

SCB14084_Stockholmshälsan_Äldre_Engelsk

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Individ 1a

Stockholmshälsan

År 2014

Individ 1a

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Hälsa Stockholm

You can log on as many times as you like and save your work each time. By doing so you don't have to fill in all the information at once.

Health and illness

1 How tall are you?

Round-up to the nearest centimeter

cm

2 How much do you weigh?

Round-up to the nearest kilogram.

kg

3 How is your health in general? Is it:

Very good

Good

Fair

Bad

Very bad

4 a) Do you have any long-term illness, health problems following an accident, disability or other persistent health problems?

No

Yes

b) Do these health problems limit your ability to work or carry out other daily activities?

Yes, very much so

Yes, somewhat

Not at all

5 For each group below, please indicate which statement best describes your own health state today.

a) Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

b) Self-care

- I have no problems with self-care
- I have some 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 with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

d) Pain/Discomfort

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

e) Anxiety/Depression

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

6 Please score how good or bad your health state is today. The best health state you can imagine is marked with 100 and the worst health state you can imagine is marked 0.

Best
imaginable
health state

Score your own
health state
today between
0 and 100.



Worst
imaginable
health state

7 Do you have any of the following health problems or symptoms?

Indicate one alternative on each line.

No	Yes, somewhat	Yes, severe
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- a) Headaches or migraines?
- b) Constant fatigue?
- c) Trouble sleeping?
- d) Tinnitus (ringing, buzzing or hissing sounds in your ears)?
- e) Incontinence (urine leakage)?
- f) Prostate complaint?
- g) Stomach/Intestinal complaint?

8 During *the past 12 months* have you been vaccinated against influenza?

- Yes
- No

9 During *the past 12 months*, have you been troubled by a runny, irritated nose or eyes in connection with trees leafing, grass flowering or furred animals?

- Yes, somewhat
- Yes, very much
- No

- 10 Have you at any point in time during *the past 12 months* had hand eczema?
Yes
No
- 11 Can you easily hear conversations between several persons?
Yes, without a hearing aid
Yes, with a hearing aid
No
- 12 Can you easily see and perceive ordinary text in a newspaper?
Yes, without glasses
Yes, with glasses
No
- 13 Can you run a short distance (approximately 100 meters)?
Yes
No
- 14 Can you take a relatively brisk 100-meter walk without difficulty?
Yes
No
- 15 Do you use any aids, for example a walking stick/walker, rollator or wheelchair, in order to move about outdoors?
Yes, walking stick(s)
Yes, rollator
Yes, wheelchair
I don't go out
No, I don't use any aids
- 16 Can you walk up and down stairs without difficulty?
Yes
No
- 17 Do you have any difficulty carrying 5 kg (for example a heavy bag) for a relatively short distance of approx. 10 meters?
Yes
No
- 18 a) Have you had any pain in the upper region of your back or neck in *the past 6 months*?
If you have experienced pain on several occasions, try to estimate an average and mark the most appropriate alternative.
No
Yes, a few days per month or less
Yes, a few days per week or more
- b) Do these problems limit your ability to work or carry out other daily activities?
Yes, very much so
Yes, somewhat
Not at all
- 19 a) Have you had any pain in your lower back in *the past 6 months*?
If you have experienced pain on several occasions, try to estimate an average and mark the most appropriate alternative.
No
Yes, a few days per month or less
Yes, a few days per week or more

b) Do these problems limit your ability to work or carry out other daily activities?

Yes, very much so

Yes, somewhat

Not at all

20 a) Have you had any pain in your shoulders or arms in *the past 6 months* ?

If you have experienced pain on several occasions, try to estimate an average and mark the most appropriate alternative.

No

Yes, a few days per month or less

Yes, a few days per week or more

b) Do these problems limit your ability to work or carry out other daily activities?

Yes, very much

Yes, somewhat

Not at all

21 Have you received any of the following diagnoses by a doctor:

Answer "Yes" or "No" for each diagnosis. If you answer "Yes", please state your age at each diagnosis.

a) Diabetes?

No

Yes, when I was around years old

b) Chronic obstructive pulmonary disease (COPD)?

No

Yes, when I was around years old

c) Psoriasis?

No

Yes, when I was around years old

d) High blood lipids (cholesterol levels)?

No

Yes, when I was around years old

e) Angina pectoris (chest pain due to coronary heart disease)?

No

Yes, when I was around years old

f) Heart failure (cardiac pump dysfunction)?

No

Yes, when I was around years old

g) Asthma?

No

Yes, when I was around years old

22 Are you *currently* receiving treatment for high blood pressure?

No

Yes, but only advice about a change in lifestyle

Yes, medication for high blood pressure

23 a) Have you at any point in time in *the past 6 months* ever fallen over and hurt yourself?

No

Yes, on one occasion

Yes, on several occasions

If you have fallen and injured yourself more than once, the questions pertain to the most recent fall.

b) Did you contact healthcare staff, e.g at a GP clinic or hospital?

Several alternatives may be indicated.

No

Yes, GP at clinic/family health centre

Yes, Accident & Emergency/walk-in clinic at hospital

Yes, admitted to hospital

Yes, other medical treatment

c) Did the injury/injuries affect your daily activities?

Not at all

Yes, somewhat

Yes very much so

d) How long did the injury affect your daily activities?

1 week or less

1-2 weeks

2-4 weeks

5 weeks or more

I am unsure as I was injured recently

e) Where did you fall?

Indoors

Outdoors

Lifestyle

24 Below is a list of different foodstuffs. How often do you eat these foodstuffs?

Answer per month or per week or per day.

Think back over the past 12 months. Mark only **one** alternative in each row.

	Times per month				Times per week						Times per day			
	<1*	1	2	3	1	2	3	4	5	6	1	2	3	4 or more

- Vegetables, leguminous plants, root vegetables (fresh, frozen, conserves, in sauces, etc – but not potatoes)
- Fruit and berries (fresh, frozen, conserves, juices, etc)
- Fish or shellfish as main course
- Sausage as main course
- Chocolate and sweets/candy
- Buns, rolls, cakes, biscuits, etc
- Cheese, 24-40 % fat content (not lean cheese)
- Soda/juice sweetened with sugar

* *Less than once a month or never*

25 State your physical activity during *the past 12 months*.

The level may vary over the course of the year or a week, but try to give an average.

a) Daily activities and/or work

Mainly sedentary

Sitting approx half of the time

Mainly standing
Walking mostly, lifting, carrying a little
Walking mainly, lifting and carrying a lot
Heavy physical work

b) Home, household and gardening tasks

Less than 1 hour per day
1-2 hours per day
2-3 hours per day
3-4 hours per day
4-5 hours per day
More than 5 hours per day

c) Sedentary activities (e.g. reading, watching TV/computer/tablet)

Less than 1 hour per day
1-2 hours per day
2-3 hours per day
3-4 hours per day
4-5 hours per day
5-6 hours per day
More than 6 hours per day

d) Walking/cycling

Hardly ever
Less than 20 minutes per day
20-40 minutes per day
40-60 minutes per day
1-1,5 hours per day
More than 2 hours per day

e) Exercise

Not counting what you have already reported under walking/cycling.

Hardly ever
Less than 1 hour per week
1-2 hours per week
2-3 hours per week
3-4 hours per week
4-5 hours per week
More than 5 hours per week

26 Have you ever smoked daily or almost daily over a period of *at least 6 months*?
Cigarettes, pipe, cigars and/or cigarillos.

Yes
No

27 What age were you when you *started* smoking on a daily basis?

I was _____ years of age

28 a) Do you currently smoke daily or almost daily?

Yes
No

b) What age were you when you *stopped* smoking on a daily basis?

I was _____ years of age

29 For how many years in total have you smoked daily or almost daily?

Do not include periods where you have had a longer break, i.e. 6 months or more.

_____ years

30 As a rule, how much have you smoked *per day*?

Only include the time that you have smoked daily or almost daily.

_____ cigarettes, pipe-filling, cigars and/or cigarillos per day

31 Have you ever used smokeless tobacco (snus) daily or almost daily over a period of *at least 6 months*?

Yes

No

32 What age were you when you *started using* smokeless tobacco (snus) on a daily basis?

I was _____ years of age

33 a) Do you currently use smokeless tobacco (snus) daily or almost daily?

Yes

No

b) What age were you when you *stopped using* smokeless tobacco (snus) on a daily basis?

I was _____ years of age

34 For how many years in total have you used smokeless tobacco (snus) daily or almost daily?

Do not include periods where you have had a longer break, i.e. 6 months or more.

_____ years

35 As a rule, how much smokeless tobacco (snus) have you used *per week*?

Only include the time that you have used smokeless tobacco daily or almost daily.

_____ packs per week

36 Did you in *the past 12 months* at any point in time drink at least 1 glass of spirits, wine, low-alcohol wine, strong beer, medium-strong beer, strong cider or alco-pop?

No

Yes

37 What are your alcohol consumption habits during a *typical week*?

This may vary during the year, but try to state an average. First assess for each day how much you usually drink of the various alcoholic beverages.

State in the table what you arrived at in "drinks". By a "drink" we mean:



Complete the following table: For the day(s) you drink an alcoholic beverage, you should indicate the number of drinks per day. The boxes should only be filled in for the days when you drink a certain alcoholic beverage.

	Spirit	Fortified wine	Wine	Strong cider or alco-pops	Strong beer	Medium-strong beer
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Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Example: If your drinking pattern was as follows:

One bottle of medium-strong beer with lunch *Monday-Thursday*. On *Tuesday* evening, one glass of fortified wine. On *Wednesday* evening two cans of strong beer. On *Friday* evening three glasses of wine. On *Saturday* evening one glass of wine and one cocktail. On *Sunday* lunchtime a small glass of spirits and one can of strong beer.

Then you would fill in the table as follows:



38 During *the last 12 months* how often have you, on the same occasion, consumed alcoholic beverages equivalent to at least:

- 1 bottle of wine
 - **or** 5 glasses of spirits
 - **or** 4 cans of strong beer
 - **or** 6 cans of medium-strength beer (folköl)
- Virtually every day (at least 5 days per week)
- A few times per week (3–4 times per week)
- Once or twice per week
- 2–3 times per month
- Once a month
- 1–6 times per year
- Never

39 How do you assess your overall sex life?

Sex-life means having sex alone or with one or more partners.

We would like you to answer the question regardless of whether you have a sex life or not.

Do you find it:

- Very satisfactory
- Fairly satisfactory
- Neither satisfactory nor unsatisfactory
- Fairly unsatisfactory
- Very unsatisfactory

Mental health and security

40 During *the last 12 months* have you avoided going out in the evening for fear of being attacked, mugged or harassed in any other way?

- Yes, frequently
- Yes, on occasion
- No

41 a) In *the past 12 months*, have you been a victim of physical violence?

- No
- Yes

b) Where did this happen?

Several alternatives may be indicated.

- At home
- In a care home or day-centre
- At work
- In a public place
- Somewhere else

c) What was your relationship to the person(s) who did this to you?

Several alternatives may be indicated.

- Present or former husband/wife/cohabitee/registered partner
- Child/grandchild or other relative

Health-care personnel

Other acquaintance

A stranger

d) What sex was/were the perpetrator(s)?

Several alternatives may be indicated.

Male

Female

Do not know

42 a) Have you at any point in time in *the past 12 months* been subject to a threat of violence so intimidating or serious that you were frightened?

No

Yes

b) Where did this happen?

Several alternatives may be indicated.

At home

In a care home or day-centre

At work

In a public place

Via letter/e-mail/telephone/mobile/internet

Somewhere else

c) What was your relationship to the person(s) who did this to you?

Several alternatives may be indicated.

Present or former husband/wife/cohabitee/registered partner

Child/grandchild or other relative

Health-care personnel

Other acquaintance

A stranger

d) What sex was/were the perpetrator(s)?

Several alternatives may be indicated.

Male

Female

Do not know

43 Choose the best answer for how you have felt over the past week:

a) Are you basically satisfied with your life?

Yes

No

b) Do you feel that your life is empty?

Yes

No

c) Are you afraid that something bad is going to happen to you?

Yes

No

d) Do you feel happy most of the time?

Yes

No

- 44 Have you been able to concentrate on what you are doing in *the past few weeks*?
Better than usual
As usual
Worse than usual
Much worse than usual
- 45 Have you lost much sleep over worry in *the past few weeks*?
Not at all
Not more than usual
More than usual
Much more than usual
- 46 Have you felt that you are playing a useful part in things in *the past few weeks*?
More than usual
As usual
Less than usual
Much less than usual
- 47 Have you felt capable of making decisions about things in *the past few weeks*?
More than usual
As usual
Less than usual
Much less than usual
- 48 Have you felt constantly under strain in *the past few weeks*?
Not at all
Not more than usual
More than usual
Much more than usual
- 49 Have you felt that you could not overcome your difficulties in *the past few weeks*?
Not at all
Not more than usual
More than usual
Much more than usual
- 50 In *the past few weeks*, have you been able to enjoy your normal day to day activities?
More than usual
As usual
Less than usual
Much more than usual
- 51 Have you been able to face up to your problems in *the past few weeks*?
More than usual
As usual
Less than usual
Much less than usual
- 52 Have you been feeling unhappy or depressed in *the past few weeks*?
Not at all
Not more than usual
More than usual
Much more than usual

53 In *the past few weeks*, have you been losing confidence in yourself?

Not at all

Not more than usual

More than usual

Much more than usual

54 Have you been thinking of yourself as a worthless person in *the past few weeks*?

Not at all

Not more than usual

More than usual

Much more than usual

55 Have you been feeling reasonably happy in *the past few weeks*, all things considered?

More than usual

As usual

Less than usual

Much less than usual

56 Have you ever at any point in time seriously considered committing suicide, perhaps even planned it?

No, never

Yes, more than 1 year ago

Yes, during the past year

Yes, during the past week

57 Have you ever attempted to commit suicide?

No, never

Yes, more than 1 year ago

Yes, during the past year

Yes, during the past week

Housing and housing environment

58 a) Do you cohabit with another person for most of the week?

Yes

No

b) Who do you share a household with?

Several alternatives may be indicated.

Parents/siblings

Husband/wife/cohabitee/partner

Other adults

Children

59 In what type of housing do you live?

Rental

Tenant-owned (flat or terrace house)

Own house or terrace house

Home/flat for the elderly

Lodger

Sublet housing

Other type of housing

60 Are there places to do errands in the vicinity of where you live, for example banks and grocery stores?

Yes

No

61 How well do you think the following statement describes the place where you live?

You can trust most of the people living in this neighbourhood.

Very accurate

Fairly accurate

Not particularly accurate

Not at all

Family, finances and society

62 a) Do you have a family member, relative or other person close to you who you help with everyday chores, check in on or care for?

No

Yes

b) How many hours of work per week on average does this mean for you?

hours per week

63 Can you manage on your own or do you need help with the following?

Indicate one alternative on each line.

Manage myself Need help

a) Household tasks?

b) Bathing/showering?

c) Getting around outdoors?

64 Do you get help with any of these tasks?

Yes, sufficient help

Yes, but I could do with more help

No

65 Who is it that helps you?

Several alternatives may be indicated.

Husband/wife/cohabitant

Children/grandchildren or other relative

Other acquaintance

Health-care personnel

Privately purchased help (including "plus services" from the home help service and home-delivered groceries)

Voluntary organisation (Red Cross, Church etc.)

66 Do you know any people who can provide you with personal support for personal problems or crises in your life?

Yes, always

Yes, for the most part

No, usually not

No, never

67 How often do you personally meet with relatives and close friends?

Do not count those you live with.

Daily

A few times a week

About once a week

Once or more a month

Less often

68 Do you use the internet?

Yes

No

69 How often are you in touch with relatives and close friends via telephone or internet?

Daily

A few times a week

About once a week

Once or more a month

Less often

70 Are you ever troubled by loneliness?

Daily

A few times a week

About once a week

Once or more a month

Less often

71 *In the past 12 months*, have you more or less regularly participated in activities together with several other people? For example sport, music/theatre, courses, religious gatherings, choir, sewing groups, political associations or other society.

Yes

No

72 How much confidence do you have in the following public institutions?

Indicate one alternative on each line.

Considerable	Fairly considerable	Little	None whatsoever	No opinion
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a) Medical services

b) Social Services

c) The Police

d) The Parliament

e) The Government

f) Politicians in your municipality

73 Did you vote in any election in 2014?

That is EU, parliamentary, county health authority or municipal elections.

Yes

No

74 Have you, in *the past 12 months*, had difficulties in managing the running costs for food, rent, bills, etc?

No

Yes, on one occasion

Yes, on several occasions

75 Have you, in *the past 12 months*, declined home help, going to the dentist, medical services or picking up prescriptions as a result of poor finances?

Several alternatives may be indicated.

No

Yes, refrained from home help service due to poor finances

Yes, the dentist due to poor finances

Yes, medical services due to poor finances

Yes, picking up prescriptions due to poor finances

Occupation and other work

76 a) Which of the following alternatives apply to you *right now*?

Mark only one alternative.

Employed

Own business

Full-time old-age pensioner

Part-time old-age pensioner

Other

b) What was your previous type of occupation?

Employed

Own business

Managing the household

Other

77 a) Describe your previous/current occupation or tasks.

Please describe your occupation in as much detail as possible. If you no longer work, state your main occupation/tasks in your former job.

Here are a few examples: Instead of assistant, write purchasing assistant, accounting assistant or marketing assistant. Instead of teacher, write pre-school teacher, junior level teacher or sewing teacher. Instead of driver, for example, write bus driver, taxi driver or lorry driver.

Occupation:

b) Describe your former/present main task in as much detail as possible:

If you were/are a project manager, for instance, write "in charge of improving the working environment in elderly care", or "in charge of developing systems to reduce waiting times for call-centre operations".

78 How many years' education do you have in total?

Count all education including compulsory education.

years

Background

79 In what year were you born?

19

80 Are you male or female?

Male

Female

81 I feel like someone of a different gender.

Not at all correct

Somewhat or occasionally correct

Quite correct

Absolutely correct

82 Do you currently identify as:

Heterosexual

Homosexual

Bisexual

None of the above

83 Have you received help in completing this questionnaire (in full or in part)?

No

Yes