

Public Health Survey in Østfold 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)

consent

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

samtykke_mer_oestfold -

► 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, your municipality, 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 and your 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 County 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 from all participants in the survey 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

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

samtykke_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.

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 - 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)

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)

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)

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)

FK3G1S3a

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

Multiple answers possible.

- ☐ Financial reasons (1)
- ☐ Fear (2)
- ☐ Problems with transport/long distance (3)
- ☐ Other reasons (4)

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)
... nervousness or shakiness inside? (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
...feeling fearful ? (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
...feeling hopeless about the future? (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
...feeling blue ? (4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
... worrying too much about things? (5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FK3G4intro - 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often do you experience nightly awakenings? (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often are you tired or sleepy during the day? (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

FK3G5S2

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

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

- ☐ Yes (1)
- ☐ No (2)

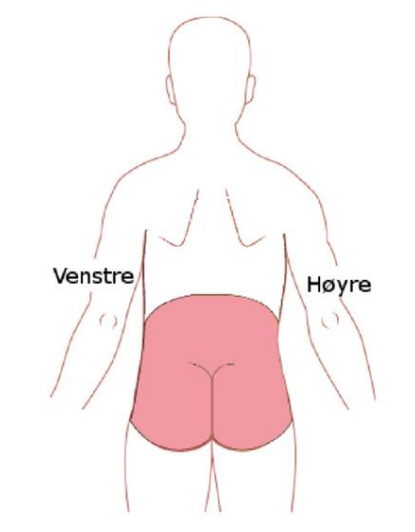
FK3G5S2a

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

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

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

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 day (1)
- ☐ 2 days (2)
- ☐ 3 days (3)
- ☐ 4 days (4)
- ☐ 5 days (5)
- ☐ 6 days (6)
- ☐ 7 days (7)
- ☐ 8 days (8)
- ☐ 9 days (9)
- ☐ 10 days (10)
- ☐ 11 days (11)
- ☐ 12 days (12)
- ☐ 13 days (13)
- ☐ 14 days (14)
- ☐ 15 days (15)
- ☐ 16 days (16)
- ☐ 17 days (17)
- ☐ 18 days (18)
- ☐ 19 days (19)
- ☐ 20 days (20)
- ☐ 21 days (21)
- ☐ 22 days (22)

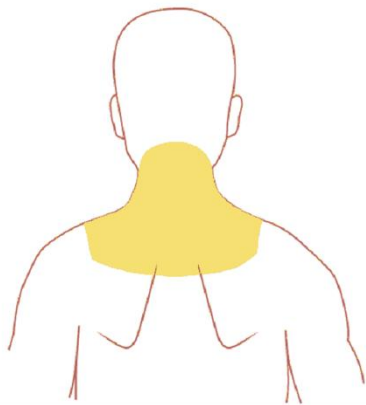
- ☐ 23 days (23)
- ☐ 24 days (24)
- ☐ 25 days (25)
- ☐ 26 days (26)
- ☐ 27 days (27)
- ☐ 28 days (28)

FK3G6S1b

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 day (1)
- ☐ 2 days (2)
- ☐ 3 days (3)
- ☐ 4 days (4)
- ☐ 5 days (5)
- ☐ 6 days (6)
- ☐ 7 days (7)
- ☐ 8 days (8)
- ☐ 9 days (9)
- ☐ 10 days (10)
- ☐ 11 days (11)
- ☐ 12 days (12)
- ☐ 13 days (13)
- ☐ 14 days (14)
- ☐ 15 days (15)
- ☐ 16 days (16)
- ☐ 17 days (17)
- ☐ 18 days (18)
- ☐ 19 days (19)
- ☐ 20 days (20)
- ☐ 21 days (21)
- ☐ 22 days (22)
- ☐ 23 days (23)
- ☐ 24 days (24)
- ☐ 25 days (25)
- ☐ 26 days (26)
- ☐ 27 days (27)
- ☐ 28 days (28)

