

Velg ønsket språk / Please select a language

Referanse-ID

Velkommen til Den nasjonale folkehelseundersøkelsen 2025

**Ver vennleg å velg eit språk / Please select a language / Vállje giela / Prosz wybra
jzyk / , / Fadlan dooro luqad /**

Norsk (bokmål)

Norsk (nynorsk)

Samisk - Sámegiel

Engelsk - English

Polsk - Polski

Ukrainsk –

Somali - Af Soomaali

Tigrinja - (Tigrinya)

Would you like to take part? (consent form english)

Reference ID

The Norwegian Public Health Survey

We are conducting a survey to gain more knowledge about the population's health, lifestyle, and other factors that may affect our health.

The information you share with the National Public Health Survey is used to develop better public health policies, support public health work regionally and nationally, and generate new knowledge through research.

Participation is voluntary, and you can request to have your information deleted at any time. The Norwegian Institute of Public Health (NIPH) stores your name, national identity number and contact details, and we use your data in accordance with data protection regulations.

You can read more about your data privacy and how your information is used further down this page.

Do you consent to take part in the survey?

Yes, I consent

No, I do not wish to take part

Your national identity number

Automatically filled in for users logged in via ID-porten

By clicking the «**Send and continue**», button at the bottom of this page, you consent to take part. You will then be redirected to the survey. If you do not have time to complete the survey right now, please wait to consent until you have time to fill in the form in one go.

Click the «**Send**» button at the bottom of this page to send in your response. If you have selected «No, I do not wish to take part», you will not receive reminders from us about this survey.

More About the Public Health Survey

What Does Participation Involve?

Participation in the survey involves answering a questionnaire. The questions in the survey concern your health, quality of life, mental health symptoms and lifestyle, such as physical activity and diet. The Norwegian Institute of Public Health (NIPH) stores your name, national identity number and contact details.

If you consent to take part, your responses may be shared with research projects, counties or similar entities. Your responses may be linked to information from various registers, such as health registers,

registers at Statistics Norway (SSB), other health surveys, or similar. This helps us gain a deeper understanding of the population's health and lifestyles. No one will be able to identify you in any publications from the Norwegian Public Health Survey.

You may be contacted again later to take part in new studies, such as surveys or other forms of data collection for research purposes. Participation in these is entirely voluntary.

As a thank you for your participation, you will be given the opportunity to enter a draw for one of 30 universal gift cards, each valued at NOK 1000.

Further Use of Your Responses

When researchers or others apply for access to your responses, this occurs without your name or national identity number.

If your responses are linked with other registers (e.g., health registers), your national identity number is replaced with a participant ID. Those who receive your data will only see this ID.

Why Have You Been Invited?

You were randomly selected from the National Population Register. We have obtained your contact details from the Contact and Reservation Register. We are authorised to obtain your contact information under the Health Register Act.

Participation Is Voluntary

Participating in the survey is voluntary. You can request to have your data deleted at any time.

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.

Further Information on Data Privacy - How We Store and Use Your Information

Your Rights

As long as we can link your information to 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

You can find more information about your data protection rights and how to exercise them on our website «[Your rights in the Norwegian Public](#)

[Health Survey](#)». If you contact us to exercise these rights, you will receive a response within one month.

You also have the right to lodge a complaint with the Norwegian Data Protection Authority (Datatilsynet) if you believe we are processing your information incorrectly.

Your responses will be used in research reports that you in due course will be able to read on <https://www.fhi.no/en/hs/Norwegian-Public-Health-Survey/>

How Long Do We Store Your Information?

The aim of the Norwegian Public Health Survey is to monitor developments in health and living conditions over time, and we will therefore store your information indefinitely. We do this so that your information can be utilised in future research and strategic planning for initiatives aimed at improving public health.

How Are Your Answers Stored and Used?

We store your information in two separate databases:

One database stores your name, contact details and national identity number

Another database stores your survey responses

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

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 survey responses. The NIPH has a data processing agreement with UiO to ensure that your information is stored securely.

What Authorises Us to Process Your Information?

We process your information to contribute to knowledge that benefits society. This is permitted under the General Data Protection Regulation

(GDPR), which allows us to use personal data when it is necessary for tasks carried out in the public interest, Article 6(1)(e) and Article 9(2)(j). This is supported by the Regulation on Population-Based Health Surveys

The Health Register Act § 14 authorises us to obtain information from the National Population Register and to use the Contact and Reservation Register to contact you.

