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The Norwegian Public Health Survey 2026

’Velg ønsket språk / Please select a language’

Velkommen til Den nasjonale folkehelseundersøkelsen 2026

Ver vennleg å velg eit språk / Please select a language

[Velg ett alternativ]

- ○ Norsk (bokmål)
- ○ Norsk (nynorsk)
- ○ Engelsk (english)

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’Would you like to take part?’

Consent

The Norwegian Public Health Survey
We are conducting this survey to gain more knowledge about the population's health, lifestyle and other factors that may affect our health.
The information you share is used to develop better public health policy, support public health work regionally and nationally, and generate new knowledge through research.
Participation is voluntary, and you may request deletion of your information at any time. If you choose to take part, you will answer a questionnaire about health, life experiences, ageing and sexual health.
Your answers will be linked to data from registers. Your information is stored without a time limit. NIPH stores your national identity number and has access to your contact details, and we use your information in accordance with data protection rules.
You can read more about how we use your information further down this page.

Do you consent to take part in the survey?

[Select one alternative]

- ○ Yes, I consent
- ○ No, I do not wish to take part

Your national identity number

Filled in automatically for those logged in via ID-porten

When you click the **"Send and continue"** at the bottom of this page, you have consented to take part. You will then be forwarded to the survey.
If you do not have time to complete the survey right now, we ask you to wait until you have time to complete the form in one sitting.
Click the **"Send"** button at the bottom of this page to submit your response. If you have selected "No, I do not wish to take part", you will not receive reminders from us regarding this survey.
More About the Norwegian Public Health Survey

Why have you been invited?

You were randomly selected from the National Population Register. We obtained your contact details from the Contact and Reservation Register (KRR), under the authority of the Health Registry Act Section 14.

What does participation involve?

The questions concern your health, life experiences, ageing and sexual health. NIPH has access to your name and contact details to contact you, and stores your national identity number.
If you consent to take part, your answers may be shared with research projects, counties or similar. Your answers may also be linked with information from various registers, such as health registers, registers held by Statistics Norway (SSB) and other health surveys. This provides better knowledge about health and lifestyle in the population. Such data will only be disclosed in a way that does not directly identify you, and no one will be able to recognise you in what is published.
You will not receive individual feedback on your answers, but you can see how the results of the surveys are used on our website: https://www.fhi.no/en/hs/Norwegian-Public-Health-Survey/
You may be contacted again later and asked to take part in new surveys or other forms of data collection. Participation is entirely voluntary.

Your Rights

As long as NIPH processes personal data about you, you have the right to:

- Request access to the information we hold about you
- Request that the information be corrected or deleted
- Object to how we use your information

If you contact us about your rights, we will respond within one month.
You can also lodge a complaint with the Norwegian Data Protection Authority (Datatilsynet) if you believe we are processing your information incorrectly.

What allows us to process your information?

We process your information to contribute to knowledge that benefits society. We follow data protection rules. The legal basis is GDPR Article 6(1)(e) and Article 9(2)(j). This is supported by the Regulation on Population-Based Health Surveys.

Who Is Responsible for the Norwegian Public Health Survey?

The Norwegian Institute of Public Health (NIPH) is the data controller for the Norwegian Public Health Survey (NHUS).
Detailed information about privacy - How do we store and use your information

How are your answers stored and used?

NIPH stores the information securely:

- In one database, we access your name and contact details through a link to the Contact and Reservation Register. This database also stores your national identity number.
- In another database, your questionnaire answers are stored.

Access to the databases is strictly regulated. Only a small number of NIPH employees have access to both databases, and they are bound by a duty of confidentiality.

Further use of your answers

When researchers or others are given access to your answers, your name and national identity number are removed. The information may nevertheless be indirectly identifiable.
When your answers are linked with registers, for example health registers, a linkage key is used. Your national identity number is then replaced with a participant ID. Those who receive the information will only see this ID.

How long do we store your information?

The aim of the Norwegian Public Health Survey is to follow developments in health and living conditions over time. We therefore store your information without a time limit. This makes it possible to use your information in future research and in planning measures for better public health.

Data collection via Nettskjema

We use a service from the University of Oslo (UiO) called Nettskjema and Services for Sensitive Data (TSD) to collect consent and questionnaire responses. NIPH has a data processing agreement with UiO to ensure your information is stored securely.

Contact information

If you have any questions or wish to exercise your rights, please contact:

- The Norwegian Public Health Survey (NHUS) by email: nhus-deltaker@fhi.no

If you have questions about your rights, you can also contact NIPH's Data Protection Officer.

- Data Protection Officer at NIPH: personvernombud@fhi.no

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’The Norwegian Public Health Survey 2026’

Core module

Self-Rated Health

How would you rate your overall health?

Would you say it is:

[Select one alternative]

- ○ Very good
- ○ Good
- ○ Neither good nor bad
- ○ Bad
- ○ Very bad

How would you rate your dental health?

Would you say that it is:

[Select one alternative]

- ○ Very good
- ○ Good
- ○ Neither good nor bad
- ○ Bad
- ○ Very bad

Quality of Life

All in all, how satisfied are you with your life at the moment?

Give your answer on a scale of 0-10, where 0 means not satisfied at all and 10 means very satisfied.

Illness, Pain and Medications

Do you have any long-term illnesses or health problems?

This includes illnesses or health problems that are seasonal or come and go. They should have lasted or are expected to last, for at least six months.

[Select one alternative]

- ○ Yes
- ○ No

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To what extent do these health problems affect your daily life?

This element is only shown when the option «Yes» is selected in the question «Do you have any long-term illnesses or health problems?»

[Select one alternative]

- ○ To a large extent
- ○ To some extent
- ○ To a small extent
- ○ Not at all

Do you have difficulty with any of the following in your daily life?

Seeing clearly, even when using glasses or contact lenses

[Select one alternative]

- ○ No difficulty
- ○ Some difficulty
- ○ A lot of difficulty
- ○ Cannot do at all

Hearing, even when using a hearing aid

[Select one alternative]

- ○ No difficulty
- ○ Some difficulty
- ○ A lot of difficulty
- ○ Cannot do at all

Walking, for example on stairs

[Select one alternative]

- ○ No difficulty
- ○ Some difficulty
- ○ A lot of difficulty
- ○ Cannot do at all

Concentrating or remembering things

[Select one alternative]

- ○ No difficulty
- ○ Some difficulty
- ○ A lot of difficulty
- ○ Cannot do at all

Dressing and undressing yourself

[Select one alternative]

- ○ No difficulty
- ○ Some difficulty
- ○ A lot of difficulty
- ○ Cannot do at all

Washing yourself without help

[Select one alternative]

- ○ No difficulty
- ○ Some difficulty
- ○ A lot of difficulty
- ○ Cannot do at all

Do you have long-lasting or recurring pain that has lasted for 3 months or more?

[Select one alternative]

- ○ Yes
- ○ No

Have you ever had one or more of the following illnesses / health problems:

Hay fever, allergic rash or food allergy (not food intolerance or allergic asthma)

[Select one alternative]

- ○ No
- ○ Yes, had it the last 12 months
- ○ Yes, had it before, but not the last year
- ○ Unsure / don't know

Asthma, including allergic asthma

[Select one alternative]

- ○ No
- ○ Yes, had it the last 12 months
- ○ Yes, had it before, but not the last year
- ○ Unsure / don't know

Chronic bronchitis, COPD or emphysema

[Select one alternative]

- ○ No
- ○ Yes, had it the last 12 months
- ○ Yes, had it before, but not the last year
- ○ Unsure / don't know

High blood pressure/ hypertension

[Select one alternative]

- ○ No
- ○ Yes, had it the last 12 months
- ○ Yes, had it before, but not the last year
- ○ Unsure / don't know

Diabetes

[Select one alternative]

- ○ No
- ○ Yes, had it the last 12 months
- ○ Yes, had it before, but not the last year
- ○ Unsure / don't know

Please specify which type of diabetes you have, or have had:

Select one or more options.

This element is only shown when at least one of the options «Yes, had it the last 12 months» or «Yes, had it before, but not the last year» is selected in the question «Diabetes»

[Select one or more alternatives]

- ☐ Diabetes type 1
- ☐ Diabetes type 2
- ☐ Gestational diabetes
- ☐ Other diabetes
- ☐ Don't know

Have you ever experienced a fracture in the wrist, forearm, upper arm or femoral neck during adulthood?

[Select one alternative]

- ○ Yes, once
- ○ Yes, several times
- ○ No

How old were you the last time you had a fracture?

Enter a whole number.

This element is only shown when at least one of the options «Yes, once» or «Yes, several times» is selected in the question «Have you ever experienced a fracture in the wrist, forearm, upper arm or femoral neck during adulthood?»

Have you experienced long-term issues (3 months or more) with your muscles or skeleton during adulthood?

Such as back pain or rheumatism.

[Select one alternative]

- ○ Yes, currently
- ○ Yes, before, but not now
- ○ No

How often have you used the following medications in the past 4 weeks?

Sedative medication

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Medication for anxiety and depression

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Over-the-counter sleeping medication

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Prescription sleeping medication

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Over-the-counter painkillers

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Prescription painkillers

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Cholesterol-lowering medications

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Medications for high blood pressure

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Allergy medications

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Nasal spray for a blocked nose (for example Otrivin or Zymelin)

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Over-the-counter medication for heartburn/acid reflux

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Over-the-counter laxatives

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Nicotine replacement therapies (for example nicotine patches, gum or lozenges)

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Weight-loss medication

[Select one alternative]

- ○ Daily
- ○ 4-6 days a week
- ○ 1-3 days a week
- ○ Less than once a week
- ○ Not used in the last 4 weeks
- ○ Not relevant to me

Height and Weight

How tall are you without shoes?

Specify in centimeters.

How much do you weigh without clothes and shoes?

Specify in whole kilograms (if you are pregnant, specify weight before pregnancy).

☑ Which of the following categories currently applies best to you?

[Select one alternative]

- ○ Trying to lose weight
- ○ Trying to keep my weight stable
- ○ Trying to gain weight
- ○ Not doing anything specific to regulate my weight

☑ How has your weight been over the past 12 months?

