

# Public Health Survey in Akershus 2025

## intro

Public Health Survey in [fylke] 2025 This is a survey about quality of life, health, well-being, and other factors important to public health. If you would like to read more about the survey, you can find information at Public Health Survey –[lenke til infoside].

The survey will take approximately 15 minutes, and you will be entered into a draw to win [premie].

## consent text

### Would you like to participate in the Public Health Survey in [fylke] 2025?

You are invited to the Public Health Survey in [fylke]. It is a questionnaire survey conducted by the Norwegian Institute of Public Health (FHI) in collaboration with [fylke] County Municipality. We conduct this survey to gain knowledge that your county and municipality can use in their public health work.

Participation is voluntary, and you can request to have your information deleted at any time. Participation means that you answer a questionnaire about health behavior, well-being, and quality of life. In addition, we collect your name, national identification number, and contact information. The Norwegian Institute of Public Health (FHI) is responsible for the survey and is assisted by our data processor, Ideas2evidence, in carrying out the questionnaire.

If you consent to participate, your responses may be shared for research purposes, with county authorities or similar institutions. Your responses will be linked with information from various registers. The information collected about you will be stored indefinitely. Your data will be used in accordance with privacy regulations. You can read more about your privacy and how your data is used further down on this page.

## consent

- ☐ Yes, I want to participate (1)
- ☐ No, I do not want to participate (2)

## samtykke\_mer\_akershus

### ► More about privacy

### Purpose of the survey

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

### Why are you being asked to participate?

You have been randomly selected from the National Population Register. Your contact information was retrieved 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 (FHI) 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 request that your data be deleted.

### What does participation involve for you?

You will complete a questionnaire that takes approximately 15–20 minutes. It asks about health, health behavior, well-being, and quality of life.

If you consent to participate, your responses may be shared with research projects, student projects, county municipalities, or similar entities.

Your responses may be linked with information from various registries, such as health registries, Statistics Norway (SSB) registries, other health surveys, public health surveys, and similar. This provides better knowledge about health and living habits in the population. No one will be able to identify you in anything published from the Public Health Survey.

The county municipality or municipality of residence may receive de-identified files for analysis. All direct personal identifiers, such as name or national identity number, and any information that could identify participants, will be removed from the data files before transfer. Indirectly identifiable data may also be requested by analytical units within public planning and mapping.

You may be contacted again in the future to participate in new surveys or other forms of data collection for research. Participation in these is entirely voluntary.

### **More on privacy – how we store and use your information**

#### **How are your data stored and used?**

FHI stores your information in two separate databases:

- One database contains your name, contact information, and national identity number
- Another database contains your survey responses.

Access to these databases is strictly regulated. Only a few FHI 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 name or national identity number. The data may be indirectly identifiable.

If your responses are to be linked with other registries (e.g., health registries), a linking key is used. This means your national identity number is replaced with a participant ID. Those receiving your data will only see this ID, not your name or national identity number.

#### **How long do we store your information?**

The purpose of the Public Health Survey is to monitor the development of health and living conditions over time. We will therefore store your information without any time limit. This is done so that the information can be used in future research and to plan measures for better public health.

You may at any time request that your information be deleted.

#### **What gives us the right to process your data**

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

#### **Your rights**

As long as FHI can link the data 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 data

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 if you believe we are processing your data incorrectly.

You will not receive direct feedback on your responses, but you can follow how the data is used on our website: County Public Health Surveys - FHI

**Contact information**

If you have questions or wish to exercise your rights, please contact us by email: [fhus-deltaker@fhi.no](mailto:fhus-deltaker@fhi.no)

If you have questions about privacy or your rights, you can also contact FHI's Data Protection Officer: [personvernombud@fhi.no](mailto:personvernombud@fhi.no).

**consent\_confirm**

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.

**FK8G4intro**  
**YOUR BACKGROUND**

**FK8G4S1**

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

*Select one or more options.*

- ☐ Married / registered partner (1)
- ☐ Cohabitant (2)
- ☐ Have a partner (without living together) (3)
- ☐ Single (4)
- ☐ Widow/widower (5)

**FK8G4S2**

How many people live in your household?

*Including yourself.*

- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 or more (5)

**FK8G4S3**

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

- ☐ 0 (0)
- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 or more (5)

**FK8G4S3a**

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

*Multiple answers possible.*

- ☐ Before preschool age (1)
- ☐ Preschool age (2)
- ☐ Primary school age (1st-4th grade) (3)
- ☐ Primary school age (5th-7th grade) (4)
- ☐ Lower secondary school age (8th-10th grade) (5)
- ☐ Upper secondary school age (high school) (6)

**FK8G5S1**

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

- ☐ Yes (1)
- ☐ No (2)

**FK8G5S1a**

In which country were you born?