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 regarding your rights, you may also contact NIPH's Data Protection Officer:

Data Protection Officer at NIPH: personvernombud@fhi.no

The Norwegian Public Health Survey (english)

Referanse-ID

MENTAL AND PHYSICAL HEALTH

Self-Rated Health

How would you rate your overall health?

Would you say it is:

- 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.

- Yes
- No

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?'

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

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

- Yes
- No

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

Asthma, including allergic asthma

- 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

No

Yes, had it the last 12 months

Yes, had it before, but not the last year

Unsure / don't know

A heart attack

No

Yes, had it the last 12 months

Yes, had it before, but not the last year

Unsure / don't know

Angina pectoris (chest pain)

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

No

Yes, had it the last 12 months

Yes, had it before, but not the last year

Unsure / don't know

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

A stroke

No

Yes, had it the last 12 months

Yes, had it before, but not the last year

Unsure / don't know

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

No

Yes, had it the last 12 months

Yes, had it before, but not the last year

Unsure / don't know

Cancer

No

Yes, had it the last 12 months

Yes, had it before, but not the last year

Unsure / don't know

Depression

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

Diabetes

- 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:

This element is only shown when the option '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 options.

- Diabetes type 1
- Diabetes type 2
- Other diabetes (e.g. gestational diabetes or LADA)
- Don't know

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

- Yes, once
- Yes, several times
- No

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

This element is only shown when the option '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?'

Enter a whole number.

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

Such as back pain or rheumatism.

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

How old were you the last time you experienced long-term issues with your muscles/skeleton?

This element is only shown when the option 'Yes, before, but not now' is selected in the question 'Have you experienced long-term issues (3 months or more) with your muscles or skeleton during adulthood?'

Enter a whole number.

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

Sedative medication

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

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

Sleeping medication

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

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

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

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

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

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?

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?

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 the most important reason for your weight loss?

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 options.

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
Don't know, have no explanation

Psychological Distress

Below is a list of problems and complaints that people sometimes have. Please read each one carefully and indicate how much that problem has bothered you during the past 14 days.

Nervousness or shakiness inside

Not at all
A little
Quite a bit
Extremely

Feeling fearful

Not at all
A little
Quite a bit
Extremely

Feeling hopeless about the future

Not at all
A little
Quite a bit
Extremely

Feeling blue

Not at all
A little
Quite a bit
Extremely

Worrying too much about things

Not at all
A little
Quite a bit
Extremely

Do you need someone to talk to?

Please contact:

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

Sleep

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

How often do you experience sleep onset problems?

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

How often do you experience nightly awakenings?

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

How often are you tired or sleepy during the day?

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

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

- 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 weekdays?

Take an average.

- 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.

None
1-2
3-5
6 or more

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

None

Little
Uncertain
Some
A lot

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

Very difficult
Difficult
Possible
Easy
Very easy

Loneliness

How often do you feel that you lack companionship?

Never
Seldom
Sometimes
Often
Very often

How often do you feel left out?

Never
Seldom
Sometimes
Often
Very often

How often do you feel isolated from others?

Never
Seldom
Sometimes
Often
Very often

LIFESTYLE HABITS

Tobacco and E-Cigarettes

Do you ever smoke?

This includes only tobacco products, not e-cigarettes.

Yes
No

How often do you smoke?

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

- Daily
- Occasionally

Have you smoked previously?

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

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

- Yes, daily
- Yes, occasionally
- No

Do you ever use snus (moist oral tobacco)?

- 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)?'

- Daily
- Occasionally

Have you used snus previously?

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

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

- Yes, daily
- Yes, occasionally
- No

Do you ever use e-cigarettes?

By e-cigarettes, we mean electronic cigarettes or vaporizers that are disposable or refillable/rechargeable.

- Yes
- No

How often do you use e-cigarettes?

This element is only shown when the option 'Yes' is selected in the question 'Do you ever use e-cigarettes?'

- Occasionally
- Daily

Do the e-cigarettes you use contain nicotine?

This element is only shown when the option 'Yes' is selected in the question 'Do you ever use e-cigarettes?'

- Yes
- Yes, sometimes
- No

Alcohol

Have you ever had alcohol?

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

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?'

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?

This element is only shown when the option 'Monthly or less or 2-4 times per month or 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?'

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

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?

This element is only shown when the option 'Monthly or less or 2-4 times per month or 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?'