[Select one alternative]

- ○ Lost at least 3 kg
- ○ Lost weight, but less than 3 kg
- ○ Unchanged
- ○ Gone up, but less than 3 kg
- ○ Gained at least 3 kg

☑ What do you think is/are the most important reason(s) for your weight loss?

Select one or more options.

This element is only shown when the option «Lost at least 3 kg» is selected in the question «How has your weight been over the past 12 months?»

[Select one or more alternatives]

- ☐ I've actively tried to lose weight
- ☐ Illness/pain/medications
- ☐ Poor appetite due to other reasons
- ☐ Lack the energy to cook

- ☐ Have changed lifestyle habits, but not to lose weight
- ☐ Have used weight-loss medication
- ☐ Have no explanation
- ☐ Don't know

Psychological Distress: Depression

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Feeling down, depressed or hopeless

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Trouble falling or staying asleep, or sleeping too much

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Feeling tired or lacking energy

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

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Poor appetite or overeating

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Feeling bad about yourself - or that you are a failure or have let yourself or your family down

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Moving or speaking so slowly that others may have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Thoughts that you would be better off dead or of hurting yourself in some way

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Please note that we are not able to provide individual follow-up based on your responses to this survey. If you are finding things difficult or having thoughts of harming yourself, it is important that you seek help from a healthcare professional or one of the support services listed below.
Do you need someone to talk to?
Please contact:

- Mental Health: 116 123
- Red Cross: 800 333 21
- Church SOS: 22 40 00 40

If you have experienced one or more of the problems mentioned on the previous page, how difficult have the problems made it for you to do your work, take care of things at home, or get along with other people?

[Select one alternative]

- ○ Not difficult at all
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult
- ○ Not applicable

In the past two years, have you felt depressed or sad most days, even though you felt ok sometimes?

[Select one alternative]

- ○ Yes
- ○ No

Psychological Distress: Anxiety

Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Not being able to stop or control your worrying

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Worrying too much about different things

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Having trouble relaxing

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Being so restless that it is hard to sit still

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Becoming easily annoyed or irritable

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

Feeling afraid as if something awful might happen

[Select one alternative]

- ○ Not at all
- ○ Several days
- ○ More than half the days
- ○ Nearly every day

If you have experienced one or more of the problems mentioned, how difficult have the problems made it for you to do your work, take care of things at home, or get along with other people?

[Select one alternative]

- ○ Not difficult at all
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult
- ○ Not applicable

Sleep

The following questions about your sleep concern how you usually feel now.

How often do you experience sleep onset problems?

[Select one alternative]

- ○ Never/rarely
- ○ Sometimes
- ○ 1-2 times per week
- ○ At least 3 times per week

How often do you experience nightly awakenings?

[Select one alternative]

- ○ Never/rarely
- ○ Sometimes
- ○ 1-2 times per week
- ○ At least 3 times per week

How often are you tired or sleepy during the day?

[Select one alternative]

- ○ Never/rarely
- ○ Sometimes
- ○ 1-2 times per week
- ○ At least 3 times per week

If you have sleep problems, how long have they lasted?

[Select one alternative]

- ○ Less than 1 month
- ○ 1-2 months
- ○ 3-6 months
- ○ 7-12 months
- ○ More than 1 year
- ○ I do not have sleep problems

▼ How many hours of sleep do you usually get per night on week-days?

Take an average.

[Select one alternative]

- ○ Less than 4 hours
- ○ 4 hours
- ○ 4 hours and 15 minutes
- ○ 4 hours and 30 minutes
- ○ 4 hours and 45 minutes
- ○ 5 hours
- ○ 5 hours and 15 minutes
- ○ 5 hours and 30 minutes
- ○ 5 hours and 45 minutes
- ○ 6 hours
- ○ 6 hours and 15 minutes
- ○ 6 hours and 30 minutes
- ○ 6 hours and 45 minutes
- ○ 7 hours
- ○ 7 hours and 15 minutes
- ○ 7 hours and 30 minutes
- ○ 7 hours and 45 minutes
- ○ 8 hours
- ○ 8 hours and 15 minutes
- ○ 8 hours and 30 minutes
- ○ 8 hours and 45 minutes
- ○ 9 hours
- ○ 9 hours and 15 minutes

- ○ 9 hours and 30 minutes
- ○ 9 hours and 45 minutes
- ○ 10 hours
- ○ 10 hours and 15 minutes
- ○ 10 hours and 30 minutes
- ○ 10 hours and 45 minutes
- ○ 11 hours
- ○ 11 hours and 15 minutes
- ○ 11 hours and 30 minutes
- ○ 11 hours and 45 minutes
- ○ 12 hours
- ○ 12 hours and 15 minutes
- ○ 12 hours and 30 minutes
- ○ 12 hours and 45 minutes
- ○ 13 hours
- ○ More than 13 hours

SOCIAL SUPPORT AND LONELINESS

Social Support

How many people are so close to you that you can count on them if you have serious personal problems?

Include close family members.

[Select one alternative]

- ○ None
- ○ 1-2
- ○ 3-5
- ○ 6 or more

How much interest and concern do people show in what you are doing?

[Select one alternative]

- ○ None
- ○ Little
- ○ Uncertain
- ○ Some
- ○ A lot

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How easy is it to get practical help from neighbours if you should need it?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Possible
- ○ Easy
- ○ Very easy

Loneliness

How often do you feel that you lack companionship?

[Select one alternative]

- ○ Never
- ○ Seldom
- ○ Sometimes
- ○ Often
- ○ Very often

How often do you feel left out?

[Select one alternative]

- ○ Never
- ○ Seldom
- ○ Sometimes
- ○ Often
- ○ Very often

How often do you feel isolated from others?

[Select one alternative]

- ○ Never
- ○ Seldom
- ○ Sometimes
- ○ Often
- ○ Very often

LIFESTYLE HABITS

Tobacco and E-Cigarettes

Do you ever smoke cigarettes?

This includes tobacco-containing products only (manufactured and hand-rolled cigarettes), not e-cigarettes.

[Select one alternative]

- ○ Yes
- ○ No

How often do you smoke cigarettes?

This element is only shown when the option «Yes» is selected in the question «Do you ever smoke cigarettes?»

[Select one alternative]

- ○ Daily
- ○ Occasionally

How many cigarettes do you smoke on average per week?

Include both manufactured and hand-rolled cigarettes.

This element is only shown when the option «Occasionally» is selected in the question «How often do you smoke cigarettes?»

How many cigarettes do you smoke on average per day?

Include both manufactured and hand-rolled cigarettes.

This element is only shown when the option «Daily» is selected in the question «How often do you smoke cigarettes?»

Have you smoked cigarettes previously?

If you have previously smoked both daily and occasionally, select «Yes, daily».

This element is only shown when the option «No» is selected in the question «Do you ever smoke cigarettes?»

[Select one alternative]

- ○ Yes, daily
- ○ Yes, occasionally
- ○ No

Do you ever use snus (moist oral tobacco)?

[Select one alternative]

- ○ Yes
- ○ No

How often do you use snus?

This element is only shown when the option «Yes» is selected in the question «Do you ever use snus (moist oral tobacco)?»

[Select one alternative]

- ○ Daily
- ○ Occasionally

Have you used snus previously?

If you have previously used snus both daily and occasionally, select «Yes, daily».

This element is only shown when the option «No» is selected in the question «Do you ever use snus (moist oral tobacco)?»

[Select one alternative]

- ○ Yes, daily
- ○ Yes, occasionally
- ○ No

Do you ever use e-cigarettes?

By e-cigarettes, we mean electronic cigarettes or vaporisers that are disposable or refillable/rechargeable. If you use both e-cigarettes with and without nicotine, select the option with nicotine.

[Select one alternative]

- ○ No
- ○ Yes, occasionally, without nicotine
- ○ Yes, daily, without nicotine
- ○ Yes, occasionally, with nicotine
- ○ Yes, daily, with nicotine

Alcohol

Have you ever had alcohol?

This refers to all alcoholic beverages, such as beer, wine, spirits, alcopops, etc.

[Select one alternative]

- ○ Yes
- ○ No

During the past 12 months, how often have you had alcohol?

This element is only shown when the option «Yes» is selected in the question «Have you ever had alcohol?»

[Select one alternative]

- ○ Never
- ○ Monthly or less
- ○ 2-4 times per month
- ○ 2-3 times per week
- ○ 4 or more times per week

How many alcohol units do you have on a «typical» day when you drink alcohol?

One unit of alcohol is equivalent to one small bottle of beer, one glass of wine, or one standard serving size of spirits.

This element is only shown when at least one of the options «Monthly or less», «2-4 times per month», «2-3 times per week» or «4 or more times per week» is selected in the question «During the past 12 months, how often have you had alcohol?»

[Select one alternative]

- ○ 1 or 2
- ○ 3 or 4
- ○ 5 or 6
- ○ 7-9
- ○ 10 or more

How often do you have six alcohol units or more on a single occasion?

One unit of alcohol is equivalent to one small bottle of beer, one glass of wine, or one standard serving size of spirits.

This element is only shown when at least one of the options «Monthly or less», «2-4 times per month», «2-3 times per week» or «4 or more times per week» is selected in the question «During the past 12 months, how often have you had alcohol?»

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Daily or almost daily

Approximately how many days per week have you consumed six or more units of alcohol on a single occasion?

This element is only shown when the option «Weekly» is selected in the question «How often do you have six alcohol units or more on a single occasion?»

[Select one alternative]

- ○ 1 day per week
- ○ 2–3 days per week
- ○ 4–5 days per week

Approximately how many days per month have you consumed six or more units of alcohol on a single occasion?

This element is only shown when the option «Monthly» is selected in the question «How often do you have six alcohol units or more on a single occasion?»

[Select one alternative]

- ○ 1 day per month
- ○ 2–3 days per month
- ○ More than 3 days per month

Approximately how many days during the past 12 months have you consumed six or more units of alcohol on a single occasion?

This element is only shown when the option «Less than monthly» is selected in the question «How often do you have six alcohol units or more on a single occasion?»

