Survey on health and living conditions

1. I consent to participating in this survey in accordance with the information provided in the information letter ☐ Yes

Personal health

2. How is your current state of health? (Put one cross only)

☐ Poor ☐ Not so good ☐ Good ☐ Very good

3. Do you have, or have you ever had, any of the following?

	Yes	No	Age at onset
Diabetes	☐	☐	
High blood pressure	☐	☐	
Angina pectoris (stable angina)	☐	☐	
Myocardial infarction (heart attack)	☐	☐	
Psychological problems for which you have sought help	☐	☐	
Chronic bronchitis, emphysema, COPD	☐	☐	
Asthma	☐	☐	
Eczema	☐	☐	
Psoriasis	☐	☐	
Multiple sclerosis (MS)	☐	☐	
Bechterew's disease	☐	☐	

4. <u>In the last year</u>, have you suffered from pains and/or stiffness in muscles and joints that have lasted for <u>3 months or more</u>? ☐ Yes ☐ No

If yes, what was the degree of pain in different parts of your body? (Put one cross per line)

	No pain	Some pain	Strong pain
Neck, shoulders	☐	☐	☐
Arms, hands	☐	☐	☐
Upper back	☐	☐	☐
Lower back	☐	☐	☐
Hips, legs, feet	☐	☐	☐
Head	☐	☐	☐
Chest area	☐	☐	☐
Stomach area	☐	☐	☐
Genitals	☐	☐	☐
Other areas	☐	☐	☐

5. <u>In the last 4 weeks</u>, how often have you used the following medications? (Put one cross per line)

	Not used for the last 4 weeks	Less than every week	Every week, but not daily	Daily
Sleeping pills	☐	☐	☐	☐
Tranquilizers	☐	☐	☐	☐
Antidepressants	☐	☐	☐	☐

6. In each of the following cases, which statement best describes your health condition today?

Walking

☐ I have no problems walking
☐ I have some problems walking
☐ I am bedridden

Personal hygiene

☐ I have no problems with personal hygiene
☐ I have some problems with hygiene and getting dressed
☐ I am not able to clean myself

Usual activities (e.g. work, studies, house chores, family or leisure activities)

☐ I have no problems performing my usual activities
☐ I have some problems performing my usual activities
☐ I am unable to perform my usual activities

Pain and discomfort

☐ I have no pain or discomfort
☐ I have moderate pain or discomfort
☐ I have strong pain or discomfort

Anxiety and depression

☐ I am not anxious or depressed
☐ I am somewhat anxious or depressed
☐ I am very anxious or depressed

7. How much do you weigh? (in whole kg) ____

8. How tall are you? (in whole cm) ____

9. We will now ask you to state your physical activity on a scale from very low to very high. The scale below runs from 1 to 10. Physical activity includes both housework and activity at work, as well as exercise and other physical activities such as walking, etc. Mark the number that best matches your level of activity:

	1	2	3	4	5	6	7	8	9	10	
Very low	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Very high

Family and linguistic background

People of different ethnic backgrounds live in Northern Norway. That is, they have different languages and cultures. Examples of ethnic backgrounds, or ethnic groups, are Norwegian, Sami and Kven.

10. What language(s) do/did you, your parents and your grandparents speak at home? (Put one or more crosses)

	Norwegian	Sami	Kven	Other, describe:
Mother's father	☐	☐	☐	☐ .....
Mother's mother	☐	☐	☐	☐ .....
Father's father	☐	☐	☐	☐ .....
Father's mother	☐	☐	☐	☐ .....
Father	☐	☐	☐	☐ .....
Mother	☐	☐	☐	☐ .....
Myself	☐	☐	☐	☐ .....

11. What ethnic backgrounds do you, your father and your mother have? (Put one or more crosses)

	Norwegian	Sami	Kven	Other, describe:
My ethnic background is	☐	☐	☐	☐ .....
My father's ethnic background is	☐	☐	☐	☐ .....
My mother's ethnic background is	☐	☐	☐	☐ .....

12. What do you consider yourself to be? (Put one or more crosses)

Norwegian	Sami	Kven	Other, describe:
☐	☐	☐	☐ .....

