



# **HEALTH 2000**

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

**QUESTIONNAIRE FOR YOUNG ADULTS**

The purpose of this questionnaire is to learn more about your health and well being, certain habits, and your environment. The information is strictly confidential, and all results are displayed in a tabular form only. Therefore it is not possible to reveal anybody's identity. Before starting would you please record below the date when you started to fill in the questionnaire.

Date: \_\_\_\_/\_\_\_\_ 2001

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## EXAMPLES

Usually you reply by circling the number of the alternative best describing your situation or your opinion. In some cases you will be asked to write down the answer in the space left empty.

### Examples:

1. Have you recently been able to enjoy your daily chores?

- 5 often
- 4 quite often
- 3 occasionally
- 2 rarely
- 1 never

2. How many hours do you sleep in 24 hours?

8 hours

3. Estimate your current state of health by circling on the line the number best describing your situation. Zero stands for the worst possible state of health and the best is depicted by 10.

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

## Health promotion

- 1. Have you regularly participated in any of the following group activities during the past five years? If not, please select only 0 on row i.** (Do not include a single lecture or discussion group.)

	I have participated over 12 months ago	I have participated during the past 12 months
a. A group or a course to reduce weight	1	2
b. A group or a course to stop smoking	1	2
c. A group to improve the condition of your neck and back	1	2
d. Other exercise or condition group	1	2
e. A group to help you stop drinking or control your alcohol consumption (e.g. AA)	1	2
f. A group aiming to help you get rid of an addiction (e.g. drug addiction, gambling or Internet dependence)	1	2
g. A group for self care (e.g. heart, cancer or mental health patients)	1	2
h. Some other group or course	1	2
i. I have not attended any of these	0	

## Retrieving information on health and illness

**2. Within the last 12 months, where have you looked for information to learn more about your health and diseases ? (You may circle several alternatives)**

- 0 nowhere → go to question 5
- 1 medical books (doctor books)
- 2 other books
- 3 magazines
- 4 discussion with a doctor
- 5 discussion with a nurse
- 6 discussion with pharmacy personnel
- 7 TV or radio programs on health
- 8 the Internet
- 9 videos or CD-ROMs
- 10 somewhere else

**3. Which of the following Internet based health or medical care services have you used? (You may circle several alternatives)**

- 0 none
- 1 family doctor (personal doctor) services
- 2 other physician services
- 3 information on medical care
- 4 data bases
- 5 chatting groups or support groups on health
- 6 others, which \_\_\_\_\_

**4. Have you discussed the information found with a doctor or with another health care professional?**

- 0 No
- 1 Yes

## Quality of life (short WHOQOL and other elements)

**5. Estimate your state of health today by circling on the line the number best describing your state of health. Zero stands for the worst possible state of health and 10 for the best possible.**

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
 Worst imaginable health state Best imaginable health state

**6. How would you rate your quality of life?**

- 1 excellent
- 2 good
- 3 average
- 4 poor
- 5 very poor

**7. How satisfied are you with your health?**

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

**8. Do you have enough energy for everyday life?**

- 1 more than enough
- 2 enough
- 3 almost enough
- 4 too little
- 5 far too little

**9. How satisfied are you with your ability to perform your daily living activities?**

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

**10. How satisfied are you with yourself?**

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

**11. How satisfied are you with your personal relationships?**

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

**12. Have you enough money to meet your needs?**

- 1 more than enough
- 2 enough
- 3 almost enough
- 4 too little
- 5 far too little

**13. How satisfied are you with the conditions of your living place?**

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

**14. Have you recently been able to enjoy your daily chores?**

- 5 often
- 4 quite often
- 3 sometimes
- 2 rarely
- 1 never

**15. Have you felt energetic and alive recently?**

- 5 often
- 4 quite often
- 3 sometimes
- 2 rarely
- 1 never

**16. Have you recently been full of hope when thinking about your future?**

- 5 often
- 4 quite often
- 3 sometimes
- 2 rarely
- 1 never

## Psychological well-being (GHQ 12)

**17. Have you recently been able to concentrate on whatever you are doing?**

- 0 better than usual
- 1 as good as usual
- 2 worse than usual
- 3 much worse than usual

