



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Health on Equal Term?

A survey on health and living conditions in Sweden 2022

Health

1. How would you describe your overall health?

- Very good
- Good
- Fair
- Poor
- Very poor

2. a) Do you have any long-term illness, any problems following an accident, any reduced physical function or any other long-term health problem?

- No, go to question 3
- Yes

b) Does this condition mean that your ability to work is reduced or hinder you in your other day-to-day activities?

- No, not at all
- Yes, to some extent
- Yes, to a great deal

3. Can you see and make out regular text in a newspaper without difficulty?

- Yes, without glasses
- Yes, with glasses
- No

4. Can you hear what is being said in a conversation between several people without difficulty?

- Yes, without a hearing aid
- Yes, with a hearing aid
- No

5. Can you run a short distance (about 100 metres)?

- Yes, go to question 7
- No

6. Does your health limit you in any of the following activities?

a) Can you walk up steps without difficulty? e.g. get onto a bus or train

- Yes
- No

b) Can you take a short walk (about 5 minutes) at a brisk pace?

- Yes
- No

c) Do you need any aids or the help of another person to move around outdoors?

- Yes
- No

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

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

Self-perceived health and well-being

9. State how well the statements below fit how you have perceived your situation in the past two weeks.

a) I've been feeling optimistic about the future

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

b) I've feeling useful

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

c) I've been feeling relaxed

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

d) I've been dealing with problems well

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

e) I've been thinking clearly

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

f) I've been feeling close to other people

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

g) I've been able to make up my own mind about things

- All of the time
- Often
- Some of the time
- Rarely
- None of the time

10. The following questions ask about how you have been feeling in the past 30 days. For each question, please select the option that best describes how often you had this feeling.

In the past month, how often did you feel...

a) ...nervous?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

b) ...hopeless?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

c) ...restless or fidgety?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

d) ...so depressed that nothing could cheer you up?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

e) ...that everything was an effort?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

f) ...worthless?

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

Symptoms and problems

11. Do you have any of the following problems or symptoms?

a) Aches in your neck or shoulders?

- No
- Yes, mild problems
- Yes, severe problems

b) Aches or pains in your back, hips, or sciatica?

- No
- Yes, mild problems
- Yes, severe problems

c) Aches or pains in your hands, elbows, legs or knees?

- No
- Yes, mild problems
- Yes, severe problems

d) Eczema or skin rash?

- No
- Yes, mild problems
- Yes, severe problems

e) Ringing in your ears (tinnitus)?

- No
- Yes, mild problems
- Yes, severe problems

f) Incontinence (leaking urine)?

- No
- Yes, mild problems
- Yes, severe problems

g) Recurring stomach or bowel problems?

- No
- Yes, mild problems
- Yes, severe problems

h) Worry or anxiety?

- No
- Yes, mild problems
- Yes, severe problems

i) Headaches or migraines?

- No
- Yes, mild problems
- Yes, severe problems

j) Difficulty sleeping?

- No
- Yes, mild problems
- Yes, severe problems

k) Tiredness?

- No
- Yes, mild problems
- Yes, severe problems

l) Dizziness?

- No
- Yes, mild problems
- Yes, severe problems

12. Do you currently feel stressed? By stressed, we mean feeling tense, restless, nervous, uneasy, or unable to concentrate.

- Not at all
- Somewhat
- Quite a lot
- Very much

13. In the past 12 months, to what extent have you been worried about becoming seriously ill with COVID-19?

- Not at all
- Somewhat
- Quite a lot
- Very much

14. In the past 12 months, to what extent have you been worried that somebody close to you will become seriously ill with COVID-19?

- Not at all
- Somewhat
- Quite a lot
- Very much

15. How would you describe your dental health?

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

16. a) In the past three months, have you felt you needed dental care but did not go to the dentist?

- No go to question 17
- Yes

b) Why did you not go to the dentist? You can choose more than one option.

- The problem went away
- Financial reasons
- I avoided it (am afraid of the dentist)
- Didn't have the time
- Other

Your health

17. Do you have any of the following conditions?

a) High blood pressure?

- No
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

b) Asthma?

- No
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

c) Allergies?

- No
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

d) Diabetes?

- No, go to question 19
- Yes, but no problems
- Yes, mild problems
- Yes, severe problems

18. What type of diabetes do you have?

- Type 1
- Type 2
- Other type of diabetes
- Don't know

19. Has a doctor ever diagnosed you with depression?

- No never
- Yes, more than 12 months ago
- Yes, in the past 12 months

20. Have you ever been in a situation where you seriously considered taking your own life?

- No never
- Yes, more than 12 months ago
- Yes, in the past 12 months

21. Have you ever tried to take your own life?

- No never
- Yes, more than 12 months ago
- Yes, in the past 12 months

Physical activity

If your activities vary during the year, try to take some kind of average. Question 22 a) deals with regular exercise and training activities that leave you out of breath and sweaty, while 22 b) deals with moderately strenuous physical activity that leaves you somewhat short of breath, for example brisk walking, gardening, cycling or swimming.