[Select one alternative]

- ○ 1 day during the past 12 months
- ○ 2–3 days during the past 12 months
- ○ More than 3 days during the past 12 months

Physical Activity

If you are in a job, paid or unpaid, how would you describe your work?

Choose the option that fits best. If you are not in employment, select «Not in employment».

[Select one alternative]

- ○ Mostly sedentary work (e.g. desk work, assembly)
- ○ Work that requires a lot of walking (e.g. shop assistant work, light industrial work, teaching)
- ○ Work where you walk and lift a lot (e.g. carer, construction worker)
- ○ Heavy manual labour
- ○ Not in employment

☑ In your leisure time, which of the following physical activities / bodily exertions have you participated in during the past 12 months?

Select one or more options.

[Select one or more alternatives]

- ☐ Read, watched TV/screens or other sedentary activities
- ☐ Walked, cycled or moved in another way at least 4 hours a week (including walking or cycling to the workplace, Sunday walks etc.)
- ☐ Engaged in recreational sports, heavy gardening, snow shovelling etc. at least 4 hours per week
- ☐ Trained hard or participated in competitive sports regularly, several times a week

☑ How often do you usually exercise or work out in your leisure time?

By exercise we mean for instance going for a walk, skiing, swimming, or engaging in training/sports. Also include any exercise to/from work. Take an average.

[Select one alternative]

- ○ Never
- ○ Less than once a week
- ○ Once a week
- ○ 2-3 times a week
- ○ 4-5 times a week
- ○ Almost every day

☑ How hard do you train or exercise?

Take an average.

This element is only shown when at least one of the options «Less than once a week», «Once a week», «2-3 times a week», «4-5 times a week» or «Almost every day» is selected in the question «How often do you usually exercise or work out in your leisure time?»

[Select one alternative]

- ○ I take it easy without getting out of breath and/or sweating
- ○ I exercise so hard that I get out of breath and/or sweat
- ○ I am almost exhausted

☑ For how long do you exercise each time?

Take an average.

This element is only shown when at least one of the options «Less than once a week», «Once a week», «2-3 times a week», «4-5 times a week» or «Almost every day» is selected in the question «How often do you usually exercise or work out in your leisure time?»

[Select one alternative]

- ○ Less than 15 minutes
- ○ 15 minutes – 29 minutes
- ○ 30 minutes – 1 hour
- ○ More than 1 hour

Approximately how many hours do you sit still on a typical week-day?

Include the time spent at work, in school and during leisure time.
Enter a whole number:

Diet and Nutrition

The following questions are about your diet. We would like you to keep the past 12 months in mind when answering the questions and try to estimate which response options fit best.

▼ How much fruit and berries do you eat?

Answer in number of portions where one portion corresponds to e.g. an apple, a banana or a large handful of berries.

[Select one alternative]

- ○ Rarely/never
- ○ 1-3 portions per month
- ○ 1 portion per week
- ○ 2-3 portions per week
- ○ 4-6 portions per week
- ○ 1 portion per day
- ○ 2 portions per day
- ○ 3 portions per day
- ○ More than 3 portions per day

▼ How many vegetables do you eat?

Answer in number of portions where one portion corresponds to e.g. a medium-sized carrot or a small bowl of salad. Do not include potatoes.

[Select one alternative]

- ○ Rarely/never
- ○ 1-3 portions per month
- ○ 1 portion per week
- ○ 2-3 portions per week

- ○ 4-6 portions per week
- ○ 1 portion per day
- ○ 2 portions per day
- ○ 3 portions per day
- ○ More than 3 portions per day

▼ How often do you eat whole grain products?

For example, wholemeal bread*, muesli, porridge or wholegrain pasta. *Coarser bread than ordinary kneipp bread (corresponding to at least ¾ coloured circle on the ”Bread scale”).

[Select one alternative]

- ○ Rarely/never
- ○ 1-3 times per month
- ○ 1 time per week
- ○ 2-3 times per week
- ○ 4-6 times per week
- ○ Once per day
- ○ 2 times per day
- ○ 3 times per day
- ○ More often than 3 times per day

▼ How often do you eat fish as a main course for dinner or lunch?

Don’t include fish as a topping.

[Select one alternative]

- ○ Rarely/never
- ○ 1-3 times per month
- ○ 1 time per week
- ○ 2-3 times per week
- ○ 4-6 times per week
- ○ 1 time per day
- ○ Several times per day

▼ How often do you drink sugary soda/juice/soft drinks?

This also includes sugary drinks such as iced tea, energy drinks, sports drinks and nectar.

[Select one alternative]

- ○ Rarely/never
- ○ 1-3 times per month
- ○ 1 time per week
- ○ 2-3 times per week
- ○ 4-6 times per week
- ○ Once per day
- ○ Several times per day

☑ Does any of the following apply to you / your diet?

Select one or more options.

[Select one or more alternatives]

- ☐ Vegetarian diet
- ☐ Vegan diet
- ☐ «Flexitarian» diet (eating more plant-based, also for dinner)
- ☐ Intermittent fasting (e.g. 5 – 2 diet)
- ☐ Calorie-reduced diet (e.g. Grete Roede)
- ☐ Low-carb diet
- ☐ Pregnant
- ☐ Breastfeeding
- ☐ None of the above

Have you taken any dietary supplements in the past year?

[Select one alternative]

- ○ Yes
- ○ No

How often have you taken the following dietary supplements in the past year?

This element is only shown when the option «Yes» is selected in the question «Have you taken any dietary supplements in the past year?»

Liquid cod liver oil or cod liver oil capsules

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Other omega 3 supplements

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Multivitamin supplements (without minerals, e.g., Sanasol or vitamin bears)

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Multivitamins and mineral supplements

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Calcium with or without vitamin D

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Vitamin D supplements with or without calcium (excluding cod liver oil and multivitamin/mineral supplements)

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Other iron supplement (apart from multivitamin/mineral supplements)

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Other iodine supplements (apart from multivitamin/mineral supplements)

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Other folate supplements (apart from multivitamin/mineral supplements)

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

Seaweed/kelp supplements

[Select one alternative]

- ○ Seldom/never
- ○ From time to time or in periods
- ○ Most days
- ○ Daily

BACKGROUND INFORMATION

▼ What is your highest level of completed education?

[Select one alternative]

- ○ Primary school or equivalent (e.g. continuation school, folk high school)
- ○ Upper secondary school or equivalent (e.g. vocational school, gymnasium)
- ○ Post secondary vocational school
- ○ College/university, one-year programme or equivalent (less than 2 years)
- ○ College/university, bachelor's degree, cand.mag. or equivalent (2-4 years)
- ○ College/university, master's degree, main subject or equivalent (more than 4 years)
- ○ No completed education

☑ What is your current work or life situation?

Select one or more options.

[Select one or more alternatives]

- ☐ Employed full-time (32 hours or more per week)
- ☐ Employed part-time (less than 32 hours per week)
- ☐ Self-employed
- ☐ On sick leave
- ☐ Unemployed
- ☐ On disability pension or receiving work clearance allowance
- ☐ Receiving social benefits
- ☐ Pensioner including early retirement
- ☐ School pupil or student
- ☐ Conscript
- ☐ Working at home (unpaid)

How many working days in total have you been absent from work due to illness / health problems in the past 12 months?

Enter the approximate number of days (including both self-certified and medically certified sick leave):

This element is only shown when at least one of the options «Employed full-time (32 hours or more per week)», «Employed part-time (less than 32 hours per week)», «Self-employed», «On sick leave» or «Conscript» is selected in the question «What is your current work or life situation?»

This element is only shown when at least one of the options «Employed full-time (32 hours or more per week)», «Employed part-time (less than 32 hours per week)», «Self-employed», «On sick leave» or «Conscript» is selected in the question «What is your current work or life situation?»

[Select one alternative]

- ○ Don't know / prefer not to answer

☑ Are you married, cohabiting, single or do you have a partner?

[Select one alternative]

- ○ Married / registered partner
- ○ Cohabitant
- ○ Have a partner (without living together)
- ○ Single
- ○ Widow/widower

▼ How many people live in your household?

Including yourself.

[Select one alternative]

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

▼ How many children under 18 years old are you responsible/caring for?

[Select one alternative]

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

☑ Check the box for which age group(s) your child/children belong(s) to:

Select one or more options.

This element is only shown when at least one of the options «1», «2», «3», «4» or «5 or more» is selected in the question «How many children under 18 years old are you responsible/caring for?»

[Select one or more alternatives]

- ☐ Before preschool age
- ☐ Preschool age
- ☐ Primary school age (1st–4th grade)
- ☐ Primary school age (5th–7th grade)
- ☐ Lower secondary school age (8th–10th grade)
- ☐ Upper secondary school age (high school)

If you live alone, consider your total income. If you live with others, consider the total income of everyone in the household. How easy or difficult is it for you, with this income, to make ends meet in your daily life?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Relatively difficult
- ○ Relatively easy
- ○ Easy
- ○ Very easy
- ○ Don't know

Trust in the Health Authorities

All in all, to what extent do you agree or disagree that the health authorities are trustworthy?

This question concerns your general trust in the health authorities, regardless of the topics in this survey.

[Select one alternative]

- ○ Completely disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Completely agree

In the past 12 months, have you used artificial intelligence (AI) to get health information or advice?

[Select one alternative]

- ○ Yes
- ○ No
- ○ Don't know / unsure

To what extent do you trust the health information or advice you receive from artificial intelligence?

This element is only shown when the option «Yes» is selected in the question «In the past 12 months, have you used artificial intelligence (AI) to get health information or advice?»

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent
- ○ To a very large extent
- ○ Don't know

Thank you for your answers so far! You have now completed approximately 80% of the survey. Click «**Send and continue**» to save your answers so far, and to proceed to the last part of the survey.

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’Health, work and active ageing’

Thematic module A

The participant is randomly assigned to one of three theme modules

The next questions are about work and work ability, or about participation and mastery in retirement. Some people will receive questions about both.
You have already answered a question about your work or life situation. However, to tailor the questions in this section, we need to ask you to indicate this again.

Which of the following applies to you now?