**18. Have you recently lost much sleep over worry?**

- 0 not at all
- 1 no more than usual
- 2 to some extent more than usual
- 3 much more than usual

**19. 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

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

- 0 more so than usual
- 1 same as usual
- 2 less so than usual
- 3 much less capable

**21. 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

**22. 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

**23. Have you recently been able to enjoy your normal day-to-day activities?**

- 0 more than usual
- 1 same as usual
- 2 less so than usual
- 3 much less than usual

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

- 0 more so than usual
- 1 same as usual
- 2 less able than usual
- 3 much less able than usual

**25. Have you recently been feeling unhappy and depressed?**

- 0 not at all
- 1 no more than usual
- 2 rather more than usual
- 3 much more than usual

**26. Have you recently been loosing confidence in yourself?**

- 0 not at all
- 1 no more than usual
- 2 rather more than usual
- 3 much more than usual

**27. 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

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

- 0 more so than usual
- 1 about the same as usual
- 2 less so than usual
- 3 much less than usual

**The following questions (29 – 34) are about thoughts and feelings that have to do with harming yourself. During their lifetimes many people have faced difficulties that have led to such thoughts or feelings.**

**29. Have you ever seriously considered committing suicide?**

- 1 never —▶ go to question 31
- 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

**30. Have you ever made a concrete plan for 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

**31. Have you ever attempted to commit suicide, planned or unplanned?**

- 1 never —▶ go to question 35
- 2 yes, once
- 3 yes, more than once, altogether \_\_\_\_\_ times

**32. How long time is it from your (latest) suicide attempt?**

- 1 less than half an year
- 2 from 6 to 12 months
- 3 more than 12 months

**33. In retrospect, what were you trying to achieve with your (latest) suicide attempt?**

- 1 I wanted to die
- 2 I can't say whether I wanted to die
- 3 I did not want to die, but the deed expressed my desperation or my desire to get help

**34. Due to this attempt, were you treated in a health care centre such as health centre or hospital?**

- 1 yes
- 2 no

## Experiencing work and study

**35. What do you think you will be mainly doing in half a year's time?**

- 1 I study or go to school
  - 2 I work
  - 3 I am unemployed
  - 4 I am on disability pension
  - 5 I am on parental leave
  - 6 I am at home taking care of a child or other family member
  - 7 I am doing something else, what?
- 

**36. In the following we ask you to estimate how you perceive your work and work performance, especially how often your situation corresponds to each of the claims in the list below.**

**The series is the Finnish language version of the Maslach Burn-out Inventory comprising 16 items.**

**The reply choices are:**

never, a few times a year, once a month, a few times a month, once a week, a few times a week, daily.

**The items are:**

mentally finished, exhausted, tired in the morning, tired, efficient problem solving, influencing organization, interest toward job, enthusiasm over job, good at job, happy to get something done, valuable results, do job and be left alone, doubts about use of job, losing faith about meaning of one's work, able to take care of tasks.

## Symptoms and infections

**37. In the following we inquire about your recent symptoms. To what extent are you bothered by...?**

	Not at all	Quite little	To some extent	Quite much	Very much
Headaches	1	2	3	4	5
Faintness or dizziness	1	2	3	4	5
Pains in heart or chest	1	2	3	4	5
Pains in lower back	1	2	3	4	5
Nausea or upset stomach	1	2	3	4	5
Soreness of your muscles	1	2	3	4	5
Trouble getting your breath	1	2	3	4	5
Hot and cold spells	1	2	3	4	5
Numbness or tingling in parts of your body	1	2	3	4	5
A lump in your throat	1	2	3	4	5
Feeling weak in parts of your body	1	2	3	4	5
Heavy feelings in your arms or legs	1	2	3	4	5
Continuous pains and aches	1	2	3	4	5