- ☐ Norway (000)
- ☐ Afghanistan (404)
- ☐ Albania (111)
- ☐ Algeria (203)
- ☐ Andorra (114)
- ☐ Angola (204)
- ☐ Antigua and Barbuda (603)
- ☐ Argentina (705)
- ☐ Armenia (406)
- ☐ Azerbaijan (407)
- ☐ Australia (805)
- ☐ Bahamas (605)
- ☐ Bahrain (409)
- ☐ Bangladesh (410)
- ☐ Barbados (602)
- ☐ Belarus (120)
- ☐ Belgium (112)
- ☐ Belize (604)
- ☐ Benin (229)
- ☐ Bhutan (412)
- ☐ Bolivia (710)
- ☐ Bosnia and Herzegovina (155)
- ☐ Botswana (205)
- ☐ Brazil (715)
- ☐ Brunei (416)
- ☐ Bulgaria (113)
- ☐ Burkina Faso (393)
- ☐ Burundi (216)
- ☐ Canada (612)
- ☐ Chile (725)
- ☐ Colombia (730)
- ☐ Cook Islands (809)
- ☐ Costa Rica (616)
- ☐ Cuba (620)
- ☐ Denmark (101)
- ☐ United Arab Emirates (426)
- ☐ Dominican Republic (624)
- ☐ Central African Republic (337)
- ☐ Djibouti (250)
- ☐ Dominica (622)
- ☐ Ecuador (735)
- ☐ Egypt (249)
- ☐ Equatorial Guinea (235)
- ☐ El Salvador (672)
- ☐ Côte d'Ivoire (239)
- ☐ Eritrea (241)
- ☐ Estonia (115)
- ☐ Eswatini (357)
- ☐ Ethiopia (246)
- ☐ Fiji (811)
- ☐ Philippines (428)
- ☐ Finland (103)
- ☐ France (117)

- ☐ Gabon (254)
- ☐ Gambia (256)
- ☐ Georgia (430)
- ☐ Ghana (260)
- ☐ Grenada (629)
- ☐ Guatemala (632)
- ☐ Guinea (264)
- ☐ Guinea-Bissau (266)
- ☐ Guyana (720)
- ☐ Haiti (636)
- ☐ Greece (119)
- ☐ Honduras (644)
- ☐ India (444)
- ☐ Indonesia (448)
- ☐ Iraq (452)
- ☐ Iran (456)
- ☐ Ireland (121)
- ☐ Iceland (105)
- ☐ Israel (460)
- ☐ Italy (123)
- ☐ Jamaica (648)
- ☐ Japan (464)
- ☐ Yemen (578)
- ☐ Jordan (476)
- ☐ Cambodia (478)
- ☐ Cameroon (270)
- ☐ Cape Verde (273)
- ☐ Kazakhstan (480)
- ☐ Kenya (276)
- ☐ China (484)
- ☐ Kyrgyzstan (502)
- ☐ Kiribati (815)
- ☐ Comoros (220)
- ☐ Congo, Democratic Republic of the (279)
- ☐ Congo, Republic of the (278)
- ☐ Kosovo (161)
- ☐ Croatia (122)
- ☐ Kuwait (496)
- ☐ Cyprus (500)
- ☐ Laos (504)
- ☐ Latvia (124)
- ☐ Lesotho (281)
- ☐ Lebanon (508)
- ☐ Liberia (283)
- ☐ Libya (286)
- ☐ Liechtenstein (128)
- ☐ Lithuania (136)
- ☐ Luxembourg (129)
- ☐ Madagascar (289)
- ☐ Malawi (296)
- ☐ Malaysia (512)
- ☐ Maldives (513)
- ☐ Mali (299)
- ☐ Malta (126)
- ☐ Morocco (303)
- ☐ Marshall Islands (835)
- ☐ Mauritania (306)

- Mauritius (307)
- Mexico (652)
- Micronesia (826)
- Moldova (138)
- Monaco (130)
- Mongolia (516)
- Montenegro (160)
- Mozambique (319)
- Myanmar (Burma) (420)
- Namibia (308)
- Nauru (818)
- Netherlands (127)
- Nepal (528)
- New Zealand (820)
- Nicaragua (664)
- Niger (309)
- Nigeria (313)
- Niue (821)
- North Korea (488)
- North Macedonia (156)
- Oman (520)
- Pakistan (534)
- Palau (839)
- Palestine (524)
- Panama (668)
- Papua New Guinea (827)
- Paraguay (755)
- Peru (760)
- Poland (131)
- Portugal (132)
- Qatar (540)
- Romania (133)
- Russia (140)
- Rwanda (329)
- Saint Kitts and Nevis (677)
- Saint Lucia (678)
- Saint Vincent and the Grenadines (679)
- Solomon Islands (806)
- Samoa (830)
- San Marino (134)
- São Tomé and Príncipe (333)
- Saudi Arabia (544)
- Senegal (336)
- Serbia (159)
- Seychelles (338)
- Sierra Leone (339)
- Singapore (548)
- Slovakia (157)
- Slovenia (146)
- Somalia (346)
- Spain (137)
- Sri Lanka (424)
- United Kingdom (139)
- Sudan (356)
- Suriname (765)
- Switzerland (141)
- Sweden (106)