Here, work means paid employment, self-employment, freelance/contract work or compulsory military service. Include any job from which you are on full or partial sick leave. Disability benefit and work assessment allowance are not considered early retirement here.

[Select one alternative]

- ○ I am in work
- ○ I am an old-age or early retirement pensioner
- ○ I am in work and am also an old-age or early retirement pensioner
- ○ Neither

Have you previously been in paid employment, run your own business or done freelance/contract work?

This element is only shown when the option «Neither » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Yes
- ○ No

How old were you when you last stopped working?

If you have had several periods in work, answer for the last time you stopped working.
Enter your age in completed years.

This element is only shown when the option «Yes» is selected in the question «Have you previously been in paid employment, run your own business or done freelance/contract work?»

What are the main reasons why you are not in work now?

Select up to two options.

This element is only shown when the option «Neither » is selected in the question «Which of the following applies to you now?»

[Select one or more alternatives]

- ☐ Unemployed or looking for work
- ☐ Health problems, long-term illness or disability

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- ☐ School or education
- ☐ Caring for children or others
- ☐ Unpaid homemaker
- ☐ Other personal reasons or priorities
- ☐ Another reason
- ☐ Prefer not to answer

Work, occupational group and working hours

What type of business or organisation do you work in?

Select the option that fits best. If you have more than one job, answer for the job in which you spend most of your working time.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Health and social care services
- ○ Education
- ○ Public administration, defence or social security
- ○ Wholesale, retail or customer service
- ○ Industry, manufacturing, electricity, water or sewerage
- ○ Construction
- ○ Transport, storage or logistics
- ○ Accommodation, food services or tourism
- ○ Information, communication, finance, insurance or property
- ○ Professional, technical or administrative services
- ○ Culture, sport, organisations or other services
- ○ Agriculture, forestry or fishing
- ○ Other
- ○ Don't know

▼ How many hours a week do you usually work in your main job?

If you have more than one job, answer for the job in which you spend most of your working time. Include regular overtime and other extra work, including work done from home. Round to the nearest whole hour.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ 0 hours
- ○ 1 hour
- ○ 2 hours
- ○ 3 hours
- ○ 4 hours
- ○ 5 hours
- ○ 6 hours
- ○ 7 hours
- ○ 8 hours
- ○ 9 hours
- ○ 10 hours
- ○ 11 hours
- ○ 12 hours
- ○ 13 hours
- ○ 14 hours
- ○ 15 hours
- ○ 16 hours
- ○ 17 hours
- ○ 18 hours
- ○ 19 hours
- ○ 20 hours
- ○ 21 hours
- ○ 22 hours
- ○ 23 hours
- ○ 24 hours
- ○ 25 hours
- ○ 26 hours
- ○ 27 hours
- ○ 28 hours
- ○ 29 hours
- ○ 30 hours
- ○ 31 hours
- ○ 32 hours
- ○ 33 hours
- ○ 34 hours
- ○ 35 hours
- ○ 36 hours

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- ○ 37 hours
- ○ 38 hours
- ○ 39 hours
- ○ 40 hours
- ○ 41 hours
- ○ 42 hours
- ○ 43 hours
- ○ 44 hours
- ○ 45 hours
- ○ 46 hours
- ○ 47 hours
- ○ 48 hours
- ○ 49 hours
- ○ 50 hours
- ○ 51 hours
- ○ 52 hours
- ○ 53 hours
- ○ 54 hours
- ○ 55 hours
- ○ 56 hours
- ○ 57 hours
- ○ 58 hours
- ○ 59 hours
- ○ 60 hours
- ○ 61 hours
- ○ 62 hours
- ○ 63 hours
- ○ 64 hours
- ○ 65 hours
- ○ 66 hours
- ○ 67 hours
- ○ 68 hours
- ○ 69 hours
- ○ 70 hours
- ○ More than 70 hours
- ○ Varies a lot

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What is your employment arrangement in your main job?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Permanent employee
- ○ Temporary employee
- ○ Self-employed
- ○ Freelancer/contractor
- ○ Agency worker
- ○ Conscript
- ○ Other employment arrangement
- ○ Don't know

At what times of day do you usually work in your main job?

Think about your usual working hours, not occasional extra shifts or overtime. Select one option.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Daytime work only
- ○ Evening work only
- ○ Night work only
- ○ Both daytime and evening work
- ○ Both daytime and night work
- ○ Both evening and night work
- ○ Daytime, evening and night work
- ○ Don't know

Do you work shifts or on a rota in your main job?

By shift or rotating work, we mean that your working hours vary according to a set schedule, for example between day, evening, night or weekend shifts.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Yes
- ○ No
- ○ Don't know

How often do you usually work from home?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Never
- ○ Less than weekly
- ○ 1–2 days a week
- ○ 3 or more days a week
- ○ Almost always
- ○ Not applicable

Work ability and health-related limitations

▼ Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability?

This element is only shown when at least one of the options «I am in work », «I am in work and am also an old-age or early retirement pensioner » or «Neither » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ 0 - Currently unable to work at all
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 - Work ability at its best
- ○ Not applicable

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

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Very good
- ○ Good
- ○ Moderate
- ○ Poor
- ○ Very poor
- ○ Not applicable

How do you rate your current work ability with respect to the psychological or mental demands of your main job?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Very good
- ○ Good
- ○ Moderate
- ○ Poor
- ○ Very poor
- ○ Not applicable

Have health problems or a disability made it more difficult for you to find or keep work in the past 12 months?

This element is only shown when at least one of the options «I am in work », «I am in work and am also an old-age or early retirement pensioner » or «Neither » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ No
- ○ Yes, to a small extent
- ○ Yes, to some extent
- ○ Yes, to a large extent
- ○ Not applicable

What is the main type of health problem or disability that limits your work ability or everyday functioning?

Select the option that fits best.

This element is only shown when at least one of the options «I am in work », «I am in work and am also an old-age or early retirement pensioner » or «Neither » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ No health problems limit my work ability or everyday functioning
- ○ Mental health symptoms
- ○ Musculoskeletal problems
- ○ Other pain problems
- ○ Sleep problems, exhaustion or fatigue
- ○ Respiratory problems or infection
- ○ Other physical illness
- ○ Disability
- ○ Other
- ○ Prefer not to answer

☑ Considering your health, how likely is it that you will be able to work or study in two years' time?

If work or study is not relevant to you, select «Not applicable».

This element is only shown when at least one of the options «I am in work », «I am in work and am also an old-age or early retirement pensioner » or «Neither » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Very likely
- ○ Fairly likely
- ○ Unsure
- ○ Fairly unlikely
- ○ Very unlikely
- ○ Not applicable

Sickness absence, sickness presenteeism and reduced work performance

▼ What was your longest continuous absence from work due to your own illness or health problems in the past 12 months?

Count calendar days, including weekends and days off that were part of the continuous period of absence.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ No absence
- ○ 1–3 days
- ○ 4–16 days

- ○ 17 days–8 weeks
- ○ More than 8 weeks
- ○ Don't remember

What was the main reason for your sickness absence in the past 12 months?

Think about the health problem or illness that caused the most days of absence overall.
Select the option that fits best.

This element is only shown when at least one of the options «1–3 days», «4–16 days», «17 days–8 weeks» or «More than 8 weeks» is selected in the question «What was your longest continuous absence from work due to your own illness or health problems in the past 12 months?»

[Select one alternative]

- ○ Respiratory infection or other infection
- ○ Musculoskeletal problems
- ○ Pain
- ○ Mental health symptoms or stress
- ○ Sleep problems
- ○ Tiredness or exhaustion
- ○ Stomach or bowel problems
- ○ Cardiovascular disease
- ○ Cancer
- ○ Neurological disease or nervous system problems
- ○ Injury or accident
- ○ Pregnancy or pregnancy-related problems
- ○ Alcohol use
- ○ Other illness or health problem
- ○ Other non-health-related reason
- ○ Don't remember
- ○ Prefer not to answer

To what extent do you think the following factors contributed to your sickness absence in the past 12 months?

If you have had several periods of absence, think about your sickness absence overall.

This element is only shown when at least one of the options «1–3 days», «4–16 days», «17 days–8 weeks» or «More than 8 weeks» is selected in the question «What was your longest continuous absence from work due to your own illness or health problems in the past 12 months?»

Physical or ergonomic strains at work

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

Psychological or emotional strains at work

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

Lack of or insufficient adjustments in the workplace

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

Strains in private life

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

The illness or health problem itself

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

Alcohol use

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

Use of drugs other than alcohol

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent

☑ Have you been on full or partial sick leave from work in the past 12 months?

Include sick leave certified by a doctor or another healthcare practitioner. Do not include absences for which you only used self-certification.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ No
- ○ Yes, only graded (partial) sick leave
- ○ Yes, only full sick leave (100%)
- ○ Yes, both graded and full sick leave
- ○ Don't remember

▼ On how many days in the past 12 months have you gone to work even though, in your own judgement, you should have stayed away because of illness or health problems?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ 0 days
- ○ 1–3 days
- ○ 4–10 days
- ○ 11–20 days
- ○ More than 20 days
- ○ Don't remember

☑ What were the main reasons why you went to work even though, in your own judgement, you should have stayed away because of illness or health problems?

If this has happened several times, think about what was usually most important. Select up to three options.

This element is only shown when at least one of the options «1–3 days», «4–10 days», «11–20 days» or «More than 20 days» is selected in the question «On how many days in the past 12 months have you gone to work even though, in your own judgement, you should have stayed away because of illness or health problems?»

[Select one or more alternatives]

- ☐ My health problems were not serious enough for me to stay at home
- ☐ I had important tasks, deadlines or meetings
- ☐ It was difficult to get others to take over my work
- ☐ I did not want to burden my colleagues
- ☐ I did not want to let down service users, patients, pupils, customers or others I am responsible for at work
- ☐ I was concerned about the financial consequences of being absent
- ☐ I was concerned about negative reactions from my manager, employer or colleagues
- ☐ I was concerned about the consequences for my job, employment relationship or future career
- ☐ I could adjust my work so that I could still work
- ☐ It is common or expected at my workplace to come to work even when ill
- ☐ Other

▼ In the past 12 months, how many times have you been less productive at work because you drank alcohol the day before?