**38. Have you had any of the following infections or diseases in the genital area?**

	No	Yes	Don't know
a. Herpes infection	1	2	3
b. Moist wart i.e. condyloma	1	2	3
c. Chlamydia infection	1	2	3
d. Candidiasis (yeast fungus infection)	1	2	3
<u>Women answer from e to g:</u>			
e. Other infection in the vagina	1	2	3
f. Infection in the uterus	1	2	3
g. Infection in the ovaries	1	2	3
<u>Men answer from h to i:</u>			
h. Inflammation in the prostate/prostatitis	1	2	3
i. Orchitis (infection in the testicles)	1	2	3

**Sleep and sleeping**

**39. How many hours do you sleep in 24 hours?**

\_\_\_\_\_ hours

**40. Do you have difficulties in getting sleep without sleeping medicine?**

- 1 not at all
- 2 sometimes
- 3 often
- 4 nearly each night

**41. Do you wake up in the middle of your sleep at night or very early morning hours?**

- 1 not at all
- 2 sometimes
- 3 often
- 4 nearly each night

**42. 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

**43. Do you think that you get enough sleep?**

- 1 yes, nearly always
- 2 yes, often (at least weekly)
- 3 no
- 4 don't know

## Exercise (IPAQ, MF and others)

### LEISURE TIME EXERCISE

#### 44. How much do you exercise and strain yourself physically in your leisure time?

If there is major variation by season, select the option closest to your average situation.

- 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 practise regularly several times per week for competition (choose this also if you spend most of your time in competition sports).

#### 45. How often do you exercise in your leisure time so that you are at least slightly out of breath and sweating?

- 1 daily
- 2 4 - 6 times/week
- 3 2 - 3 times/week
- 4 once a week
- 5 2 - 3 times a month
- 6 few times a year or even more rarely

The following questions provide us more detailed information about how you exercise.

### EXERCISE DURING LEISURE TIME AND HOUSEHOLD CHORES

#### Strenuous exercise

46. On how many days during an ordinary week do you do something that demands strenuous physical effort at least 10 minutes at a time; e.g. running, aerobics, heavy gardening or other activity that makes you breathe faster and speeds up your heart rate? (Choose 0 if you do not exercise like this on any day of the week.)

\_\_\_\_\_ days per week

47. How much time altogether do you use in strenuous exercise during the days when you practise strenuous exercise at least 10 minutes at a time?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

#### Moderate exercise

48. On how many days during an ordinary week do you do something that demands moderate physical effort at least 10 minutes at a time, such as cycling, hoovering, gardening or other activity that slightly speeds up your breath and pulse? (Do not include walking.)

\_\_\_\_\_ days per week

49. How much time during such days do you spend exercising moderately?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

**WALKING AND SITTING**

50. On how many days during an ordinary week do you walk quickly at least 10 minutes at a time to move from one place to another or for recreation, satisfaction, or to keep fit?

\_\_\_\_\_ days a week

51. How much time do you spend walking quickly on days when you walk quickly at least 10 minutes at a time?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

52. How many hours during an ordinary weekday do you sit; e.g. when visiting friends, reading, watching the TV, resting, sitting by the table or the computer?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

Think now about the time which you use to sit during a normal week at home, at work, or when moving in a vehicle from one place to another.

53. How many hours altogether on an ordinary weekend day do you sit; e.g. when visiting friends, reading, watching TV, resting, sitting by the table or the computer?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

**EXERCISE ON THE WAY TO WORK OR STUDY**

54. How long do you walk or cycle daily when commuting? Add the times used to travel to your work or place of study and back.

- 1 I neither work nor study or I work/study at home
- 2 I use a motor vehicle for the entire trip and don't walk or cycle
- 3 I walk or cycle less than 15 minutes a day
- 4 from 15 to 29 minutes a day
- 5 from 30 to 59 minutes a day
- 6 from 1 to 2 hours a day
- 7 2 hours or longer a day

**Anabolic hormones**

**Anabolic hormones increase strength and enhance growth of the muscles. They can also be used to treat an illness, to improve sports results or to grow the muscles and improve their looks.**

55. Do you know anyone who has ever used any anabolic hormones?

- 1 yes
  - 2 no
  - 3 can't say
- } go to question 57

56. Why has this person used anabolic hormones? (You may circle several options.)

- 1 to treat an illness
- 2 to improve sports results
- 3 to improve his/her looks
- 4 can't say

