

100%

Vennligst velg ditt foretrukne språk /
Ver vennleg og vel det føretrekte språket ditt /
Please select your preferred language

- ☐ Norsk bokmål
- ☐ Norsk nynorsk
- ☐ English

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Public Health Survey in <Value of "f('fylke')"> 2025

This is a survey about quality of life, health, well-being and other factors that are important for public health. If you want to read more about the survey, you can find information at [<Value of "f\('fylkeslink'\)">](#)

The survey will take about 15 minutes and you will enter the draw for ten <Value of "f('gave')">.

Would you like to take part in the Public Health Survey in Vestfold 2025?

You are invited to the Public Health Survey in Vestfold. This is a survey carried out by the Norwegian Institute of Public Health (NIPH) in collaboration with Vestfold County Council. We are conducting this survey to obtain knowledge that your county and municipality of residence can use in their public health work.

Participation is voluntary, and you may request to have your data deleted at any time. Taking part involves answering a questionnaire about health behaviours, well-being and quality of life. In addition, we collect your name, national identity number and contact information.

The Norwegian Institute of Public Health (NIPH) is responsible for the survey and is assisted by our data processor, Ideas2evidence, in conducting the questionnaire.

Your information is used in accordance with data protection legislation. You can read more about your privacy and how your information is used further down on this page.

Would you like to take part in the Public Health Survey in Telemark 2025?

You are invited to the Public Health Survey in Telemark. This is a survey carried out by the Norwegian Institute of Public Health (NIPH) in collaboration with Telemark County Council. We are conducting this survey to obtain knowledge that your county and municipality of residence can use in their public health work.

Participation is voluntary, and you may request to have your data deleted at any time. Taking part involves answering a questionnaire about health behaviours, well-being and quality of life. In addition, we collect your name, national identity number and contact information.

The Norwegian Institute of Public Health (NIPH) is responsible for the survey and is assisted by our data processor, Ideas2evidence, in conducting the questionnaire.

Your information is used in accordance with data protection legislation. You can read more about your privacy and how your information is used further down on this page.

- ☐ Yes, I consent
- ☐ No, I do not consent

► More about privacy

Purpose of the survey

The main purpose of the survey is to generate knowledge that your county and municipality of residence can use in public health work.

Why are you being asked to participate?

You were randomly selected from the National Population Register. We obtained your contact information from the Contact and Reservation Register, pursuant to the Population Registration Act §§ 10-1 and 10-2.

Who is responsible for the Public Health Survey?

The Norwegian Institute of Public Health (NIPH) is the data controller for the Public Health Survey.

Participation is voluntary

Participation in the Public Health Survey is voluntary. There will be no negative consequences if you choose not to participate, or if you later ask to have your information deleted.

What does participation involve for you?

You will answer a questionnaire that takes about 15–20 minutes. You will be asked about health, health behaviours, wellbeing, and quality of life.

If you consent to participate, your answers may be shared with research projects, student projects, county council, or similar.

Your answers may be linked with information from various registries, e.g., health registries, registries at Statistics Norway (SSB), other health surveys, public health surveys, and similar. This provides better knowledge about health and lifestyle in the population. No one will be able to recognize you in what is published from the Public Health Survey.

The county/your municipality of residence may receive indirectly identifiable files for analysis. All direct personal identifiers—such as name or national identity number—and any details that could be used to identify participants are removed from the data files before they are transferred. Analysis units within public planning and mapping may also apply for indirectly identifiable data.

You may be contacted again later to take part in new questionnaires or other forms of data collection for research. Participation in these is entirely voluntary.

More about privacy—how we store and use your information**How are your data stored and used?**

NIPH stores your information in two separate databases:

- In one database we store your name, contact information, and national identity number.
- In another database we store your questionnaire responses.

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

Further use of your survey responses

When researchers or others apply for access to your responses, this is done without names or national identity numbers. The information may be indirectly identifiable.

If your responses are to be linked with other registries (for example, health registries), a linkage key is used. This means your national identity number is replaced by a participant ID. Those who receive your information will only see this ID, not your name or national identity number.