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

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

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 employed, you can proceed to the next question.

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

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.

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.

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?

This element is only shown when the option 'Less than once a week or Once a week or 2-3 times a week or 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?'

Take an average.

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?

This element is only shown when the option 'Less than once a week or Once a week or 2-3 times a week or 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?'

Take an average.

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 weekday?

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.

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.

- 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 $\frac{3}{4}$ coloured circle on the "Bread scale").*

- 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.

- 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.

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.

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?

Yes

No

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

Liquid cod liver oil or cod liver oil capsules

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

Seldom/never

From time to time or in periods

Most days

Daily

Other omega 3 supplements

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

Seldom/never

From time to time or in periods

Most days

Daily

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

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

Seldom/never

From time to time or in periods

Most days

Daily

Multivitamins and mineral supplements

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

Seldom/never

From time to time or in periods

Most days

Daily

Calcium with or without vitamin D

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

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)

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

Seldom/never

From time to time or in periods

Most days

Daily

Other iron supplement (apart from multivitamin/mineral supplements)

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

Seldom/never

From time to time or in periods

Most days

Daily

Other iodine supplements (apart from multivitamin/mineral supplements)

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

Seldom/never

From time to time or in periods

Most days

Daily

Other folate supplements (apart from multivitamin/mineral supplements)

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

Seldom/never

From time to time or in periods

Most days

Daily

Seaweed/kelp supplements

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

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

BACKGROUND INFORMATION

What is your highest level of completed education?

- 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.

- 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, civilian service worker
- 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?

This element is only shown when the option 'Employed full-time (32 hours or more per week) or Employed part-time (less than 32 hours per week) or Self-employed or On sick leave or Conscript, civilian service worker' is selected in the question 'What is your current work or life situation'?

Enter the approximate number of days:

This element is only shown when the option 'Employed full-time (32 hours or more per week) or Employed part-time (less than 32 hours per week) or Self-employed or On sick leave or Conscript, civilian service worker' is selected in the question 'What is your current work or life situation'?

- Don't know / prefer not to answer

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

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

How many people live in your household?

Including yourself.

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

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

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

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

This element is only shown when the option '1 or 2 or 3 or 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 options.

- 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?

- 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.

Completely disagree

Disagree

Neither agree nor disagree

Agree

Completely agree

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. On the last page, you will have the opportunity to register for a gift card draw.

Diet and Nutrition (english)

Referanse-ID

Earlier in this questionnaire, you answered some questions about your diet. In this section, we delve deeper into the topic. The upcoming dietary questions do not overlap with those you have already answered, so there is no need to remember or check your previous responses.

Please keep **the past 12 months** in mind when answering the following questions.

Thank you for taking the time to complete this questionnaire – your answers are important for the survey!

How often do you eat together with others?

- Rarely/never
- 1-3 times per month
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- Daily

Do you avoid any foods due to food allergy/intolerance?

Select one or more options.

- Wheat or gluten
- Eggs
- Dairy products
- Lactose
- Fish/shellfish
- Nuts
- Soya
- Other
- No, don't have food allergies or intolerances

How much cow's milk and yoghurt do you consume?

Answer in terms of portions, where one portion equals a glass of milk (2 dl) or a tub of yoghurt (1.5 dl). Also include soured and flavoured milk.

- Less than 1 portion per month
- 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

If you drink cow's milk, which of these varieties do you drink the most?

This element is only shown when the option '1-3 portions per month or 1 portion per week or 2-3 portions per week or 4-6 portions per week or 1 portion per day or 2 portions per day or 3 portions per day or More than 3 portions per day' is selected in the question 'How much cow's milk and yoghurt do you consume?'

- Whole milk (at least 3.5% fat)
- Milk with 1.9-3.4% fat
- Semi-skimmed milk (0.5-1.8% fat)
- Skimmed milk / fat-free milk (less than 0.5% fat)
- Don't drink cow's milk
- Don't know

How much juice/fruit smoothie do you drink?

One glass equals 2 dl.

- Less than 1 glass per month
- 1-3 glasses per month
- 1 glass per week
- 2-3 glasses per week
- 4-6 glasses per week
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- More than 3 glasses per day

How much water do you drink?

With or without carbonation, but no added flavour. One glass equals 2 dl.

- Less than 1 glass per month
- 1-3 glasses per month
- 1 glass per week
- 2-3 glasses per week
- 4-6 glasses per week
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- More than 3 glasses per day

How often do you eat fish toppings?