**57. Have you yourself ever used anabolic hormones? (You may circle several options.)**

- 1 yes, to treat an illness
- 2 yes, to improve sports results
- 3 yes, to improve my looks
- 4 no I have not
- 5 can't say

### Controlling weight and dieting

**58. What do you see as your ideal weight?**

\_\_\_\_\_ kg

**59. How many times during your lifetime have you reduced your weight by more than 5 kg?**

- 1 not once
- 2 once
- 3 from 2 to 4 times
- 4 5 times or more often

**60. Have you ever vomited or used laxatives, diuretics or enemas in order to reduce or control your weight?**

- 1 yes, repeatedly during the past year
- 2 yes, repeatedly sometimes earlier
- 3 I have tried sometimes
- 4 never

**61. Have you ever fasted in order to reduce or control your weight?**

- 1 yes, repeatedly within the past year
- 2 yes, repeatedly sometimes earlier
- 3 I have tried sometimes
- 4 never

**62. Have you ever used really strenuous exercise daily or almost every day for several weeks in order to reduce or control your weight?**

- 1 yes, within the past year
- 2 yes, sometimes earlier
- 3 never

**63. If you have used any of the ways mentioned in the three questions above (60 – 62) in order to reduce or control your weight, did you feel that you were a bad or an unsuccessful person, if you weren't thin or your weight wasn't ideal?**

- 1 yes
- 2 no
- 3 I have never attempted to reduce or control my weight by those means

**64. Have you ever repeatedly eaten abnormally large amounts of food within a short time (e.g. within less than two hours), that is, binge eaten?**

- 1 yes
- 2 no → go to question 68

**65. While binge eating, have you felt that you could not stop or control your eating?**

- 1 yes
- 2 no

**66. Has binge eating occurred at least twice per week for at least three months?**

- 1 yes
- 2 no

**67. After these binges, have you felt ashamed or guilty?**

- 1 yes
- 2 no

**68. Have you been anorectic?**

- 1 yes, and I still am
- 2 yes, I have been earlier
- 3 I have never been
- 4 I can't say

**69. Have you been bulimic?**

- 1 yes, and I still am
- 2 yes, I have been earlier
- 3 I have never been
- 4 I can't say

### Eating or drinking sweets or sweetened drinks

**70. How often do you consume any of the products listed below? Answer separately for each product.**

	3 times a day or more often	Once or twice a day	From 2 to 5 times a week	Less frequently	Never
Sugar in your tea or coffee	4	3	2	1	0
Other drinks with sugar added: juices, lemonades, hot chocolate	4	3	2	1	0
Toffee or liquorice or dried fruits, e.g. raisins	4	3	2	1	0
Sweets, hard pastilles or candy sweetened with xylitol	4	3	2	1	0
Sweets, hard pastilles or candy without xylitol	4	3	2	1	0
Chocolate	4	3	2	1	0
Filled biscuits	4	3	2	1	0
Chewing gum without xylitol	4	3	2	1	0
Chewing gum with xylitol	4	3	2	1	0

## Use of alcohol

**71. Describe your use of alcohol; circle the alternative best describing your own alcohol use.**

- 1 I have been a non-drinker all my life  
(or I have tasted alcohol not more than 10 times during my whole life).
- 2 I used previously to drink alcoholic beverages from year 19\_\_\_\_\_,  
but I stopped drinking \_\_\_\_\_ years ago.
- 3 I have been drinking alcoholic drinks since year 19\_\_\_\_\_, and continue to do so.