Choose 0 if this has never happened in the past 12 months.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
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Think about the day or days when you were less productive because you drank the day before. How much did you get done compared with a normal day at work?

This element is only shown when at least one of the options «1», «2», «3», «4», «5», «6», «7», «8», «9», «10», «11», «12», «13», «14», «15», «16», «17», «18», «19», «20», «21», «22», «23», «24», «25», «26», «27», «28», «29», «30», «31», «32», «33», «34», «35», «36», «37», «38», «39», «40», «41», «42», «43», «44», «45», «46», «47», «48», «49», «50», «51», «52», «53», «54», «55», «56», «57», «58», «59», «60», «61», «62», «63», «64», «65», «66», «67», «68», «69», «70», «71», «72», «73», «74», «75», «76», «77», «78», «79», «80», «81», «82», «83», «84», «85», «86», «87», «88», «89», «90», «91», «92», «93», «94», «95», «96», «97», «98», «99», «100», «101», «102», «103», «104», «105», «106», «107», «108», «109», «110», «111», «112», «113», «114», «115», «116», «117», «118», «119», «120», «121», «122», «123», «124», «125», «126», «127», «128», «129», «130», «131», «132», «133», «134», «135», «136», «137», «138», «139», «140», «141», «142», «143», «144», «145», «146», «147», «148», «149», «150», «151», «152», «153», «154», «155», «156», «157», «158», «159», «160», «161», «162», «163», «164», «165», «166», «167», «168», «169», «170», «171», «172», «173», «174», «175», «176», «177», «178», «179», «180», «181», «182», «183», «184», «185», «186», «187», «188», «189», «190», «191», «192», «193», «194», «195», «196», «197», «198», «199», «200», «201», «202», «203», «204», «205», «206», «207», «208», «209», «210», «211», «212», «213», «214», «215», «216», «217», «218», «219», «220», «221», «222», «223», «224», «225», «226», «227», «228», «229» or «230» is selected in the question «In the past 12 months, how many times have you been less productive at work because you drank alcohol the day before?»

[Select one alternative]

- ○ I got almost none of my usual work done
- ○ I got about half of my usual work done
- ○ I got almost as much of my work done as usual

In the past 4 weeks, how often have health problems caused you to do less work or work of a lower quality than usual?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Always
- ○ Not applicable

Workplace adjustments and opportunities to remain in work

Have you needed adjustments at work because of health problems in the past 12 months?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ No
- ○ Yes, a little
- ○ Yes, some
- ○ Yes, a lot

Did you receive the adjustments you needed?

This element is only shown when at least one of the options «Yes, a little», «Yes, some» or «Yes, a lot» is selected in the question «Have you needed adjustments at work because of health problems in the past 12 months?»

[Select one alternative]

- ○ Yes, fully
- ○ Yes, partly
- ○ No
- ○ I did not ask for adjustments
- ○ Not applicable

In your main job, how easy or difficult is it to obtain temporary adjustments to working hours, tasks or workload when needed?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Very easy
- ○ Fairly easy
- ○ Neither easy nor difficult
- ○ Fairly difficult
- ○ Very difficult
- ○ Don’t know

Has a lack of adjustments contributed to any of the following in the past 12 months?

Select all options that apply. Select only «No» if none of the other options apply.

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one or more alternatives]

- ☐ No
- ☐ Yes, to sickness absence
- ☐ Yes, to reduced work ability

- ☐ Yes, to working with health problems even though I should have stayed away
- ☐ Yes, to thoughts of leaving or changing jobs
- ☐ Yes, to stopping work
- ☐ Not applicable

Psychosocial and organisational demands at work

How often do you experience the following in your main job?

This element is only shown when at least one of the options «I am in work » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

I have too much to do for the time available

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

My work is unpredictable, which makes it difficult to plan my working day

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I experience conflicting demands or expectations at work

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

My work involves psychological or emotional strains

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

My job takes up so much time or energy that it adversely affects my private life

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I have influence over how I organise my work

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I can control the pace and priorities of my work

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I feel that work tasks and responsibilities are clearly defined

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I receive good support from my immediate manager when I need it

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I have good opportunities for contact and communication with colleagues

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I am subjected to offensive, degrading or unpleasant treatment in connection with my work

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

I am subjected to threats or violence in connection with my work

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Almost daily
- ○ Not applicable

Active ageing

The next questions are about participation, mastery and opportunities in everyday life.

How often do you take part in activities outside the home that are important or meaningful to you?

Examples include helping others, volunteering, involvement in organisations, cultural or leisure activities, courses, religious or belief-based activities, exercise, gardening, do-it-yourself activities or attending social meeting places.

This element is only shown when at least one of the options «I am an old-age or early retirement pensioner » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Several times a week
- ○ Daily or almost daily

To what extent do you feel that your health enables you to do what you want in everyday life?

This element is only shown when at least one of the options «I am an old-age or early retirement pensioner » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ To a very small extent
- ○ To a small extent
- ○ To some extent
- ○ To a large extent
- ○ To a very large extent
- ○ Not applicable

To what extent do you have the opportunity to contribute your experience, knowledge or skills in a way that is meaningful to you?

This could be within your family, local community, volunteering, organisations, work, education or other settings.

This element is only shown when at least one of the options «I am an old-age or early retirement pensioner » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ To a very small extent
- ○ To a small extent
- ○ To some extent
- ○ To a large extent
- ○ To a very large extent
- ○ Not applicable

To what extent do you want to take part in activities that are important or meaningful to you?

This element is only shown when at least one of the options «I am an old-age or early retirement pensioner » or «I am in work and am also an old-age or early retirement pensioner » is selected in the question «Which of the following applies to you now?»

[Select one alternative]

- ○ To a very small extent
- ○ To a small extent
- ○ To some extent
- ○ To a large extent
- ○ To a very large extent
- ○ Not applicable

Thank you for your answers! You have now answered all the questions in the Norwegian Public Health Survey 2026. Click «**Send**» to finish and submit your answers.
Do you need someone to talk to? Contact:

- Mental Helse: 116 123
- Kirkens SOS: 22 40 00 40



’Body, life experiences and changes in lifestyle habits’

Thematic module B

The participant is randomly assigned to one of three theme modules

Sex-specific health

We would now like to ask some questions about health problems that may differ between women and men.

Which questions are most relevant to you?

[Select one alternative]

- ○ Questions about women's health
- ○ Questions about men's health
- ○ Neither

The next questions are about menstruation and menopause. Some of the questions may feel personal. If you do not wish to answer, you can select «Not applicable» or «Prefer not to answer» where these options are available.

Which of the following best describes your current menstrual situation?

Select the response option that best applies to you.

This element is only shown when the option «Questions about women's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ Regular periods
- ○ Irregular periods
- ○ No periods due to pregnancy, abortion or breastfeeding
- ○ No periods due to hormonal contraception or other hormone treatment
- ○ No periods because I have reached menopause
- ○ No periods because my womb has been removed or because of other medical treatment
- ○ No periods for another reason
- ○ Don't know / unsure
- ○ Not relevant

The next questions are about your periods. When answering, please think about how you usually experience your periods.

How severe is your period pain at its worst if you do not take painkillers?

Give your answer on a scale from 0–10, where 0 means no pain at all and 10 means the worst pain imaginable.

This element is only shown when at least one of the options «Regular periods» or «Irregular periods» is selected in the question «Which of the following best describes your current menstrual situation?»

Think about how you usually feel when you have your period.

Select the option that best applies to you for each statement.

This element is only shown when at least one of the options «Regular periods» or «Irregular periods» is selected in the question «Which of the following best describes your current menstrual situation?»

Generally, do you bleed for more than 7 days a month?

[Select one alternative]

- ○ Yes
- ○ No

Do you have 3 or more days of heavy bleeding during your period?

[Select one alternative]

- ○ Yes
- ○ No

In general, do you find your periods particularly inconvenient due to their heaviness?

[Select one alternative]

- ○ Yes
- ○ No

On any of the heavier bleeding days, do you bleed through your clothes at night, or would you bleed through them if you did not change your menstrual product or use double protection at night?

[Select one alternative]

- ○ Yes
- ○ No

During heavier bleeding days, do you worry about staining the seat of your chair, sofa, etc.?

[Select one alternative]

- ○ Yes
- ○ No

On heavier bleeding days, do you deliberately avoid certain activities, trips or leisure plans because you need to change your menstrual product frequently?

[Select one alternative]

- ○ Yes
- ○ No

▼ Approximately how many menstrual products do you use in total during one complete period?

For example, pads, tampons or menstrual cups.

This element is only shown when at least one of the options «Regular periods» or «Irregular periods» is selected in the question «Which of the following best describes your current menstrual situation?»

[Select one alternative]

- ○ 1-5
- ○ 6-10
- ○ 11-15
- ○ 16-20
- ○ More than 20
- ○ Don't know

Which menstrual product do you usually use the most?

This element is only shown when at least one of the options «Regular periods» or «Irregular periods» is selected in the question «Which of the following best describes your current menstrual situation?»

[Select one alternative]

- ○ Pads or pantyliners
- ○ Tampons
- ○ Menstrual cup
- ○ Period underwear
- ○ I use several types about equally
- ○ Other

▼ How many days does your menstrual bleeding usually last?

This element is only shown when at least one of the options «Regular periods» or «Irregular periods» is selected in the question «Which of the following best describes your current menstrual situation?»

[Select one alternative]

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9

- ○ 10
- ○ 11
- ○ 12
- ○ 13
- ○ 14
- ○ 15 or more
- ○ Don't know

Thinking about the time before and during your period, for how many days do physical or psychological symptoms significantly limit or prevent you from doing your usual activities?

Think, for example, about work, education, housework, caring responsibilities, physical activity and social activities.

This element is only shown when at least one of the options «Regular periods» or «Irregular periods» is selected in the question «Which of the following best describes your current menstrual situation?»

[Select one alternative]

- ○ No days
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4-6 days
- ○ 7 days or more

The next question is about various symptoms you may have had over the past four weeks. Please answer regardless of what you think caused the symptoms.

Over the past four weeks, how much have you been bothered by the following?