By fish toppings we mean for example caviar, mackerel in tomato, tuna salad or fish cake that is eaten as a topping on, for example, bread, crispbread or bread rolls.

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

How often do you eat processed white or red meat as a topping or for dinner?

For example sausages, cold cuts of meat and chicken, cured meat, bacon or similar. Do not include plain minced meat / ground beef or homemade dishes made from these.

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

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

For example salmon, trout or mackerel. Do not count fish as a topping.

- Rarely/never
- 1-3 times per month
- Once per week
- 2-3 times per week
- 4-5 times per week
- More often than 5 times per week

How often do you eat dinner without meat or fish (vegetarian)?

For example pancakes, vegetable soup or vegetarian burgers.

- Rarely/never
- 1-3 times per month
- Once per week
- 2-3 times per week
- 4-5 times per week
- More often than 5 times per week

How often do you eat fast food bought at kiosks, petrol stations or burger/pizza chains?

For example hot food such as sausages, hamburgers, chips, pizza, kebabs or similar.

- Rarely/never

1-3 times per month
1-2 times per week
3-4 times per week
5-6 times per week
Once per day
Several times per day

How often do you eat legumes?

For example lentils, beans, peas or chickpeas.

Rarely/never
1-3 times per month
1-2 times per week
3-4 times per week
5-6 times per week
Once per day
Several times per day

How often do you eat a handful of unsalted nuts or seeds?

For example cashew nuts, walnuts, peanuts or almonds.

Rarely/never
1-3 times per month
1-2 times per week
3-4 times per week
5-6 times per week
Once per day
Several times per day

How often do you eat chocolate or other sweets?

Rarely/never
1-3 times per month
1-2 times per week
3-4 times per week
5-6 times per week
Once per day
Several times per day

How often do you eat crisps or other salty snacks?

Rarely/never
1-3 times per month
1-2 times per week
3-4 times per week
5-6 times per week
Once per day

Several times per day

How often do you eat cakes, buns or sweet biscuits?

Rarely/never

1-3 times per month

1-2 times per week

3-4 times per week

5-6 times per week

Once per day

Several times per day

What kind of spread do you most often use on bread/crispbread?

Select up to three options.

Dairy butter

Bremykt

Brelett

Hard margarine (e.g. Melange)

Spreadable margarine (e.g. Soft, Vita, Olivero)

Light margarine (e.g. Soft light, Vita light)

Mayonnaise/oil

Coconut fat

Other hard fat

Other soft fat

Don't use fat/spread

Don't know

What kind of fat do you most often use for frying in a pan or in the oven?

Select up to three options.

Dairy butter

Bremykt

Hard margarine (e.g. Melange)

Spreadable margarine (e.g. Soft, Vita, Olivero)

Liquid margarine (e.g. Liquid Bremykt, Liquid Olivero with butter and olive oil)

Liquid vegetable oil(s) (e.g. olive, rapeseed, soy)

Coconut fat

Other hard fat

Other soft fat

Don't use fat

Don't know

Think about the ready-made food that you buy or the food you prepare at home. Do you usually add any extra salt at the table or during cooking (in addition to what is included in a recipe or in the ready-made dish)?

By «salt» we mean regular table salt, sea salt, mineral salt (e.g. Seltin), as well as soy sauce (including

shoyu), dashi, natto or miso.

Rarely/never

Occasionally

Often/usually, I add a little salt

Often/usually, I add a fair amount of salt

Often/usually, I add plenty of salt

How often do you eat organic fruit or vegetables?

Rarely/never

1-3 times per month

1-2 times per week

3-4 times per week

5-6 times per week

Once daily

Several times per day

If you look at your diet from a 3-year perspective: Have you changed your diet to achieve a more sustainable diet with a lower environmental impact?

No

To a small extent

To some extent

To a large extent

I svært stor grad

What have you changed?

This element is only shown when the option 'To a small extent or To some extent or To a large extent or I svært stor grad' is selected in the question 'If you look at your diet from a 3-year perspective: Have you changed your diet to achieve a more sustainable diet with a lower environmental impact?'

Select one or more options.

More frequent vegetarian dinners

Reduced meat intake

Changed meat type

More local food

More vegetables/fruit/berries

More beans/lentils/legumes

More nuts

More cereal-based food (e.g. bread, porridge)

More organic food

Less food waste

Other

You have now answered all the questions in the Norwegian Public Health Survey 2025. Click **«Send and continue»** to submit your responses. You will have the opportunity to register for a gift card draw on the next page. Thank you for taking the time to participate!