### ALL ALCOHOLIC DRINKS

**72. How often have you drunk alcoholic drinks during the past 12 months?**

- 0 not once —▶ go to question 82
- 1 from 6 to 7 times a week
- 2 from 4 to 5 times a week
- 3 from 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approximately once a month
- 7 approximately once every two months
- 8 from 3 to 4 times a year
- 9 a couple of times a year

### BEER, CIDER OR LONG DRINKS

**73. How often have you drunk beer, cider or long drinks during the past 12 months?**

- 0 not once —▶ go to question 75
- 1 from 6 to 7 times a week
- 2 from 4 to 5 times a week
- 3 from 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approximately once a month
- 7 approximately once every two months
- 8 from 3 to 4 times a year
- 9 a couple of times a year

**74. How many drinks did you usually have a day on the days when you drank any beer, cider or long drinks? (One bottle=1/3 litre bottle)**

- 1 15 bottles or more,  
how many bottles? \_\_\_\_\_ bottles
- 2 from 11 to 14 bottles
- 3 approx. 10 bottles
- 4 from 6 to 9 bottles
- 5 from 4 to 5 bottles
- 6 three bottles (two pints)
- 7 two bottles
- 8 approx. one bottle
- 9 less than one bottle

### WINE

**75. How often did you drink wine during the past 12 months?**

- 0 not once —▶ go to question 77
- 1 from 6 to 7 times a week
- 2 from 4 to 5 times a week
- 3 from 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approx. once a month
- 7 approx. once every two months
- 8 from 3 to 4 times a year
- 9 a couple of times a year

**76. How much wine did you drink per day during the days when you drank any wine ?**

<b>A big bottle</b>	= a bottle of 0,75 litres
<b>A small bottle</b>	= a bottle of 0,37 litres = 1/2 of a big bottle

- 1 two big bottles or more. How many bottles? \_\_\_\_\_ bottles
- 2 one and a half big bottles
- 3 about one big bottle
- 4 about half a litre
- 5 about one small bottle
- 6 about two glasses
- 7 about one glass
- 8 less than one glass

### STRONG ALCOHOLIC DRINKS

**77. How often did you drink spirits or other strong alcohol during the past 12 months?**

- 0 not once —▶ go to question 79
- 1 from 6 to 7 times a week
- 2 from 4 to 5 times a week
- 3 from 2 to 3 times a week
- 4 once a week
- 5 a couple of times a month
- 6 approximately once a month
- 7 approximately once every two months
- 8 from 3 to 4 times a year
- 9 a couple of times a year

**78. How much spirits a day did you usually drink on the days when you drank them?**

<b>1 whole bottle</b>	= 0,75 litres
<b>Half a bottle</b>	= 0,5 litres (e.g. a bottle of Vodka or other strong spirits)
<b>1 small bottle</b>	= 0,37 litres (e.g. pocket flask)
<b>Restaurant portion</b>	= 4 cl

- 1 more than two half litre bottles, how many bottles? \_\_\_\_\_ bottles
- 2 approx. two half litre bottles (or one litre bottle)
- 3 approx. one whole bottle (0,75 litres)
- 4 approx. one half litre bottle
- 5 approx. one small bottle (0,37 litres)
- 6 a little less than one small bottle (approx. 0,30 litres)
- 7 approx. five restaurant portions (approx. 20 cl)
- 8 approx. four restaurant portions (approx. 16 cl)
- 9 a couple restaurant portions (approx. 8 cl)
- 10 approx. one restaurant portion (approx. 4 cl)

**79. During the past 12 months, how many times when waking up the following morning have you had hangover?**

- 0 not once
- 1 approx. \_\_\_\_\_ times

**80. In the following we ask you to estimate how often you drank various amounts of alcohol within the past 12 months. Circle the option from each row best describing your situation. Note ALL drinks containing alcohol that you have drunk. In the instructions box below the question box you can see how to count portions of alcohol.**

HOW MUCH?	HOW OFTEN?						
	Not once	From 1 to 6 times a year	More often, but from 2 to 3 times a month	Approx. once a week	From 2 to 3 times a week	From 4 to 5 times a week	From 6 to 7 times a week
15 or more	1	2	3	4	5	6	7
From 13 to 14 portions	1	2	3	4	5	6	7
From 11 to 12 portions	1	2	3	4	5	6	7
From 9 to 10 portions	1	2	3	4	5	6	7
From 7 to 8 portions	1	2	3	4	5	6	7
From 5 to 6 portions	1	2	3	4	5	6	7
From 3 to 4 portions	1	2	3	4	5	6	7
From 1 to 2 portions	1	2	3	4	5	6	7

**INSTRUCTION:** Start answering from the row where you are asked how often you drank 15 portions or more per day. From this column you should circle the option that best describes your drinking frequency. Then continue in the same style row by row. Please, do circle only one option from each row !

**Portions are estimated as follows:**

**One portion** = one bottle (1/3 litres) lager beer  
 or a glass (12 cl) of mild wine  
 or a glass (8 cl) of strong wine  
 or a glass (4 cl) of spirits or other strong alcohol

**A bottle of (0,33 l) A-beer or gin long drink** = 1,25 portions  
**A big bottle of (0,5 l) lager beer** = 1,5 portions  
**A big bottle of (0,5 l) A-beer** = 2 portions  
**12 bottles of 1/3 litre lager beer** = 12 portions  
**A bottle (0,75 l) of wine** = 7 portions  
**A bottle (0,75 l) of strong wine** = 10 portions  
**A bottle (0,5 l) of spirits (e.g. vodka)** = 12 portions  
**A bottle (0,75 l) of spirits (e.g. vodka, whisky)** = 18 portions

**81. Within the past 12 months, has there been at least one period during which you have drunk more than 14 portions of alcohol in one week (being a woman) or more than 21 portions a week (being a man)? Count the portions as in the previous question.**

- 1 no  
2 yes, I have had altogether \_\_\_\_\_ such weeks

**Please answer questions 82 to 85 even if you do not use any alcohol currently!**

**82. Have you ever thought that you should drink less?**

- 1 yes  
2 no

**84. Have you ever felt guilty due to your consumption of alcohol?**

- 1 yes  
2 no

**83. Have you been blamed due to your drinking?**

- 1 yes  
2 no

**85. Have you ever taken drinks in order to cure hangover?**

- 1 yes  
2 no

### Treatment of drinking problems

**86. During the past 12 months have you used any health or social services due to drinking problems?**

- 0 no → go to question 88  
1 yes

**87. Which of the following services have you used due to drinking problems?**

**How many times during the past 12 months?**

- |   |             |
|---|-------------|
| 1 Health centre   | _____ times |
| 2 Occupational health care                                  | _____ times |
| 3 Mental health centre or psychiatric outpatient department | _____ times |
| 4 A-clinic  | _____ times |
| 5 Family advice bureau or child guidance centre             | _____ times |
| 6 Private consultation of a doctor or psychologist          | _____ times |
| 7 Psychiatric hospital                                      | _____ times |
| 8 Other hospital  | _____ times |
| 9 Rehabilitation centre                                     | _____ times |
| 10 Other? _____   | _____ times |
| 11 None   |             |

## Drugs

**88. Drug consumption has increased considerably. Do you know anyone amongst your friends who has ever used any drug?**

- 1 yes
- 2 no

**89. Have you yourself ever been offered drugs?**

- 1 yes
- 2 no

**90. Have you yourself ever used or tried any drug at all?**

- 1 yes
- 2 no → go to question 96

**91. Have you tried or used any of the following substances during your life?**

	Never	Yes, altogether from 1 to 5 times	Yes, altogether 6 times or more
Marihuana or hash	1	2	3
Ecstasy; MDMA	1	2	3
Amphetamine or metamphetamine	1	2	3
Cocaine, crack	1	2	3
Heroin or morphine	1	2	3
Subutex or Temgesic	1	2	3
Other drug influencing the central nervous system	1	2	3
LSD or some other hallucinogenic	1	2	3
Thinner, glue etc.	1	2	3