22. a) 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

b) How much time do you spend in a normal week on daily activities – for example walking, cycling, or gardening? Give the total 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

23. How much do you spend sitting during a normal day, not counting sleep?

- More than 15 hours
- 13-15 hours
- 10-12 hours
- 7-9 hours
- 4-6 hours
- 1-3 hours
- Never

Food habits

The answers to Question 24 a-d may vary throughout the year but try to give some form of average. Select one option.

24. a) How often do you eat vegetables and root vegetables? This means all vegetables, legumes, and root vegetables (but not potatoes). Includes fresh, frozen, preserved, or cooked vegetables, vegetable juice, vegetable soups etc.

- 3 times a day or more
- Twice a day
- Once a day
- 5-6 times a week
- 3-4 times a week
- Once or twice a week
- Less than once per week or never

b) How often do you eat fruits and berries? Includes all types of fruit and berries (fresh, frozen, preserved, juices, compotes etc.).

- 3 times a day or more
- Twice a day
- Once a day
- 5-6 times a week
- 3-4 times a week
- Once or twice a week
- Less than once per week or never

c) How often do you drink soda, juice, or other sweetened drinks?

- 4 times a week or more
- 2-3 times a week
- Once a week
- Less than once per week
- Never

d) How often do you eat fish or shellfish as a main meal?

- 4 times a week or more
- 2-3 times a week
- Once a week
- Less than once per week
- Never

Smoking, using snus (snuff) and other products

25. Do you smoke? Includes cigarettes, heated tobacco/heat-not-burn products, cigars, cigarillos, and pipe tobacco. E-cigarettes not included.

- No
- Yes, sometimes
- Yes, daily. Enter number per day.

26. a) Do you use e-cigarettes?

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

b) Do these e-cigarettes contain nicotine or not?

- Yes, with nicotine
- Yes, without nicotine
- Both with and without nicotine
- Don't know

27. Do you use snus that contains tobacco (portion or loose)?

- No
- Yes, sometimes
- Yes, daily

28. Do you use tobacco-free nicotine snus (nicotine portions)?

- No
- Yes, sometimes
- Yes, daily

29. Have you ever smoked or used snus daily for a period of at least 6 months?

You can choose more than one option.

- No
- Yes, smoked cigarettes or other tobacco products
- Yes, used e-cigarettes
- Yes, used snus that contains tobacco
- Yes, used tobacco-free nicotine snus

30. Have you ever used cannabis (e.g. hash or marijuana)?

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

31. Have you ever used any other form of illicit drug than cannabis (e.g. amphetamines, cocaine, heroin, ecstasy or LSD)?

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

32. Have you ever used anabolic-androgenic steroids or growth hormones without a doctor's prescription?

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

33. Have you ever used prescription drugs classified as narcotics (such as Tramadol or benzodiazepines) in a way other than as prescribed by a doctor?

By this we mean that you have taken these kinds of drugs without a doctor's prescription, more often than prescribed or in a higher dose than prescribed.

- No
- Yes, more than 12 months ago
- Yes, in the past 12 months
- Yes, in the past 30 days

Gambling habits

34. Have you in the past 12 months bought lottery tickets or bet money on a game? 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.

- Yes
- No, go to question 36

35. During the past months, have you ...

a) ...gambled with more money than you really could afford to lose?

- Never
- Sometimes
- Often
- Almost always

b) ...needed to gamble with larger amounts to get the same sense of thrill?

- Never
- Sometimes
- Often
- Almost always

c) ...returned another day to win back money that you lost?

- Never
- Sometimes
- Often
- Almost always

d) ...borrowed money or sold something to get money for gambling?

- Never
- Sometimes
- Often
- Almost always

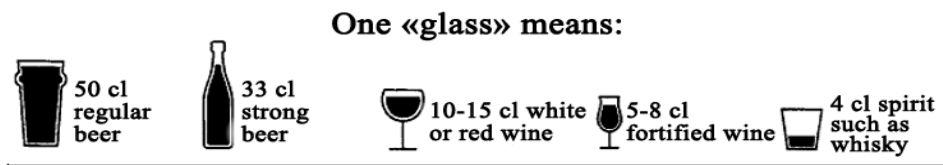
Alcohol habits

By alcohol, we mean beer with a medium or strong alcohol content, cider, wine, fortified wine, and spirits. Answer the questions as accurately and honestly as possible.

36. 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 per month or less often
- Never, go to question 39

Figure. The picture shows what is meant by a glass. Different number of centilitres for different types of alcohol.



37. How many "glasses" did you drink on a typical day when you drank alcohol in the past 12 month? See example above what is meant by a glass (Figure).

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more
- Don't know

38. How often did you drink six "glasses" or more at a time in the past 12 months? See example above what is meant by a glass (Figure).