Respiratory Symptoms (english)

Referanse-ID

In this section, you will be asked questions about respiratory infections.

Respiratory infections can include things like the common cold, influenza, COVID-19 (coronavirus), bronchitis and pneumonia.

By «respiratory symptoms» we mean symptoms such as a sore throat, cough, and a blocked or runny nose.

By «risk group» we mean individuals with a higher risk of becoming seriously ill from respiratory infections, such as those over 65 years old or individuals with chronic heart or lung disease, diabetes, or weakened immune systems

Thank you for taking the time to participate – your answers are important for the survey!

Do you consider yourself at increased risk of becoming seriously ill from respiratory infections?

Yes

No

Don't know

Have you had respiratory symptoms in the past 12 months?

Yes

No

Don't know

BEHAVIOUR

The advice from the Norwegian Institute of Public Health regarding respiratory infections has changed over time. In the following questions, you will find examples of both past and current recommendations.

During certain times of the year, many people get respiratory infections. To what extent do you do the following to avoid getting infected yourself?

I wash my hands or use hand sanitiser

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

I keep extra distance from others

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

I wear a face mask

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

I avoid hugging or handshakes

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

I avoid contact with people who have respiratory symptoms

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

I avoid social activities

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

I avoid public transport

- Not at all
- To a small extent

- To some extent
- To a large extent
- To a very large extent

To what extent do you do the following to avoid infecting others when you have respiratory symptoms?

I cough or sneeze into my elbow or a paper tissue

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

I wash my hands and/or use hand sanitiser more often than usual

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

I avoid unnecessary contact with people in at-risk groups

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

I keep extra distance to others

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

I avoid hugging or handshakes

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

I wear a face mask

- Not at all

- To a small extent
- To some extent
- To a large extent
- To a very large extent

WORKING LIFE

Approximately how many working days have you been unable to work due to respiratory infections in the past 12 months?

- Not in employment
- 0 days
- 1–2 days
- 3–5 days
- 6–10 days
- 11–20 days
- More than 20 days

Do you have the possibility to work fully or partially from home?

This element is only shown when the option '0 days or 1–2 days or 3–5 days or 6–10 days or 11–20 days or More than 20 days' is selected in the question 'Approximately how many working days have you been unable to work due to respiratory infections in the past 12 months'?

- Yes
- No
- Don't know

In your job, do you often have close contact with service users/pupils/patients who are at increased risk of becoming seriously ill from respiratory infections?

This element is only shown when the option '0 days or 1–2 days or 3–5 days or 6–10 days or 11–20 days or More than 20 days' is selected in the question 'Approximately how many working days have you been unable to work due to respiratory infections in the past 12 months'?

Examples might include people over 65 years or individuals with chronic heart or lung disease, diabetes, weakened immune system, etc.

- Yes
- No
- Don't know

What did you do the last time you had respiratory symptoms?

This element is only shown when the option '0 days or 1–2 days or 3–5 days or 6–10 days or 11–20 days or More than 20 days' is selected in the question 'Approximately how many working days have you been unable to work due to respiratory infections in the past 12 months'?

Think back over the last 12 months. Select one or more options.

- Not applicable / haven't had respiratory symptoms in the last 12 months
- I attended work in person
- I worked from home (remote working)
- I was signed off sick by a doctor
- I took self-certified sick leave (self-certified absence from work)
- I was not working at that time
- Don't remember

To what extent were the following reasons important for your decision to work from home the last time you had respiratory symptoms?

I felt too ill to go to work in person

This element is only shown when the option 'I worked from home (remote working)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

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

I was worried about infecting others

This element is only shown when the option 'I worked from home (remote working)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

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

I was concerned that my colleagues would react or think poorly of me going to work with respiratory symptoms

This element is only shown when the option 'I worked from home (remote working)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

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

This element is only shown when the option 'I worked from home (remote working)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

- I was going to work from home anyway
- I don't remember

To what extent were the following reasons important for your decision to take self-certified sick leave the last time you had respiratory symptoms?

