



**Questionnaire from the electronic survey**

**2022**

## General health

### 1. What is your general assessment of your physical health?

Do you feel that it is very good, good, fair or poor?

*Check one box.*

- Very good
- Good
- Fair
- Poor

### 2. What is your general assessment of your mental health?

Do you feel that it is very good, good, fair or poor?

*Check one box.*

- Very good
- Good
- Fair
- Poor

## Personal illnesses, symptoms, pain, medicines

### 3. Has having any of the following conditions interfered with your daily life?

*Check one box in each section.*

- a) Muscle soreness and inflammation
- b) Back/shoulder pain
- c) Arm pain
- d) Leg pain
- e) Frequent headaches
- f) Toothache
- g) Abdominal pain

#### **For women only:**

- h) Menstrual cramps
  - Yes, within the past 12 months
  - Yes, but more than 12 months ago
  - No, never

**4. Have you ever had any of the following illnesses or symptoms?**

If so, has it been diagnosed by a doctor?

Check one or more boxes in each section, as appropriate.

- a) Asthma
- b) Chronic bronchitis, chronic obstructive pulmonary (lung) disease or emphysema
- c) Coronary thrombosis (heart attack, myocardial infarct)
- d) Coronary disease (angina pectoralis, chest pain)
- e) Elevated blood pressure (hypertension)
- f) Stroke (blood clot or bleeding in the brain)
- g) Rheumatoid arthritis (inflammation of the joints)
- h) Osteoarthritis
- i) Fibromyalgia
- j) Chronic back pain
- k) Chronic neck pain
- l) Diabetes
- m) Allergies, e.g. rhinitis, ophthalmic, dermatitis, food allergies
- n) Ulcers (of the stomach or duodenum)
- o) Cirrhosis of the liver or other impaired liver function
- p) Urinary incontinence or difficulty with bladder control
- q) Severe headache, e.g., migraine
- r) Thyroid disease
- s) Sexually Transmitted Diseases (STD)
- t) Eye disease
- u) Irritable Bowel Syndrome
- v) Cold or common bug
- x) Benign tumours
- y) Cancer (malignant tumours, including leukaemia and lymph node tumours) If so, what type of cancer? \_\_\_\_\_

- Yes, I have it now
- I do not have it now, but have had it within the last 12 months
- I do not have it now, but had it more than 12 months ago
- No, I have never had it

**If you have had the illness/symptom, has it been diagnosed by a doctor?**

- Yes
- No

**5. Have you ever had any of the following?**

If so, has your doctor or psychologist diagnosed it?

Check one or more boxes in each section, as appropriate.

- a) Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)
- b) Chronic fatigue
- c) Burnout or exhaustion

- d) Alcohol or drug problems
- e) Eating disorders
- f) Anxiety disorder
- g) Post-Traumatic Stress Disorder
- h) Depression
- i) Other problems related to mental health

- Yes, I have it now
- I do not have it now, but have had it within the last 12 months
- I do not have it now, but had it more than 12 months ago
- No, I have never had it

**If so, has it been diagnosed by a doctor or psychologist?**

- Yes
- No

**6. When was your blood pressure last measured by a healthcare professional?**

*Check one box.*

- In the last 12 months
- 1–2 years ago
- 3–5 years ago
- More than 5 years ago
- Never been measured by a healthcare professional

**7. Have you taken any prescription drugs for any of the following diseases or disorders?**

*Check one box in each section.*

- a) Asthma
- b) Chronic bronchitis, chronic obstructive pulmonary (lung) disease or emphysema
- c) High blood pressure (hypertension)
- d) High cholesterol
- e) Other diseases of the circulatory system, e.g. after a stroke or heart attack
- f) Joint pain (e.g. osteoarthritis, arthritis, rheumatoid arthritis)
- g) Neck or back pain
- h) Diabetes type 1

- i) Diabetes type 2
- j) Infections (antibiotics, such as penicillin)
- k) Ulcers (ulceration of the stomach or duodenum)
- l) Other stomach trouble
- m) Cirrhosis or other impairment of liver function
- n) Cancer (chemotherapy)
- o) Severe headache, e.g. migraine
- p) Urinary incontinence or difficulty with bladder control
- q) Thyroid disease
- r) Anxiety disorder
- s) Depression
- t) Other problems related to mental health

- Yes, within the past two weeks
- Yes, more than two weeks ago
- No, never

**8. Have you taken any of the following medicines?**

*Check one box in each section.*

- a) Sleeping pills, e.g. Imovane, Stilnoct
- b) Melatonin, e.g. Melatonin Vitabalans, Circadin
- c) Non-prescription nicotine replacements (e.g. chewing gum, spray, patches, chewable tablets)
- d) Prescription drugs to help quit smoking
- e) Allergy medications, e.g. drugs for rhinitis, ophthalmic, dermatitis, food allergies or other (asthma due to allergies not included)

***For women only:***

- f) Contraceptives/tablets (e.g. pill, hormone injections, implants or IUD)
- g) Hormone replacement therapy for menopause

- Yes, within the past two weeks
- Yes, more than two weeks ago
- No, never

## COVID-19

### 9. Have you been diagnosed with COVID-19 by PCR test, rapid test or home test?

Check one box. If you have been diagnosed twice or more within 60 days, check "Yes, once".