- ☐ Syria (564)
- ☐ South Africa (359)
- ☐ South Korea (492)
- ☐ South Sudan (355)
- ☐ Tajikistan (550)
- ☐ Taiwan (432)
- ☐ Tanzania (369)
- ☐ Thailand (568)
- ☐ Togo (376)
- ☐ Tonga (813)
- ☐ Trinidad and Tobago (680)
- ☐ Chad (373)
- ☐ Czechia (158)
- ☐ Tunisia (379)
- ☐ Turkmenistan (552)
- ☐ Tuvalu (816)
- ☐ Turkey (143)
- ☐ Germany (144)
- ☐ Uganda (386)
- ☐ Ukraine (148)
- ☐ Hungary (152)
- ☐ Uruguay (770)
- ☐ USA (684)
- ☐ Uzbekistan (554)
- ☐ Vanuatu (812)
- ☐ Vatican City (154)
- ☐ Venezuela (775)
- ☐ Western Sahara (304)
- ☐ Vietnam (575)
- ☐ Zambia (389)
- ☐ Zimbabwe (326)
- ☐ Austria (153)
- ☐ Timor-Leste (537)
- ☐ Other (990)

**FK8G5S1a1**

Please specify the country in which you were born:

**FK8G5S1d**

How long have you lived in Norway?

- ☐ Less than one year (1)
- ☐ 1-4 years (2)
- ☐ 5-9 years (3)
- ☐ 10-19 years (4)
- ☐ 20-29 years (5)
- ☐ 30 years or more (6)
- ☐ I have lived in Norway my whole life (7)



**FK8G1S1**

What is your highest level of **completed education**?

- ☐ Primary school or equivalent (e.g. continuation school, folk high school) (1)
- ☐ Upper secondary school or equivalent (e.g. vocational school, gymnasium) (2)
- ☐ Post-secondary vocational school (3)
- ☐ College/university, one-year program or equivalent (less than 2 years) (4)
- ☐ College/university, bachelor's degree, cand.mag. or equivalent (2-4 years) (5)
- ☐ College/university, master's degree, major subject or equivalent (more than 4 years) (6)
- ☐ No completed education (7)

**FK8G3S1**

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

*Select one or more options.*

- ☐ Employed full-time (32 hours or more per week) (1)
- ☐ Employed part-time (less than 32 hours per week) (2)
- ☐ Self-employed (3)
- ☐ On sick leave (4)
- ☐ Unemployed (5)
- ☐ On disability pension or receiving work clearance allowance (6)
- ☐ Receiving social benefits (7)
- ☐ Pensioner including early retirement (8)
- ☐ School pupil or student (9)
- ☐ Conscript (10)
- ☐ Working at home (unpaid) (11)

**FK8G2S1**

**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 (1)
- ☐ Difficult (2)
- ☐ Relatively difficult (3)
- ☐ Relatively easy (4)
- ☐ Easy (5)
- ☐ Very easy (6)
- ☐ Don't know (7)

**FK8G2S2**

How large an unforeseen expense could you or your household cover within one month without having to take out additional loans, sell assets, or receive help from others?

- ☐ Nothing (1)
- ☐ Up to 5,000 NOK (2)
- ☐ Up to 10,000 NOK (3)
- ☐ Up to 20,000 NOK (4)
- ☐ Up to 50,000 NOK (5)
- ☐ Up to 100,000 NOK (6)

- ☐ 100,000 NOK or more (7)
- ☐ Don't know (8)

#### FK1intro

### THE LOCAL COMMUNITY, THE MUNICIPALITY

#### FK1G1S1

To what extent do you thrive in your local community?

- ☐ To a large extent (1)
- ☐ To some extent (2)
- ☐ To a small extent (3)
- ☐ Not at all (4)

#### FK1G2intro

### Access to facilities and services locally

*Think about your local community and your municipality.*

#### FK1G2S1

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

*The accessibility is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)

#### FK1G2S2

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

*The accessibility is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)

#### FK1G2S3

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

*The accessibility is:*

- ☐ Very good (1)
- ☐ Good (2)

- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)

**FK1G2S4**

How do you experience the accessibility of public transport?