I felt too ill to work

This element is only shown when the option 'I took self-certified sick leave (self-certified absence from work)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

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

I was worried about infecting others

This element is only shown when the option 'I took self-certified sick leave (self-certified absence from work)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

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

I was concerned that my colleagues would react or think poorly of me going to work with respiratory symptoms

This element is only shown when the option 'I took self-certified sick leave (self-certified absence from work)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

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

This element is only shown when the option 'I took self-certified sick leave (self-certified absence from work)' is selected in the question 'What did you do the last time you had respiratory symptoms?'

- I don't remember

ATTITUDES

To what extent are you concerned about becoming seriously ill from respiratory infections?

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

To what extent are you concerned about experiencing long-term effects after covid-19?

Often referred to as long covid.

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

To what extent are you concerned about experiencing long-term effects after other respiratory infections?

Such as influenza.

- Not at all

- To a small extent
- To some extent
- To a large extent
- To a very large extent

How do you usually react if you are near someone with obvious respiratory symptoms?

This could be at work, in social settings, on public transport, or in a shop.

Select one or more options.

- I become concerned about getting infected
- I think it is acceptable for the person to participate in public life despite having respiratory symptoms
- I feel irritated that the person is being inconsiderate of their surroundings
- I try to keep my distance or move away
- I put on a face mask
- I speak up to the person, for example, encourage them to keep their distance
- I don't think or react in any particular way
- Don't know

TESTING

Did you take a rapid test at home the last time you had respiratory symptoms?

This element is only shown when the option 'Yes' is selected in the question 'Have you had respiratory symptoms in the past 12 months?'

Examples include a home test for coronavirus (COVID-19), influenza or RSV.

- Yes, the test was positive (detected infection)
- Yes, the test was negative (did not detect infection)
- Yes, but the test was inconclusive
- No
- Can't remember

Which respiratory infections did you get tested for?

This element is only shown when the option 'Yes, the test was positive (detected infection)' or 'Yes, the test was negative (did not detect infection)' or 'Yes, but the test was inconclusive' is selected in the question 'Did you take a rapid test at home the last time you had respiratory symptoms?'

Select one or more options.

- COVID-19 (coronavirus)
- Influenza
- RSV infection
- Streptococcus A infection (Strep A)
- Other bacterial or viral infection
- Don't remember

Which respiratory infections did the test show you were infected with?

This element is only shown when the option 'Yes, the test was positive (detected infection)' is selected in the question 'Did you take a rapid test at home the last time you had respiratory symptoms?'

Select one or more options.

COVID-19 (coronavirus)
Influenza
RSV infection
Streptococcus A infection (Strep A)
Other bacterial or viral infection
Don't remember

How did the positive rapid test (detected infection) affect your behaviour the last time you had respiratory symptoms?

This element is only shown when the option 'Yes, the test was positive (detected infection)' is selected in the question 'Did you take a rapid test at home the last time you had respiratory symptoms?'

Select one or more options.

The test result led me to cancel / not participate in social activities
The test result led me to stay home from school/education
The test result led me to take self-certified sick leave (self-certified absence from work)
The test result led me to work from home
The test result led me to seek medical advice / health services
The test result led to other consequences
The test result did not affect my behaviour
Don't remember

How did the negative rapid test (no infection detected) affect your behaviour the last time you had respiratory symptoms?

This element is only shown when the option 'Yes, the test was negative (did not detect infection)' is selected in the question 'Did you take a rapid test at home the last time you had respiratory symptoms?'

Select one or more options.

The test result led me to participate in social activities
The test result led me to attend school / an educational institution in person
The test result led me to attend work in person instead of working from home
The test result led me to attend work in person instead of taking self-certified sick leave
The test result led me to end self-certified sick leave earlier than planned
The test result led to other consequences
The test result did not affect my behaviour
Don't remember

INFORMATION

What are your main sources of advice regarding respiratory infections?

Choose up to two options.

Traditional media (e.g., newspapers, online newspapers, news broadcasts)
Social media (e.g., Facebook, Instagram, TikTok, Snapchat)
FHI.no (the Norwegian Institute of Public Health's website)
Helsenorge.no

Other public websites

Doctor or other healthcare professionals

Friends, family or acquaintances

Other sources than the ones mentioned above

Don't know / not applicable

You have now answered all the questions in the Norwegian Public Health Survey 2025. Click «**Send and continue**» to submit your responses. You will have the opportunity to register for a gift card draw on the next page. Thank you for taking the time to participate!

Mental Health and Health Care Services (english)

Referanse-ID

In this section of the survey, we ask more about common symptoms of depression and anxiety, and how they may affect everyday life. We would like to hear about your personal experiences, thoughts and opinions.

Thank you for your contribution. If anything feels difficult, you will find contact information for support services at the bottom of the page.

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

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

Feeling down, depressed or hopeless

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

Trouble falling or staying asleep, or sleeping too much

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

Feeling tired or lacking energy

- Not at all
- Several days
- More than half the days

Nearly every day

Poor appetite or overeating

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

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

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

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

Not at all

Several days

More than half the days

Nearly every day

Do you need someone to talk to?

Please contact:

Mental Health: 116 123

Red Cross: 800 333 21

Church SOS: 22 40 00 40

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

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?

Yes

No

Anxiety

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

Feeling nervous, anxious or on edge

Not at all

Several days

More than half the days

Nearly every day

Not being able to stop or control your worrying

Not at all

Several days

More than half the days

Nearly every day

Worrying too much about different things

Not at all

Several days

More than half the days

Nearly every day

Having trouble relaxing

Not at all

Several days

More than half the days

Nearly every day

Being so restless that it is hard to sit still

Not at all

Several days

More than half the days

Nearly every day

Becoming easily annoyed or irritable

Not at all

Several days

More than half the days

Nearly every day

Feeling afraid as if something awful might happen

Not at all

Several days

More than half the days

Nearly every day

HEALTHCARE SERVICES

The following questions are about your experiences with healthcare services over the past year. We would like to gain insight into your needs, how you have utilised healthcare services, and any obstacles you may have encountered.

Have you needed medical assistance in the past 12 months?

Such as consultations, medical examinations, or treatment.

Yes, and have sought help

Yes, but have not sought help

No

Prefer not to answer

Don't know

Which of the following services have you contacted for medical assistance in the past 12 months?

This element is only shown when the option 'Yes, and have sought help' is selected in the question 'Have you needed medical assistance in the past 12 months'

Select one or more options.

General practitioner (GP)

Accident and emergency (A&E)

Public hospital

Private hospital (e.g. Aleris)

Private medical service (e.g. Dr. Dropin)

Other

Prefer not to answer

Don't know

What is the reason you have not sought medical help?

This element is only shown when the option 'Yes, but have not sought help' is selected in the question 'Have you needed medical assistance in the past 12 months'

Select one or more options.

Can't afford it

Don't have time

Transport difficulties

Lack of facilitation and universal design

- Difficulty getting an appointment
- Don't know where to turn
- Have previously experienced not getting help
- Fear/apprehension about examinations, treatment, or a doctor uncovering serious illness
- Language challenges (e.g. difficulty obtaining an interpreter)
- Afraid of being humiliated, ridiculed, or offended
- Other
- Prefer not to answer
- Don't know

Have you needed professional help for mental health issues in the past 12 months?

Mental health issues can include, for example, low mood, sadness, restlessness, loneliness, worry and inner turmoil. Professional help may be from a general practitioner (GP), psychologist, or psychiatrist.

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

Which of the following services have you contacted in the past 12 months for mental health issues?

This element is only shown when the option 'Yes, and have sought help' is selected in the question 'Have you needed professional help for mental health issues in the past 12 months?'

Select one or more options.

- General practitioner (GP)
- Accident and emergency (A&E)
- The municipal service «Promt Mental Health Care»
- Other municipal services (such as courses on healthy living and coping)
- Mental health support at a hospital (including District Psychiatric Centres)
- Private psychologist/psychiatrist
- Other
- Prefer not to answer
- Don't know

What is the reason you have not sought help for your mental health issues?

This element is only shown when the option 'Yes, but have not sought help' is selected in the question 'Have you needed professional help for mental health issues in the past 12 months?'

Select one or more options.

- Can't afford it
- Don't have time
- Transport difficulties
- Lack of facilitation and universal design
- Difficulty to getting an appointment
- Don't know where to turn
- Embarrassed and worried about what others would think of me

Have previously experienced not getting help
Language challenges (e.g. difficulty obtaining an interpreter)
Afraid of being humiliated, ridiculed, or offended
Other
Prefer not to answer
Don't know

How would you rate your dental health?

Would you say that it is:

Very good
Good
Neither good nor bad
Bad
Very bad

Have you needed help from a dentist / dental hygienist in the past 12 months?

Yes, and have sought help
Yes, but have not sought help
No
Prefer not to answer
Don't know

Did you go to a public or private dentist / dental hygienist?