- No, I have not been diagnosed ->Answer the next question 18
- No, but I have been diagnosed with antibodies against the virus->Answer the next question 18
- Yes, once
- Yes, twice or more often with more than 60 days apart

### 10. When were you diagnosed with COVID-19?

First infection: Month \_\_\_\_\_ Year: \_\_\_\_\_

Second infection (if appropriate): Month \_\_\_\_\_ Year: \_\_\_\_\_

Third infection (if appropriate): Month \_\_\_\_\_ Year: \_\_\_\_\_

### 11. Did the COVID-19 infection lead to illness, so that you had difficulty performing your daily activities? If you have been diagnosed with COVID-19 more than once, the most serious illnesses should be taken into account.

Check one box.

- No, was/is asymptomatic / few symptoms ->Answer the next question 14
- Yes, I am sick now
- Yes, for 1–2 days
- Yes, for 3–6 days
- Yes, for 7–13 days
- Yes, for 2 weeks or more

### 12. Did your illness lead to hospitalisation?

Check one box.

- No ->Answer the next question 14
- Yes

### 13. Did your illness lead to admission to the intensive care unit?

Check one box.

- No
- Yes

**14. How long were you in isolation due to COVID-19 infection?** If you have been in isolation more than once due to COVID-19, taken into account the isolation that lasted the longest.

*Check one box.*

- I have not been in isolation
- 1–9 days
- 10–13 days
- 2–4 weeks
- More than 4 weeks

**15. Did you have COVID-related symptoms for a month or more after being diagnosed with COVID-19?** If you have been diagnosed with COVID-19 more than once, the most serious illnesses should be taken into account.

*Check one box.*

- Yes
- No, I did not get chronic or delayed symptoms ->Answer the next question 17
- Not applicable, I was diagnosed less than a month ago ->Answer the next question 17

**16. How long did you have / have you had symptoms of COVID-19 infection?** If you have been diagnosed with COVID-19 more than once, the most serious illnesses should be taken into account.

*Check one box.*

- Less than 3 months
- 3–6 months
- Longer than 6 months

**17. How is your health today compared to before you were diagnosed with COVID-19?**

*Check one box.*

- Much worse
- Slightly worse
- Similar
- Slightly better
- Much better

**18. Have you been vaccinated against COVID-19?**

*Check one box.*

- Yes, one dose
- Yes, two doses
- Yes, three or more doses
- No, I have not been vaccinated

**19. Did you experience the following during the COVID-19 pandemic?**

*Check one box in each section.*

- a) Financial difficulties
- b) Loss of income due to work or operation of a company
- c) Worry about losing your job
- d) Concerns about your future finances
- e) Concern about isolation and distress affecting a family member or friend
- f) Reduction of necessary services, e.g. home nursing, home care services or assistance
- g) Discomfort due to reduced healthcare services, e.g. postponement of operations, treatments or diagnoses
- h) Avoiding seeking healthcare services

- No
- Yes, very little
- Yes, some
- Yes, quite a lot
- Yes, very much
- Not applicable

## Healthcare services

### 20. Did you need to use any kind of healthcare service in the last 12 months?

This refers to all types of healthcare services, i.e. hospitalisations and visits to hospitals, communication with healthcare centres and visits to self-employed healthcare professionals, e.g. specialists, dentists, physiotherapists, psychologists, etc.

*Check one box.*

- Yes
- No

->Answer the next question 37

### 21. Were there any delays in receiving healthcare services in the last 12 months because the waiting time was too long?

*Check one box.*

- Yes
- No

### 22. Were there any delays in receiving healthcare services in the last 12 months due to distance or transportation difficulties?

*Check one box.*

- Yes
- No

### 23. Were there any delays in receiving healthcare services in the last 12 months because you could not attend because of work, family or other commitments?

*Check one box.*

- Yes
- No

### 24. Were there any delays in receiving healthcare services in the last 12 months due to infection prevention measures, e.g. due to quarantine, isolation or reduced healthcare services?

*Check one box.*

- Yes
- No

**25. Did you require medical care in the last 12 months, whether you used it or not?**

*Check one box.*

- Yes
- No

->Answer the next question 27

**26. Were there any cases in the last 12 months where you did not go to the doctor because you could not afford it?**

*Check one box.*

- Yes
- No

**27. Did you require dental care in the last 12 months, whether you used it or not?**

*Check one box.*

- Yes
- No

->Answer the next question 29

**28. Were there any cases in the last 12 months where you did not go to the dentist because you could not afford it?**

*Check one box.*

- Yes
- No

**29. Have you needed prescription drug(s) in the last 12 months, whether you have filled the prescription(s) or not?**

*Check one box.*

- Yes
- No

->Answer the next question 31

**30. Were there any cases in the last 12 months where you did not fill a prescription because you could not afford the drug(s)?**

*Check one box.*

- Yes
- No

**31. Did you need the services of a psychiatrist in the last 12 months, whether you used them or not?**

*Check one box.*

- Yes
- No

->Answer the next question 33

**32. Were there any incidents in the last 12 months where you did not see a psychiatrist because you could not afford it?**

*Check one box.*

- Yes
- No

**33. Did you need the services of a psychologist in the last 12 months, whether you used them or not?**

*Check one box.*

- Yes
- No

->Answer the next question 35

**34. Were there any incidents in the last 12 months where you did not consult a psychologist because you could not afford it?**