13. How would you assess your skills in understanding, speaking, reading and writing the Sami language?

	Very well	Fairly well	With difficulty	A few words	None at all
Understand	☐	☐	☐	☐	☐
Speak	☐	☐	☐	☐	☐
Read	☐	☐	☐	☐	☐
Write	☐	☐	☐	☐	☐

Employment, benefits and economy

14. What is your family's/household's gross income per year?

- ☐ Less than NOK 150,000
- ☐ NOK 150,000–300,000
- ☐ NOK 301,000–450,000
- ☐ NOK 451,000–600,000
- ☐ NOK 601,000–750,000
- ☐ NOK 751,000–900,000
- ☐ More than NOK 900,000

15. How many people live in your household?
Number of people ..... ☐☐

16. How many years of education have you completed?
(Include all years you have attended school or studied) ..... ☐☐

17. Did you attend boarding school (either state or private) when you were in elementary/middle school? ..... ☐ Yes ☐ No

18. What have been your main sources of income in the last year? (Put one or more crosses)

- ☐ Employed work:
  - ☐ Full-time ☐ Part-time ☐ Seasonal
- ☐ Self-employed work:
  - ☐ Full-time ☐ Part-time ☐ Seasonal
- ☐ Age pension/contractual pension
- ☐ Cash benefit/transition benefit/parental benefit
- ☐ Unemployment benefit
- ☐ Sick pay
- ☐ Work assessment allowance
- ☐ Disability pension
- ☐ Social benefits
- ☐ Support from spouse/parents/siblings/children
- ☐ Loans/student loans and allowance
- ☐ Other (saved means/inheritance, etc.)

19. Do you worry you may lose your current job or income in the next 2 years? ..... ☐ Yes ☐ No

20. Would you consider moving from your current municipality if you were offered work elsewhere?

☐ Yes ☐ Only seasonally ☐ No ☐ Don't know

21. If you are employed, how happy are you in your current job/industry?

☐ Very happy ☐ Satisfied ☐ Not satisfied ☐ Very unhappy

22. Based on your health and work experience, how likely are you to continue in employed work/industry until the following ages?

	Very likely	Likely	Not very likely	Very unlikely
62 years	☐	☐	☐	☐
67 years	☐	☐	☐	☐
70 years	☐	☐	☐	☐
Older than 70 years	☐	☐	☐	☐

23. If you are self-employed, what type of industry do you work in? (Put one or more crosses)

- ☐ Reindeer husbandry
- ☐ Farming
- ☐ Business
- ☐ Fishing
- ☐ Forest farming
- ☐ Other

Psychological health

24. Below is a list of various problems. Have you experienced any of these in the last 4 weeks? (Put one cross for each problem)

	Not affected	Slightly affected	Affected quite a lot	Severly affected
Suddenly scared for no reason	☐	☐	☐	☐
Feeling fearful or anxious	☐	☐	☐	☐
Faintness or dizziness	☐	☐	☐	☐
Feeling tense or keyed up	☐	☐	☐	☐
Blaming yourself for things	☐	☐	☐	☐
Insomnia/sleeplessness	☐	☐	☐	☐
Feeling blue/melancholic	☐	☐	☐	☐
Feeling of worthlessness/of little value	☐	☐	☐	☐
Feeling everything is an effort	☐	☐	☐	☐
Feeling hopeless about future	☐	☐	☐	☐

25. The questions below relates to how you have been feeling over the last week. For each statement, please indicate which is closest to how you have been feeling. How often in the last week have you felt the following?
(Put one cross on each line in the box with the most applicable answer.)

	All the time	Almost all the time	Often	Some-times	A few times	Not at all
I have felt cheerful and in good spirits	☐	☐	☐	☐	☐	☐
I have felt calm and relaxed	☐	☐	☐	☐	☐	☐
I have felt active and vigorous	☐	☐	☐	☐	☐	☐
I have felt fresh and rested	☐	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me	☐	☐	☐	☐	☐	☐

26. In the last 12 months, have you experienced uncomfortable memories that have disturbed you, without being able to do anything about them?

☐ No ☐ Yes, but rarely ☐ Sometimes ☐ Often

27. In the last 12 months, have you consciously avoided situations to avoid uncomfortable memories or feelings, in a way that stopped you from doing what you wanted to do?