This element is only shown when the option 'Yes, and have sought help' is selected in the question 'Have you needed help from a dentist / dental hygienist in the past 12 months?'

Public
Private
Prefer not to answer
Don't know

What is the reason you have not sought help from a dentist / dental hygienist?

This element is only shown when the option 'Yes, but have not sought help' is selected in the question 'Have you needed help from a dentist / dental hygienist in the past 12 months?'

Select one or more options.

Can't afford it
Don't have time
Transport difficulties
Lack of facilitation and universal design
Difficulty getting an appointment
Don't know where to turn
Have previously experienced not getting help
Fear/apprehension about examinations or treatment
Language challenges (e.g. difficulty obtaining an interpreter)
Afraid of being humiliated, ridiculed or offended
Other

Prefer not to answer

Don't know

EXPERIENCES WITH DISCRIMINATION AND WORKING LIFE

In this section, we examine any experiences you may have had over the past 12 months of being treated worse or less favorably than others, as well as your perceptions of your opportunities within the working environment.

In the past 12 months, how often have you felt that you have been treated worse than others?

Never

Once

A few times a year

A few times a month

A few times a week

Almost every day

Don't know

Prefer not to answer

Why do you think you were treated differently?

This element is only shown when the option 'Once or A few times a year or A few times a month or A few times a week or Almost every day' is selected in the question 'In the past 12 months, how often have you felt that you have been treated worse than others?'

Select one or more options.

Disability

Sexual orientation

Learning difficulties

Gender

Religion or belief

Nationality

Ethnic background

Geographical affiliation

Age

Illness

Other reasons

Don't know

In which situations over the past 12 months did you experience being treated differently?

This element is only shown when the option 'Once or A few times a year or A few times a month or A few times a week or Almost every day' is selected in the question 'In the past 12 months, how often have you felt that you have been treated worse than others?'

Select one or more options.

- In the work place
- At school or educational institution
- Not being offered a job you applied for and were qualified for
- In the Norwegian healthcare system
- In contact with the police
- By employees at a public office, such as NAV or child welfare services
- When buying or renting a home
- In public spaces, e.g. restaurants, shops, buses or on the street
- Other places

How easy or difficult has it been for you to secure a job or utilise your education/skills?

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy
- Very easy
- Not attempted / not applicable
- Don't know

Which of the following factors do you believe have contributed to the difficulty you've had in securing a job or utilising your education/skills?

This element is only shown when the option 'Very difficult or Difficult' is selected in the question 'How easy or difficult has it been for you to secure a job or utilise your education/skills?'

Select one or more options.

- Lack of relevant work experience or references
- Age (too young / too old)
- Limited professional network
- Few relevant jobs where you live
- Your own health situation or care responsibilities
- Insufficient Norwegian language skills
- Lack of recognition for education or qualifications from abroad
- Experienced discrimination
- Uncertain labour rights or employment conditions
- Other reasons
- Don't know

Which language(s) do you speak at home?

Select one or more options.

- Norwegian
- A language other than Norwegian

How would you rate your skills in Norwegian?

This element is only shown when the option 'A language other than Norwegian' is selected in the question 'Which language(s) do you speak at home?'

home?'

- Very good
- Quite good
- Neither good nor bad
- Quite bad
- Very bad
- Don't know

How would you rate your skills in English?

This element is only shown when the option 'A language other than Norwegian' is selected in the question 'Which language(s) do you speak at home?'

- Very good
- Quite good
- Neither good nor bad
- Quite bad
- Very bad
- Don't know

You have now answered all the questions in the Norwegian Public Health Survey 2025. Click **«Send and continue»** to submit your responses. You will have the opportunity to register for a gift card draw on the next page. Thank you for taking the time to participate!

Do you need someone to talk to?

Please contact:

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

Prize draw (english)

Referanse-ID

As a thank you for taking the time to respond, you can enter a draw for 30 universal gift cards worth NOK 1,000 each.

Would you like to enter the prize draw?

Yes, I would like to enter the gift card draw

No, I do not wish to enter the gift card draw

We will contact the winners by mobile phone approximately one month after the survey has ended.

We have registered the following mobile number for you:

This element is only shown when the option 'Yes, I would like to enter the gift card draw' is selected in the question 'Would you like to enter the prize draw?'

For users logged in via ID-porten, this field is filled in automatically. If you would like us to use a different number, please enter the correct number.

Click «**Send**» to finish the survey and send in your responses.