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

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 day (1)
- ☐ 2 days (2)
- ☐ 3 days (3)
- ☐ 4 days (4)
- ☐ 5 days (5)
- ☐ 6 days (6)
- ☐ 7 days (7)
- ☐ 8 days (8)
- ☐ 9 days (9)
- ☐ 10 days (10)
- ☐ 11 days (11)
- ☐ 12 days (12)
- ☐ 13 days (13)
- ☐ 14 days (14)
- ☐ 15 days (15)
- ☐ 16 days (16)
- ☐ 17 days (17)
- ☐ 18 days (18)
- ☐ 19 days (19)
- ☐ 20 days (20)
- ☐ 21 days (21)
- ☐ 22 days (22)
- ☐ 23 days (23)
- ☐ 24 days (24)
- ☐ 25 days (25)
- ☐ 26 days (26)
- ☐ 27 days (27)
- ☐ 28 days (28)

FK3G6S2b

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 day (1)
- ☐ 2 days (2)
- ☐ 3 days (3)
- ☐ 4 days (4)
- ☐ 5 days (5)
- ☐ 6 days (6)
- ☐ 7 days (7)
- ☐ 8 days (8)
- ☐ 9 days (9)
- ☐ 10 days (10)
- ☐ 11 days (11)
- ☐ 12 days (12)
- ☐ 13 days (13)
- ☐ 14 days (14)
- ☐ 15 days (15)
- ☐ 16 days (16)
- ☐ 17 days (17)
- ☐ 18 days (18)
- ☐ 19 days (19)
- ☐ 20 days (20)
- ☐ 21 days (21)
- ☐ 22 days (22)
- ☐ 23 days (23)
- ☐ 24 days (24)
- ☐ 25 days (25)
- ☐ 26 days (26)
- ☐ 27 days (27)
- ☐ 28 days (28)

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)	?	?	?	?	?

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 added sugar (including iced tea, energy drinks, sports drinks, and nectar)? (1)	?	?	?	?	?	?	?
How often do you usually eat fruits or berries (do not include juice or squash)? (2)	?	?	?	?	?	?	?
How often do you usually eat vegetables (including salad)? Do not include potatoes. (3)	?	?	?	?	?	?	?
How often do you eat fish (for lunch, for dinner, or as sandwich topping)? (4)	?	?	?	?	?	?	?

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)

FK5G3S2b

Have you used snus previously?

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

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

FK5G3S3

Do you ever use e-cigarettes?

- ☐ Yes (1)
- ☐ No (2)

FK5G3S3a

How often do you use e-cigarettes/vape?

- ☐ Daily (1)
- ☐ Occasionally (2)

FK5G3S3c

Do the e-cigarettes you use contain nicotine?

- ☐ Yes (1)
- ☐ Sometimes (2)
- ☐ No (3)

FK5G4intro**Alcohol****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)

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I actively contribute to others' happiness and quality of life (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FK7G6S2

How often do you spend time with good friends?

Do not count members of your own family.

- ☐ About daily (1)
- ☐ About every week, but not daily (2)
- ☐ About every month, but not weekly (3)
- ☐ A few times a year (4)
- ☐ More seldom than once a year (5)
- ☐ I have no close friends (6)

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)

FK8G1intro

YOUR BACKGROUND

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)

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)

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)

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)

FK8intro

HOUSING AND LIVING CONDITIONS

FK8G4S4

Do you own or rent your home?

- ☐ Own
- ☐ Rent
- ☐ I live rent-free with family or friends

FK8G5S1

Are you, or 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:

FK8G5S1b

In which country was your mother 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)

FK8G5S1b1

Please specify the country in which your mother was born:

FK8G5S1c

In which country was your father 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)

FK8G5S1c1

Please specify the country in which your father was 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)

FK1G3intro**SOCIAL SUSTAINABILITY****FK1G3S1**

All in all, to what extent are you satisfied with your local community as a place to live and reside?