*The accessibility is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)

**FK1G2S5**

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

*The accessibility is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)

**FK1G2S7**

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

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)

**FK1G2S6**

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

*The accessibility is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor poor (3)
- ☐ Poor (4)
- ☐ Very poor (5)
- ☐ Don't know (6)
- ☐ Do not live near the sea or a lake (7)

**FK8G4S3b**

Do you consider the school route in your local community to be traffic-safe?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know (3)

**FK3intro**

**HEALTH**

**FK3G1S1**

How is **your health** in general?

*Would you say it is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor bad (3)
- ☐ Bad (4)
- ☐ Very bad (5)

**FK3G1S2**

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

*Would you say it is:*

- ☐ Very good (1)
- ☐ Good (2)
- ☐ Neither good nor bad (3)
- ☐ Bad (4)
- ☐ Very bad (5)

**FK3G1S3**

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

- ☐ 0-2 years ago (1)
- ☐ 3-5 years ago (2)
- ☐ More than 5 years ago (3)

**FK3G2intro**

**Height and weight**

**FK3G2S1**

How tall are you, without shoes?

*Specify in centimeters.*

**FK3G2S2**

How much do you weigh, without clothes and shoes?

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

--

**FK3G3intro****Psychological distress****FK3G3S1**

During the last week, to what extent have you suffered from...

	Not at all (1)	A little (2)	Quite a bit (3)	Very much (4)
... <b>nervousness</b> or <b>shakiness</b> inside? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feeling <b>fearful</b> ? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feeling <b>hopeless</b> about the future? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feeling <b>blue</b> ? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... <b>worrying</b> too much about things? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FK3G4intro****Sleep****FK3G4S1**

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

	Never/seldom (1)	Sometimes (2)	1-2 times per week (3)	At least 3 times per week (4)
How often do you experience sleep onset problems? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you experience nightly awakenings? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you tired or sleepy during the day? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FK3G4S2**

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

- ☐ Less than one month (1)  
☐ 1-2 months (2)  
☐ 3-6 months (3)  
☐ 7-12 months (4)  
☐ More than 1 year (5)  
☐ I don't have sleep problems (6)

**FK3G4S3**

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

*Take an average.*

- ☐ Less than 5 hours (1)
- ☐ 5 hours (2)
- ☐ 5 hours and 15 minutes (3)
- ☐ 5 hours and 30 minutes (4)
- ☐ 5 hours and 45 minutes (5)
- ☐ 6 hours (6)
- ☐ 6 hours and 15 minutes (7)
- ☐ 6 hours and 30 minutes (8)
- ☐ 6 hours and 45 minutes (9)
- ☐ 7 hours (10)
- ☐ 7 hours and 15 minutes (11)
- ☐ 7 hours and 30 minutes (12)
- ☐ 7 hours and 45 minutes (13)
- ☐ 8 hours (14)
- ☐ 8 hours and 15 minutes (15)
- ☐ 8 hours and 30 minutes (16)
- ☐ 8 hours and 45 minutes (17)
- ☐ 9 hours (18)
- ☐ 9 hours and 15 minutes (19)
- ☐ 9 hours and 30 minutes (20)
- ☐ 9 hours and 45 minutes (21)
- ☐ 10 hours (22)
- ☐ 10 hours and 15 minutes (23)
- ☐ 10 hours and 30 minutes (24)
- ☐ 10 hours and 45 minutes (25)
- ☐ 11 hours (26)
- ☐ 11 hours and 15 minutes (27)
- ☐ 11 hours and 30 minutes (28)
- ☐ 11 hours and 45 minutes (29)
- ☐ 12 hours (30)
- ☐ More than 12 hours (31)

#### **FK3G5intro**

### **Long-term health problems and daily life functioning**

#### **FK3G5S1**

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 (1)
- ☐ No (2)

#### **FK3G5S1a**

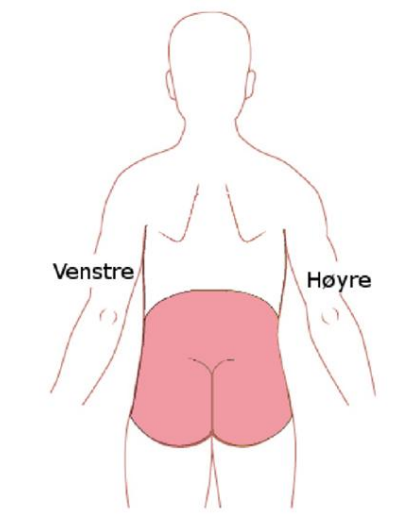
To what extent do this illness or health problems influence your daily life?

- ☐ To a large extent (1)
- ☐ To some extent (2)
- ☐ To a small extent (3)
- ☐ Not at all (4)

**FK3G5S3**

In daily life, do you have difficulty with any of the following:

	No difficulty (1)	Some difficulty (2)	Great difficulty (3)	Cannot do it at all (4)
Seeing clearly, even with the use of glasses or contact lenses? (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing, even with the use of a hearing aid? (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking, for example on stairs? (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating or remembering things? (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing and undressing yourself, or washing yourself without help? (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FK3G6intro****Low back and neck pain****FK3G6S1**

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

*Click on the image to enlarge.*

- ☐ Yes (1)  
☐ No (2)

**FK3G6S1a\_ah**

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.*

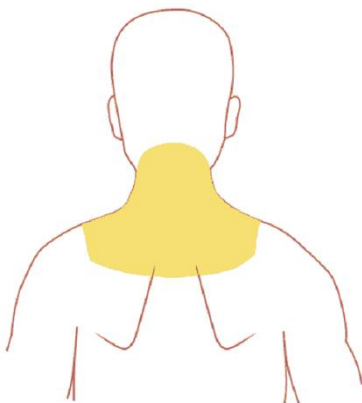
- ☐ 1-5 days (1)
- ☐ 6-10 days (2)
- ☐ 11-15 days (3)
- ☐ 16-20 days (4)
- ☐ 21-27 days (5)
- ☐ All 28 days (6)

**FK3G6S1b\_ah**

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?

- ☐ No days (0)
- ☐ 1-5 days (1)
- ☐ 6-10 days (2)
- ☐ 11-15 days (3)
- ☐ 16-20 days (4)
- ☐ 21-27 days (5)
- ☐ All 28 days (6)

**FK3G6S2**



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

*Click on the image to enlarge.*

- ☐ Yes (1)
- ☐ No (2)

**FK3G6S2a\_ah**

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.*

- ☐ 1-5 days (1)
- ☐ 6-10 days (2)
- ☐ 11-15 days (3)
- ☐ 16-20 days (4)
- ☐ 21-27 days (5)
- ☐ All 28 days (6)



**FK3G6S2b\_ah**

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?

- ☐ No days (0)
- ☐ 1-5 days (1)
- ☐ 6-10 days (2)
- ☐ 11-15 days (3)
- ☐ 16-20 days (4)
- ☐ 21-27 days (5)
- ☐ All 28 days (6)

**FK5G1intro****HEALTH-RELATED BEHAVIOUR****Physical activity****FK5G1S1**

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 (1)
- ☐ Less than once a week (2)
- ☐ Once a week (3)
- ☐ 2-3 times a week (4)
- ☐ 4-5 times a week (5)
- ☐ Almost every day (6)

**FK5G1S1a**

How hard do you train or exercise?

*Take an average.*

- ☐ I take it calmly – not out of breath nor sweating (1)
- ☐ I exercise so hard that I get out of breath and/or sweat (2)
- ☐ I am almost exhausted (3)

**FK5G1S1b**

For how long do you exercise each time?

*Take an average.*

- ☐ Less than 15 minutes (1)
- ☐ 15 - 29 minutes (2)
- ☐ 30 minutes - 1 hour (3)
- ☐ More than 1 hour (4)

**FK5G1S2**

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

Choose the option that fits best.

- ☐ Mostly sedentary work (e.g. desk work, assembly) (1)
- ☐ Work that requires a lot of walking (e.g. shop assistant work, light industrial work, teaching) (2)
- ☐ Work where you walk and lift a lot (e.g. carer, construction worker) (3)
- ☐ Heavy manual labour (4)
- ☐ Not working (5)

## FK5G2intro

### Diet

#### FK5G2S1

	Rarely/never (1)	1-3 times per month (2)	1 time per week (3)	2-3 times per week (4)	4-6 times per week (5)	Once a day (6)	More than once a day (7)
How often do you usually drink soft drinks/squash/other fruit drinks with <b>added sugar</b> (including iced tea, energy drinks, sports drinks, and nectar)? (1)	<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)? (2)	<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)? Do not include potatoes. (3)	<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)? (4)	<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 meat / processed meat products from pork, cattle (beef), lamb / sheep, or goat (for lunch, dinner, or as sandwich toppings)? (5)	<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 dinner without meat / fish (vegetarian)? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FK5G3intro

### Tobacco

#### FK5G3S1

Do you ever smoke?

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

- ☐ Yes (1)
- ☐ No (2)

#### FK5G3S1a

How often do you smoke?

- ☐ Daily (1)
- ☐ Occasionally (2)

**FK5G3S1b**

Have you smoked previously?

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

- ☐ Yes, daily (1)
- ☐ Yes, occasionally (2)
- ☐ No (3)

**FK5G3S2**

Do you ever use snus (moist oral tobacco)?

- ☐ Yes (1)
- ☐ No (2)

**FK5G3S2a**

How often do you use snus?

- ☐ Daily (1)
- ☐ Occasionally (2)

**FK5G4intro****Alcohol****FK5G4intro\_alt****Alcohol and other drugs****FK5G4S1**

Have you ever been drinking alcohol?

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

- ☐ Yes (1)
- ☐ No (2)

**FK5G4S1a**

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

- ☐ Never (1)
- ☐ Once a month or less than once a month (2)
- ☐ 2-4 times a month (3)
- ☐ 2-3 times a week (4)
- ☐ 4 times a week or more often (5)

**FK5G4S1a1**

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 (1)
- ☐ 3-4 (2)

- ☐ 5-6 (3)
- ☐ 7-9 (4)
- ☐ 10 or more (5)

**FK5G4S1a2**

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 (1)
- ☐ Less than monthly (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)

**FK5G4S2**

Have you ever tried or used narcotic substances such as for example hash / cannabis, amphetamine, cocaine, crack, khat, ecstasy, LSD, GHB, heroin?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Prefer not to answer (3)

**FK5G4S2a**

During the past 12 months, how often have you used hash, marijuana, or other cannabis products?

- ☐ Not used in the past 12 months (1)
- ☐ Less than monthly (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to answer (6)

**FK5G4S2b**

During the past 12 months, how often have you used other narcotic substances (such as amphetamine, cocaine, crack, khat, ecstasy, LSD, GHB, and heroin)?

- ☐ Not used in the past 12 months (1)
- ☐ Less than monthly (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to answer (6)

**FK5G4S3**

During the past 12 months, how often have you used prescription medications in a higher dose or more frequently than recommended by your doctor, or used prescription medications that were not prescribed to you?

*Prescription medications may include, for example, sleeping pills, sedatives/anxiety-reducing medications, strong painkillers, and medications used in the treatment of ADHD.*

- ☐ Not used in the past 12 months (1)
- ☐ Less than monthly (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to answer (6)

#### **FK4G1intro**

### **SOCIAL SUPPORT AND LONELINESS**

#### **Social support**

##### **FK4G1S1**

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)
- ☐ 1-2 (2)
- ☐ 3-5 (3)
- ☐ 6 or more (4)

##### **FK4G1S2**

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 (1)
- ☐ Some concern and interest (2)
- ☐ Neither great nor slight concern and interest (3)
- ☐ Little concern and interest (4)
- ☐ No concern and interest (5)

##### **FK4G1S3**

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

*Is it:*

- ☐ Very easy (1)
- ☐ Easy (2)
- ☐ Neither easy nor difficult (3)
- ☐ Difficult (4)
- ☐ Very difficult (5)

#### **FK4G2intro**

#### **Loneliness**

##### **FK4G2S1**

	Never (1)	Seldom (2)	Sometimes (3)	Often (4)	Very often (5)
How often do you feel that you lack companionship? (1)	?	?	?	?	?
How often do you feel left out? (2)	?	?	?	?	?
How often do you feel shut out and excluded by others? (3)	?	?	?	?	?

#### FK7G1intro

### QUALITY OF LIFE

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

#### FK7G1S1

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

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

#### FK7G1S2

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

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

#### FK7G1S3

All in all, to what extent do you feel that what you do in life is meaningful?

- ☐ 0 - Not meaningful at all (0)
- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)

- ☐ 7 (7)
- ☐ 8 (8)
- ☐ 9 (9)
- ☐ 10 - Very meaningful (10)

**FK7G2S1**

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

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

**FK7G3S1**

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

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

**FK7G3S2**

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

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

**FK7G3S3**

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

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

**FK7G4S1**

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

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

**FK7G5S1**

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

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

**FK7G2S2**

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

- ☐ 0 - Not calm and relaxed at all (0)
- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)
- ☐ 7 (7)
- ☐ 8 (8)



- ☐ 9 (9)
- ☐ 10 - Very calm and relaxed (10)

**FK7G3S4**

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

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

**FK7G2S3**

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

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

**FK7G2S4**

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

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

**FK7G6intro****SOCIAL RELATIONSHIPS, PARTICIPATION, AND SENSE OF BELONGING****FK7G6S1**

How much do you agree with the statements below?

	0 - Completely disagree (0)	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	9 (9)	10 - Totally agree (10)
My social relationships are supportive and rewarding (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively contribute to others' happiness and quality of life (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FK7G6S2\_ah**

How often do you spend time with good friends?

*Do not count members of your own family.*

- ☐ Daily or almost daily (1)
- ☐ Weekly (2)
- ☐ Monthly (3)
- ☐ Yearly (4)
- ☐ Less often/never (5)
- ☐ I have no good friends (6)

**FK7G6S3**

How often do you spend time with family or relatives?

*Do not include the family you live with.*

- ☐ Daily or almost daily (1)
- ☐ Weekly (2)
- ☐ Monthly (3)
- ☐ Yearly (4)
- ☐ Less often/never (5)

**FK7G6S4**

How often are you in touch with friends, family or relatives via phone, SMS, email, Snapchat, Facebook or other social media?

*Do not include those you live with.*

- ☐ Daily or almost daily (1)
- ☐ Weekly (2)
- ☐ Monthly (3)

- ☐ Yearly (4)
- ☐ Less often/never (5)

**FK7G7S1**

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

- ☐ 0 - Can't be too careful (0)
- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)
- ☐ 7 (7)
- ☐ 8 (8)
- ☐ 9 (9)
- ☐ 10 - Most people can be trusted (10)

**FK7G7S2**

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

- ☐ 0 - I feel no sense of belonging at all (0)
- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)
- ☐ 7 (7)
- ☐ 8 (8)
- ☐ 9 (9)
- ☐ 10 - I feel a strong sense of belonging (10)

**FK7G7S3**

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

- ☐ 0 - Not safe at all (0)
- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)
- ☐ 7 (7)
- ☐ 8 (8)
- ☐ 9 (9)
- ☐ 10 - Very safe (10)

## FK2G1intro

### Participation in activities

#### FK2G1S1

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

- ☐ Daily (1)
- ☐ Weekly (2)
- ☐ 1-3 times a month (3)
- ☐ More seldom (4)
- ☐ Never (5)

#### FK2G1S1b

You answered that you never or rarely participate in organized activity / volunteer work. Is it because you...?

*Select one or more options.*

- ☐ ...cannot afford it (1)
- ☐ ...do not have time (2)
- ☐ ...have transport problems (3)
- ☐ ...lack accommodation/adaptation and universal design (4)
- ☐ ...experience language challenges (5)
- ☐ ...are not interested (6)
- ☐ ...do not have anyone to go with (7)
- ☐ ...are afraid of being humiliated, ridiculed, or offended (8)
- ☐ ...are hindered by other circumstances/conditions (9)
- ☐ Prefer not to answer (10)
- ☐ Don't know (11)

#### FK2G1S2

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

- ☐ Daily (1)
- ☐ Weekly (2)
- ☐ 1-3 times a month (3)
- ☐ More seldom (4)
- ☐ Never (5)

## FK10intro

### HEALTH SERVICES

#### FK10G1S1

During the past 12 months, have you needed **medical assistance** (such as consultation, medical examinations, or treatment)?

- ☐ Yes, and have sought help (1)
- ☐ Yes, but have not sought help (2)
- ☐ No (3)
- ☐ Prefer not to answer (4)
- ☐ Don't know (5)

**FK10G1S1a**

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

*Select one or more options.*

- ☐ General practitioner (GP) (1)
- ☐ Emergency Outpatient Clinic (2)
- ☐ Public hospital (3)
- ☐ Private hospital (e.g., Aleris) (4)
- ☐ Private medical service (e.g., Dr. Dropin) (5)
- ☐ Other (6)
- ☐ Prefer not to answer (7)
- ☐ Don't know (8)

**FK10G1S1b**

What is the reason you have not sought **medical help**?

*Select one or more options.*

- ☐ Can't afford it (1)
- ☐ Don't have time (2)
- ☐ Transport difficulties (3)
- ☐ Lack of facilitation and universal design (4)
- ☐ Difficulty getting an appointment (5)
- ☐ Don't know where to turn (6)
- ☐ Have previously experienced not getting help (7)
- ☐ Fear/apprehension about examinations, treatment, or a doctor uncovering serious illness (8)
- ☐ Language challenges (e.g. difficulty obtaining an interpreter) (9)
- ☐ Afraid of being humiliated, ridiculed, or offended (10)
- ☐ Other (11)
- ☐ Prefer not to answer (12)
- ☐ Don't know (13)

**FK10G2S1**

During the past 12 months, have you needed professional help for **mental health issues** (such as a general practitioner, psychologist, or psychiatrist)?

*Mental health issues can include, for example, low mood, sadness, restlessness, loneliness, worry and inner turmoil.*

- ☐ Yes, and have sought help (1)
- ☐ Yes, but have not sought help (2)
- ☐ No (3)
- ☐ Prefer not to answer (4)
- ☐ Don't know (5)

**FK10G2S1a**

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

*Select one or more options.*

- ☐ General practitioner (GP) (1)
- ☐ Emergency Outpatient Clinic (2)
- ☐ The municipal service «Promt Mental Health Care» (3)
- ☐ Other municipal services (4)
- ☐ Mental health support at a hospital (5)
- ☐ Private psychologist/psychiatrist (6)
- ☐ Other (7)
- ☐ Prefer not to answer (8)

- ☐ Don't know (9)

**FK10G2S1b**

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

*Select one or more options.*

- ☐ Can't afford it (1)
- ☐ Don't have time (2)
- ☐ Transport difficulties (3)
- ☐ Lack of facilitation and universal design (4)
- ☐ Difficulty getting an appointment (5)
- ☐ Don't know where to turn (6)
- ☐ Embarrassed and worried about what others would think of me (7)
- ☐ Have previously experienced not getting help (8)
- ☐ Language challenges (e.g. difficulty obtaining an interpreter) (9)
- ☐ Afraid of being humiliated, ridiculed, or offended (10)
- ☐ Other (11)
- ☐ Prefer not to answer (12)
- ☐ Don't know (13)

**FK10G3S1**

During the past 12 months, have you needed help from a **dentist / dental hygienist**?

- ☐ Yes, and have sought help (1)
- ☐ Yes, but have not sought help (2)
- ☐ No (3)
- ☐ Prefer not to answer (4)
- ☐ Don't know (5)

**FK10G3S1a**

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

- ☐ Public (1)
- ☐ Private (2)
- ☐ Prefer not to answer (3)
- ☐ Don't know (4)

**FK10G3S1b**

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

*Select one or more options.*

- ☐ Can't afford it (1)
- ☐ Don't have time (2)
- ☐ Transport difficulties (3)
- ☐ Lack of facilitation and universal design (4)
- ☐ Difficulty getting an appointment (5)
- ☐ Don't know where to turn (6)
- ☐ Have previously experienced not getting help (7)
- ☐ Fear/apprehension about examinations, treatment (8)
- ☐ Language challenges (e.g. difficulty obtaining an interpreter) (9)
- ☐ Afraid of being humiliated, ridiculed, or offended (10)
- ☐ Other (11)
- ☐ Prefer not to answer (12)
- ☐ Don't know (13)

**FK11intro****IDENTITY AND SEXUAL ORIENTATION****FK11G1S1**

What gender do you identify as?

- ☐ Woman (1)
- ☐ Man (2)
- ☐ Non-binary (3)
- ☐ Other gender identity (4)
- ☐ Prefer not to answer (5)
- ☐ Don't know (6)

**FK11G1S2**

What sex were you registered as at birth?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Prefer not to answer (3)
- ☐ Don't know (4)

**FK11G1S3**

How would you describe your sexual orientation?

- ☐ Heterosexual (1)
- ☐ Homosexual (2)
- ☐ Bisexual or pansexual (3)
- ☐ Lesbian (4)
- ☐ Other sexual orientation (5)
- ☐ Prefer not to answer (6)
- ☐ Don't know (7)

**FK8G4S5**

Now follow some questions about your home. Do you/your household have...

	Yes (1)	No (2)
... enough space for you and/or your family? (1)	<input type="checkbox"/>	<input type="checkbox"/>
... problems with damp or rot (e.g., leaking roof, damp in walls, or rot in window frames)? (2)	<input type="checkbox"/>	<input type="checkbox"/>
... problems with little daylight in the house/apartment? (3)	<input type="checkbox"/>	<input type="checkbox"/>
... access to a garden or green spaces outside the house/apartment? (4)	<input type="checkbox"/>	<input type="checkbox"/>
... when you are inside your home, problems with dust, smell, or other pollution due to traffic or industry in the area around the house/apartment? (5)	<input type="checkbox"/>	<input type="checkbox"/>
... when you are inside your home, problems with noise from neighbors or other external noise (e.g., traffic, industry, or construction)? (6)	<input type="checkbox"/>	<input type="checkbox"/>

**FK8G4S5\_6a**

When you are inside your home, how bothered are you by noise from...?

	Not bothered at all (1)	Slightly bothered (2)	Quite bothered (3)	Very much bothered (4)
Neighbors (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road traffic (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rail traffic (Metro/Subway, tram, train) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building and construction work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not bothered at all (1)	Slightly bothered (2)	Quite bothered (3)	Very much bothered (4)
(4)				
Industry and commercial activity (5)	?	?	?	?
Restaurants and nightlife (6)	?	?	?	?
Other noise sources (7)	?	?	?	?



### **premie\_trekning**

#### **Prize draw for your participation**

As a thank you for taking the time to respond, you can enter the draw for [premie]. If you would like to take part in the draw, we need your consent to share your contact information with [fylke] County Council, which distributes the prizes.

Do you consent to us sharing your email address with [fylke] County Council?

- ☐ Yes, I consent (1)
- ☐ No, I do not wish to take part in the prize draw (2)

### **email\_confirm**

We have the following email address on record for you:  
[email]

Is this correct?

- ☐ Yes, the email address is correct (1)
- ☐ No, I would like to be contacted at a different email address (2)

### **emailNew**

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

Please enter your email address here: (1) \_\_\_\_\_  
Please repeat: (2) \_\_\_\_\_

### **avslutt**

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

Do you have any technical remarks?

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

### **kvittring - kvittring**

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