

Survey on health and lifestyle



We kindly request that you fill in the form as thoroughly and accurately as possible, and bring it with you to your scheduled physical examination. The form will be optically scanned. Please use blue or black ink. Use capital letters. Do not use decimals; for example, "0.5" should be rounded off to "1".



1. In what year were you born? Year

2. What is your gender? ☐ Female ☐ Male

3. What is your marital status?
☐ Married ☐ Cohabiting ☐ Divorced
☐ Unmarried ☐ Widow/widower

4. How many years of education have you completed? (Include any and all years in which you attended school or studied) Number of years

5. If you are a woman: How many children have you given birth to? Number of children

6. If you are a woman: How many children have you breastfed? Number of children

Personal health

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

☐ Poor ☐ Good
☐ Not so good ☐ Very good

8. How is your dental health? (Put one cross only)

☐ Poor ☐ Good
☐ Not so good ☐ Very good

9. Do you have dentures/a dental bridge? ☐ Yes ☐ No

10. 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

11. How satisfied are you with the dental health care offered in your municipality? (Put one cross only)

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



Cardiovascular disease

12. Do you have, or have you ever had, high blood pressure? ☐ Yes ☐ No

13. If yes, how old were you when you developed high blood pressure? Age

14. Are you taking medication for high blood pressure? ☐ Yes, currently ☐ Previously, but not now ☐ Never

15. If you are taking high blood pressure medication, or have taken high blood pressure medication in the past, at what age did you start taking this type of medicine? Age

16. Have you ever had one or more heart attacks?

☐ No, never ☐ One heart attack ☐ Two heart attacks ☐ Three or more heart attacks

17. If yes, at what age did you have your first heart attack? Age

18. Do you suffer from angina pectoris (heart cramp)? ☐ Yes ☐ No

19. If yes, how often have you experienced such pain in the past month?

Rarely ☐ Once a week ☐ 2-3 times a week ☐ 4-6 times a week ☐ 7 times a week or more ☐

20. How old were you when you had your first attack of angina pectoris? Age

21. Have you had heart (bypass) surgery? ☐ Yes ☐ No

22. Have you had your arteries unblocked/had stent(s) placed? ☐ Yes ☐ No

23. Has your doctor told you that you have atrial fibrillation? ☐ Yes ☐ No

24. How old were you when you first experienced atrial fibrillation? Age



Diabetes

If no, please skip to question 35.

Gestational diabetes ☐

Type 1 diabetes ☐

Type 2 diabetes ☐

I consulted my doctor/physician because of symptoms ☐ Yes ☐ No

It was discovered without the appearance of symptoms (medical certificate, work-related medical examination, pregnancy health examination, medical consultation for illness other than diabetes, etc.)..... ☐ Yes ☐ No

28. At what age was your diabetes discovered/diagnosed?

29. Are you taking insulin for your diabetes? ☐ Yes, currently ☐ Previously, but not now ☐ Never used

30. At what age did you start your insulin treatment? Age

31. How many times per day do you/ did you usually take insulin? times

32. In total, how many units of insulin do you/did you take on an average day? units (E)

33. Are you taking oral medication for diabetes?

Yes, currently	Previously, but not now	Never used
☐	☐	☐

34. At what age did you start taking oral medication for diabetes? Age

Other illnesses

Asthma ☐ ☐ ☐

Eczema ☐ ☐ ☐

Chronic bronchitis,
emphysema, COPD..... ☐ ☐ ☐

Multiple sclerosis (MS) ☐ ☐ ☐

Psoriasis ☐ ☐ ☐

Bechterew's disease ☐ ☐ ☐

Chronic pain

36. Are you experiencing pain that has lasted three months or longer?..... ☐ Yes ☐ No

No pain

0 1 2 3 4 5 6 7 8 9 10

Most severe pain

☐ Neck ☐ Lower back ☐ Other

Physical activity

[illegible]

Alcohol

40. Do you practice total alcohol abstinence?

☐ Yes ☐ No

41. If no, how often and how much did you drink, on average, in the past year? (Put one cross per line)



Never/
rarely 1
per
month 2-3
per
month 1
per
week 2-4
per
week 5-6
per
week 1
per
day 2+
per
day

Beer/alcopops

(½ l.)..... ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Wine

(glass)..... ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Liquor/distilled spirits

(drink/shot)..... ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Liqueur/fortified wine

(glass)..... ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Smoking habits

42. Have you ever smoked daily?..... ☐ Yes ☐ No

If you have never smoked daily, please skip to question 47.

43. Are you currently a daily smoker? ☐ Yes ☐ No

44. If you are no longer a daily smoker, at which age did you quit?..... Age

45. In total, for how many years have you smoked daily?..... Years

46. Considering all the years in which you smoked regularly (daily), how many cigarettes/rolling tobacco did you smoke per day, on average?..... Number of cigarettes

47. Do you live with someone who smokes?..... ☐ Yes ☐ No

Language and use of interpreter

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

Norwegian Sami Other, describe:

☐ ☐ ☐

49. 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

Family and linguistic background

50. How would you describe your family's financial situation when you were growing up?

(Choose only one option)

☐ Very good ☐ Good ☐ Challenging ☐ Extremely challenging

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.

51. 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.....	☐	☐	☐	☐

52. What is your, your father's and your mother's ethnic backgrounds? (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 ☐ ☐ ☐ ☐

53. What do you consider yourself to be?

(Put one or more crosses)

Norwegian Sami Kven Other, describe:

☐ ☐ ☐ ☐

Experience and use of health services

54. Who is the doctor you normally use?

- ☐ Your GP ☐ Another doctor

55. How long have you had your current GP?

- ☐ Less than 6 months ☐ 6 to 11 months
☐ 12 to 24 months ☐ More than two years

56. 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

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

(Put one cross only)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	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?.....	☐	☐	☐	☐	☐

The next questions are about the specialized health service.

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

58. 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

59. 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

60. If you have been for treatment with a specialist for physical or psychological problems in the last 12 months, answer the following questions:

(Put one cross only) 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

All in all, 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Thank you for participating in the survey!