

SCB14083_Stockholmshälsan_Yngre_Engelsk

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Individ 1a

Stockholmshälsan

År 2014

Individ 1a

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Hälsa Stockholm

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Health and Illness

1 How tall are you?

Round-up to the nearest centimeter.

cm

2 How much do you weigh, *approximately*?

Round-up to the nearest kilogram. If you are pregnant, answer by stating how much you weighed before becoming pregnant.

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, Yes, severe
 somewhat

- 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) Stomach/intestinal complaints?

8 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

9 Have you at any point in time during *the past 12 months* had hand eczema?

- Yes
- No

- 10 Can you easily hear conversations between several persons?
Yes, without a hearing aid
Yes, with a hearing aid
No
- 11 During *the past 12 months* have you been vaccinated against influenza?
Yes
No
- 12 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
- 13 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
- 14 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 so
Yes, somewhat
Not at all
- 15 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

16 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

17 Have you received any of the following diagnoses by a doctor or midwife in *the past 12 months*?

No Yes

a) Chlamydia

b) Genital herpes

c) Condyloma

d) Other STD (e.g. gonorrhoea, syphilis, HIV)

Lifestyle

18 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
a) Vegetables, leguminous plants, root vegetables (fresh, frozen, conserves, in sauces, etc – but not potatoes														
b) Fruit and berries (fresh, frozen, conserves, juices, etc)														
c) Fish or shellfish as main course														
d) Sausage as main course														
e) Chocolate and sweets/candy														
f) Buns, rolls, cakes, biscuits, etc														
g) Cheese, 24-40 % fat content (not lean cheese)														
h) Soda/juice sweetened with sugar														

*Less than once a month or never

19 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 approximately 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

20 Have you ever smoked daily or almost daily over a *period of at least 6 months*?

Cigarettes, pipe, cigars and/or cigarillos.

Yes

No

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

I was _____ years of age

22 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

23 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

24 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

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

Yes

No

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

I was _____ years of age

27 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

28 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

29 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

30 Have you ever used marijuana or cannabis?

No

Yes, more than a year ago

Yes, during the past year

Yes, during the last month

31 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

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

This may vary over 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/alco-pop	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:



33 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

34 Have you used a sunbed at any time before the age of 30?

- No
- Yes, once
- Yes, 2-10 times
- Yes, more than 10 times

35 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

36 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 work/school

- At home
- 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
- Parent/child or other relative
- Other acquaintance
- A stranger

d) What sex was/were the perpetrator(s)?
Several alternatives may be indicated.

- Male
- Female
- Do not know

37 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 work/school
- At home
- In a public place
- Via letter/e-mail/telephone/mobile phone/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
- Parent/child or other relative
- Other acquaintance
- A stranger

d) What sex was/were the perpetrator(s)?
Several alternatives may be indicated.

- Male
- Female
- Do not know

38 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

39 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

- 40 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
- 41 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
- 42 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
- 43 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
- 44 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 less than usual
- 45 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
- 46 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
- 47 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
- 48 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

49 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

50 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

51 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

52 a) Do you cohabit with another person for a 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

c) How many children and what ages?

List those children that live with you for half the time or more.

0-5 years

6-12 years

13-19 years

20 years or older

53 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/dormitory

Sublet housing

Other type of housing

54 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

- 55 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?
Don't count under-age children that you live together with.
- No
Yes
- b) How many hours of work per week on average does this mean for you?
hours per week
- 56 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
- 57 Are you ever troubled by loneliness?
- Daily
A few times a week
About once a week
Once or more a month
Less often
- 58 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
- 59 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 |
|---------------------|--------------|---------------------|--------|-----------------|------------|
| a) Medical services | | | | | |
| b) Social Services | | | | | |
| c) The Police | | | | | |
| d) The Parliament | | | | | |
| e) The Government | | | | | |
| Politicians in your | | | | | |
| f) municipality | | | | | |
- 60 Did you vote in any election in 2014?
That is EU, parliamentary, county health authority or municipal elections.
- Yes
No
- 61 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
- 62 Have you, in *the past 12 months*, refrained from going to the dentist, medical services or picking up prescriptions as a result of poor finances?
Several alternatives may be indicated.
- No
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

63 Which of the following alternatives apply to you *right now*?

Note! Mark only one alternative.

Permanent employment

Temporary employment

Own business

On sick leave for more than 30 days

Disability pensioner

Old-age or contractual pensioner

Student

Leave of absence or parental leave

Unemployed or in active labour market measures

Managing the household

Other

64 a) Describe your current/previous 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 current/previous main tasks 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.'"

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

Count all education including compulsory education.

years

Have you had a paid job in the past 12 months?

Yes

No

Working conditions and working environment

66 How many hours per week in total do you spend carrying out paid work?

Do not count household work.

On average, more than 45 hours per week

On average, 36–45 hours per week

On average, 20-35 hours per week

On average, 1–19 hours per week

Other working hours

- 67 Have you been absent due to illness for relatively short periods (less than 14 consecutive days) in *the past 12 months*?
Do not count any times you may have been home to care for a sick child.
- No
 - Yes, once
 - Yes, 2-4 times
 - Yes, 5-9 times
 - Yes, 10 times or more
- 68 How many days in total have you been absent due to illness in *the past 12 months*?
- Not been absent
 - 1-7 days
 - 8-30 days
 - 31-90 days
 - More than 90 days
- 69 How many times in *the past 12 months* did you go to work despite the fact that you should have been on sick leave considering your health status?
- Never
 - 1 time
 - A few times
 - Many times
- 70 Do you have enough time to complete your assignments at work?
- Yes, usually/always
 - Yes, sometimes
 - No, rarely
 - No, never
- 71 Are there contradictory demands present in your job?
- Yes, usually/always
 - Yes, sometimes
 - No, rarely
 - No, never
- 72 Does your work give you opportunities to develop and learn something new?
- Yes, usually/always
 - Yes, sometimes
 - No, rarely
 - No, never
- 73 Are you free to decide what needs to be done at work?
- Yes, usually/always
 - Yes, sometimes
 - No, rarely
 - No, never
- 74 Are you free to decide how your work is to be carried out?
- Yes, usually/always
 - Yes, sometimes
 - No, rarely
 - No, never
- 75 Do you feel that you have the support of superiors when you have problems with your work?
- Yes, usually/always

Yes, sometimes

No, rarely

No, never

Not applicable

76 Do you feel that you have the support of colleagues when you have problems with your work?

Yes, usually/always

Yes, sometimes

No, rarely

No, never

Not applicable

77 Is successful work at your workplace rewarded (in terms of money, encouragement, appreciation)?

Yes, usually/always

Yes, sometimes

No, rarely

No, never

78 How many breaks from sitting (such as standing up or stretching or taking a short walk) during one hour of sitting would you typically take at work?

Not at all

1 time

2 times

3 times

4 times

5 times or more

Do not have a sedentary job

79 How do you rate your current work ability with respect to the physical demands of your work?

Very good

Rather good

Moderate

Rather poor

Very poor

80 How do you rate your current work ability with respect to the mental demands of your work?

Very good

Rather good

Moderate

Rather poor

Very poor

81 Do you believe, according to your present state of health, that you will be able to do your current job *two years from now*?

Unlikely

Not certain

Relatively certain

82 In your work do you use vibratory, hand-held machines or tools (for example sanding machine, drill, bolt driver, motor-saw or demolition/jack hammer)?

Never or nearly never

Approx 4 hours per week

Approx 10 hours per week

At least half my working time

- 83 In your work are you exposed to vibration or jolts that make your whole body shake or vibrate (for example when operating machinery, certain vehicles or buses, or working on a vibrating floor)?

Never or nearly never

Approx 4 hours per week

Approx 10 hours per week

At least half my working time

- 84 Does your work involve your hands being in contact with water?

Do not count time when your hands are protected with gloves.

No, not at all

Less than one half hour per day

One half to 2 hours per day

More than 2 hours, but less than 5 hours per day

More than 5 hours per day

- 85 Imagine that you are conversing with others at a distance of approximately 1 meter when your workplace is at its noisiest. How loud do you need to speak in order to be heard?

Normal voice

Somewhat loud voice

Loud voice

Very loud voice

Need to shout

- 86 Have any of the following types of air pollutants been present at your workplace in *the past 6 months*? Indicate how many hours you are exposed during a typical week. Indicate one alternative on each line.

	Never or hardly ever	Approximately 4 hours per week	Approximately 10 hours per week	20 hours or more per week
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a) Engine exhaust (from motor vehicles or machinery) – this excludes travel to and from work

b) Dust (for example dust from grinding, construction or wood, or raised into suspension)

c) Smoke (for example from welding, incineration or soldering - this excludes tobacco smoke)

Background

- 87 In what year were you born?

19

- 88 Are you male or female?

Male

Female

- 89 I feel like someone of a different gender.

Not at all correct

Somewhat or occasionally correct

Quite correct

Absolutely correct

- 90 Do you currently identify as:

Heterosexual

Homosexual

Bisexual

None of the above