- Every day or almost every day
- Every week
- Every month
- Less than once a month
- Never

Environmental health

39. Does traffic noise (road, train or air traffic) in or near your home cause any of the following disturbances? By "in or near your home", we mean indoors or outdoors in the immediate area, such as on your balcony, in the courtyard, in the garden or near the entrance.

a) It is hard to be on the balcony or patio

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

b) It is hard to carry on a normal conversation

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

c) It is hard to sleep

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

d) I am woken up

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

e) It is hard to have the window open during the day

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

f) It is hard to sleep with the window open

- Yes, every day
- Yes, every week, all year long
- Yes, every week, at certain times of the year
- Yes, but not very often
- No, never

40. How often do you spend time outdoors at parks, nature reserves or green areas (for example, going on walks or bike rides)?

- Every day
- A few times a week
- A few times a month
- A few times a year
- Never

Financial situation

41. Would you or your household be able to pay an unexpected cost of 13,000 crowns within one month, without needing to borrow or ask for help?

- Yes
- No

42. In the past 12 months, have you ever had difficulty managing regular expenses for food, rent, bills etc.?

- No
- Yes, once
- Yes, more than once

Work, education, and employment

43. What is your highest completed level of education?

- Compulsory school (elementary school, primary school and secondary school)
- 2 years of upper secondary school
- 3–4 years of upper secondary school
- Adult education college
- University or higher education institution, less than 3 years
- University or higher education institution, 3 years or more

44. What is your current form of employment? You can choose more than one option.

- Employee. Enter percentage of full-time.
- Self-employed
- Leave of absence or parental leave
- Studying, internship
- Labour market scheme
- Unemployed
- Retired
- Sickness or activity benefit (disability pension)
- Long-term sick leave (more than 3 months)
- Homemaker
- Other

Only answers questions 45 and 46 if you work in a skilled profession (please answer even if you are on sick leave, parental leave, or a leave of absence). Go directly to question 47 if you do not work in a skilled profession.

45. Are you worried about losing your job in the coming year?

- Yes
- No

46. In the past 12 months, how many days have you been away from work as a result of poor health?

- None
- 1-7 days
- 8-30 days
- More than 30 days

Safety and victimisation

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

- No
- Yes, sometimes
- Yes, often

48. a) In the past 12 months, have you ever been subjected to physical violence?

- Yes
- No, go to question 49

b) Where did this happen? You can choose more than one option.

- At work or in school
- At home
- In someone else's home or a residential area
- In a public place or place of entertainment
- On or in connection with a train, bus or subway
- Somewhere else

49. In the past 12 months, have you been subjected to a threat or threats of violence that made you afraid?

- Yes
- No

50. a) In the past three months, have you been treated in a way that has left you feeling victimised?

- No, go to question 51
- Yes, sometimes
- Yes, several times

b) Was the victimisation related to any of the following? You can choose more than one option.

- Ethnicity
- Sex
- Sexual orientation
- Age
- Disability
- Religion
- Skin colour
- Appearance
- Gender identity or expression
- Other
- Don't know

Social relationships

51. Do you have someone you can share your innermost feelings with, and confide in?

- Yes
- No

52. Can you get help from someone if you have practical problems or are ill?

For example, getting advice, borrowing things, help with shopping, repairs etc.

- Yes, always
- Yes, most of the time
- No, mostly not
- No, never

53. In general, do you think that people can be trusted?

- Yes
- No

54. Do you struggle with loneliness and isolation?

- No
- Yes, mild problems
- Yes, severe problems

55. Have participated in any of the following activities in the past 12 months?

You can choose more than one option.

- Study circle or course at your workplace or in your free time
- Trade union meeting or other association meeting
- Theatre or cinema visit
- Art gallery or museum visit
- Religious gathering
- Sporting event
- Written a blog or a letter to the editor of a newspaper or periodical
- Protest/demonstration of some kind
- Public event e.g. dance event, fair or similar
- Large family reunion
- Private party
- Followed online social media
- Written a post, participated in discussions, or played with others online
- None of the above

Background

56. What year were you born?

Enter year:

57. How would you define your gender identity?

- Female
- Male
- Other
- Don't know

58. How would you define your sexuality?

- Heterosexual
- Bisexual
- Homosexual
- Other
- Don't know

59. Are you or have you been a transperson? “Transperson” is a collective term usually including individuals with a gender identity and/or gender expression that sometimes or always differs from the norms relating to the gender that was registered for them at birth.

- Yes
- No
- Don't know

60. Sweden has five recognised national minorities and indigenous peoples: Jews, Roma, Swedish Finns, Tornedalians and Sami. Do you identify with any of these national minorities or indigenous peoples? You can choose more than one option.

- No
- Yes, Jews
- Yes, Roma
- Yes, Swedish Finns
- Yes, Tornedalians
- Yes, Sami

61. a) Who do you live with? This means the people you live with at least half of the time. You can choose more than one option.

- No-one
- Parents or siblings
- Husband, wife, partner
- Other adults
- Children, go to question 61b

b) If you have children: How many? You may select more than one option.

- 0-5 years old. Enter number here:
- 6-12 years old. Enter number here:
- 13-17 years old. Enter number here:
- 18 years or over. Enter number here:

THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE!