70 years and older

Life & health 2017

Ages 70 years and older

Region Uppsala

Landstinget Sörmland

Region Västmanland

Landstinget i Värmland

Region Örebro län

Your health

1. How would you describe your health in general?

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

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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

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

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

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4. Have you during <u>the past 12 months</u> fallen and hurt yourself?

- ☐ No
- ☐ Yes, only once
- ☐ Yes, several times

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5. Do you have any of the following <u>diagnosed</u> illnesses:

	No	Yes
Diabetes Type 1?	☐	☐
Diabetes Type 2?	☐	☐
Asthma?	☐	☐
COPD (Chronic Obstructive Pulmonary Disease)?	☐	☐
High blood pressure?	☐	☐
Depression?	☐	☐

6. 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

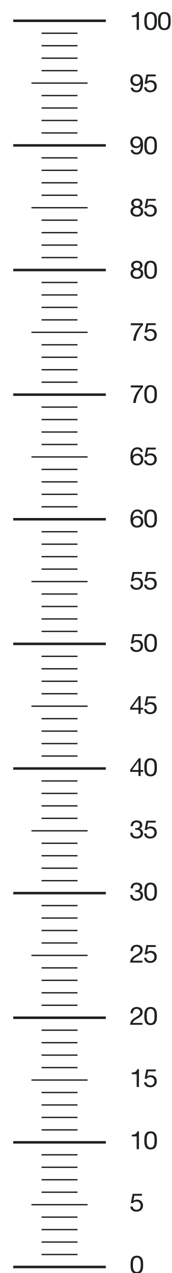
e) Anxiety / Depression

- ☐ 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

7.

- 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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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?	☐	☐	☐
Aches or pains in your back, hip pain or sciatica?	☐	☐	☐
Aches or pains in your hands, elbows, legs or knees?	☐	☐	☐
Headaches or migraine?	☐	☐	☐
Dejection?	☐	☐	☐
Anxiety or worry?	☐	☐	☐
Tiredness?	☐	☐	☐
Sleeping difficulties?	☐	☐	☐
Eczema?	☐	☐	☐
Cronic ulcers?	☐	☐	☐
Ringing in your ears (tinnitus)?	☐	☐	☐
Impaired hearing?	☐	☐	☐
Impaired vision that cannot be corrected with spectacles/lenses?	☐	☐	☐
Incontinence (leakage of urine)?	☐	☐	☐
Recurrent stomach or bowel problems?	☐	☐	☐

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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.	☐	☐	☐	☐	☐	☐
I have felt calm and relaxed.	☐	☐	☐	☐	☐	☐
I have felt active and vigourous.	☐	☐	☐	☐	☐	☐
I woke up feeling fresh and rested.	☐	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me.	☐	☐	☐	☐	☐	☐

10. How tall are you?
Answer in whole centimetres.

☐☐☐ cm

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11. How much do you weigh?
Answer in whole kilos.

☐☐☐ kg

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

- ☐ No ➔ *go to question 13*
- ☐ 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 man age it yourself?

- ☐ Yes
- ☐ No, I need support

Your dental health

13. Your dental health

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

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14. 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

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15. Regarding yor teeth, do you have:

Mark one alternative on each row.

	No	Yes
Permanent teeth?	☐	☐
Dental implant?	☐	☐
Denture?	☐	☐

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16. Do you have any of the following discomforts:

Mark one alternative on each row.

	No	Yes
Tooth decay?	☐	☐
Bleeding gums?	☐	☐
Loosening of teeth?	☐	☐
Difficulties chewing?	☐	☐
Sensitive tooth neck?	☐	☐
Tooth grinding	☐	☐
Dryness of the mouth	☐	☐
Blisters in the mouth	☐	☐

Your health care contacts

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

☐ No ➔ *go to question 18*
☐ Yes

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

Mark one alternative on each row.

	No	Yes
Eating habits?	☐	☐
Exercise habits?	☐	☐
Smoking habits?	☐	☐
Snuff habits?	☐	☐
Alcohol habits?	☐	☐

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

☐ No ➔ *go to question 19*
☐ Yes

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

Mark one alternative on each row.

	No	Yes
Eating habits?	☐	☐
Exercise habits?	☐	☐
Smoking habits?	☐	☐
Snuff habits?	☐	☐
Alcohol habits?	☐	☐

19. a) Are you taking any prescribed medicines?

☐ No ➔ *go to question 20*
☐ Yes

b) How many different kinds of prescribed medicines are you taking?