This element is only shown when the option «Questions about women's health» is selected in the question «Which questions are most relevant to you?»

Sleep problems

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

Low mood, irritability or mood swings

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

Problems with memory or concentration

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

Vaginal dryness or discomfort

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

Muscle or joint pain

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

Involuntary leakage of urine

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

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Hot flushes and night sweats

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered

The next questions are about menopause. By menopause, we mean the period when hormonal changes associated with the end of menstruation can cause various symptoms. This may include the time before, during and after periods stop.

Do you have symptoms associated with menopause?

Select the response option that best applies to you.

This element is only shown when the option «Questions about women's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ Yes
- ○ No
- ○ I have symptoms, but I am unsure whether they are related to menopause
- ○ Don't know
- ○ Not relevant

Over the past four weeks, to what extent have these symptoms affected your everyday life?

For example, work, education, housework, caring responsibilities, physical activity or social activities?

This element is only shown when at least one of the options «Yes» or «I have symptoms, but I am unsure whether they are related to menopause» is selected in the question «Do you have symptoms associated with menopause?»

[Select one alternative]

- ○ Not at all
- ○ To a small extent
- ○ To some extent
- ○ To a large extent
- ○ To a very large extent

☑ Do you use any of the following for symptoms associated with menopause?

Select one or more options.

This element is only shown when the option «Yes» is selected in the question «Do you have symptoms associated with menopause?»

[Select one or more alternatives]

- ☐ Systemic hormone therapy with oestrogen, with or without progestogen/progesterone (e.g. tablets, patches, gel or spray)
- ☐ Local vaginal oestrogen treatment (e.g. vaginal tablets/pessaries, cream or a vaginal ring)
- ☐ Testosterone treatment
- ☐ Other prescription medicines for menopausal symptoms
- ☐ Lubricants or moisturising products for vaginal dryness or discomfort
- ☐ Dietary supplements, plant-based products or herbal remedies for menopausal symptoms
- ☐ Other treatment or other products
- ☐ I have used these previously, but do not use them now
- ☐ I do not use anything for menopausal symptoms

☑ Over the past 12 months, how much time in total have you been absent from work, school or studies because of symptoms related to menstruation?

This element is only shown when the option «Questions about women's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ No absence
- ○ 1–3 days
- ○ 4–16 days
- ○ 17 days–8 weeks
- ○ More than 8 weeks
- ○ Not in work, school or studies during the past 12 months
- ○ Don't remember
- ○ Prefer not to answer
- ○ Not relevant

Over the past 12 months, how much time in total have you been absent from work, school or studies because of symptoms related to menopause?

This element is only shown when the option «Questions about women's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ No absence
- ○ 1–3 days
- ○ 4–16 days
- ○ 17 days–8 weeks
- ○ More than 8 weeks
- ○ Not in work, school or studies during the past 12 months
- ○ Don't remember
- ○ Prefer not to answer
- ○ Not relevant

The next questions are about urination, sexual health, fertility and the prostate. Some of the questions may feel personal. If you do not wish to answer, you can select «Not applicable» or «Prefer not to answer» where these options are available.

Urination

Over the past 30 days, how often have you:

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

Had the sensation of not emptying your bladder completely after you finished urinating?

[Select one alternative]

- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Prefer not to answer

Had to urinate again less than two hours after you finished urinating?

[Select one alternative]

- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Prefer not to answer

Found you stopped and started again several times when you urinated?

[Select one alternative]

- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Prefer not to answer

Found it difficult to postpone urination?

[Select one alternative]

- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Prefer not to answer

Had a weak urinary stream?

[Select one alternative]

- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Prefer not to answer

Had to push or strain to start urination?

[Select one alternative]

- ○ Not at all
- ○ Less than 1 time in 5
- ○ Less than half the time
- ○ About half the time
- ○ More than half the time
- ○ Almost always
- ○ Prefer not to answer

Over the past 30 days, how many times did you typically get up at night to urinate from the time you went to bed at night until the time you got up in the morning?

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ None
- ○ Once
- ○ Twice
- ○ Three times
- ○ Four times
- ○ Five or more times
- ○ Prefer not to answer

If you were to spend the rest of your life with your urinary condition (prostate problems) the way it is now, how would you feel about that?

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ Delighted
- ○ Pleased
- ○ Mostly satisfied
- ○ Mixed – about equally satisfied and dissatisfied
- ○ Mostly dissatisfied
- ○ Unhappy
- ○ Terrible
- ○ I do not have urinary symptoms
- ○ Prefer not to answer

Sexual health and other symptoms

Over the past four weeks, how much have you been bothered by the following?

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

Involuntary leakage of urine

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Little or no sexual desire

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Difficulty getting or maintaining an erection

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Ejaculating earlier than desired

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Difficulty ejaculating or reaching orgasm

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Pain or other discomfort in the penis, testicles or pelvic area, including the area around the prostate

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Hair loss or thinning hair

[Select one alternative]

- ○ Not at all bothered
- ○ Slightly bothered
- ○ Moderately bothered
- ○ Very bothered
- ○ Extremely bothered
- ○ Not applicable
- ○ Prefer not to answer

Children and fertility

Have you ever wanted to have children or more children but found that this was not possible?

Select the main reason if more than one option applies.

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ No
- ○ Yes, mainly because of my own reduced fertility or other health problems
- ○ Yes, mainly because of reduced fertility or other health problems in a partner
- ○ Yes, because of factors affecting both me and a partner
- ○ Yes, but the cause is unknown
- ○ Yes, mainly because I did not have a partner or life circumstances that made it possible
- ○ Yes, mainly for other reasons
- ○ I have not wanted to have children or more children
- ○ Don't know
- ○ Prefer not to answer

PSA test (prostate-specific antigen)

Have you had a PSA test in the past 12 months?

A PSA test is a blood test that can be used to investigate the prostate. Select the main reason if the test was done for more than one reason.

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

[Select one alternative]

- ○ Yes, as part of the investigation or follow-up of symptoms or a known prostate condition
- ○ Yes, because of a known increased risk, for example prostate cancer in my father or brother or an identified gene defect
- ○ Yes, as part of a health check when I had no symptoms
- ○ Yes, for another reason
- ○ Yes, but I am unsure why
- ○ No
- ○ Don't know
- ○ Not applicable to me
- ○ Prefer not to answer

Need for help

Over the past 12 months, have you needed professional help for the following?

Professional help may, for example, be from a GP, urologist, nurse, psychologist, fertility clinic or another health service.

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

Urinary symptoms, leakage of urine or other problems with the urinary tract or prostate

[Select one alternative]

- ○ Yes, and I have sought help
- ○ Yes, but I have not sought help
- ○ No
- ○ Not applicable
- ○ Don't know
- ○ Prefer not to answer

Sexual problems related to desire, erections, ejaculation or orgasm

[Select one alternative]

- ○ Yes, and I have sought help
- ○ Yes, but I have not sought help
- ○ No
- ○ Not applicable
- ○ Don't know
- ○ Prefer not to answer

Pain or other discomfort in the penis, testicles or pelvic area

[Select one alternative]

- ○ Yes, and I have sought help
- ○ Yes, but I have not sought help
- ○ No
- ○ Not applicable
- ○ Don't know
- ○ Prefer not to answer

Fertility problems or other problems related to being able to have children

[Select one alternative]

- ○ Yes, and I have sought help
- ○ Yes, but I have not sought help
- ○ No
- ○ Not applicable
- ○ Don't know
- ○ Prefer not to answer

Advice, testing or treatment relating to sexually transmitted infections or contraception

[Select one alternative]

- ○ Yes, and I have sought help
- ○ Yes, but I have not sought help
- ○ No
- ○ Not applicable
- ○ Don't know
- ○ Prefer not to answer

Hair loss or thinning hair

[Select one alternative]

- ○ Yes, and I have sought help
- ○ Yes, but I have not sought help
- ○ No
- ○ Not applicable
- ○ Don't know
- ○ Prefer not to answer

☑ If you answered that you needed professional help in one or more of the areas above, but did not seek help: What were the main reasons why you did not seek help?

Think about the problem for which you most needed help. Select up to three options.

This element is only shown when the option «Questions about men's health» is selected in the question «Which questions are most relevant to you?»

[Select one or more alternatives]

- ☐ Not applicable – I did not need help, so I did not seek it
- ☐ I thought the problem was not serious enough, or that it would go away on its own
- ☐ I wanted to manage the problem myself

- ☐ I found it difficult or embarrassing to talk about the problem
- ☐ I did not know where to turn
- ☐ I was afraid of the examination or treatment, or of finding out that something was seriously wrong
- ☐ I did not think I would be taken seriously or receive effective help
- ☐ I had previously experienced not receiving help
- ☐ It was difficult to get an appointment
- ☐ I did not have time
- ☐ I could not afford it
- ☐ Transport problems
- ☐ Lack of adjustments or accessible design
- ☐ Language difficulties
- ☐ I was afraid of being humiliated, ridiculed or treated in a degrading way
- ☐ Other
- ☐ Don't know
- ☐ Prefer not to answer

Violence

The next questions are about violence and thoughts of self-harm and suicide.

☑ Have you ever been kicked, hit, beaten up or otherwise physically injured by another person?

Multiple selections possible

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

How often has this happened during the past 12 months:

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever been kicked, hit, beaten up or otherwise physically injured by another person?»

[Select one alternative]

- ○ Once
- ○ 2-4 times
- ○ 5-50 times
- ○ More than 50 times

☑ Has one of your parents, a boyfriend/girlfriend or partner, or a family member repeatedly ridiculed you, humiliated you or told you that you are worthless?

Multiple selections possible

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

☑ How often has this happened during the past 12 months:

This element is only shown when the option «During the past 12 months» is selected in the question «Has one of your parents, a boyfriend/girlfriend or partner, or a family member repeatedly ridiculed you, humiliated you or told you that you are worthless?»

[Select one alternative]

- ○ Once
- ○ 2-4 times
- ○ 5-50 times
- ○ More than 50 times

☑ Has anyone ever used physical force or threats to make you have intercourse or oral or anal sex against your will?