*Check one box.*

- Yes
- No

**35. Have you been to a healthcare centre or GP in the last 12 months?**

*Check one box.*

- Yes
- No

->Answer the next question 37

**36. In the last 12 months, has a family doctor/ healthcare professional from a healthcare centre advised you?**

*Check one box in each section.*

- a) To quit smoking
- b) To lose weight
- c) To gain weight
- d) To exercise
- e) To reduce drinking alcohol
- f) To change eating habits

g) To reduce stress

- Yes
- No
- Do not remember / Do not know

## Disability

**37. Indicate if you have any of the following impairments or disabilities.**

*Check all items that apply.*

- Disability – difficulty with physical activity e.g. walking on a flat surface or stairs, sitting or standing, stretching, lifting or holding something
- Developmental disabilities
- Autism
- Deafness or severe hearing loss
- Blindness or severe visual impairment
- Mental disorder or mental health problems
- Impairment of mental activity – e.g. difficulty learning, remembering or concentrating
- None of the above ->Answer the next question 43

**38. Which of the following impairments or disabilities hinders you the most in your daily life?**

*Check one box.*

- Physical disability
- Developmental disabilities
- Autism
- Deafness or hearing loss
- Blindness or visual impairment
- Mental disorder or mental health problems
- Impairment of mental activity
- Cannot decide between them
- None of the above

**39. Has the impairment or disability that hinders you the most in your daily life been formally diagnosed by a doctor or other qualified healthcare professional?**

*Check one box.*

- Yes, completely
- Yes, partially
- No

**40. How long have you had the impairment or disability that hinders you the most?**

*Check one box.*

- From birth
- More than 10 years
- 6–10 years
- 2–5 years
- Less than 2 years

**41. Is the impairment or disability that hinders you the most, constant?**

*Check one box.*

- Yes, it does not change
- No, the symptoms gradually have become more pronounced
- No, the symptoms have diminished
- No, the symptoms vary from time to time

**42. During the last 6 months, how difficult or easy has it been for you to participate in activities in the following situations, with the aid equipment and/or support that you may be using?**

*Check one box in each section.*

a) At home

b) In study or employment

c) In leisure time outside the home

- Very difficult
- Rather difficult
- Neither difficult nor easy
- Rather easy
- Very easy

## Health-related quality of life (EQ-5D)

### 43. Mobility

*Check one box.*

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### 44. Self-care

*Check one box.*

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### 45. Usual Activities

(e.g. work, study, housework, family or leisure activities)

*Check one box.*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### 46. Pain / Discomfort

*Check one box.*

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**47. Anxiety / Depression**

*Check one box.*

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

**47a. We would like to know how good or bad your health is TODAY**

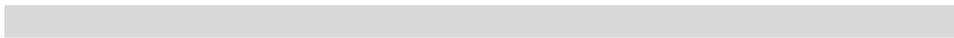
*This scale is from 0 to 100*

*100 means the best health you can imagine*

*0 means the worst health you can imagine*

*Please mark an X on the scale to indicate how your health is TODAY.*

The worst health  
you can imagine



The best health  
you can imagine

## Background

**48a. What is your gender?**

*Check one box.*

- Male
- Female
- Non-binary
- Other

**48b. Does your gender identity match your sex assigned at birth?**

*Check one box.*

- Yes
- No

**49. What is your country of birth?**

*Check one box.*

- Iceland
- Other Where? \_\_\_\_\_

**50. What is your mother's country of birth?**

*Check one box.*

- Iceland
- Other Where? \_\_\_\_\_

**51. What is your father's country of birth?**

*Check one box.*

- Iceland
- Other Where? \_\_\_\_\_

**51b. What is your nationality?**

*Check all items that apply.*

- Icelandic
- Other. What? \_\_\_\_\_

**52. What is the year of your birth?**

Year \_\_\_\_\_

**53. Are you married?**

*Check one box.*

- No, I have never been married
- Yes, I am married
- I am divorced
- I am legally separated
- I am widowed

**54. For how many years, continuously, has your marital status been what it is today?**

*Record how many years your marital status been what it is today.*

Continuous for \_\_\_\_\_ years.

**55. Do you live with a spouse, fiancé/fiancée, or boyfriend/girlfriend?**

*Check one box.*

- Yes, I am cohabiting, and it is registered in the National Registry
- Yes, I am cohabiting, but it is not registered in the National Registry
- My spouse and I are in a two-home relationship
- I am in a stable relationship, but we do not live together
- No, I do not have a spouse, fiancé/fiancée or boyfriend/girlfriend

***Question for women only.***

**56. Are you pregnant?**

*Check one box.*

- Yes
- No

**57. What is your sexual orientation?**

*Check one box.*

- Heterosexual
- Homosexual
- Bisexual
- Pansexual
- Asexual
- Other

## Residency

**58. What is the post code of your residence?** \_\_\_\_\_

**59. Do you live in a densely populated area or a sparsely populated area?**

*Check one box.*

- I live in a densely populated area of 5,000 or more inhabitants
- I live in a densely populated area of 1,000–4,999 inhabitants
- I live in a densely populated area of 200–999 inhabitants
- I live in a rural area, other sparsely populated area or a settlement of fewer than 200 inhabitants

**60. How long have you lived in this area (locality, village, district)?**

*Enter the number of years and months as appropriate.*

I have lived there for \_\_\_\_\_ years and \_\_\_\_\_ months.

