

30-69 years

Life & health 2017

Ages 30-69 years



Your health

1. How would you describe your health in general?

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

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

- No
- Yes

3. Have you had any accidents in the last 3 months that led to your seeking health care or dental care?

- No
- Yes, once
- Yes, more than once

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

a) Diabetes typ 1?

- No
- Yes

b) Diabetes typ 2?

- No
- Yes

c) Asthma?

- No
- Yes

d) COPD (Chronic Obstructive Pulmonary Disease)?

- No
- Yes

e) High blood pressure?

- No
- Yes

f) Depression?

- No
- Yes

5. Under each heading, please tick the ONE box that best describes your health TODAY.

a) Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

b) Self Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

c) Usual activities

(e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

d) Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

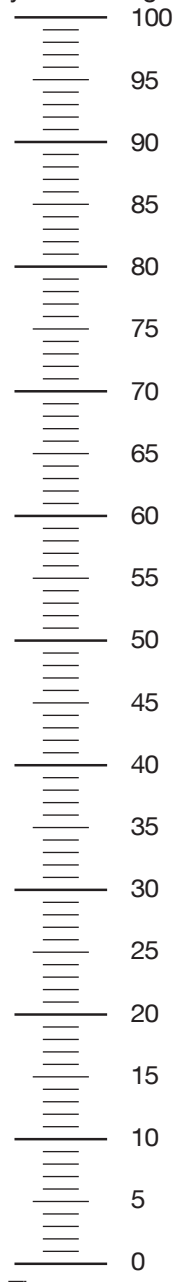
e) Anxiety /depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

6.

The best health you can imagine

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

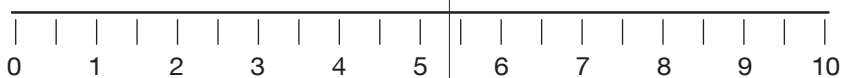


YOUR HEALTH TODAY :

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7. Imagine that you are told that you have 10 years left to live. In connection with this you are also told that you can choose to live these 10 years in your current health state or that you can choose to give up some life years to live for a shorter period in full health.

Indicate with a cross (X) on the line the number of years in full health that you think is of equal value to 10 years in your current health state.



Number of years in full health

(If you think that you at present have full health should you mark 10 years)

8. 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"/>
Tiredness?	<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"/>
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"/>
Incontinence (leakage of urine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent stomach or bowel problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 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

10. 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"/>

11. How tall are you?

Answer in whole centimetres.

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 cm

12. How much do you weigh?

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

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 kg

13.a) Do you want to change your weight?

- No → go to question 14
- Yes, I want to lose weight
- Yes, I want to put on weight

b) If you want to change your weight, do you think you can manage it yourself?

- Yes
- No, I need support

Your dental health

14. How is your dental health?

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

15. When were you last at the dentist/dental hygienist?

- When were you last at the dentist/dental hygienist?
- Less than a year ago
- Between one and two years ago
- Between three and five years ago
- More than five years ago
- Have never been to a dentist/dental hygienist
- Don't know/can't remember

Your health care contacts

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

- No → go to question 17
- 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"/>

17.a) Have you been to a hospital for your own problems or illness during the last 3 months?

- No → go to question 18
- Yes

b) At your visit/visits to the hospital 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 18 deals with regular exercise and training activities that leave you out of breath and sweaty, while 19 deals with moderately strenuous physical activity that leaves you breathing somewhat more heavily than normal.

18. 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

19. 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

20. 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

21. 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

22. a) Do you smoke?

- No → go to question 23
- 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

23. a) Do you use snuff?

- No → go to question 24
- 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

24. 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.



50 cl
reguar
beer



33 cl
strong
beer



10-15 cl
white or
red wine



5-8 cl
fortified
wine



4 cl spirit
such as
whisky

25. 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 29

26. 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

27. 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

28. 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

29. 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

30. 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

31. 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

32. Did your family have any financial difficulties while you were growing up?

- Yes, all the time I was growing up
 Yes, most of the time I was growing up
 Yes, some of the time I was growing up
 No

33. Have you had to limit or do without any of the following for financial reasons during the past 3 months?

More than one answer can be given.

- Yes, medical visits
 Yes, medicine purchase
 Yes, dental treatment
 Yes, glasses
 Yes, hearing aids
 No, none of the above

Safety and social relations

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

- Yes
- No

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

- Yes
- No

36. 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

37. 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

38. Were you treated in a condescending manner while you were growing up, for example in school or at home?

- No
- Yes, sometimes
- Yes, often

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

- No
- Yes, sometimes
- Yes, often

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

- No → go to question 41
- 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

41. 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"/>
Care for the elderly	<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"/>

42. How many hours a week on average do you spend working at home (that is not paid work)?

For example taking care of children, nursing relatives, buying the groceries, cooking, paying the bills, washing the laundry, cleaning, taking care of a car, house or garden.

- 0 – 2 hours a week
- 3 – 10 hours a week
- 11 – 20 hours a week
- 21 – 30 hours a week
- 31 hours a week or more

43. Do you find the domestic work burdensome?

- Never
- Seldom
- Sometimes
- Mostly
- Always

44. The following statements express social cohesion or confidence in people in the area where we live.

To what extent do the following statements apply to your area?

Mark one alternative on each row.

	Applies very well	Applies quite well	Does not apply particularly well	Does not apply at all
You can rely on the people who live in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can feel safe in this area and secure that you will not be assaulted or subjected to threats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. 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

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

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

47. How do you view your personal future?

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

Housing

48. What sort of accommodation do you have?

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

49. 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
- Children younger than 18 years
- Children, 18 years or older
- Other adult

Sexual orientation

50. What is your sexual orientation?

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

Work and employment

51. 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
- Retired
- Sickness benefit (disability pension)
- Long-term sick leave (more than 3 months)
- Other



Hemvägen

If you are not gainfully employed, go on to question 61.

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).

52. 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

53. 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

54. How satisfied are you with your current work?

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

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

- Yes
- No

56. How often do the following events occur in your work?

a) I am exposed to noise

(must raise my voice in conversation)

- Every day
- Some days a week
- Less often
- Never

b) I perform repetitive and one-sided working movements

- Every day
- Some days a week
- Less often
- Never

57. 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

58. 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 59
- 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

59. Do you feel that your work takes so much of your time that it has a negative effect on your private life?

- Often
- Sometimes
- Seldom
- Never

60. Have you been off sick for a continuous period of 29 days or more during the past 12 months?

More than one answer can be given.

- No, I have not been off sick for a continuous period of 29 days or more
- Yes, for problems with my back, neck, joints or muscles
- Yes, for exhaustion, fatigue, depression, stress
- Yes, for other mental health problems (including insomnia)
- Yes, for cardiovascular disease, stroke
- Yes, for accidents, injury
- Yes, for other reasons

Other questions

61. 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

62. 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

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