Also include occasions when someone took advantage of a situation in which you could not defend yourself, for example when you were asleep or unconscious/intoxicated.
Multiple selections possible

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

How often has this happened during the past 12 months:

This element is only shown when the option «During the past 12 months» is selected in the question «Has anyone ever used physical force or threats to make you have intercourse or oral or anal sex against your will?»

[Select one alternative]

- ○ Once
- ○ 2-4 times
- ○ 5-50 times
- ○ More than 50 times

Have you ever deliberately harmed yourself in any way (but not with the intention of killing yourself)?

Multiple selections possible.

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

How often has this happened during the past 12 months:

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever deliberately harmed yourself in any way (but not with the intention of killing yourself)?»

[Select one alternative]

- ○ Once
- ○ 2-4 times
- ○ 5-50 times
- ○ More than 50 times

Have you told anyone else that you have harmed yourself?

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever deliberately harmed yourself in any way (but not with the intention of killing yourself)?»

[Select one alternative]

- ○ Yes
- ○ No

☑ Have you ever seriously considered deliberately harming yourself (without intending to take your own life), but not actually done so?

Multiple selections possible.

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

☑ How often has this happened during the past 12 months:

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever seriously considered deliberately harming yourself (without intending to take your own life), but not actually done so?»

[Select one alternative]

- ○ Once
- ○ 2-4 times
- ○ 5-50 times
- ○ More than 50 times

☑ Have you told anyone else that you have thought about harming yourself?

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever seriously considered deliberately harming yourself (without intending to take your own life), but not actually done so?»

[Select one alternative]

- ○ Yes
- ○ No

☑ Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?

Multiple selections possible.

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

Have you told anyone else that you have tried to take your own life?

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?»

[Select one alternative]

- ○ Yes
- ○ No

Have you ever seriously considered taking your own life, but not actually attempted to do so?

Multiple selections possible

[Select one or more alternatives]

- ☐ No, never
- ☐ Yes, before I was 18 years old
- ☐ Yes, as an adult
- ☐ During the past 12 months
- ☐ Prefer not to answer

Have you told anyone else that you have thought about taking your own life?

This element is only shown when the option «During the past 12 months» is selected in the question «Have you ever seriously considered taking your own life, but not actually attempted to do so?»

[Select one alternative]

- ○ Yes
- ○ No

Health literacy

Understanding, interpreting and using health information

On a scale from very difficult to very easy, how easy would you say it is to:

Use the right search terms to find the information you are looking for online?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Visit different websites to check whether they provide similar information about a topic?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Understand information about recommended health screenings or examinations? Examples: measuring blood sugar, measuring blood pressure

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Use information your doctor gives to you to make decisions about your illness?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Influence the living conditions that affect your health and well-being? Examples of living conditions include housing, the local environment, finances, social relationships and work situation

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Judge which vaccinations you or your family may need?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Understand information on food packaging?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Understand information about what to do in a medical emergency?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Judge whether the information is intended to sell products or services?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Decide how you can protect yourself from illness using advice from family or friends?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Judge the advantages and disadvantages of different treatment options?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Judge how your neighbourhood affects your health and well-being?

[Select one alternative]

- ○ Very difficult
- ○ Difficult
- ○ Easy
- ○ Very easy

Changes in lifestyle habits

The next questions are about changes in lifestyle habits. First, we ask about changes over the past 12 months. Then we ask about plans for the next 6 months.
Changes over the past 12 months

Over the past 12 months, have you tried to make the following changes?

Select the option that best describes your current situation. Please answer all rows.

Become more physically active

[Select one alternative]

- ○ No, I have not tried
- ○ Yes, but the change has not lasted
- ○ Yes, and the change is still in place

Eat more healthily

[Select one alternative]

- ○ No, I have not tried
- ○ Yes, but the change has not lasted
- ○ Yes, and the change is still in place

Improve your sleep habits

[Select one alternative]

- ○ No, I have not tried
- ○ Yes, but the change has not lasted
- ○ Yes, and the change is still in place

Over the past 12 months, have you tried to make the following changes?

If you have cut down or stopped during the past 12 months and the change is still in place, select «Yes, and the change is still in place». Select «Not applicable to me» if you did not have the relevant lifestyle habit during this period.

Drink less alcohol

[Select one alternative]

- ○ No, I have not tried
- ○ Yes, but the change has not lasted
- ○ Yes, and the change is still in place
- ○ Not applicable to me

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Cut down or stop smoking cigarettes

[Select one alternative]

- ○ No, I have not tried
- ○ Yes, but the change has not lasted
- ○ Yes, and the change is still in place
- ○ Not applicable to me

Cut down or stop using snus

[Select one alternative]

- ○ No, I have not tried
- ○ Yes, but the change has not lasted
- ○ Yes, and the change is still in place
- ○ Not applicable to me

Plans for the next 6 months

Do you plan to make the following changes in the next 6 months?

Please answer all rows.

Become more physically active

[Select one alternative]

- ○ Yes
- ○ No

Eat more healthily

[Select one alternative]

- ○ Yes
- ○ No

Improve your sleep habits

[Select one alternative]

- ○ Yes
- ○ No

Do you plan to make the following changes in the next 6 months?

Select «Not applicable to me» if you do not drink alcohol, smoke cigarettes or use snus.

Drink less alcohol

[Select one alternative]

- ○ Yes
- ○ No
- ○ Not applicable to me

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Cut down or stop smoking cigarettes

[Select one alternative]

- ○ Yes
- ○ No
- ○ Not applicable to me

Cut down or stop using snus

[Select one alternative]

- ○ Yes
- ○ No
- ○ Not applicable to me

Thank you for your answers! You have now answered all the questions in the Norwegian Public Health Survey 2026. Click «**Send**» to finish and submit your answers.
Do you need someone to talk to? Contact:

- Mental Helse: 116 123
- Kirkens SOS: 22 40 00 40

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’Sexual health’

Thematic module C

The participant is randomly assigned to one of three theme modules

This section contains questions about sexual health, including sexual experiences, habits and your experiences of using health services. Some questions may feel personal, but your answers are important for understanding health needs and improving health services.
Take as much time as you need. You can skip any questions you do not wish to answer.

Gender and sexual attraction

What is your gender identity?

[Select one alternative]

- ○ Man
- ○ Woman
- ○ Transgender
- ○ Non-binary
- ○ Intersex
- ○ Unsure/questioning
- ○ Another gender identity
- ○ Prefer not to answer

What do you consider your sexual orientation to be?

[Select one alternative]

- ○ Heterosexual
- ○ Lesbian/gay
- ○ Bisexual
- ○ Pansexual (attracted to people regardless of gender)
- ○ Asexual (not attracted to others)
- ○ Unsure/questioning
- ○ Another sexual orientation
- ○ Prefer not to answer

Sexual satisfaction

This question is about your overall satisfaction with your sex life. By sex life, we mean your sexual thoughts, feelings, activities, and relationships.

All things considered, how satisfied are you with your sex life?

[Select one alternative]

- ○ Dissatisfied
- ○ Slightly dissatisfied
- ○ Neither satisfied nor dissatisfied

- ○ Fairly satisfied
- ○ Very satisfied
- ○ Don't know
- ○ Prefer not to answer

Sexual experiences and use of contraception

The next questions are about sexual experiences and use of contraception. By "sexual experience" we mean any kind of contact with another person that you felt was sexual. It could be kissing, touching, intercourse or any other form of sex. Please think back to all the people with whom you have had sexual experiences, whether they were casual or one-time encounters, regular partners or spouses. In questions where we use the word "sex", we mean vaginal sex, anal sex or oral sex.

Have you ever had any sexual experience with another person?

By sexual experience, we mean contact with another person that you felt was sexual, for example kissing, touching, vaginal sex, anal sex or oral sex.

[Select one alternative]

- ○ Yes, I have had vaginal sex, anal sex or oral sex
- ○ Yes, but I have not had vaginal sex, anal sex or oral sex
- ○ No
- ○ Prefer not to answer

Which of these statements best describes your sexual experiences?

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex», «Yes, but I have not had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ I have had sexual experiences only with men, never with women
- ○ I have had sexual experiences mostly with men, and at least once with a woman
- ○ I have had sexual experiences both with men and women
- ○ I have had sexual experiences mostly with women, and at least once with a man
- ○ I have had sexual experiences only with women, never with men
- ○ I have only had sexual experiences with people who use gender terms other than man or woman
- ○ Prefer not to answer

☑ Have you (also) had sexual experience with people who use a gender term other than “man” or “woman” to describe themselves?

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex», «Yes, but I have not had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ Yes
- ○ No
- ○ Prefer not to answer

▼ How old were you the first time you had sex with someone?

By sex, we mean vaginal sex, anal sex or oral sex. If you cannot remember exactly, give your best estimate of your age.

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ 10 years or younger
- ○ 11 years
- ○ 12 years
- ○ 13 years
- ○ 14 years
- ○ 15 years
- ○ 16 years
- ○ 17 years
- ○ 18 years
- ○ 19 years
- ○ 20 years
- ○ 21 years
- ○ 22 years
- ○ 23 years
- ○ 24 years
- ○ 25 years
- ○ 26 years
- ○ 27 years
- ○ 28 years
- ○ 29 years
- ○ 30 years or older
- ○ Cannot remember
- ○ Prefer not to answer

▼ In the last 12 months, how many people have you had sex with?

By sex, we mean vaginal sex, anal sex or oral sex.

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ None
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10
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- ○ 96
- ○ 97
- ○ 98
- ○ 99
- ○ 100
- ○ More than 100
- ○ Prefer not to answer

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How many times have you had sex with another person in the last month?

By sex, we mean vaginal sex, anal sex or oral sex.

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ None
- ○ Once in the last month
- ○ 2 or 3 times in the last month
- ○ Once a week
- ○ 2 or 3 times a week
- ○ 4–6 times a week
- ○ Once a day
- ○ More than once a day
- ○ Prefer not to answer

Was a condom used the last time you had sex with another person?

By sex, we mean vaginal sex, anal sex or oral sex.

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ Yes
- ○ No
- ○ Unsure / don't know
- ○ Prefer not to answer

What were the reasons for not using a condom the last time you had sex with another person?