**61. How much do you agree or disagree with the following statements about the area (village, district or locality) where you live?**

*Check one box in each section.*

- a) I find it desirable to live where I live
- b) I have friends where I live
- c) I am happy with the facilities for the inhabitants where I live
- d) I fear crime where I live

- Strongly agree
- Agree to some extent
- Disagree to some extent
- Strongly disagree

**62. Do you live in a home you own, in rental housing or in another form of housing?**

*Check one box.*

- In a home I own
- In rental housing
- In my partner's home
- In the home of parents/parents-in-law
- In the home of adult children/children-in-law

- I live in co-operative housing (e.g. Búseti, Búmenn)
- In a service apartment for seniors
- In a retirement home (assisted living facility)
- In a nursing home
- In a group home
- In another type of housing. What? \_\_\_\_\_

## Discrimination

**63. Have you ever been discriminated against, i.e. unfair, threatening, disqualifying or degrading behaviour, or received inferior treatment or services due to the following?**

*Check one box in each section.*

- a) Age
- b) Gender
- c) Sexual orientation
- d) Gender awareness
- e) Nationality or origin
- f) Skin colour or race
- g) Icelandic language skills
- h) Religion
- i) Disability
- j) Physique
- k) Job

- Very often
- Often
- Sometimes
- Seldom
- Never
- Not applicable

**64. Have you been discriminated against when using healthcare services, i.e. unfair, threatening, disqualifying or degrading behaviour, or received inferior treatment or services?**

*Check one box.*

- Very seldom or never
- Fairly seldom
- Sometimes
- Fairly often
- Very often or always

## Smoking and tobacco

**65. Do you smoke cigarettes or cigars?** This does not apply to e-cigarettes.

*Check one box.*

- Yes, I smoke daily
- Yes, I smoke at least weekly
- Yes, I smoke less than weekly
- No, but I have smoked and quit
- No, I have never smoked

->Answer the next question 68

->Answer the next question 68

**66. How much do you usually smoke?**

*Check one or more boxes as appropriate.*

- I smoke less than one cigarette a day
- 1–4 cigarettes a day
- 5–14 cigarettes a day
- 15–24 cigarettes a day
- 25–34 cigarettes a day
- 35 or more cigarettes a day
- I smoke cigars. How many cigars a day? \_\_\_\_\_ a day
- Not applicable

**67. Which of the following statements applies best to you?**

*Check one box.*

- I am not going to quit smoking in the next 6 months
- I am going to quit smoking within 6 months
- I am going to quit smoking within a month
- I quit smoking less than 6 months ago
- I quit smoking more than 6 months ago

**68. Do you use oral tobacco?**

*Check one box.*

- Yes, I use oral tobacco daily
- Yes, I use oral tobacco less than daily
- No, but I have used oral tobacco and quit
- No, I have never used oral tobacco

**69. Do you use nicotine pouches?**

*Check one box.*

- Yes, I use nicotine pouches daily
- Yes, I use nicotine pouches less than daily
- No, but I have used nicotine pouches and quit
- No, I have never used nicotine pouches

**70. Do you use e-cigarettes?**

*Check one box.*

- Yes, I use e-cigarettes daily
- Yes, I use e-cigarettes less than daily
- No, but I have used e-cigarettes and quit
- No, I have never used e-cigarettes

## Alcohol and alcohol consumption

**71. Have you ever had a drink of alcohol?**

*Check one box.*

- Yes
- No

->Answer the next question 76

**72. How often, within the last 12 months, have you had an alcoholic drink?**

*Check one box.*

- Daily or nearly everyday
- 4–5 times a week
- 2–3 times a week
- Around once a week
- 2–3 times a month
- Around once a month
- Several times in the last 12 months
- Once within the past 12 months
- Never with the past 12 months

->Answer the next question 76

**73. How many drinks do you usually drink when you drink alcohol?** (One drink is equivalent to a small beer, a glass of wine or a single shot of spirits. Two large beers are roughly the same amount as three small ones).

*Check one box.*

- 1–2
- 3–4
- 5–6
- 7–9
- 10 or more
- Don't know

**74. How often have you had five or more alcoholic beverages in the last 12 months?** (One drink is equivalent to a small beer, a glass of wine or a single shot of spirits. Two large beers are roughly the same amount as three small ones).

*Check one box.*

- Daily or nearly everyday
- 4–5 times a week
- 2–3 times a week
- Around once a week
- 2–3 times a month
- Around once a month
- Several times in the last 12 months
- Once within the past 12 months
- Never within the past 12 months

**75. How often, within the last 12 months, have you...**

*Check one box in each section.*

a) discovered that you couldn't stop drinking alcohol once you had started?

b) felt regret or guilt after drinking alcohol?

c) been unable to do what is normally expected of you because of drinking alcohol?

d) found that your alcohol consumption had a detrimental effect on your work, studies or job opportunities?

- Never
- Monthly or less often
- Once to three times per month
- Weekly
- Daily or almost every day

## Other drugs

**76. How often, if ever, have you consumed cannabis (marijuana, hash or hash oil)?**

*Check one box in each section.*

a) Throughout my life

b) Within the past 12 months

c) Within the past 30 days

- Never
- 1–2 times
- 3–5 times
- 6–9 times
- 10–19 times
- 20–39 times
- 40 times or more

**77. How often, if ever, have you taken stimulant drugs, e.g. amphetamine or cocaine?**

*Check one box in each section.*

a) Throughout my life

b) Within the past 12 months

c) Within the past 30 days

- Never
- 1–2 times
- 3–5 times
- 6–9 times
- 10–19 times
- 20–39 times
- 40 times or more

## Dental care

**78. The next question is about the number of your own teeth. Please count in front of the mirror the number of your own teeth in the upper and lower jaw and answer how many teeth there are. Do not count false teeth or implants (an implant is a false tooth screwed into the jawbone). If you have a complete set of dentures, please check “no teeth”. The maximum possible number of teeth is 32, including the 4 wisdom teeth, 16 in each of the upper and lower jaws.**

What is the number of your own teeth in the upper jaw?

- No teeth
- 1 tooth
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16 teeth

What is the number of your own teeth in the lower jaw?

- No teeth
- 1 tooth
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16 teeth

**79. How often do you go to the dentist for a check-up?**

*Check one box.*

- At least twice a year
- Once a year
- Every second year
- Every third year
- Every fourth year
- Have not gone for the past 5–9 years
- Have not gone for the past 10 years or more
- Never

**80. How often do you brush your teeth?**

*Check one box.*

- More than twice a day
- Twice a day
- Once a day
- At least once a week
- Less than once a week
- Never

**81. Do you use dental floss to clean between your teeth?**

*Check one box.*

- Yes, more than once a day
- Yes, once a day
- Yes, at least once a week
- Yes, less than once a week
- No, I do not use dental floss

## Diet

### 82. How often do you eat/drink the following?

*Check one box in each section.*

- a) Rye bread, wholemeal bread or other coarse, high-fibre bread
- b) Whole grain products, other than bread (brown rice, barley, porridge, whole wheat pasta, etc.)
- c) Milk or dairy products (excluding milk/cream in coffee or tea)
- d) Plant milk and plant milk products (e.g. soy, oat-, rice milk)
- e) Fruit or berries
- f) Vegetables (fresh, frozen, boiled or cooked)
- g) Fish, fish dishes
- h) Beans and/or vegetable dishes
- i) Red meat (lamb, pork, beef or horse meat)
- j) Soft drinks containing sugar
- k) Sugar-free soft drinks
- l) Energy drinks
- m) Sweets, chocolate
- n) Biscuits, cakes
- o) Ice cream and/or ice cream smoothie
- p) French fries and/or crisps

- Never
- Less than once a week
- Once a week
- 2–3 times a week
- 4–6 times a week
- Once a day
- Twice a day
- Three times a day or more

### 83. How often do you take any of the following?

*Check one box in each section.*

- a) Cod liver oil, cod liver oil capsules, vitamin D tablets or vitamin D spray
- b) Other supplements that contain vitamins

- Never
- Less than once a week
- Once a week
- 2–3 times a week
- 4–6 times a week
- Once a day
- Twice a day or more

**84. How often do you generally eat breakfast?**

*Check one box.*

- Never
- Less than once a week
- Around once a week
- A few times a week
- Daily / almost daily

## Height and weight

**85. How tall are you, in centimetres?**

Height in centimetres: \_\_\_\_\_cm

**86. What is your weight in kilograms? (Pregnant women should report their weight one month before becoming pregnant)**

Weight in kilograms: \_\_\_\_\_kg

**87. Have you tried to lose or gain weight (for instance by a change in your diet or through more exercise) within the past 12 months?**

*Check one box.*

- I am currently trying to lose weight
- I have tried to lose weight within the past 12 months, but I am not currently trying to
- I have neither tried to lose nor gain weight over the past 12 months
- I have tried to gain weight within the past 12 months, but I am not currently trying to
- I am currently trying to gain weight

**88. How satisfied or dissatisfied are you with your body?**

*Check one box.*

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

## Violence and accidents

### 89. Have you been a victim of violence in the last 12 months?

Check one box in each section.

a) **Physical** (e.g. has someone pushed you, hit you, punched you, kicked you, beaten you or cut you with bare hands or with an object?)

b) **Sexual** (e.g. being forced into sexual activities, such as intercourse or contact, against your will)

c) **Psychological** (e.g. has anyone shouted at you, humiliated you, threatened you or threatened to harm you or others?)

- No, never
- Yes, once
- Yes, a few times
- Yes, many times

### 90. If you have been a victim of violence in the last 12 months, who was the offender?

Check one or more boxes in each section, as appropriate.

a) Physical

b) Sexual

c) Psychological

- Spouse/partner
- Ex-spouse/partner
- Friend/acquaintance
- Stranger
- Relative
- Other
- I have not experienced violence

### 91. Have you been a victim of violence more than 12 months ago?

Check one box in each section.

a) **Physical** (e.g. has someone pushed you, hit you, punched you, kicked you, beaten you or cut you with bare hands or with an object?)

b) **Sexual** (e.g. being forced into sexual activities, such as intercourse or contact, against your will)

c) **Psychological** (e.g. has anyone shouted at you, humiliated you, threatened you or threatened to harm you or others?)

- No, never
- Yes, once
- Yes, a few times
- Yes, many times

**92. If you have been a victim of violence more than 12 months ago, who was the offender?**  
*Check one or more boxes in each section, as appropriate.*

a) Physical

b) Sexual

c) Psychological

- Spouse/partner
- Ex-spouse/partner
- Friend/acquaintance
- Stranger
- Relative
- Other
- I have not experienced violence

**93. Have you been involved in the following accidents?**

*Check one or more boxes in each section, as appropriate.*

a) Traffic accident

b) Work accident

c) Leisure time accident (outside the home)

d) Accidents at or near your home

e) Other accident

- No, never
- Yes, in the last 12 months
- Yes, but more than 12 months ago

## Difficult life experiences

### 94. Have you experienced any of the following?

Check one or more boxes in each section, as appropriate.

- a) I divorced my spouse
  - b) My spouse had an extramarital affair
  - c) I have had a child with severe physical or mental disabilities/difficulties (e.g. developmental disabilities, birth defects, visual-, hearing- or walking impairment)
  - d) I suffered serious financial loss (bankruptcy)
  - e) I lost my job
  - f) I was bullied
  - g) I encountered sexual harassment or violence in a work or study environment
  - h) I lost my spouse
  - i) I lost my child
  - j) I lost a close relative
  - k) I lost a good friend
- 
- No, never
  - Yes, in the last 12 months
  - Yes, but more than 12 months ago

## Physical activity and sedentary behaviour

**95. During the last 7 days, how much time in total did you spend in physical activity during your leisure time and active transport (e.g. walking or cycling to or from work/school)? Include all moderate and vigorous physical activity.** This kind of activity accelerates heart rate and breathing. Examples are brisk walking, cycling, swimming, golf, running and other physical activity where the effort is moderate or harder.

\_\_\_\_\_ hours and \_\_\_\_\_ minutes

**96. How much of the physical activity you indicated in the last question was vigorous physical activity?** This kind of activity causes substantial increase in heart rate and sweating, as well as rapid breathing that makes it difficult to talk. Examples are brisk hiking, running, fast bicycling, playing football/soccer and other activities where the effort is hard.

\_\_\_\_\_ hours and \_\_\_\_\_ minutes

**97. How much time per day on average did you spend sitting last week? Weekdays only.** Include time sitting at work, at home and during leisure time. (This can include time spent at a desk, dining table, during visits, reading, or in front of a screen, such as television, computer or smartphone.)  
*Check one box.*

- Less than an hour a day
- About 1 hour a day
- About 2–3 hours a day
- About 4–5 hours a day
- About 6–7 hours a day
- About 8–10 hours a day
- About 11–13 hours a day
- About 14–16 hours a day
- More than 16 hours a day

**98. Which of the following statements best describes the physical effort involved in your work or study?**

*Check one box.*

- Mostly sedentary work/study that does not require physical effort
- My work/study requires walking or standing, but not much physical effort
- My work/study requires walking or standing, and lifting or carrying objects
- Heavy manual labour/study, demands great physical effort
- Not applicable, I am not employed or a student

**99. According to official guidelines on physical activity, adults should do a total of at least 150 minutes (2.5 hours) of brisk physical activity per week where their heart rate and breathing is slightly faster than normal.** This refers to moderately intense physical activity, e.g. brisk walking, cycling or swimming. **If the physical activity is vigorous, it should last at least 75 minutes in total per week.** This refers to vigorously intense physical activity that causes shortness of breath and sweating, e.g. difficult hiking, running, fast bicycling, playing football/soccer and other activity where the effort is hard.

**How much do you agree or disagree with the following statements about your physical activity and your conditions when it comes to physical activity?**

*Check one box in each section.*

- a) I am physically active in accordance with the physical activity guidelines
- b) I have made the decision to do more physical activity
- c) I can be physically active in accordance with the physical activity guidelines and maintain such a lifestyle
- d) I have time to be physically active in accordance with the physical activity guidelines
- e) I get support from family/friends to do physical activity on a regular basis.
- f) I have the opportunity to do physical activity that suits me, in my local area (e.g. walking, cycling or going to the gym).

- Strongly agree
- Agree to some extent
- Neither agree nor disagree
- Disagree to some extent
- Strongly disagree
- Not applicable

## Well-being and quality of life

**100. Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.**

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

*Check one box in each section.*

- a) I've been feeling optimistic about the future
- b) I've been feeling useful
- c) I've been feeling relaxed
- d) I've been dealing with problems well
- e) I've been thinking clearly
- f) I've been feeling close to other people
- g) I've been able to make up my own mind about things

- None of the time
- Rarely
- Some of the time
- Often
- All of the time

**101. To what extent do you agree or disagree with the following statements?**

Satisfaction With Life Scale (SWLS)

*Check one box in each section.*

- a) In most ways my life is close to my ideal
- b) The conditions of my life are excellent
- c) I am satisfied with my life
- d) So far, I have gotten the important things I want in life
- e) If I could live my life over, I would change almost nothing

- Strongly agree
- Agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Disagree
- Strongly disagree

**102. Overall, how happy do you think you are?**

*Check one box.*

- 1 Very unhappy
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Very happy

**103. Please read each statement and answer how much the statement applied to you over the past week.** There are no right or wrong answers. Do not spend too much time on any statement.

Depression Anxiety Stress Scale (DASS-21)

*Check one box in each section.*

- a) I found it hard to wind down
- b) I was aware of dryness of my mouth
- c) I couldn't seem to experience any positive feeling at all
- d) I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)
- e) I found it difficult to work up the initiative to do things
- f) I tended to over-react to situations
- g) I experienced trembling (e.g., in the hands)
- h) I felt that I was using a lot of nervous energy
- i) I was worried about situations in which I might panic and make a fool of myself
- j) I felt that I had nothing to look forward to
- k) I found myself getting agitated
- l) I found it difficult to relax
- m) I felt down-hearted and blue
- n) I was intolerant of anything that kept me from getting on with what I was doing
- o) I felt I was close to panic
- p) I was unable to become enthusiastic about anything
- q) I felt I wasn't worth much as a person
- r) I felt that I was rather touchy

s) I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)

t) I felt scared without any good reason

u) I felt that life was meaningless

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

**104. How often does this apply to you?**

*Check one box in each section.*

a) I feel lonely

b) I feel a lot of stress in my daily life

- Very often
- Often
- Sometimes
- Seldom
- Never

**105. Check how true the following statements are for you.**

Meaning in Life Questionnaire (MLQ)

*Check one box in each section.*

a) My life has a clear sense of purpose

b) I have a good sense of what makes my life meaningful

c) I have discovered a satisfying life purpose

- Absolutely untrue
- Somewhat untrue
- Somewhat true
- Absolutely true

## Social participation

**106. How satisfied or dissatisfied are you with your relationship with the following?**

*Check one box in each section.*

- a) Spouse/fiancé/fiancée
- b) Your child/children
- c) Your stepchild/stepchildren
- d) Other family members
- e) Friends
- f) Work/school acquaintances

- Not applicable
- Very satisfied
- Fairly satisfied
- Neither nor
- Fairly dissatisfied
- Very dissatisfied

**107. How many times in the last 12 months have you volunteered or been involved in charity work?**

*Check one box.*

- At least once a week
- At least once a month
- At least once every three months
- At least once every six months
- Less often
- Never

## Sleep

**108. For how many hours a night do you generally sleep?**

*Check one box.*

- Less than 5 hours
- About 5 hours
- About 6 hours
- About 7 hours
- About 8 hours
- About 9 hours
- About 10 hours
- More than 10 hours

**109. How often have you experienced the following in the last 3 months?**

*Check one box in each section.*

- a) Difficulty falling asleep
- b) Waking up after falling asleep, and having difficulty falling asleep again
- c) Feeling rested after a night's sleep
- d) Waking up several times during the night

- Never
- Seldom
- Sometimes
- Often
- Always / every night

## Your family and household

### 110. How many children do you have?

*Check one box.*

- I have no children
- 1 child
- 2 children
- 3 children
- 4 children
- 5 children
- 6 children
- 7 children
- 8 children
- 9 or more children. How many? \_\_\_\_\_ children

->Answer the next question 112

### 111. What is your youngest child's year of birth?

Youngest child's year of birth: \_\_\_\_\_

### 112. How many people live in your household, yourself included?

*Check one box in each section. Do not forget yourself.*

- a) 0–5 years
- b) 6–17 years
- c) 18–66 years
- d) age 67 and older

- Nobody in that age group
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

## Income and financial standing

**113. In what range do you estimate your total monthly income to have been generally over the past 12 months?** Refers to all pre-tax income, e.g. salaries, overtime, differentials, bonuses, interest and dividends, grants/benefits and pensions. Student loans are not included.

*Check one box.*

### A month

- Less than 200 thousand
- 200–279 thousand
- 280–369 thousand
- 370–459 thousand
- 460–559 thousand
- 560–669 thousand
- 670–789 thousand
- 790–919 thousand
- 920–1099 thousand
- 1.1–1.29 million
- 1.3–1.5 million
- More than 1.5 million

**114. In what range do you estimate that the total income of all adults in your household (including you) has been on average per month for the last 12 months?**

*Check one box.*

- Not applicable, I live alone.

### A month

- Less than 300 thousand
- 300–409 thousand
- 410–519 thousand
- 520–629 thousand
- 630–739 thousand
- 740–849 thousand
- 850–959 thousand
- 960–1099 thousand
- 1.1–1.29 million
- 1.3–1.59 million
- 1.6–1.89 million
- 1.9–2.39 million
- 2.4–3.0 million
- More than 3.0 million

**115. In your opinion, what is the lowest net income, that is, income after tax, that you / your household need to earn per month to make ends meet?**

Minimum income: \_\_\_\_\_

- Don't know

**116. How well or poorly financially do you think your family (you and others in the household if applicable) is compared to other families in Iceland?**

*Check one box.*

- Much better  
 Considerably better  
 Somewhat better  
 Similar  
 Somewhat worse  
 Considerably worse  
 Much worse

**117. How easy or how hard has it been for you and your family (if applicable) to make ends meet financially over the past 12 months (e.g. paying for food, rent and bills)?**

*Check one box.*

- Very easy  
 Rather easy  
 Neither easy nor hard  
 Rather difficult  
 Very difficult

**118. How much or little do you worry about your debts?**

*Check one box.*

- No concern  
 Small concerns  
 Some concerns  
 Considerable concerns  
 Very high concerns

## Employment and education

### 119. What is the highest educational certificate or degree you have completed?

*Check one box.*

- Primary school
- Middle school (approximately grade 8–10)
- Journeyman's examination in a trade
- Master Craftsman qualification in a trade
- University entrance exam
- Other secondary school examinations
- Technical school (other than a BS degree)
- University degree (e.g. BA, BS or BEd)
- Masters University degree MA, MS, Cand. [academic degree in the Nordic countries] or MEd)
- Doctoral degree
- Other education What? \_\_\_\_\_

### 120. Please answer the following questions about your circumstances.

*Check one box in each section.*

#### Are you...

a) wage earner?

b) employer?

c) student?

d) homemaker as a main occupation?

e) on maternity/paternity leave

f) ill or temporarily unable to work

g) retired / old-age pensioner?

h) unemployed

->Answer the next question 122

i) partly unemployed or working part time?

->Answer the next question 122

j) 50–74% disabled?

->Answer the next question 121

k) 75% disabled

->Answer the next question 121

- Yes
- No

### 121. If you are disabled, what are the reasons for your disability?

*Check all items that apply.*

- Mental disorder
- Musculoskeletal disease
- Disease of the nervous system and senses
- Disease of the circulatory system
- Injuries
- Other. What? \_\_\_\_\_

**122. Have you been looking for work in the last 7 days?**

*Check one box.*

- Yes
- No

**123. If you are currently unemployed, how long have you been unemployed?**

*Check one box.*

- I am not unemployed
- Less than a month
- 1–3 months
- 4–6 months
- 7–11 months
- Around 1 year
- Around 2 years
- Around 3 years
- Around 4 years
- Around 5 years
- Longer than 5 years, how long? \_\_\_\_\_

**124. Which of the following best describes your work arrangements?**

*Check one box.*

- I do not work
- Daytime work only

*Shift work only with...*

- two shifts
- three shifts
- fixed evening shifts
- fixed night shifts
- 2-2-3 shifts (2–3 days worked and 2–3 days off)
- Both daytime work and shift work
- Other arrangements, what? \_\_\_\_\_