- ☐ 0 - Not at all (0)
☐ 1 (1)
☐ 2 (2)
☐ 3 (3)
☐ 4 (4)
☐ 5 (5)
☐ 6 (6)
☐ 7 (7)
☐ 8 (8)
☐ 9 (9)
☐ 10 - To the greatest extent (10)

FK1G3S2

All in all, to what extent is your local community a place you want to continue living in the future?

- ☐ 0 - Not at all (0)
☐ 1 (1)
☐ 2 (2)
☐ 3 (3)
☐ 4 (4)
☐ 5 (5)
☐ 6 (6)
☐ 7 (7)
☐ 8 (8)
☐ 9 (9)
☐ 10 - To the greatest extent (10)

FK12G2S1

To what extent are the following places social gathering points where you regularly meet people from your local community?

	Not at all (1)	To a small extent (2)	To some extent (3)	To a large extent (4)	To a very large extent (5)	Not relevant (6)
The school (outside school hours) (1)	?	?	?	?	?	?
The kindergarten (outside opening hours) (2)	?	?	?	?	?	?
The local grocery store (3)	?	?	?	?	?	?
The shopping center (4)	?	?	?	?	?	?
The library (5)	?	?	?	?	?	?
The park (6)	?	?	?	?	?	?
The sports hall/gym (7)	?	?	?	?	?	?
Religious gathering place (8)	?	?	?	?	?	?
The playground (9)	?	?	?	?	?	?
The square/pedestrian street (10)	?	?	?	?	?	?
Café/bakery (11)	?	?	?	?	?	?

FK12G2S2

To what extent do you find the following places to be pleasant and suitable for spending time with friends?

	Not at all (1)	To a small extent (2)	To some extent (3)	To a large extent (4)	To a very large extent (5)	Not relevant (6)
The school (outside school hours) (1)	?	?	?	?	?	?
The kindergarten (outside opening hours) (2)	?	?	?	?	?	?
The local grocery store (3)	?	?	?	?	?	?
The shopping center (4)	?	?	?	?	?	?
The library (5)	?	?	?	?	?	?
The park (6)	?	?	?	?	?	?
The sports hall/gym (7)	?	?	?	?	?	?
Religious gathering place (8)	?	?	?	?	?	?
The playground (9)	?	?	?	?	?	?
The square/pedestrian street (10)	?	?	?	?	?	?
Café/bakery (11)	?	?	?	?	?	?

FK12G2S3

To what extent do you find the following places to be pleasant and suitable for spending time with family?

	Not at all (1)	To a small extent (2)	To some extent (3)	To a large extent (4)	To a very large extent (5)	Not relevant (6)
The school (outside school hours) (1)	?	?	?	?	?	?
The kindergarten (outside opening hours) (2)	?	?	?	?	?	?
The local grocery store (3)	?	?	?	?	?	?
The shopping center (4)	?	?	?	?	?	?
The library (5)	?	?	?	?	?	?
The park (6)	?	?	?	?	?	?
The sports hall/gym (7)	?	?	?	?	?	?
Religious gathering place (8)	?	?	?	?	?	?
The playground (9)	?	?	?	?	?	?
The square/pedestrian street (10)	?	?	?	?	?	?
Café/bakery (11)	?	?	?	?	?	?

FK12G3S1

How high or low is your trust in the following institutions:

	Very high (1)	Fairly high (2)	Fairly low (3)	Very low (4)
The healthcare system (1)	?	?	?	?
The school system (2)	?	?	?	?
NAV (Norwegian Labour and Welfare)	?	?	?	?

	Very high (1)	Fairly high (2)	Fairly low (3)	Very low (4)
Administration) (3)				
The municipal council (4)	?	?	?	?
The county council (5)	?	?	?	?
The police (6)	?	?	?	?
The judicial system (7)	?	?	?	?
The mass media (8)	?	?	?	?

FK1G3S3

In my neighborhood, it is common for neighbors to talk to each other

- ☐ Very common (1)
- ☐ Fairly common (2)
- ☐ Fairly uncommon (3)
- ☐ Very uncommon (4)

FK1G3S4

How common is it in your neighborhood for people to get involved in issues that affect the local community?

- ☐ Very common (1)
- ☐ Fairly common (2)
- ☐ Fairly uncommon (3)
- ☐ Very uncommon (4)

FK13intro - FK13intro

ACCESSIBILITY

FK13G1S1

How often have you used the following modes of transport in the past 12 months?

Select one response option for each type of transport.

	Almost every day, 5–7 times per week (1)	3–4 times per week (2)	1–2 times per week (3)	1–3 times per month (4)	Less than monthly (5)	Never (6)
On foot (1)	?	?	?	?	?	?
On foot with a stroller or walker (2)	?	?	?	?	?	?
Wheelchair (electric or manual) (3)	?	?	?	?	?	?
Bicycle (including e-bike, shared bikes, and similar) (4)	?	?	?	?	?	?
Kick scooter (including electric kick scooter) (5)	?	?	?	?	?	?
Moped or motorcycle (6)	?	?	?	?	?	?
Bus (with standing and seating, no toilets) (7)	?	?	?	?	?	?
Tram, metro, light rail (8)	?	?	?	?	?	?
Train (9)	?	?	?	?	?	?
Ferry / scheduled boat (10)	?	?	?	?	?	?
Tour bus / chartered bus (long-distance with toilet, seating only) (11)	?	?	?	?	?	?

	Almost every day, 5–7 times per week (1)	3–4 times per week (2)	1–2 times per week (3)	1–3 times per month (4)	Less than monthly (5)	Never (6)
Airplane (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car as driver (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car as passenger (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other modes of transport (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FK14intro

Everyday Challenges

FK14G1S1

Below are descriptions of various health challenges. Do any of these challenges hinder you in your everyday life?

You can select both temporary and chronic challenges, and you can select the same challenge in multiple categories.

Check one or more boxes.

- ☐ I have no health challenges that hinder me in everyday life (1)
- ☐ Various forms of visual impairments (e.g., color blindness, blindness, tunnel vision, etc.) (2)
- ☐ Varying degrees of reduced hearing (e.g., deafness, age-related hearing loss, tinnitus, etc.) (3)
- ☐ Problems moving all or parts of the body (e.g., paralysis, fatigue, musculoskeletal disorders, pain conditions, obesity, short stature, osteoarthritis, etc.) (4)
- ☐ Reduced intellectual, cognitive, or social development (e.g., Down syndrome, Fragile X syndrome, Rett syndrome, etc.) (5)
- ☐ Learning difficulties and memory problems (e.g., aphasia/dysarthria (speech difficulties), dyslexia, dementia, Alzheimer's, etc.) (6)
- ☐ Mental health or behavioral disorders (e.g., anxiety, depression, personality disorders, bipolar disorder, PTSD, ADHD, Asperger's, etc.) (7)
- ☐ Respiratory reactions (e.g., asthma, allergies, COPD, lung damage, etc.) (8)
- ☐ Seizure disorders and other conditions that can cause seizures (e.g., epilepsy, migraine, diabetes, heart disease, etc.) (9)
- ☐ Diseases or conditions affecting bowel/bladder function or menstruation (e.g., IBS, overactive bladder, Crohn's disease, ulcerative colitis, various cancers, food allergies, endometriosis, polycystic ovary syndrome, challenges related to non-medical circumcision, etc.) (10)
- ☐ Other health challenges (11)
- ☐ Don't know (12)

FK14G2S1

Below are descriptions of other types of challenges. Do any of these challenges hinder you in your everyday life?

Check one or more boxes.

- ☐ I have no challenges that hinder me in everyday life (1)
- ☐ Financial challenges (Difficulties paying for transport or activities) (2)
- ☐ Availability challenges (Lack of activity options or lack of transport options) (3)
- ☐ Time-related challenges (Limited time to participate) (4)
- ☐ Social challenges (No one to participate with, no one to visit) (5)
- ☐ Challenges related to gender or sexual orientation (Challenges related to gender, gender identity, gender expression, gender characteristics, or sexual orientation) (6)
- ☐ Challenges related to ethnicity, religion, or beliefs (Religious, linguistic, or cultural barriers) (7)
- ☐ Life phase challenges (Challenges related to old age, pregnancy, early childhood phase, or other) (8)

- ☐ Other challenges (9)
- ☐ Don't know (10)

FK13G2S1

Do you feel that your need for everyday travel (without overnight stays) is satisfied?

- ☐ Yes (1)
- ☐ Yes, with adaptations (for example, extra time, assistance, or special transport) (2)
- ☐ No (3)
- ☐ Don't know (4)

FK13G2S2

Do you feel that your need for vacation travel (with overnight stays) is satisfied?

- ☐ Yes (1)
- ☐ Yes, with adaptations (for example, extra time, assistance, or special transport) (2)
- ☐ No (3)
- ☐ Don't know (4)

FK13G3S1

Which of these places do you find most problematic?

Select up to three places and rank them (1 = most problematic).

- ___ Workplace (1)
- ___ School (2)
- ___ Public transportation (3)
- ___ Streets, squares, and other urban spaces (4)
- ___ Parks, playgrounds, city beaches, and other green areas in the city (5)
- ___ Outdoor recreational areas (mountains, forests) outside urban and residential areas (6)
- ___ Shops and shopping centers (including service locations such as hairdressers and similar) (7)
- ___ Healthcare institutions (doctor, dentist, etc.) (8)
- ___ Other public buildings (library, etc.) (9)
- ___ Café, restaurant, bar, and other dining establishments (10)
- ___ Cultural venues (concert halls, cinema, theater, etc.) (11)
- ___ Sports arenas and gyms (12)
- ___ Other places (13)
- ___ My challenges are not specifically tied to any of the places above (14)
- ___ Don't know (15)

FK13G3S1a

Which three modes of transportation are the most challenging for you to use?

Select up to three modes of transportation and rank them (1 = most challenging).

- ___ On foot (1)
- ___ On foot with a stroller or walker (2)
- ___ Wheelchair (electric or manual) (3)
- ___ Bicycle (including e-bike, shared bikes, and similar) (4)
- ___ Kick scooter (including electric kick scooter) (5)
- ___ Moped or motorcycle (6)
- ___ Bus (with standing and seating, no toilets) (7)
- ___ Tram, metro, light rail (8)
- ___ Train (9)

- ☐ Ferry / scheduled boat (10)
☐ Tour bus / chartered bus (long-distance with toilet, seating only) (11)
☐ Airplane (12)
☐ Taxi (13)
☐ Car as driver (14)
☐ Car as passenger (15)
☐ Other modes of transport (16)

FK13G3S1b

To what extent do you experience challenges in the following parts of your journey?

	No challenges (1)	Minor challenges (2)	Moderate challenges (3)	Major challenges (4)
The planning phase (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To/from the station/stop area (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the station/stop area (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During boarding and alighting (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On board (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the journey (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FK13G2S3

Which barriers make you less likely to choose public transportation?

The barriers can apply to all parts of the journey: planning, to/from the station, at the station, on board, and all types of transportation. Check all points that are relevant to you.

- ☐ No problems (1)
☐ Few departures (2)
☐ Long distance to the stop/station (3)
☐ The journey takes too long (4)
☐ Too many transfers (5)
☐ Snow and gravel are not cleared (6)
☐ Lack of staff (7)
☐ Poor or missing information (8)
☐ Lack of toilet facilities (9)
☐ Poor air quality (pollution, allergens, etc.) (10)
☐ Poor weather protection (waiting rooms, shelters, etc.) (11)
☐ Poor lighting (12)
☐ High noise levels / lack of quiet zones (13)
☐ Poor physical accessibility (pathways, surfaces, stairs, doors, etc.) (14)
☐ Difficult to navigate/orient (15)
☐ Lack of seating (16)
☐ Feeling unsafe due to other passengers (17)
☐ Cannot travel with (assistance) animals (18)
☐ Difficulties with technology (19)
☐ Price (20)
☐ Other (21)

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.

kvittering - kvittering

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