☐ No ☐ Yes, but rarely ☐ Sometimes ☐ Often

28. In the last 12 months, have you been unable to react emotionally to situations where most people react?

☐ No ☐ Yes, but rarely ☐ Sometimes ☐ Often

29. Indicate how well the following statements describe you and your family:

	Does not fit				Fits well
I fully trust my own assessments and decisions	☐	☐	☐	☐	☐
I am happiest in the company of others	☐	☐	☐	☐	☐
I am very happy with my family	☐	☐	☐	☐	☐
My self-confidence gets me through difficult periods	☐	☐	☐	☐	☐
I make new friends easily	☐	☐	☐	☐	☐
There is a high level of unity within my family	☐	☐	☐	☐	☐
I use times of adversity as an opportunity to grow	☐	☐	☐	☐	☐
I easily connect with new people	☐	☐	☐	☐	☐
My family is positive about the future even in difficult periods	☐	☐	☐	☐	☐
I accept events in my life that are impossible to change	☐	☐	☐	☐	☐
It is easy for me to find something interesting to talk about	☐	☐	☐	☐	☐
In my family, we are loyal to each other	☐	☐	☐	☐	☐

Tobacco and drug use

30. Do you smoke, or have you smoked previously?

☐ Yes, daily ☐ Yes, previously ☐ Yes, sometimes ☐ No, never

How many cigarettes do you usually smoke per day? ☐☐

How old were you when you started to smoke daily? Age in years ☐☐

31. Do you use, or have you previously used, snus?

☐ Yes, daily ☐ Yes, previously ☐ Yes, sometimes ☐ No, never

If you use snus daily, how many portions do you use per day? ☐☐

If you use snus occasionally, how many portions do you usually use per week? ☐☐

If yes, how old were you when you started to use snus daily? Age in years ☐☐

32. How often in the last year have you consumed alcohol?
(Light and alcohol-free beer should not be included)

- ☐ Never consumed alcohol
- ☐ Not had alcohol in the last year
- ☐ A few times in the last year
- ☐ Approximately once per month
- ☐ 2–3 times per month
- ☐ Approximately once per week
- ☐ 2–3 times per week
- ☐ 4–7 times per week

33. Have you consumed alcohol in the last 4 weeks? ☐ Yes ☐ No

If yes, have you had so much that you have felt strongly intoxicated (drunk)?

☐ No ☐ Yes, 1–2 times ☐ Yes, 3 times or more

34. Would you describe your alcohol consumption or drinking pattern as periodic (drinking often and a lot in periods, to then have longer periods with no alcohol consumption)**?**
(Put one or more crosses)

☐ Yes, in the last 12 months ☐ Yes, previously ☐ No

35. Have you ever used narcotic drugs?
(Put one or more crosses)

	Yes, in last year	Yes, previously	No
Weed/marijuana (cannabis)	☐	☐	☐
Other drugs such as LSD, amphetamines, ecstasy, cocaine, heroin, GHB, etc.	☐	☐	☐

Religion and beliefs

36. Are you, your parents or your grandparents affiliated with any of the following religious organizations? (Put one or more crosses)

	Me	Mother	Father	Grand-parents
The state church	☐	☐	☐	☐
Laestadian congregation	☐	☐	☐	☐
Other religious organization/community	☐	☐	☐	☐
Please state which one:				
Non-religious life-stance organization/ community	☐	☐	☐	☐
Please state which one:				
Not member of any religious/life-stance organization	☐	☐	☐	☐

37. What is your view on religion?

- ☐ I am a Christian (practicing Christian)
- ☐ I think there is a God, but religion doesn't mean that much to me in my daily life
- ☐ Unsure
- ☐ I don't think there is a God

38. In the last 6 months, how often have you been to:
(Put one cross per line)

	More than 3 times per month	1–3 times per month	1–6 times in last 6 months	Never
Church	☐	☐	☐	☐
A conjugation building	☐	☐	☐	☐
A Humanist Association event	☐	☐	☐	☐
Another religious building	☐	☐	☐	☐

Experienced discrimination

Discrimination occurs when a person or group of people are treated less favorably than others because of, for example, their ethnicity, religion, faith, disability, age or sexual orientation.

39. Have you experienced discrimination?

☐ Yes, in the last 2 years ☐ Yes, previously ☐ No ☐ Don't know

If you answered "Yes" to the last question, answer questions 40–47. If you answered "No", go to question 48.

40. If you have experienced discrimination, how often does/did it happen?

☐ Very often ☐ Sometimes ☐ Rarely

41. Why do you think you are/were discriminated against?
(Put one or more crosses)

- ☐ Physical disability
- ☐ Learning disability
- ☐ Religion or faith
- ☐ Ethnicity
- ☐ Age
- ☐ Other reasons, specify:
- ☐ Sexual orientation
- ☐ Gender
- ☐ Nationality
- ☐ Geographical provenance
- ☐ Illness
- ☐ Don't know

.....

