**FUNCTIONAL CAPACITY AND QUALITY OF LIFE**

1. Check the box of the following alternatives the one describing best your health and mobility today.

   1.1 Self-care
   
   1 [ ] I have no problems with washing, dressing or in other self-care.
   2 [ ] I have some problems with washing, dressing or in other self-care.
   3 [ ] I am unable to wash or dress myself.

   1.2 Usual daily activities
   
   1 [ ] I have no problems with performing my main activities (e.g. work, study, housework and/or leisure activities.
   2 [ ] I have some problems with performing my usual activities.
   3 [ ] I am unable to perform my daily activities alone.

2. Do you have some chronic illness, defect or injury?

   0 [ ] No  go to question number 4
   1 [ ] Yes

3. Estimate how much symptoms, diseases or injuries affect your daily life by checking the box of the most suitable alternative. 0 means for no hindrance at all 10 means for worst possible, i.e. a very significant hindrance.

   3.1 During leisure time activities
   
   0 1 2 3 4 5 6 7 8 9 10

   3.2 In household choires
   
   0 1 2 3 4 5 6 7 8 9 10

   3.3 At work
   
   0 1 2 3 4 5 6 7 8 9 10
INCOME AND SICKNESS EXPENDITURE

4. How would you describe the current balance between income and expenditure in your household?

1 □ We have more than enough money to cover our needs.
2 □ There is enough money to cover our needs.
3 □ We have to some extent to compromise when deciding what to do with the money.
4 □ We have to compromise considerably in our consumption but we can manage with our income.
5 □ We have to make major compromises in our consumption and despite of that we do not manage with our income.
6 □ I cannot say / it is hard to estimate.

5. Have your own or your family’s sickness expenses been so big this year that you have been forced to…? (You may choose several options)

1 □ Cut down other regular expenses
2 □ Use your savings
3 □ Take a loan
4 □ Accept help from friends and family
5 □ Turn to municipal subsistence subsidy
6 □ Our sickness expenditure has not been so big

WEIGHT AND HEIGHT

6. How much do you weigh at present? _____ kilos

7. How much did you weigh when you were 18? _____ kilos

8. How tall are you? _____ cm
USE OF ALCOHOL

9. How often have you drunk alcoholic drinks during the past 12 months?

0 □ not once
1 □ 6 to 7 times a week
2 □ 4 to 5 times a week
3 □ 2 to 3 times a week
4 □ once a week
5 □ approximately once a month
6 □ less than once a month

10. How many portions of alcohol a day did you usually drink on the days when you drank them? One portion is equivalent for a small bottle of beer or cider or 4 cl of spirits or other strong alcohol or 16 cl of wine

1 □ 15 portions or more, how many? ______
2 □ 10 to 14 portions
3 □ 6 to 9 portions
4 □ 3 to 5 portions
5 □ less than 3 portions

TREATMENT OF DRINKING PROBLEMS

11. During the past 12 months have you used any health or social services due to drinking problems?

0 □ No
1 □ Yes

12. If you answered Yes to the question 11, who has treated you due to your drinking problem?

1 □ Psychiatrist
2 □ Other doctor
3 □ A nurse or a public-health nurse
4 □ Other professional person