

The format and content has not been edited by ActaDV.

Life & health 2017
Ages 18–29 years



Skapad/ Claudio Troncoso Munos 2016-09-20

Ändrat enligt ökning på möte 2016-08-29 samt 2016-09-26/ Carina Persson 2016-09-28

Korrigerat av Cecilia Nyberg och Susann Ericson 2016-09-30

Korrigerat av Carina Persson 2016-12-14

Korrigerat av Cecilia Nyberg 2017-02-17

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

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

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

10

How tall are you? Answer in whole centimetres.

cm

11

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

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?	X	X
Exercise habits?	X	X
Smoking habits?	X	X
Snuff habits?	X	X
Alcohol habits?	X	X

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?

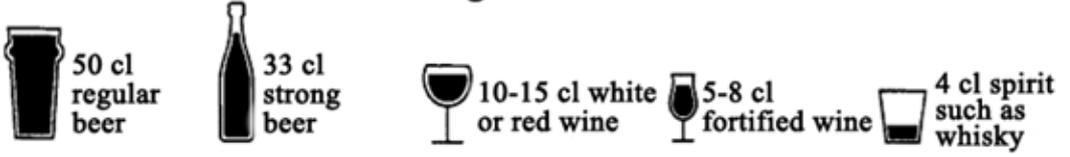
More than one answer can be given.

- 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.

One «glass» means:



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	X	X	X	X	X
The Public dental service (Folktandvården)	X	X	X	X	X
Child care	X	X	X	X	X
Schools	X	X	X	X	X
The police	X	X	X	X	X
The Social services (Socialtjänsten)	X	X	X	X	X
The Employment offices (Arbetsförmedlingen)	X	X	X	X	X
The Social insurance agency (Försäkringskassan)	X	X	X	X	X
The Parliament (Riksdagen)	X	X	X	X	X
Politicians in your county council/region	X	X	X	X	X
Politicians in your municipality	X	X	X	X	X

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.

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



Frågor enligt "LIVoHALSA_Enkat_MEDEL_A4_5363_1601_Korr11.pdf" / Carina Persson 2016-07-11
Ändrat enligt ök på möte 2016-08-29 samt 2016-09-26/ Carina Persson 2016-09-28
Korrigerat av Cecilia Nyberg och Susann Ericson 2016-09-30
Korrigerat av Carina Persson 2016-12-14
Korrigerat av Cecilia Nyberg 2017-02-17

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:

D. Diabetes Type 1?

- No
- Yes

E. Diabetes Type 2?

- No
- Yes

F. Asthma?

- No
- Yes

G. COPD (Chronic Obstructive Pulmonary Disease)?

- No
- Yes

H. High blood pressure?

- No
- Yes

I. Depression?

- No
- Yes

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

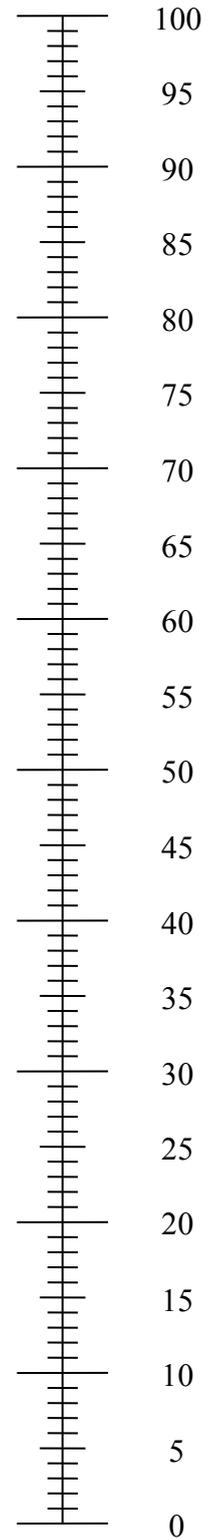
- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

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

- 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 =



The worst health
you can imagine

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

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

11

How tall are you?

Answer in whole centimetres.

cm

12

How much do you weigh?

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

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?

- 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

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

- No -> go to question 17
- Yes

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

Mark one alternative on each row.

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

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?	X	X
Exercise habits?	X	X
Smoking habits?	X	X
Snuff habits?	X	X
Alcohol habits?	X	X

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

c) Do you smoke?

- No -> *go to question 23*
- Yes, sometimes
- Yes, daily

d) 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

c) Do you use snuff?

- No -> *go to question 24*
- Yes, sometimes
- Yes, daily

d) 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.

One «glass» means:



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

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

c) Have you, during the last 12 months been subjected to physical violence?

- No -> go to question 41
- Yes

d) 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	X	X	X	X	X
The Public dental service (Folktandvården)	X	X	X	X	X
Care for the elderly	X	X	X	X	X
Child care	X	X	X	X	X
Schools	X	X	X	X	X
The police	X	X	X	X	X
The Social services (Socialtjänsten)	X	X	X	X	X
The Employment offices (Arbetsförmedlingen)	X	X	X	X	X
The Social insurance agency (Försäkringskassan)	X	X	X	X	X
The Parliament (Riksdagen)	X	X	X	X	X
Politicians in your county council/region	X	X	X	X	X
Politicians in your municipality	X	X	X	X	X

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.	X	X	X	X
You can feel safe in this area and secure that you will not be assaulted or subjected to threats.	X	X	X	X

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

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.

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

d) 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

e) 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

f) 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 accident, 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

Life & health 2017
Ages 70 years and older



Skapad/ Bo Simonsson 2016-07-12

Ändrat enligt ökning på möte 2016-08-29 samt 2016-09-26/ Carina Persson 2016-09-28

Korrigerat av Cecilia Nyberg och Susann Ericson 2016-09-30

Korrigerat av Carina Persson 2016-12-14

Korrigerat av Cecilia Nyberg 2017-02-17

- fråga 48, pensionärsförening

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

Have you during the past 12 months fallen and hurt yourself?

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

5

Do you have any of the following diagnosed illnesses:

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

6

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

f) 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

g) 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

h) 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

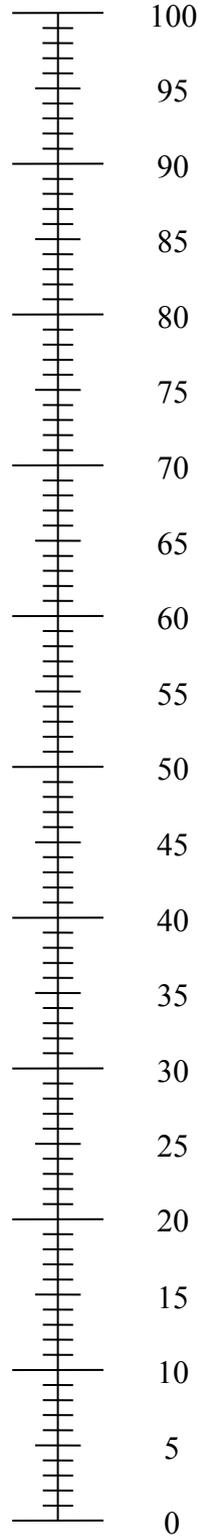
i) PAIN / DISCOMFORT

- 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

j) 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

- 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 =

The worst health
you can imagine

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

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

10

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

cm

11

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

kg

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 manage it yourself?

- Yes
- No, I need support

Your dental health

13

How is your dental health?

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

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

15

Regarding your teeth, do you have:

Mark one alternative on each row.

- Permanent teeth? No/Yes
- Dental implant? No/Yes
- Denture? No/Yes

16

Do you have any of the following discomforts:

Mark one alternative on each row.

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

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?	X	X
Exercise habits?	X	X
Smoking habits?	X	X
Snuff habits?	X	X
Alcohol habits?	X	X

18

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

- No -> go to question 19
- Yes

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

Mark one alternative on each row.

No Yes

Eating habits?	X	X
Exercise habits?	X	X
Smoking habits?	X	X
Snuff habits?	X	X
Alcohol habits?	X	X

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 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

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

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.

- Breakfast (Daily or mostly daily/A few times a week/Seldom or never)
- Lunch (Daily or mostly daily/A few times a week/Seldom or never)
- Dinner (Daily or mostly daily/A few times a week/Seldom or never)
- Supper (Daily or mostly daily/A few times a week/Seldom or never)

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 appetite?

- Always
- Often
- Seldom
- Never

Smoking and snuff habits

26

e) Do you smoke?

- No -> *go to question 27*
- Yes, sometimes
- Yes, daily

f) 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

e) Do you use snuff?

- No -> *go to question 28*
- Yes, sometimes
- Yes, daily

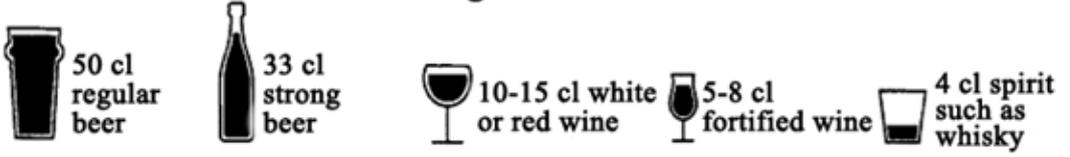
f) Do you want to stop using snuff?

- 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.

One «glass» means:



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 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

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

34

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

35

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, 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

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

39

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

- No
- Yes

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 amonth
- More seldom or never

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

43

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

- No
- Yes, sometimes
- Yes, often

44

e) Have you, during the last 12 months been subjected to physical violence?

- No -> go to question 45
- Yes

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

46

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

- Yes
- No

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.	X	X	X	X
You can feel safe in this area and secure that you will not be assaulted or subjected to threats.	X	X	X	X

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

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