**125. How many days, if any, have you missed from paid work or school because of your own personal illness during the past 6 months?**

*Check one box.*

- I have not missed work because of illness within the past 6 months
- Around 1–5 days
- Around 6–10 days
- Around 11–20 days
- Around 21–30 days
- Around 1–2 months
- Around 3–4 months
- Around 5 months or more
- Have not worked or attended school in the last 6 months due to illness
- I have attended neither work nor school over the past 6 months for other reasons

**126. How have you travelled to work (or school) over the past 7 days?**

*Check one box in each section.*

- a) Driver or passenger in a car
- b) By bus or on other public transportation
- c) By foot
- d) Cycling
- e) On an electric bike
- f) On an electric scooter
- g) On an electric vespa
- h) By other means

- Never
- Once
- Twice
- Three times
- Four times
- Five times
- Six times
- Seven times
- Not applicable

**127. How far from your home is your workplace (or school)? (km = kilometres)**

*Check one box.*

- Less than ½ km (less than a 10-minute walk)
- About ½–1 km (a 10- to 20-minute walk)
- Around 2–5 km
- Around 6–10 km
- Around 11–20 km
- More than 20 km
- Not applicable

**128. Which of the following job titles best describes your work?**

*Check one box.*

- Elected representative, top-level official or top-level manager
- Expert (with an academic or professional university degree)
- Specially educated employee (without a university degree)
- Office worker
- Service, sales or shop assistant
- Farmer
- Seafarer
- Tradesperson
- Specialised industrial worker
- Vehicle operator, mechanic, machine tender
- Unskilled employee
- Primarily a student
- I am not in a paid job

-> Answer the next question 130

**129. This question is about working conditions. Check the box that best describes your working conditions.** (If you are not in paid employment, skip this question and answer question 130.)

General Nordic Questionnaire (QPS Nordic)

*Check one box in each section.*

- a) Is your work load irregular so that the work piles up?
- b) Do you have to work overtime?
- c) Is it necessary to work at a rapid pace?
- d) Do you have too much to do?
- e) Do you have to do things that you feel should be done differently?
- f) Are you given assignments without adequate resources to complete them?
- g) Do you receive incompatible requests from two or more people?
- h) If needed, can you get support and help with your work from your co-workers?
- i) If needed, are your co-workers willing to listen to your work-related problems?
- j) If needed, is your immediate superior willing to listen to your work-related problems?
- k) Are your work achievements appreciated by your immediate superior?
- l) If needed, can you get support and help with your work from your immediate superior?
- m) Does your immediate superior distribute the work fairly and impartially?
- n) Does your immediate superior treat the workers fairly and equally?
- o) Is the relationship between you and your immediate superior a source of stress to you?

- Very seldom or never
- Rather seldom
- Sometimes
- Rather often
- Very often or always

**130. How many hours do you generally spend per week on the following tasks?**

Care means attending to the basic daily needs of another person.

*Check one box in each section.*

- a) Care of children in your household
- b) Care of other household members
- c) Other housework (such as laundry/housecleaning, cooking, shopping, maintenance of house/car)
- d) Care for the elderly outside of the home and outside of work
- e) Care of others outside of the home and outside of work
- f) Paid work
- g) Study (school attendance and home study)
- h) Television viewing, computer use, telephone use or other screen use, outside of work or study
- i) Spending time with family and friends

- 0 hours
- Less than 1 hour
- Around 1–3 hours
- Around 4–6 hours
- Around 7–10 hours
- Around 11–14 hours
- Around 15–19 hours
- Around 20–24 hours
- Around 25–29 hours
- Around 30–39 hours
- Around 40–49 hours
- Around 50–59 hours
- 60 hours or more

## The Community

**131. To what extent do you agree or disagree with the following statements?**

*Check one box in each section.*

- a) In general, most people are trustworthy
- b) In general, great care must be taken in dealing with other people
- c) Most people would take advantage of me if they had the opportunity
- d) Most people try to be fair

- Strongly agree
- Agree to some extent
- Neither agree nor disagree
- Disagree to some extent
- Strongly disagree

**132. In politics, people often talk about “left” and “right”. Where would you place yourself on the following scale where 0 means farthest to the left and 10 means farthest to the right?**

*Check one box.*

- 0 Left
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Right

**133. Did you vote in the last parliamentary elections held in September 2021?**

*Check one box.*

- Yes, I voted
- I returned a blank vote
- No, I did not vote

**134. To what extent do you agree or disagree with the following statements?**

*Check one box in each section.*

- a) The wage gap in Iceland is too large
- b) It is the task of the state to reduce the wage gap between those with high incomes and those with low incomes
- c) The state should provide the unemployed with a decent standard of living
- d) The state should spend less money on the poor
- e) People with high incomes should pay a higher percentage of their income in tax than those with lower incomes

- Strongly agree
- Agree to some extent
- Neither agree nor disagree
- Disagree to some extent
- Strongly disagree

**135. How much or little trust do you have in the following?**

*Check one box in each section.*

- a) Althingi (Parliament)
- b) National Church
- c) The University of Iceland
- d) Media
- e) Police
- f) Health service
- g) The Directorate of Health

- Very much
- Rather much
- Moderate
- Rather little
- Very little

**Thank you very much for your participation.**

If you have agreed to be contacted again after a few years, please enter your telephone number and/or email address so that it will be easier to send you an invitation to participate later.

Telephone number:

E-mail address: