

18-29 years

Life & health 2017

Ages 18–29 years

Housing

1. What sort of accommodation do you have?

- Rented apartment
- Own apartment
- Sublet apartment
- Lodger, student apartment/room
- Own detached/terraced house
- Other

2. With whom do you share a home? That is, who do you live with during most of the week?

More than one answer can be given.

- Nobody
- Parents/siblings
- Spouse/partner
- Other adult
- Children

3. How satisfied or dissatisfied are you with your housing situation?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

Your health

4. How would you describe your health in general?

- Very good
- Good
- Fair
- Poor
- Very poor

5. Do you have any long-term illness, discomfort following an accident, any reduced physical function or any other long-term health problem?

- No
- Yes

6. Do you have any of the following diagnosed illnesses:

a) Diabetes?

- No
- Yes

b) Asthma?

- No
- Yes

c) Depression?

- No
- Yes



Hemvägen

7. Do you have any of the following discomforts or symptoms:

Mark one alternative on each row.

	No	Yes, minor discomfort	Yes, severe discomfort
Aches in your shoulders or neck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aches or pains in your back, hip pain or sciatica?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aches or pains in your hands, elbows, legs or knees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches or migraine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dejection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent stomach or bowel problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ringing in your ears (tinnitus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired vision that cannot be corrected with spectacles/lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you feel stressed at present?

By stressed, we mean a condition where you feel tense, restless, nervous, uneasy or unable to concentrate.

- Not at all
- To some extent
- Quite a lot
- Very much

9. Please indicate for each of the five statements which is closest to how you have been feeling over the last 2 weeks.

Mark one alternative on each row.

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt calm and relaxed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt active and vigorous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I woke up feeling fresh and rested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daily life has been filled with things that interest me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How tall are you?

Answer in whole centimetres.

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 cm

11. How much do you weigh?

Answer in whole kilos. If you are pregnant, report how much you normally weigh.

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 kg

Your dental health

12. How is your dental health?

- Very good
- Quite good
- Neither good nor poor
- Quite poor
- Very poor

Your health care contacts

13. a) Have you been to a care centre for your own problems or illness during the last 3 months?

- No → go to question 14
- Yes

b) At your visit/visits to the care centre did you discuss:

Mark one alternative on each row.

	No	Yes
Eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
Exercise habits?	<input type="checkbox"/>	<input type="checkbox"/>
Smoking habits?	<input type="checkbox"/>	<input type="checkbox"/>
Snuff habits?	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol habits?	<input type="checkbox"/>	<input type="checkbox"/>

Physical activity

If your activities vary during the year, try to take some kind of average. Question 14 deals with regular exercise and training activities that leave you out of breath and sweaty, while 15 deals with moderately strenuous physical activity that leaves you breathing somewhat more heavily than normal.

14. How much time do you spend in a normal week on physical training that leaves you out of breath – for example running, fitness training, or ball sports?

- 0 minutes/no time
- Less than 30 minutes
- 30–59 minutes (0.5–1 hour)
- 60–89 minutes (1–1.5 hours)
- 90–119 minutes (1.5–2 hours)
- 2 hours or more

15. How much time do you spend in a normal week on daily activities – for example walking, cycling, or gardening?

Count all time together (at least 10 minutes at a time).

- 0 minutes/no time
- Less than 30 minutes
- 30–59 minutes (0.5–1 hour)
- 60–89 minutes (1–1.5 hours)
- 90–149 minutes (1.5–2.5 hours)
- 150–299 minutes (2.5–5 hours)
- 5 hours or more

16. How much do you sit during a normal day, not counting sleep?

- More than 12 hours
- 10–12 hours
- 7–9 hours
- 4–6 hours
- 1–3 hours
- Less than 1 hour
- Sitting or lying for more than 12 out of 24 hours because of a disability

Food habits

17. How often do you eat vegetables, root vegetables, fruits or berries?

- 5 times a day or more
- 3-4 times a day
- 1-2 times a day
- Less often

Smoking and snuff habits

18.a) Do you smoke?

- No → go to question 19
- Yes, sometimes
- Yes, daily

b) Do you want to stop smoking?

- Yes, and I believe I will be able to do this myself
- Yes, but I need support
- No

19.a) Do you use snuff?

- No → go to question 20
- Yes, sometimes
- Yes, daily

b) Do you want to stop using snuff?

- Yes, and I believe I will be able to do this myself
- Yes, but I need support
- No

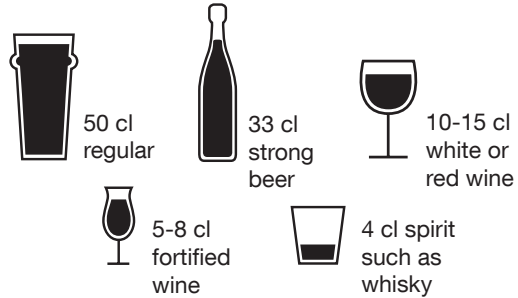
20. Have you ever used hashish or marijuana?

More than one answer can be given.

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

Alcohol habits

By alcohol we mean beer with medium or strong alcohol content, cider, wine, fortified wine, and spirits. Answer the questions as accurately and honestly as possible.



21. How often did you drink alcohol in the past 12 months?

- 4 times a week or more
- 2-3 times a week
- 2-4 times a month
- Once a month or less
- Never → go to question 25

22. How many “glasses” (see example) do you drink on a typical day when you drink alcohol?

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more
- Don't know

23. How often do you drink six “glasses” or more at a time?

- Daily or almost every day
- Every week
- Every month
- Less than once a month
- Never

24. Would you like to reduce your alcohol consumption?

- Yes, and I believe I will be able to do this myself
- Yes, but I need support
- No

Gambling

25. Have you in the past 12 months gambled with more money than you really could afford to lose?

By game, we mean for example scratch cards, bingo, casino games, football pools, betting on horses or similar and games for money on the internet such as poker or online betting.

- No
 Yes

Economic situation

26. Could you or your household, within one month, manage to pay an unexpected expense of 11,000 Swedish crowns without borrowing or asking for help?

- Yes
 No

27. During the last 12 months, have you ever had difficulty in managing the regular expenses for food, rent, bills et cetera?

- No
 Yes, once
 Yes, more than once

28. Do you sometimes get financial help from your parents or other people close to you?

- No
 Yes, sometimes
 Yes, often

Safety and social relations

29. Do you think that, in general, people can be trusted?

- Yes
 No

30. Do you have anyone you can share your innermost feelings with and confide in?

- Yes
 No

31. Can you get help from any person or persons if you have practical problems or are ill?

For example get advice, borrow things, help with shopping, repairs et cetera.

- Yes
 No
 Don't know

32. Have you during the past 3 months felt that someone has treated you in a condescending manner?

- No
 Yes, once or twice
 Yes, several times

33. Have you during the past 3 months been subjected to harassment or insults via a mobile phone and/or the Internet (Text messages, Instagram, Facebook, E-mail, et cetera)?

- No
 Yes, once or twice
 Yes, several times

34. Do you ever avoid going out alone for fear of being assaulted, robbed or otherwise victimised?

- No
 Yes, sometimes
 Yes, often

35. a) Have you, during the last 12 months been subjected to physical violence?

- No → go to question 36
- Yes

b) Where did the violence occur?

More than one answer can be given.

- At work/in school
- At home
- In someone else's home
- In my residential area
- In a public place/place of entertainment
- On or in connection with a train, bus, or other transport
- Somewhere else

36. How much confidence do you have in the following institutions/politicians in society?

Mark one alternative on each row.

	Very much	Quite a lot	Not very much	None at all	Have no opinion
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Public dental service (Folktandvården)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Social services (Socialtjänsten)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Employment offices (Arbetsförmedlingen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Social insurance agency (Försäkringskassan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Parliament (Riksdagen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians in your county council/region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians in your municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Have you taken part in activities together with others regularly during the past 12 months?

For example, sport, music/theatre, study circle, religious meeting, choir, political society or other societies.

- Yes
- No

38. How satisfied are you on the whole with the life you lead?

- Very satisfied
- Fairly satisfied
- Not particularly satisfied
- Not at all satisfied

39. How do you view your personal future?

- Very optimistically
- Fairly optimistically
- Neither optimistically nor pessimistically
- Fairly pessimistically
- Very pessimistically

Sexual orientation

40. What is your sexual orientation?

- Heterosexual
- Bisexual
- Homosexual
- Other
- I don't know

Work and employment

41. What is your present form of employment?

More than one answer can be given.

- Work as an employee
- Self-employed
- Leave of absence or parental leave
- Studying, training
- Labour market measures
- Unemployed
- Sickness benefit (disability pension)
- Long term sick leave (more than 3 months)
- Other

If you are not gainfully employed, go on to question 48.

Below are some questions for those of you who are gainfully employed

(You should also answer if you are on sick leave or leave of absence or parental leave).

42. What is your main form of employment?

- Permanent/with permanent tenure
- Temporary employment (for example project employment, employment as a deputy, hourly employment, probationary employment)
- Self-employed

43. How many hours do you work on average in a normal working week?

State a whole number of hours.

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Hours per week

44. How satisfied are you with your current work?

- Very satisfied
- Quite satisfied
- Neither satisfied nor unsatisfied
- Quite unsatisfied

45. Are you worried about losing your job in the coming year?

- Yes
- No

46. How long does it usually take to get to work from your home, single journey?

- Less than 1 hour
- 1-2 hours
- More than 2 hours

47. a) Do you commute to your workplace?

By commute we mean that your workplace is in a different municipality from your home

- No → go to question 48
- Yes

b) What are your reasons for commuting?

More than one answer can be given.

- There is no possibility to earn a living in my home municipality
- I want to go on living in my home community
- I am trained for a job I want to do but which is not available in my home municipality
- I am better paid now than I would be if I worked in my home municipality
- I have more interesting work now than I would have if I worked in my home municipality
- To get training
- Other reasons

c) Does your job entail that you have to stay the night in your work municipality

- No
- Yes, sometimes
- Yes, always



Other questions

48. What do you think of the questions you have answered?

- Most of them felt important
- Some of them felt important
- Hardly any of them felt important

49. What do you think of the language in the questionnaire?

- It was easy to understand
- It was neither easy nor difficult to understand
- It was difficult to understand

Thank you for taking the time to answer the questionnaire!

Space for your comments