Tick all the reasons that mattered on that occasion.

This element is only shown when the option «No» is selected in the question «Was a condom used the last time you had sex with another person?»

[Select one or more alternatives]

- ☐ I trusted the person
- ☐ We used another form of contraception
- ☐ My partner or I wanted to become pregnant

- ☐ I thought pregnancy was not possible
- ☐ My partner or I was already pregnant
- ☐ I considered the risk of sexually transmitted infections to be low
- ☐ I thought a condom was not relevant to the type of sex we had
- ☐ I/we did not think of using a condom
- ☐ A condom was not available
- ☐ My partner or I experience less sexual pleasure with a condom
- ☐ My partner or I experience discomfort or difficulty using a condom
- ☐ The other person did not want to use a condom
- ☐ I felt uncomfortable or embarrassed about suggesting a condom
- ☐ I felt pressured or could not influence whether a condom was used
- ☐ My partner or I was under the influence of alcohol or other drugs
- ☐ I used PrEP (HIV prevention medication)
- ☐ Another reason
- ☐ Cannot remember / don't know
- ☐ Prefer not to answer

☑ Apart from a condom, what contraception or protection was used in connection with the last time you had sex with another person?

Tick all the options that apply. Include contraception that was already in place, such as a coil/intrauterine device or sterilisation.
If none of the methods were used, select "No other contraception or protection".

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one or more alternatives]

- ☐ Hormonal contraception (contraceptive pill, implant, vaginal ring, patch or injection)
- ☐ Hormonal coil
- ☐ Copper coil
- ☐ Withdrawal
- ☐ "Cycle tracking" / "safe periods"
- ☐ Emergency contraception (morning-after pill)
- ☐ Sterilisation
- ☐ PrEP (HIV prevention medication)
- ☐ Other contraception or protection
- ☐ No other contraception or protection
- ☐ Unsure / don't know
- ☐ Prefer not to answer

☑ Was the person you last had sex with a steady or non-steady partner?

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ Steady partner
- ○ Non-steady partner
- ○ Prefer not to answer

▼ With how many people have you had vaginal or anal intercourse with without using a condom in the last 12 months?

This element is only shown when at least one of the options «Yes, I have had vaginal sex, anal sex or oral sex» or «Prefer not to answer» is selected in the question «Have you ever had any sexual experience with another person?»

[Select one alternative]

- ○ None
- ○ 1 person
- ○ 2 people
- ○ 3 people
- ○ 4 people
- ○ 5 people
- ○ 6 people
- ○ 7 people
- ○ 8 people
- ○ 9 people
- ○ 10 people
- ○ 11–20 people
- ○ 21–30 people
- ○ 31–40 people
- ○ 41–50 people
- ○ More than 50 people
- ○ Have not had vaginal or anal intercourse in the last 12 months
- ○ Prefer not to answer

Sexual function and help from healthcare professionals

The next questions are about where you get information about sexual health, sexual function and any experiences with health services.

☑ Which sources of information do you usually use when you need information or advice about sexual health?

Tick the sources you usually use. You may tick more than one.

[Select one or more alternatives]

- ☐ Partner
- ☐ Friends
- ☐ Family
- ☐ Health services (GP, public health nurse, sexologist, psychologist, etc.)
- ☐ Helplines / chat services staffed by a person
- ☐ Self-help groups
- ☐ Written sources (books, leaflets, libraries)
- ☐ Public information channels (e.g. Helsenorge)
- ☐ The internet in general (websites, search engines)
- ☐ Porn
- ☐ Social media
- ☐ Artificial intelligence (e.g. ChatGPT)
- ☐ Other
- ☐ Have not sought help or advice
- ☐ Prefer not to answer

☑ Have you or your partner ever used medication (for example Viagra, Cialis, Levitra) to help get or keep an erection, or to increase sexual desire?

[Select one alternative]

- ○ Yes, with a prescription from a doctor
- ○ Yes, medication bought over the counter at a pharmacy
- ○ Yes, medication ordered online or obtained from an acquaintance
- ○ No
- ○ Don't know / cannot remember
- ○ Prefer not to answer

☑ In the last 12 months, have you had any illness, health condition or disability that has affected your sexual activity or enjoyment in any way?

[Select one alternative]

- ○ Yes
- ○ No
- ○ Prefer not to answer

☑ What was this related to?

You may tick more than one.

This element is only shown when the option «Yes» is selected in the question «In the last 12 months, have you had any illness, health condition or disability that has affected your sexual activity or enjoyment in any way?»

[Select one or more alternatives]

- ☐ Physical health problems
- ☐ Mental health problems
- ☐ Permanent disability
- ☐ Congenital disability

☑ In the last 12 months, have you experienced any of the following for a period of 3 months or longer?

You may tick more than one.

[Select one or more alternatives]

- ☐ Lacked interest in having sex
- ☐ Lacked enjoyment in sex
- ☐ Felt anxious during sex
- ☐ Felt physical pain as a result of sex (before, during or after)
- ☐ Felt no excitement or arousal during sex
- ☐ Did not reach a climax (experience an orgasm) or took a long time to reach a climax despite feeling excited/aroused
- ☐ Reached a climax (experienced an orgasm) more quickly than you would like
- ☐ Had an uncomfortably dry vagina
- ☐ Had trouble getting or keeping an erection
- ☐ Other problems not listed above
- ☐ I have not experienced any problems
- ☐ Prefer not to answer

☑ How distressed have you been by this?

This element is only shown when at least one of the options «Lacked interest in having sex», «Lacked enjoyment in sex», «Felt anxious during sex», «Felt physical pain as a result of sex (before, during or after)», «Felt no excitement or arousal during sex», «Did not reach a climax (experience an orgasm) or took a long time to reach a climax despite feeling excited/aroused», «Reached a climax (experienced an orgasm) more quickly than you would like», «Had an uncomfortably dry vagina», «Had trouble getting or keeping an erection» or «Other problems not listed above» is selected in the question «In the last 12 months, have you experienced any of the following for a period of 3 months or longer?»

[Select one alternative]

- ○ Not at all distressed
- ○ A little distressed

- ○ Fairly distressed
- ○ Very distressed
- ○ Prefer not to answer

In the last 12 months, have you spoken to a healthcare professional (for example, a doctor, psychologist, nurse, physiotherapist, sexologist or midwife) about sexual matters or problems?

[Select one alternative]

- ○ Yes, I initiated the conversation
- ○ Yes, the healthcare professional initiated the conversation
- ○ No
- ○ Don't know
- ○ Prefer not to answer

How did you experience the conversation with the healthcare professional?

If you have had several such conversations in the last 12 months, think about the most recent one.

This element is only shown when at least one of the options «Yes, I initiated the conversation» or «Yes, the healthcare professional initiated the conversation» is selected in the question «In the last 12 months, have you spoken to a healthcare professional (for example, a doctor, psychologist, nurse, physiotherapist, sexologist or midwife) about sexual matters or problems?»

I felt safe during the conversation

[Select one alternative]

- ○ To a very great extent
- ○ To a great extent
- ○ To some extent
- ○ To a small extent
- ○ Not at all

I felt treated with respect

[Select one alternative]

- ○ To a very great extent
- ○ To a great extent
- ○ To some extent
- ○ To a small extent
- ○ Not at all

I felt that the healthcare professional listened to me

[Select one alternative]

- ○ To a very great extent
- ○ To a great extent
- ○ To some extent
- ○ To a small extent
- ○ Not at all

I felt taken seriously

[Select one alternative]

- ○ To a very great extent
- ○ To a great extent
- ○ To some extent
- ○ To a small extent
- ○ Not at all

I felt that there was room to speak openly

[Select one alternative]

- ○ To a very great extent
- ○ To a great extent
- ○ To some extent
- ○ To a small extent
- ○ Not at all

☑ What is the main reason why you have not spoken to a health-care professional about sexual matters or problems in the last 12 months?

This element is only shown when the option «No» is selected in the question «In the last 12 months, have you spoken to a healthcare professional (for example, a doctor, psychologist, nurse, physiotherapist, sexologist or midwife) about sexual matters or problems?»

[Select one alternative]

- ○ I did not need healthcare
- ○ I did not want to raise it with a healthcare professional
- ○ I did not think a healthcare professional could help
- ○ It felt uncomfortable or embarrassing to raise it, or I was concerned about confidentiality
- ○ I did not get the chance to raise it / it did not happen
- ○ I have sought help before, but had a negative experience or felt I was not taken seriously
- ○ I did not know where to get help

- ○ There is no relevant service where I live
- ○ The help would have been too expensive
- ○ Another reason
- ○ Prefer not to answer

Did you feel you got the help you needed?

If you have had several such conversations in the last 12 months, think about the most recent one.

This element is only shown when at least one of the options «Yes, I initiated the conversation» or «Yes, the healthcare professional initiated the conversation» is selected in the question «In the last 12 months, have you spoken to a healthcare professional (for example, a doctor, psychologist, nurse, physiotherapist, sexologist or midwife) about sexual matters or problems?»

[Select one alternative]

- ○ Yes, to a great extent
- ○ Yes, to some extent
- ○ Only to a small extent
- ○ No, not at all
- ○ Did not need help
- ○ Prefer not to answer

What were the main reasons why you felt you did not get the help you needed?

You may tick more than one.

This element is only shown when at least one of the options «Yes, to some extent», «Only to a small extent» or «No, not at all» is selected in the question «Did you feel you got the help you needed?»

[Select one or more alternatives]

- ☐ I did not get enough information or advice
- ☐ I was not offered treatment or follow-up that met my needs
- ☐ The healthcare professional did not have sufficient knowledge of the topic
- ☐ I was not referred to another service or specialist
- ☐ The waiting time was too long
- ☐ It was difficult to get an appointment or further follow-up
- ☐ The help was not tailored to my situation or my needs
- ☐ Other

Thank you for your answers! You have now answered all the questions in the Norwegian Public Health Survey 2026. Click «**Send**» to finish and submit your answers.
Need someone to talk to? Contact:

- Mental Helse: 116 123
- Kirkens SOS: 22 40 00 40