42. Where did the discrimination occur? (Put one or more crosses)

- ☐ On the internet
- ☐ At school/education
- ☐ In the workplace
- ☐ In connection with a job application
- ☐ In voluntary/organizational work
- ☐ When dealing with the government
- ☐ Among family/relatives
- ☐ While renting/buying a property
- ☐ While applying for a bank loan
- ☐ In connection with medical treatment
- ☐ In a shop or restaurant
- ☐ In your local community
- ☐ Other, please specify: .....

43. Who discriminates/discriminated against you?
(Put one or more crosses)

- ☐ A government employee
- ☐ Someone not known to me
- ☐ Work colleagues
- ☐ One or more people from my ethnic group.
- ☐ One or more people from another ethnic group.
- ☐ Co-students
- ☐ Teachers/staff
- ☐ Other

44. Did you actively do anything to end the discrimination? ☐ Yes ☐ No

45. Have you ever been in contact with the Equality and Anti-Discrimination Ombudsman for advice or help with discrimination?

☐ Yes ☐ No ☐ I don't remember

46. How much does/did the discrimination affect you?

☐ Not at all ☐ A bit ☐ Somewhat ☐ A lot

47. Have you ever been discriminated against for being Sami?

☐ Yes ☐ No ☐ Don't know ☐ I'm not Sami

Violence and abuse

48. Has anyone ever systematically and over a longer period tried to subdue, degrade, or humiliate you? (Put one or more crosses)

- ☐ No, never
- ☐ Yes, as a child (under 18)
- ☐ Yes, as an adult (18 or older)
- ☐ Yes, in the last 12 months

If yes, who?

- ☐ A stranger
- ☐ A spouse/partner
- ☐ Family/a relative
- ☐ An acquaintance

49. Have you experienced physical attacks/abuse? (Put one or more crosses)

- ☐ No, never
- ☐ Yes, as a child (under 18)
- ☐ Yes, as an adult (18 or older)
- ☐ Yes, in the last 12 months

If yes, by whom?

- ☐ A stranger
- ☐ A spouse/partner
- ☐ Family/a relative
- ☐ An acquaintance

50. Have you been sexually abused? (Put one or more crosses)

- ☐ No, never
- ☐ Yes, as a child (under 18)
- ☐ Yes, as an adult (18 or older)
- ☐ Yes, in the last 12 months

If yes, by whom?

- ☐ A stranger
- ☐ A spouse/partner
- ☐ Family/a relative
- ☐ An acquaintance

51. If you have experienced any kind of abuse, have you confided in anyone? (Put one or more crosses)

☐ No ☐ Someone in my family ☐ Friends ☐ Professionals

Dental health

52. How is your dental health?

☐ Poor ☐ Not very good ☐ Good ☐ Very good

53. Do you have dentures? ☐ Yes ☐ No

54. Do you use any of the following, and if so, how often?

	Regularly/ daily	Not regularely/ a few times per week	Not regularly/ a few times per month	Less/ never
Toothbrush	☐	☐	☐	☐
Fluoride toothpaste	☐	☐	☐	☐
Dental floss	☐	☐	☐	☐
Toothpicks	☐	☐	☐	☐
Fluoride tablets	☐	☐	☐	☐
Mouth wash	☐	☐	☐	☐
Denture brush	☐	☐	☐	☐

55. When did you last see a dentist or dental nurse?

- ☐ Less than a year ago
- ☐ 1–2 years ago
- ☐ 3–5 years ago
- ☐ More than 5 years ago

56. If more than 2 years ago, what is the reason?
(Put one or more crosses)

- ☐ The dentist didn't send me notice of any appointment
- ☐ There is a long wait at the dentist
- ☐ I haven't had time
- ☐ Financial reasons
- ☐ I have not needed dental treatment
- ☐ I am scared of going to the dentist
- ☐ Other reasons:

.....

57. How do you access dental services? (Put one or more crosses)

- ☐ Regularly get an appointment with dentist or dental nurse
- ☐ Regularly request an appointment
- ☐ Request an appointment when I'm in pain or have lost a filling
- ☐ I don't go to the dentist that often

58. In the last 2 years, have you been given one or more of these diagnoses by a dentist?

	Yes	No	Don't know
Serious gum disease	☐	☐	☐
Mild gum disease	☐	☐	☐
Mouth dryness	☐	☐	☐
Cavities in one tooth or more	☐	☐	☐
Other diagnoses	☐	☐	☐

59. Are you satisfied with your teeth or prosthetics? Indicate the answer below where 1 is very dissatisfied and 5 is very satisfied.

	1	2	3	4	5	
Very dissatisfied	☐	☐	☐	☐	☐	Very satisfied

60. How often did you brush your teeth as a 10-year-old?

- ☐ Once per day or more
- ☐ Sometimes
- ☐ Rarely or never

61. How often did your parents or guardians check that you had brushed your teeth when you were 10 years old?

☐ Often (almost daily) ☐ Sometimes ☐ Never

62. If a child younger than 6 years old is living with you, how often do you help them to brush their teeth or check that they have brushed their teeth?

☐ Often (almost daily) ☐ Sometimes ☐ Never

63. If a child between 6 and 12 years old is living with you, how often do you help them to brush their teeth or check that they have brushed their teeth?

☐ Often (almost daily) ☐ Sometimes ☐ Never

64. If you have a child between 0 and 12 years old living with you, do you have set rules for the children for eating chocolate and other sweets?

☐ Yes ☐ No

65. How satisfied are you with the dental health care offered in your municipality?

	Very dissatisfied						Very satisfied	
	☐	☐	☐	☐	☐	☐	☐	Don't know

Suicide and suicidal behavior

66. Have you lost anyone close to you through suicide? ☐ Yes ☐ No

67. Have you ever thought about committing suicide

☐ Yes, in the last year ☐ Yes, previously ☐ No, never

68. Have you ever tried to commit suicide?

☐ Yes, in the last year ☐ Yes, previously ☐ No, never

69. Have you ever hurt yourself on purpose?

☐ Yes, in the last year ☐ Yes, previously ☐ No, never

If you have tried to commit suicide, please answer the following questions. If you answered "No" to question 68, please go to question 76.

70. How did you try to commit suicide?
(Put one or more crosses)

- ☐ Hanging
- ☐ A gun
- ☐ Sharp object
- ☐ Overdose of pills/medicines
- ☐ Another way

71. Why did you try to commit suicide?

- A clear desire to die ☐ Yes ☐ No
- The situation felt intolerable ☐ Yes ☐ No
- I wanted help from somebody ☐ Yes ☐ No

72. Were you intoxicated/high when you tried to commit suicide? ☐ Yes ☐ No

73. How old were you the first time you tried to commit suicide? ☐☐

74. How many times have you tried to commit suicide? ☐☐

75. Did you tell anyone about the suicide attempt(s)?
(Put one or more crosses)

☐ No ☐ Someone in my family ☐ Friends ☐ Professionals

Gambling

76. Have you ever felt a need to gamble for more and more money? (Put one or more crosses)

☐ Yes, in the last year ☐ Yes, previously ☐ No

77. Have you ever lied to people who are important to you about how much you gamble? (Put one or more crosses)

☐ Yes, in the last year ☐ Yes, previously ☐ No

78. Have you ever had periods where you, having lost money on gambling one day, returned to win it back another day? (Put one or more crosses)

☐ Yes, in the last year ☐ Yes, previously

☐ No ☐ Don't know/don't remember

79. Have you played role-playing games online in the last year?

☐ Yes, daily ☐ Yes, weekly

☐ Yes, monthly or less frequently ☐ No

Experience and use of health services

80. Who is the doctor you normally use

☐ Your GP ☐ Another doctor

81. How long have you had your current GP?

☐ Less than 6 months ☐ 6 to 11 months

☐ 12 to 24 months ☐ More than 2 years

82. In the last 12 months, have you contacted your doctor for help or advice for yourself? ☐ Yes ☐ No

If yes, did you get the help you asked for?

☐ Never ☐ Sometimes ☐ Usually ☐ Always

83. How satisfied are you with the following aspects of the doctor's service (regular GP scheme)?

	Very satisfied	Satisfied	Dis-satis-fied	Very dis-satisfied	Don't know
The doctor's accessibility on the phone	☐	☐	☐	☐	☐
The waiting time for an appointment	☐	☐	☐	☐	☐
Time with the doctor	☐	☐	☐	☐	☐
The doctor's understanding of your problems	☐	☐	☐	☐	☐
Their information about your health issues, examination and treatment plan	☐	☐	☐	☐	☐
In total, how satisfied are you with the municipal health service?	☐	☐	☐	☐	☐

Specialized health service refers to hospitals, district psychiatric centers (DPS), specialized doctors services and individual specialists.

84. In the last 12 months, have you been for examination or treatment for *physical problems* to the following?

☐ The hospital ☐ Specialist medical center

☐ Private specialist ☐ None of these

85. In the last 12 months, have you been for examination or treatment for *psychological problems* to the following?

☐ Psychiatric hospital ☐ District psychiatric center

☐ Private specialist ☐ None of these

86. If you have been for treatment with a specialist for physical or psychological problems in the last 12 months, answer the following questions. Answer on a scale from 0 to 10, where 0 = to a small extent, 10 = to a large extent.

Did you get a chance to say what you felt was important about your condition?

	0	1	2	3	4	5	6	7	8	9	10	Not relevant
Physical issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did the doctors speak to you in a way you understood?

	0	1	2	3	4	5	6	7	8	9	10	Not relevant
Physical issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did you feel you got to help make decisions about your treatment?

	0	1	2	3	4	5	6	7	8	9	10	Not relevant
Physical issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did the treatment help you improve?

	0	1	2	3	4	5	6	7	8	9	10	Not relevant
Physical issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Do you trust the hospital or specialist who saw you?

	0	1	2	3	4	5	6	7	8	9	10	Not relevant
Physical issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

All in all, how satisfied are you with the care and treatment you eventually received?

	0	1	2	3	4	5	6	7	8	9	10	Not relevant
Physical issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological issues	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Experiences with referrals

87. In the last 12 months, have you wanted to be referred to a specialist, but been refused?

For physical problems

- ☐ No, never
- ☐ Yes, once
- ☐ Yes, many times
- ☐ Not relevant

For psychological problems

- ☐ No, never
- ☐ Yes, once
- ☐ Yes, many times
- ☐ Not relevant

88. In the last 12 months, have you wanted to be referred to a physiotherapist, chiropractor, or similar, but been refused?

- ☐ No, never
- ☐ Yes, once
- ☐ Yes, many times
- ☐ Not relevant

89. If you were referred, how long did you wait for an appointment?

Number of weeks ☐☐

90. Have you requested free hospital choice on referral to specialized treatment?

- ☐ Yes
- ☐ No
- ☐ Not relevant

Language during doctors visits

91. Last time you visited your doctor, what language did you speak?

	Norwegian	Sami	Other, describe:
I spoke	☐	☐	☐ .....
The doctor spoke	☐	☐	☐ .....

92. Last time you were at the hospital/with a specialist, what language did you speak?

	Norwegian	Sami	Other, describe:
I spoke	☐	☐	☐ .....
The doctor spoke	☐	☐	☐ .....

93. In what language(s) do you primarily want to talk to health personnel? (Put one or more crosses)

Norwegian ☐ Sami ☐ Other, describe: ☐ .....

Use of interpreter

94. If you have answered "Sami" but were not offered a Sami-speaking doctor at your last doctors visit, did they offer you an interpreter?

With your general practitioner:

- ☐ Yes
- ☐ No
- ☐ I do not want an interpreter
- ☐ Not relevant

In the hospital/with a specialist:

- ☐ Yes
- ☐ No
- ☐ I do not want an interpreter
- ☐ Not relevant

95. If a Sami-speaking interpreter was offered at the last doctors visit, who was the interpreter?

With your general practitioner:

- ☐ A government interpreter
- ☐ Family
- ☐ An employee at the office
- ☐ Other

In the hospital/with a specialist:

- ☐ A government interpreter
- ☐ Family
- ☐ Another hospital employee
- ☐ Other

96. If you have <u>ever</u> been to a doctors appointment or treatment where a Sami-speaking interpreter was used, how satisfied were you with the communication/conversation between you and the doctor/health professional?

With your general practitioner:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

In the hospital/with a specialist:

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

97. Have you <u>ever</u> experienced not receiving Norwegian/Sami interpretation assistance even though you asked for it?

- ☐ Yes, I have asked for an interpreter but not received one
- ☐ No, I have always had an interpreter if I asked for one
- ☐ I have never asked for an interpreter

Thank you for participating in the survey!

LUNDBLAD MEDIA AS – SVANEGODKJENT TRYKKSAK – 241 762 | 0-110901 – NORSK