Our legal basis for processing your information

We process your information to contribute knowledge that benefits society. This is permitted under the data protection rules (GDPR), which allow the use of personal data when necessary for tasks carried out in the public interest, Article 6(1)(e), and for research purposes, Article 9(2)(j). This is supported by the Public Health Act § 25 and the Regulation on the Overview of Public Health § 7.

Your rights

As long as NIPH can link the 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.

If you contact us to exercise these rights, you will receive a reply within one month.

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

You will not receive direct feedback on your responses, but you can follow how the information is used on our website: [Public Health Surveys in the Counties – NIPH](#).

Contact information

If you have questions or wish to exercise your rights, please contact us on e-mail: fhus-deltaker@fhi.no

If you have questions about privacy or your rights, you may also contact NIPH's Data Protection Officer at personvernombud@fhi.no.

You have answered "No" to the consent question.

Without consent, unfortunately, you cannot participate in the survey.

- If you clicked the wrong option, you can go back and change your answer.
- If you press **Next**, the survey will end.

To what extent do you thrive in your local community?

☐ To a great extent

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

Think about your local community and your municipality.

How do you experience the accessibility of **cultural facilities** (for example cinema, library, cultural center, concerts and theater)?

The accessibility is:

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

How do you experience the accessibility of **sports facilities** (for example sports hall, swimming hall, gym, ski/light trails)?

The accessibility is:

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

How do you experience the accessibility of **shops, eateries and other services**?

The accessibility is:

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

How do you experience the accessibility of **public transport**?

The accessibility is:

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

How do you experience the accessibility of **nature and outdoor recreational areas**, including parks and other green spaces?

The accessibility is:

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

How do you experience the accessibility of **coastline/beach or sea/lake** where you live?

The accessibility is:

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know
- ☐ Do not live near the sea or a lake

Do you find that the **pedestrian and bicycle path** is well developed in your local area?

- ☐ Very good
- ☐ Good
- ☐ Neither good nor poor
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

How often do you participate in **organized activities / volunteer work**, such as sports clubs, political organizations, religious communities, choirs, or similar?

- ☐ Daily
- ☐ Weekly
- ☐ 1-3 times a month
- ☐ More seldom
- ☐ Never

When you participate in organized activities / volunteer work you are mainly:

- ☐ Participant, in e.g. training, choir or similar
- ☐ Volunteer contributor, e.g. coach, board position, volunteer in a humanitarian organization or similar
- ☐ Both / it varies

How often do you participate in **other activities**, such as clubs, meetings, meeting friends, exercise walks with friends/colleagues, or others?

- ☐ Daily

- ☐ Weekly
- ☐ 1-3 times a month
- ☐ More seldom
- ☐ Never

How is your **health** in general?

Would you say it is:

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

How do you rate your **dental health**?

Would you say it is:

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

When was **the last time** you visited a dentist or dental hygienist?

- ☐ 0-2 years ago
- ☐ 3-5 years ago
- ☐ More than 5 years ago

Why has it been more than 5 years since you visited a dentist or dental hygienist?

Multiple answers possible.

- ☐ Financial reasons
- ☐ Fear
- ☐ Problems with transport/long distance
- ☐ Other reasons

How tall are you, without shoes?

Specify in cm.

How much do you weigh, without clothes and shoes?

Specify in whole kg. (If you are pregnant, specify weight before pregnancy.)

To what extent have you suffered from...

	Not at all	A little	Quite a bit	Very much
...nervousness or shakiness inside <u>during the last week?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feeling fearful <u>during the last week?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feeling hopeless about the future <u>during the last week?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feeling blue <u>during the last week?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worrying too much about things <u>during the last week?</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

How often...

	Never/seldom	Sometimes	1-2 times per week	At least 3 times per week
...do you experience sleep onset problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...do you experience nightly awakenings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...are you tired or sleepy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Less than one month
- ☐ 1-2 months
- ☐ 3-6 months
- ☐ 7-12 months
- ☐ More than 1 year
- ☐ I don't have sleep problems

How many hours of sleep do you **usually** get per night on weekdays?

Take an average.

Please select your answer

Do you have any long-term **illness** 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 at least six months.

- ☐ Yes
- ☐ No

To what extent do this illness or health problems influence your daily life?

- ☐ To a large extent
- ☐ To some extent
- ☐ To a small extent

☐ Not at all

Do you have any **disability** or **health complaints** resulting from injury?

This also includes disabilities and health problems that come and go.

☐ Yes

☐ No

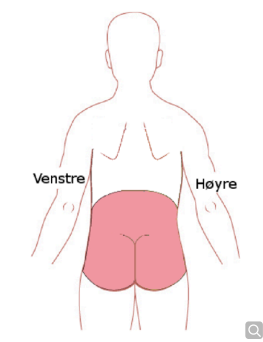
To what extent do this disability or health problems influence your daily life

☐ To a great extent

☐ To some extent

☐ To a small extent

☐ Not at all



In the past 28 days (4 weeks), have you had **pain in your lower back**?

☐ Yes

☐ No

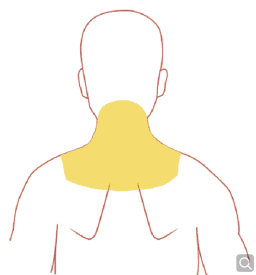
How many days have you had low back pain symptoms in the past 28 days (4 weeks)?

Pain for part of the day counts as one day.

Please select your answer

On how many of the past 28 days (4 weeks), have your low back symptoms caused you to limit your usual activities or change your daily routine?

Please select your answer



In the past 28 days (4 weeks), have you had **pain in your neck**?

☐ Yes

☐ No

How many days have you had neck symptoms in the past 28 days (4 weeks)?

Pain for part of the day counts as one day.

Please select your answer ▼

On how many of the past 28 days (4 weeks), have your neck symptoms caused you to limit your usual activities or change your daily routine?

Please select your answer ▼

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

Please include close family members.

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

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

Would you say that they show:

- ☐ A lot of concern and interest
- ☐ Some concern and interest
- ☐ Neither great nor slight concern and interest
- ☐ Little concern and interest
- ☐ No concern and interest

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

Is it:

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult
- ☐ Difficult
- ☐ Very difficult

How often do you feel...

	Never	Seldom	Sometimes	Often	Very often
...that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...shut out and excluded by others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you usually exercise or work out?

By exercise we mean for instance going for a walk, skiing, swimming, or engage 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?

Take an average.

- ☐ I take it calmly – not out of breath nor 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.

- ☐ Less than 15 minutes
- ☐ 15 - 29 minutes
- ☐ 30 minutes - 1 hour
- ☐ More than 1 hour

	Rarely/never	1-3 times per month	1 time per week	2-3 times per week	4-6 times per week	Once a day	More than once a day
How often do you usually drink soft drinks/squash/other fruit drinks with added sugar (including iced tea, energy drinks, sports drinks, and nectar)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you usually eat fruits or berries (do not include juice or squash)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you usually eat vegetables (including salad)? <i>Do not include potatoes.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat fish (for lunch, for dinner, or as sandwich topping)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you ever smoke?

This only includes products that contain tobacco, **not e-cigarettes/vape**.

- ☐ Yes
- ☐ No

How often do you smoke?

- ☐ Daily

☐ Occasionally

Have you smoked previously?

If you have previously smoked both daily and occasionally, choose "Yes, daily".

☐ Yes, daily

☐ Yes, occasionally

☐ No

Do you ever use snus (moist oral tobacco)?

☐ Yes

☐ No

How often do you use snus?

☐ Daily

☐ Occasionally

Have you used snus previously?

If you have previously used snus both daily and occasionally, choose "Yes, daily".

☐ Yes, daily

☐ Yes, occasionally

☐ No

Do you ever use e-cigarettes/vape?

☐ Yes

☐ No

How often do you use e-cigarettes/vape?

☐ Daily

☐ Occasionally

Have you used e-cigarettes/vape previously?

If you have previously used e-cigarettes/vape both daily and occasionally, choose "Yes, daily".

☐ Yes, daily

☐ Yes, occasionally

☐ No

Have you ever been drinking alcohol?

Alcohol includes all kinds of alcoholic beverages, such as beer, wine, spirits, alcopops etc.

- ☐ Yes
- ☐ No

During the last 12 months, how often have you been drinking alcohol?

- ☐ Never
- ☐ Once a month or less than once a month
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 times a week or more often

How many alcohol units do you drink on a "typical" day when you drink alcohol?

