | visited a student health nurse? | __ __ |
| DB08BN2. | visited some other nurse? | __ __ |
| DB08C. | met a nurse in your home? | __ __ |

26. Have you been in the following health examinations during the past five (5) years:

A health examination means a visit to a doctor or a nurse, which is not directly connected with diagnosing or treating an illness. You may have received an invitation or made a request to have your general health examined or because you need a doctor's certificate.

| | Yes | No |
|--|------------|-----------|
| DD01A. driver's license examination? | 1 | 0 |
| DD01BN. employment examination or some other health examination of the occupational health service or educational establishment? | 1 | 0 |
| DD01C. examination for the unemployed? | 1 | 0 |
| DD01F. examination connected with birth-control? | 1 | 0 |
| DD01G. examination connected with pregnancy or delivery? | 1 | 0 |
| DD01IN. health examination related to army drafting? | 1 | 0 |
| DD01JN. some other examination? | 1 | 0 |

EC06_T11

27. When did you last receive dental care (by a dentist, dental hygienist, dental nurse or dental technician)?

during the past 12 months

1 to 2 years ago

3 to 5 years ago

over 5 years ago

I have never received dental care

ED04

28. Do you think you need dental treatment now?

1 yes

0 no

DC00AN

29. Have you ever received professional help or treatment due to mental health or psychiatric problems?

1 yes

0 no

DC10N

30. Do you think you need health services because of mental health problems at the moment?

1 yes

0 no

PSYCHOLOGICAL WELL-BEING

Kys1_K69

31. Have you recently been able to concentrate on what you're doing?

- 0 Better than usual
- 1 Same as usual
- 2 Less than usual
- 3 Much less than usual

Kys1_K70

32. Have you recently lost much sleep over worry?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K71

33. Have you recently felt that you are playing a useful part in things?

- 0 More so than usual
- 1 Same as usual
- 2 Less so than usual
- 3 Much less than usual

Kys1_K72

34. Have you recently felt capable of making decisions about things?

- 0 More so than usual
- 1 Same as usual
- 2 Less than usual
- 3 Much less than usual

Kys1_K73

35. Have you recently felt constantly under strain?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K74

36. Have you recently felt you couldn't overcome your difficulties?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K75

37. Have you recently been able to enjoy your normal day to day activities?

- 0 More so than usual
- 1 Same as usual
- 2 Less so than usual
- 3 Much less than usual

Kys1_K76

38. Have you recently been able to face up to your problems?

- 0 More so than usual
- 1 Same as usual
- 2 Less than usual
- 3 Much less than usual

Kys1_K77

39. Have you recently been feeling unhappy or depressed?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K78

40. Have you recently been losing confidence in yourself?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K79

41. Have you recently been thinking of yourself as a worthless person?

- 0 Not at all
- 1 No more than usual
- 2 Rather more than usual
- 3 Much more than usual

Kys1_K80

42. Have you recently been feeling reasonably happy, all things considered?

- 0 More so than usually
- 1 Same as usual
- 2 Less so than usual
- 3 Much less than usual

T11_Kys1_K52

43. Do you ever feel lonely?

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

The following questions (44 and 45) deal with thoughts and feelings regarding harming yourself. Some people experience difficulties in their lives that prompt such thoughts and feelings.

Nkys_K29

44. Have you ever seriously thought about committing suicide?

- 1 Never
- 2 Yes, last time was less than six months ago
- 3 Yes, last time was from 6 to 12 months ago
- 4 Yes, last time was more than 12 months ago

Nkys_K31

45. Have you ever attempted suicide, planned or unplanned?

- 1 Never
- 2 Yes, once Nkys_K3101
- 3 Yes, more than once, altogether |____|____| times

SLEEP AND SLEEPING

Kys3_K01

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

|____|____| hours

Nkys_K43

47. Do you think that you get enough sleep?

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

MEDICINES

DF02

48. Are you at the moment using some medicine prescribed by a doctor?

- 1 Yes
- 0 No → go to question 51

49. What are the names of these medicines?

If necessary, please check the names from the package or prescriptions. (Also enter medicines taken occasionally.)

50. Have you used it during the past 7 days?

| Name | | Yes | No | |
|------|--|---------|----|---|
| 1. | <u>DF03_1T (text), DF03_1 ATC (code)</u> | DF04_1. | 1 | 0 |
| 2. | <u>DF03_2T (text), DF03_2 ATC (code)</u> | DF04_2. | 1 | 0 |
| 3. | <u>DF03_3T (text), DF03_3 ATC (code)</u> | DF04_3. | 1 | 0 |
| 4. | <u>DF03_4T (text), DF03_4 ATC (code)</u> | DF04_4. | 1 | 0 |
| 5. | <u>DF03_5T (text), DF03_5 ATC (code)</u> | DF04_5. | 1 | 0 |

SYMPTOMS

51. During the past 12 months, have you had...?

| | Yes | No |
|-----------------------------|-----|----|
| T11_Kys2_K22. Back pain | 1 | 0 |
| T11_Kys2_K31. Neck pain | 1 | 0 |
| T11_Kys2_K40. Shoulder pain | 1 | 0 |
| BA42_1_T11. Headache | 1 | 0 |

52. During the past 30 days have you had...?

| | Yes | No |
|-------------------------|-----|----|
| OIRE_46A. Back pain | 1 | 0 |
| OIRE_52A. Neck pain | 1 | 0 |
| OIRE_56A. Shoulder pain | 1 | 0 |
| BA42_2_T11. Headache | 1 | 0 |

53. Over the past 12 months, have you ever had a period of two weeks or more when you have felt most of the time:

| | Yes | No |
|--|-----|----|
| T11_NNKys_K5301._Down, melancholic or depressed? | 0 | |
| T11_NNKys_K5301. Loss of interest in most things such as hobbies, work or other affairs that usually bring you pleasure? | 1 | 0 |

WORK ABILITY

IB01

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

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

IB04

55. 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 on a scale from 1 to 10? (0 means that you are completely unable to work)

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

VISION AND HEARING

HG01

56. Do you wear glasses?

(reading spectacles, distance spectacles, bifocals or contact lenses)

- 1 yes
- 0 no

HC01

57. 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

58. 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

MEMORY AND LEARNING

HF09_A

59. Are you generally able to concentrate on matters:

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

HF09_B

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

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

HF10

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

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

WEIGHT AND HEIGHT

Kys1_K17B

62. How tall are you? |__|__|__| cm (an estimate suffices)

Kys1_K17

63. How much do you weigh at present? |__|__|__| kg (an estimate suffices)

SMOKING AND ALCOHOL

FB05

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

- 1 daily
- 2 occasionally
- 3 not at all

T11_Kys1_K28

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

- 0 never → go to question 68
- 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

T11_Kys1_K29

66. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 1 or 2
- 2 3 or 4
- 3 5 or 6
- 4 7 to 9
- 5 10 or more

T11_Kys1_K30

67. How often do you have six or more drinks on one occasion?

- 0 never
- 1 less than monthly
- 2 monthly
- 3 weekly
- 4 daily or almost daily

CONTRACEPTION

68. Which contraceptive method are you currently using or have recently used with your partner?

- | | | |
|---------------------------|---|---|
| BC050 (m) / BD260 (w) | 1 | I have not needed contraception because I have not had sexual intercourse during the past 12 months |
| BC052 (m) / BD262 (w) | 2 | oral contraceptive pill |
| BC052 (m) / BD263 (w) | 3 | contraceptive vaginal ring |
| BC052 (m) / BD264 (w) | 4 | contraceptive patch |
| BC053 (m) / BD265 (w) | 5 | hormonal intrauterine device |
| BC053 (m) / BD266 (w) | 6 | regular intrauterine device without hormone |
| BC054 (m) / BD267 (w) | 7 | condom |
| BC055 (m) / BD268 (w) | 8 | emergency contraceptive pill ("morning-after pill") |
| BC056 (m) / BD269 (w) | 9 | some other method |
| BC056_1 (m) / BD269_1 (w) | | some other method, what: _____ |

I / we don't use contraception because

- | | | |
|----------------------------|----|--|
| BC05_11 (m) / BD261_B1 (w) | 10 | no sexual intercourse |
| BC05_13 (m) / BD261_B3 (w) | 11 | hoping for a child / planning a pregnancy |
| BC05_14 (m) / BD261_B4 (w) | 12 | I have been sterilized |
| BC05_15 (m) / BD261_B5 (w) | 13 | my partner has been sterilized |
| BC05_12 (m) / BD261_B2 (w) | 14 | no chance of pregnancy for some other reason |

Nkys_K110

69. In case you have had sexual intercourse with someone other than your partner within the past 12 months, did you use a condom?

- 1 yes, always
- 2 yes, nearly always
- 3 occasionally
- 4 no I did not
- 5 I have not had sexual intercourse with anyone besides my partner or I have not had sexual intercourse at all

EXERCISE

HB01

70. Is your physical condition?

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

HB03

71. Are you able to run a longer distance (*about half a kilometre*)?

- 1 without difficulties
- 2 with minor difficulties
- 3 with major difficulties
- 4 not at all

Kys1_K28

72. 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

MAIN ACTIVITY AND OCCUPATION

Main activity is the activity that you spend most of your time on.

AD01

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

- 1 full-time employment
- 2 part-time employment
- 3 student
- 4 disability pension
- 5 unemployed or laid off
- 6 management of own household or care of family members
- 7 conscript or non-military service
- 8 other

74. What is your present/latest (previous) occupation?

AE06AT (text) AE06A (code) _____

AE01

75. Are you/were you...?

- 1 an employee
- 2 a farmer (incl. forestry, gardening, fishing etc.)
- 3 other entrepreneur
- 4 self-employed professional or freelancer
- 5 working on a family member's farm without salary
- 6 working in a family member's enterprise without salary
- 7 other, what? AE01N_1 _____
- 8 I have never worked full-time in an occupation
- 9 cannot say

UNEMPLOYMENT

AH01

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

1 yes

0 no → Men can go to the end of the questionnaire. Women can skip to question 79.

AH02

77. How many times?

|__|__| times

AH03

78. How many months have you been unemployed or laid off during the last 5 years?

|__|__|__| months

**FOR MEN, THIS CONCLUDES THE SURVEY.
THANK YOU FOR YOUR TIME!**

The following three questions apply only to women.

BD08D_T11

79. How many children have you delivered?

Include both natural births and Caesarean sections.

1 none

0 BD08D_1_T11 |__|__| deliveries

BD21_T11

80. Have you had any abortions?

1 no BD21_1_T11

0 yes, how many |__|__|

BD19_20_T11

81. Have you had miscarriages or extra uterine pregnancies?

1 no BD19_20_1_T11

0 yes, how many |__|__|

Please make sure you have answered all questions. Return the questionnaire in the enclosed envelope of which the postage has been prepaid.

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

We thank you for your time and effort!