☐ 1-4
☐ 5-9
☐ 10 or more

Physical activity

If your activities vary during the year, try to take some kind of average. Question 20 deals with regular exercise and training activities that leave you out of breath and sweaty, while 21 deals with moderately strenuous physical activity that leaves you breathing somewhat more heavily than normal.

20. How much time do you spend in a normal week on physical training?

- ☐ 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

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21. 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

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22. 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

23. How often do you eat breakfast, lunch, dinner and supper?
Mark one alternative on each row.

	Daily or mostly daily	A few times a week	Seldom or never
Breakfast	☐	☐	☐
Lunch	☐	☐	☐
Dinner	☐	☐	☐
Supper	☐	☐	☐

24. 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
☐ More seldom

25. Do you have a good apetite?

☐ Always
☐ Often
☐ Seldom
☐ Never

Smoking and snuff habits

26. a) Do you smoke?

☐ No ➔ *go to question 27*
☐ 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

27. a) Do you use snuff?

☐ No ➔ *go to question 28*
☐ 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

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 regular beer

33 cl strong beer

10-15 cl white or red wine

5-8 cl fortified wine

4 cl spirit such as whisky

28. 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 32*

29. 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

30. 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

31. 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

32. Have you in <u>the past 12 months</u> 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

33. 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

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34. During <u>the last 12 months</u>, have you ever had difficulty in managing the regular expenses for food, rent, bills et cetera?

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

---

35. Have you had to limit or do without any of the following for financial reasons during <u>the past 3 months?</u>

More than one answer can be given.

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

Safety and social relations

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

- ☐ Yes
- ☐ No

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37. 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

---

38. Do you get help from someone to manage your everyday life?

More than one answer can be given.

- ☐ No
- ☐ No, but I should need
- ☐ Yes, from relative/close friend/other
- ☐ Yes, from public domestic assistance
- ☐ Yes, from domiciliary service
- ☐ Yes, from private home service
- ☐ Yes, from voluntary organisation

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39. Do you care for a relative or friend who is long-term sick or have other impaired functions?

- ☐ No
- ☐ Yes

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40. How often are you in contact with children, grandchildren, siblings, other relatives or friends?

- ☐ Daily
- ☐ Several times a week
- ☐ Once a week
- ☐ A few times a month
- ☐ More seldom or never

41. Do you suffer from loneliness?

- ☐ Daily
- ☐ Several times a week
- ☐ About once a week
- ☐ A few times a month
- ☐ More seldom or never

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42. 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

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

- ☐ No
- ☐ Yes, sometimes
- ☐ Yes, often

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

- ☐ No ➔ *go to question 45*
- ☐ Yes

b) Where did the violence occur?

More than one answer can be given.

- ☐ At work
- ☐ 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

45. 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	☐	☐	☐	☐	☐
The Public dental service (Folktandvården)	☐	☐	☐	☐	☐
Care for the elderly	☐	☐	☐	☐	☐
The police	☐	☐	☐	☐	☐
The Social services (Socialtjänsten)	☐	☐	☐	☐	☐
The Social insurance agency (Försäkringskassan)	☐	☐	☐	☐	☐
The Parliament (Riksdagen)	☐	☐	☐	☐	☐
Politicians in your county council/region	☐	☐	☐	☐	☐
Politicians in your municipality	☐	☐	☐	☐	☐

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

☐ Yes
☐ No

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47. *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.	☐	☐	☐	☐
You can feel safe in this area and secure that you will not be as-saulted or subjected to threats.	☐	☐	☐	☐

48. 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, sewing circle, political society, Pensioners' associations or other societies.

- ☐ Yes
- ☐ No

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

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

Housing

50. What sort of accommodation do you have?

- ☐ Own detached/terraced house
- ☐ Own apartment
- ☐ Rented apartment
- ☐ Special housing (e.g. service flat for the elderly or disabled, old people's home, nursing home or sheltered housing)
- ☐ Other

51. 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
- ☐ Siblings
- ☐ Spouse/partner
- ☐ Other adult
- ☐ Children

52. Where do you live?

- ☐ In the countryside
- ☐ In a urbanised village/smaller town
- ☐ In a town

Other questions

53. 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

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

☐ It was easy to understand
☐ It was neither easy of difficult to understand
☐ It was difficult to understand

---

55. Have you filled in the questionnaire by yourself?

☐ Yes
☐ No, I got help

Thank you for taking the time to answer the questionnaire!

Space for your comments