One unit consists of a small bottle of beer or equivalent, a glass of wine, or a restaurant-portion of spirits.

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

How often do you have **six or more units of alcohol** on one occasion?

One unit consists of a small bottle of beer or equivalent, a glass of wine, or a restaurant-portion of spirits.

- ☐ Never
- ☐ Less often than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

I know how to strengthen and take care of my physical health.

- ☐ Very certain
- ☐ Fairly certain
- ☐ Neither certain nor uncertain
- ☐ Fairly uncertain
- ☐ Very uncertain

I know how to strengthen and take care of my mental health.

- ☐ Very certain
- ☐ Fairly certain
- ☐ Neither certain nor uncertain
- ☐ Fairly uncertain
- ☐ Very uncertain

Below are three national campaigns that have been or are ongoing. Answer "Yes" or "No" if you have heard of the campaigns.

Yes No

"5 a day". About how much fruit and vegetables we should eat every day

☐ ☐

"ABC for good mental health: Be active - Connect with others - Find meaningful activities"

☐ ☐

"Your 30". A call for at least 30 minutes of daily physical activity

☐ ☐

The following question only includes new injuries during this period, not treatment of old injuries. 'Contact a physician' includes both GPs, emergency wards, and contact with specialist health services.

During the past 12 months, have you had one or more injuries that made you contact a physician or dentist?

- ☐ Yes, one
- ☐ Yes, more than one
- ☐ No

What caused the injury?

If more than one injury, focus on the most serious one.

- ☐ Accident
- ☐ Violence/assault
- ☐ Intentional self-harm
- ☐ Other
- ☐ Do not wish to answer

What were you doing when the injury took place?

- ☐ Working
- ☐ Studying
- ☐ Sports, physical exercise
- ☐ Outdoor life, hunting, fishing
- ☐ Housework, gardening
- ☐ Play, hobby
- ☐ Other

Do you own or rent your home?

- ☐ Owner
- ☐ I rent
- ☐ I live with family or friends without paying rent

How likely is it that you will move house in the next 10 years?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Somewhat unlikely
- ☐ Very unlikely

Why is it unlikely that you will move house in the next 10 years?

Multiple answers are possible

- ☐ I/we are satisfied with the home
- ☐ I/we need the space in the home for family and guests
- ☐ I/we are satisfied with the garden/outdoor area
- ☐ I/we enjoy the neighborhood where the home is located
- ☐ I/we cannot find a suitable home in the desired area
- ☐ I/we cannot afford to move
- ☐ I/we do not have the capacity to move
- ☐ Other reason

What is most important to you in a future home?

Multiple answers are possible

- ☐ That it is adapted to my age and health
- ☐ More space
- ☐ Less space
- ☐ Private garden/outdoor area
- ☐ Less maintenance
- ☐ Low housing costs
- ☐ Social living environment, e.g., opportunities for social interaction with neighbors
- ☐ Proximity to nature
- ☐ Proximity to public transport
- ☐ Proximity to services and cultural amenities such as shops, pharmacy, library, and cafés/restaurants
- ☐ Other

Over the the last 12 months, how much have you been bothered by noise from **road traffic** when at home?

At home includes indoor as well as outdoor areas connected to your housing.

- ☐ Not bothered
- ☐ Somewhat bothered
- ☐ Moderately bothered
- ☐ Much bothered
- ☐ Very much bothered

Over the last 12 months, how much have you been bothered by **other outdoor sources of noise than road traffic** when at home?

At home includes indoor as well as outdoor areas connected to your housing.

- ☐ Not bothered
- ☐ Somewhat bothered

- ☐ Moderately bothered
- ☐ Much bothered
- ☐ Very much bothered

Now follows several questions to be answered on a scale from 0 to 10.

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

Not satisfied at all											Very satisfied
0	1	2	3	4	5	6	7	8	9	10	

How satisfied do you think that you will be with your life five years from now?

Not satisfied at all											Very satisfied
0	1	2	3	4	5	6	7	8	9	10	

All in all, to what extent do you experience/feel that the things you do in life is meaningful/worthwhile?

Not meaningful at all											Very meaningful
0	1	2	3	4	5	6	7	8	9	10	

Think about how you have felt during the last 7 days. To what extent were you **happy**?

Not happy at all											Very happy
0	1	2	3	4	5	6	7	8	9	10	

Think about how you have felt during the last 7 days. To what extent were you **worried**?

Not worried at all											Very worried
0	1	2	3	4	5	6	7	8	9	10	

Think about how you have felt during the last 7 days. To what extent were you **down or sad**?

Not down or sad at all											Very down or sad
0	1	2	3	4	5	6	7	8	9	10	

Think about how you have felt during the last 7 days. To what extent were you **irritated**?

Not irritated at all											Very irritated
0	1	2	3	4	5	6	7	8	9	10	

Think about how you have felt during the last 7 days. To what extent were you **lonely**?

Not lonely at all											Very lonely
0	1	2	3	4	5	6	7	8	9	10	

Think about how you have felt during the last 7 days. To what extent were you **engaged**?

Not engaged at all										Very engaged				
0	1	2	3	4	5	6	7	8	9	10				

Think about how you have felt during the last 7 days. To what extent were you **calm and relaxed**?

Not calm and relaxed at all										Very calm and relaxed				
0	1	2	3	4	5	6	7	8	9	10				

Think about how you have felt during the last 7 days. To what extent were you **anxious**?

Not anxious at all										Very anxious				
0	1	2	3	4	5	6	7	8	9	10				

Think about how you have felt during the last 7 days. To what extent were you **grateful**?

Not grateful at all										Very grateful				
0	1	2	3	4	5	6	7	8	9	10				

Think about how you have felt during the last 7 days. To what extent did you feel **joy**?

No joy at all										Very much joy				
0	1	2	3	4	5	6	7	8	9	10				

How much do you agree with the statements below?

	Completely disagree										Totally agree				
My social relationships are supportive and rewarding	0	1	2	3	4	5	6	7	8	9	10				
I actively contribute to others' happiness and quality of life	0	1	2	3	4	5	6	7	8	9	10				

How often do you spend time with good friends?

Do not count members of your own family.

- ☐ About daily
- ☐ About every week, but not daily
- ☐ About every month, but not weekly
- ☐ A few times a year
- ☐ More seldom than once a year
- ☐ I have no close friends

Would you generally say that most people can be trusted, or that one cannot be too careful when dealing with people?

Can't be too careful

Most people can be trusted

012345678910

To what extent do you feel that you belong in the place where you live?

I feel no sense of belonging at all

I feel a strong sense of belonging

012345678910

All in all, how safe do you feel when you are out walking in your local area?

Not safe at all

Very safe

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Below are some statements about the experience of control in life. How much do you agree or disagree?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I have little control over what happens to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some of the problems I have I simply cannot solve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is little I can do to change aspects of my life that are important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faced with problems in my life I often feel helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I feel like I'm just being pushed around here in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 program or equivalent (less than 2 years)
- ☐ College/university, bachelor's degree, cand.mag. or equivalent (2-4 years)
- ☐ College/university, master's degree, major subject or equivalent (more than 4 years)
- ☐ No completed education

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

What is your work- or life situation at the moment?

Multiple answers possible.

- ☐ 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

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



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

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?

Please select your answer ▼

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

Multiple answers possible.

- ☐ 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)

Are you, and at least one of your parents, born outside Norway?

☐ Yes

☐ No

How long have you lived in Norway?

Please select your answer 

Prize draw for your participation

As a thank you for taking the time to respond, you can enter the draw for <Value of "f('gave')">. If you would like to take part in the draw, we need your consent to share your contact information with <Value of "f('fylke')"> County Council, which distributes the prizes.

Do you consent to us sharing your email address with <Value of "f('fylke')"> County Council?

☐ Yes, I consent

☐ No, I do not wish to take part in the prize draw

We have the following email address on record for you:

<Value of "f('email')">

Is this correct?

☐ Yes, the email address is correct

☐ No, I would like to be contacted at a different email address

Please provide your email address below so that we can contact you.

Please enter your email address here:

Please repeat:

Thank you very much for taking the time to complete the questionnaire!

Do you have any comments or technical remarks?

Click "**Next**" at the bottom right to finish and submit your responses.

Your response has now been recorded. Thank you for taking part in the survey!

<Value of "f('fylkeslink')">

Exit