**92. Have you ever used any drug intravenously (i.v., injecting it into your blood)?**

- 1 yes
- 2 no

**93. Are you currently trying to get rid of using drugs?**

- 1 yes
- 2 no
- 3 I do not use drugs currently

**94. Within the past 12 months have you used any health or social services due to drug-related problems?**

- 0 no      —————▶ go to question 96  
 1 yes

**95. Which of the following services have you used due to a drug-related problem?**

**How many times within the past  
 12 months?**

- |    |  |             |
|----|--|-------------|
| 1  | Health centre  | _____ times |
| 2  | Occupational health care                                     | _____ times |
| 3  | Mental health clinic or psychiatric<br>outpatient department | _____ times |
| 4  | Drug weaning or rehabilitation unit                          | _____ times |
| 5  | Counseling or ambulatory care unit for<br>drug users         | _____ times |
| 6  | A-clinic   | _____ times |
| 7  | Family advice bureau or child guidance centre                | _____ times |
| 8  | Private consultation of a doctor or psychologist             | _____ times |
| 9  | Psychiatric hospital   | _____ times |
| 10 | Other hospital   | _____ times |
| 11 | Rehabilitation centre  | _____ times |
| 12 | Other? _____   | _____ times |
| 13 | None   |             |

## Leisure time activities and hobbies

### 96. How often on average do you practise the following activities?

	Every day or on most days	once or twice a week	once or twice a month	once or twice a year	more rarely or never
Club or society activities (including posts of trust in society)	5	4	3	2	1
Theatre, movies, concerts, art exhibitions, sport competitions etc.	5	4	3	2	1
Church or other religious activities	5	4	3	2	1
Gym, aerobic or other indoor activity	5	4	3	2	1
Exercise, hunting, fishing, gardening or other outdoor activity	5	4	3	2	1
Going out to a restaurant, club, bar, pub or dancing.	5	4	3	2	1
Reading literature, listening to records or tapes	5	4	3	2	1
Handicrafts, playing music, singing, photographing, painting, collecting items etc.	5	4	3	2	1
Travelling abroad	5	4	3	2	1
Visiting family, friends or neighbors	5	4	3	2	1
Shopping, going to the bank, the post office aso.	5	4	3	2	1
Having family, friends or neighbors visit your	5	4	3	2	1
Cooking or baking	5	4	3	2	1
Watching TV or VCR or listening to the radio	5	4	3	2	1
Reading newspapers and magazines	5	4	3	2	1
Playing computer games, other computing	5	4	3	2	1

## Using the computer

**97. Do you have regular access to some of the following? (You may circle several options.)**

- 0 none of these → go to question 100
- 1 a computer
- 2 e-mail
- 3 Internet
- 4 mobile phone

**98. How much time per day do you spend using a computer in your leisure time?**

- 0 None at all in my spare time
- 1 Currently in my spare time I use a computer approx. \_\_\_\_\_ hours \_\_\_\_\_ minutes per day, and have been using altogether for \_\_\_\_\_ years

**99. For which purpose do you use the Internet? (You may circle several alternatives)**

- 0 I do not use it
- 1 private banking
- 2 purchasing and selling goods etc.
- 3 retrieving information
- 4 using health services
- 5 using public services
- 6 playing
- 7 chatting; conversation groups
- 8 listening to the music
- 9 other, what \_\_\_\_\_

## Safety of your surroundings and neighborhood

**100. Do you feel unsafe when walking in your neighborhood?**

- 0 never
- 1 very rarely
- 2 quite rarely
- 3 quite often
- 4 very often

**101. Are you afraid to be alone outdoors in the evenings after 22 hours?**

- 0 I do not go out alone in the evenings or I can not tell
- 1 I do not go out alone in the evenings because I am afraid
- 2 never
- 3 sometimes
- 4 often

**102. How many times during the last 12 months have you been a victim of violence leaving visible signs (e.g. bruises) or causing more serious damage?**

Visible signs are e.g. swollen lips, black eyes or cuts. More serious injuries can be e.g. broken bones, problems with sight, deep cuts or internal damage.

- 0 not once
- 1 once
- 2 twice
- 3 more than twice

**103. How many times during the past 12 months have you been subjected to scaring threats?**

- 0 not once
- 1 once
- 2 twice
- 3 more than twice

## Childhood

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

	No	Yes	Can't say
Did your family have long term financial difficulties?	0	1	2
Were your father or mother unemployed, although they wanted to work?	0	1	2
Did your father or mother suffer from some serious disease or disability?	0	1	2
Did your father have alcohol problems?	0	1	2
Did your mother have alcohol problems?	0	1	2
Did your father have any mental health problem e.g. schizophrenia, other psychosis or depression?	0	1	2
Did your mother have any mental health problem e.g. schizophrenia, other psychosis or depression?	0	1	2
Were there serious conflicts within your family?	0	1	2
Did your parents divorce?	0	1	2
Were you yourself seriously or chronically ill?	0	1	2
Were you bullied at school?	0	1	2

## Relationships and sex life

### 105. Estimate your possibilities to get help from people close to you when you need help or support. You may choose several options for each question.

	husband, wife or partner	some other close relative	a close friend	a close associate	a close neighbour	someone else close	nobody
On whose help can you really count when you feel exhausted and need relaxation?	1	2	3	4	5	6	7
Who do you think really cares about you no matter what happened to you?	1	2	3	4	5	6	7
Who can really make you feel better when you feel down?	1	2	3	4	5	6	7
From whom do you get practical help when needed?	1	2	3	4	5	6	7

**106. How important is sex life to you? Circle on the line the number best describing your situation. Number 10 stands for "very important" and number 0 for "not important at all".**

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
 Not important at all very important

**107. Are you satisfied with your sexual life? Circle on the line the number best describing your situation. Number 10 stands for "very satisfied" and number 0 for "not satisfied at all".**

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

**108. How often do you have sexual intercourse with another person?**

- 1 not at all
- 2 once a month or more rarely
- 3 nearly weekly
- 4 once or twice a week
- 5 more often than twice a week

**110. In case you have been in sexual intercourse with someone else 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 been with anyone else than my partner

**109. With how many persons have you had sexual intercourse within the past 12 months?**

- 0 none
- 1 one
- 2 several, how many? \_\_\_\_\_

### Working conditions

**111. Have you been working within the past 12 months?**

- 0 no → go to end of the questionnaire
- 1 yes

**If you are not working at the moment we ask you to reply according to your latest job.**

**112. In the following there are some claims concerning your work. Which of them are true?**

	true	quite true	neither true nor false	quite false	false
I need to be fast in my job	1	2	3	4	5
My job demands extremely hard labour	1	2	3	4	5
An unreasonable amount of work is expected from me	1	2	3	4	5
I have enough time to get my work completed	1	2	3	4	5
The pace in my work is extremely fast	1	2	3	4	5
I can make a lot of independent decisions in my job	1	2	3	4	5
My job demands creativity	1	2	3	4	5
My job demands that I learn many new things	1	2	3	4	5
My job comprises many repetitive, similar tasks	1	2	3	4	5
I have much to say, concerning my job and tasks	1	2	3	4	5
My job demands highly developed skills	1	2	3	4	5
I can do many different tasks in my job	1	2	3	4	5
I can improve my special skills	1	2	3	4	5
I have very little freedom to decide how I do my job	1	2	3	4	5
When needed, my closest superior supports me	1	2	3	4	5
When needed, my fellow workers support me	1	2	3	4	5
In my work unit we discuss together tasks, aims and how to reach them	1	2	3	4	5
I am happy with the appreciation my superior shows towards my work	1	2	3	4	5
I can sufficiently adjust the breaks in my work	1	2	3	4	5
I can sufficiently adjust the length of my working day	1	2	3	4	5

**113. Are the following uncertainties or threats involved in your work?**

	very much	quite much	to some extent	quite little	very little
Threat of discontinuation of some tasks	1	2	3	4	5
Threat of being moved to other tasks	1	2	3	4	5
Threat of being laid off	1	2	3	4	5
Threat of being given notice to quit	1	2	3	4	5
Threat of becoming unemployed for a long period	1	2	3	4	5
Threat of facing mental violence or bullying	1	2	3	4	5
Threat of physical violence	1	2	3	4	5
Threat of sexual harassment	1	2	3	4	5

**114. In your present job, what kind of possibilities do you have to obtain education or training to improve your skills and know-how?**

- 1 very good
- 2 quite good
- 3 not good but not bad, either
- 4 quite poor
- 5 very poor

**THANK YOU FOR YOUR ANSWERS AND ALL THE TROUBLE!**

We hope you have answered each question.

Please return the questionnaire in the prepaid envelope.

Date: \_\_\_\_\_/\_\_\_\_\_/2001

