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A. Background

1. Are you a man or a woman?

- 1 Man
2 Woman

2. Are you single, in a relationship but living separately, or married/living with a partner?

Note! Mark only one alternative

- 1 Single
2 In a relationship with a man but living separately
3 In a relationship with a woman but living separately
4 Married/partner with a woman
5 Married/partner with a man

3. What is your year of birth?

Year of birth:

1	9		
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B. Health

4. In general, I would say that my health is

- 1 Excellent
2 Very good
3 Good
4 Tolerable
5 Poor

5. a. Do you have any lasting illness, problem or handicap?

- 1 Yes
2 No → Go to question 6

If "Yes"

b. Which of these illnesses, problems or handicaps do you have?

Several alternatives can be given

- 1 Cardiovascular disease (including thrombosis, high/low blood pressure, stroke)
1 Pulmonary disease/bronchial problems/allergy (including long-lasting nose/throat problems)
1 Dermatitis/eczema/allergy (including psoriasis, leucoderma)
1 Muscle or joint symptoms/pain (including fibrositis, strain injury, back/neck pain)
1 Rheumatic diseases
1 Neurological illness (including migraine, MS, Parkinson's)
1 Mental problems (including sleep disturbance, fatigue syndrome, anxiety, eating disorders)
1 Endocrinological diseases (including diabetes, goitre, metabolic problems)
1 Tumours (including cancer, benign tumour, leukaemia)
1 Stomach and intestinal problems (such as hernia, coeliac disease, IBS, ulcerative colitis)
1 Gynaecological problems and urinary tract problems (such as menopausal, prostate, kidney problems)

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1 An illness other than the alternatives above**6. How often have you had the following symptoms during the past 12 months?***Mark with an 'x' in each row.*

	Nearly every day	Now and again during the week	Now and again during the month	Almost never or never
	1	2	3	4
a. Stomach problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Back pain, backache, sciatica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pain in the neck and/or shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Difficulty getting to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Waking up frequently and difficulty getting back to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How have you felt during the past week?*Place an 'x' in the box that agrees best with each statement.*

	All the time 1	Often 2	Sometimes 3	Never 4
a. I have felt sad and down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have felt energetic, active and enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I woke up, I felt alert, rested and full of enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have felt happy or pleased and satisfied with my personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel satisfied with my life situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am living the kind of life I want to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have been keen to deal with the day's work or make new decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have felt that I can cope with serious problems or changes in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have felt that life is full of interesting things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. Working Life

8. What is your main occupation just now?

If you are on sick leave, enter your main occupation when you are not on sick leave. Note! Mark only one alternative

- 1 Work as an employee
- 2 Self employed
- 3 Studying
- 4 Early retirement pension, sickness benefit or activity benefit
- 5 Parental leave
- 6 In search of work or in employment measures
- 7 Work in the home, look after the household
- 8 Old-age pensioner
- 9 Other

9. a. Do you have some form of employment or are you self-employed?

- 1 Yes, employed
- 2 Yes, self-employed —————▶ *Go to question 11*
- 3 Yes, both employed and self-employed
- 4 No —————▶ *Go to question 15*

b. What is your main form of employment?

Note! Mark only one alternative

- 1 Permanent job (until further notice)
- 2 Employed for a specific project
- 3 Stand-in
- 4 Employed by the hour
- 5 Self employed
- 6 Another form of employment

10. b. Who is your main employer?

Note! Mark only one alternative

- 1 Privately-owned company
- 2 The government (authority/agency/state-owned company)
- 3 Region/County Council/County Council-owned company
- 4 Municipality/Municipally-owned company
- 5 Self employed
- 6 Other

11. Do you have a full-time or part-time job?

- 1 Full time
- 2 Part time, at least 15 hours a week
- 3 Part time, less than 15 hours a week





12. How do you judge your current capacity to work in relation to:

Mark with an 'x' in each row.

	Very good	Reasonably good	Tolerable	Rather poor	Very poor
	1	2	3	4	5
a. ...the knowledge demanded by the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...the mental and psychological demands of the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...the emotional demands of the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...the cooperation demands placed by the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...the physical demands of the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. When the work becomes *physically troublesome*, do you have the possibility of slowing down or of working differently, so the problem is reduced?

- 1 Yes, frequently
- 2 Yes, sometimes
- 3 No, rarely
- 4 No, never/almost never
- 5 Not relevant

14. When the work becomes *mentally stressful*, do you have the possibility of influencing what you work with, so the stress is reduced?

- 1 Yes, frequently
- 2 Yes, sometimes
- 3 No, rarely
- 4 No, never/almost never
- 5 Not relevant

D. Sick Leave

15. a. During the past 12 months: Have you been on sick leave on one or more occasions?

- 1 Yes
- 2 No → Go to question 39

b. During the past 12 months: In total, how many days have you been on sick leave?

Count the total number of days and count all of the days of the week, including weekends. If you have been on part-time sick leave (25%, 50% or 75%), then count each day sick as a sick day, irrespective of whether you have been on sick leave for the whole day or part of the day.

- 1 1 - 7 days
- 2 8 - 30 days
- 3 31 - 90 days
- 4 91 - 180 days
- 5 181 - 364 days
- 6 On sick leave for more than 364 days





E. Measures taken in connection with your latest sick leave

If you have been on sick leave on several occasions during the past 12 months, start from your latest sick leave that lasted 15 days or more

21. q. During your latest sick leave, did you visit the Health Services?

1 Yes

2 No —————> Go to question 22

If "Yes" to question 21a:

b. Do you consider that you received the treatment that you needed?

1 I had no need of the treatment.>.....Go to question 22

2 Yes, totally

3 Yes, partly

4 No, not at all

5 Do not know

c. Did these measures contribute to your return to work/being declared fit?

1 I have not returned to work/been declared fit

2 Yes, totally

3 Yes, partly

4 No, not at all

5 Do not know

22. q. During your latest sick leave, did you contact the Social Insurance Office (Försäkringskassan)?

By contact, we mean: personal meeting or contact via letter/e-mail or telephone

1 Yes

2 No —————> Go to question 23

If "Yes" to question 22a:

b. Do you consider that the measures taken were the ones you needed?

1 I had no need of the measures.....>.....Go to question 23

2 Yes, totally

3 Yes, partly

4 No, not at all

5 Do not know

Did these measures contribute to your return to work/being declared fit?

1 I have not returned to work/been declared fit

2 Yes, totally

3 Yes, partly

4 No, not at all

5 Do not know





23. a. During your latest sick leave, do you consider, taking everything together, that you received the information you needed to make decisions concerning your health?

- 1 Yes, totally
 - 2 Yes, partly
 - 3 No, not at all
 - 4 Do not know
- } *Go to question 24*

If "Yes" or "Yes, partly" to question 23a:

b. Did you understand the information you received?

- 1 Yes, totally
- 2 Yes, partly
- 3 No, not at all

24. In connection with your latest sick leave, what is your judgment of the way you were treated by the following:

Mark with an 'x' in each row.

	Very good	Reasonably good	Tolerable	Rather poor	Very poor	Not relevant
	1	2	3	4	5	6
a. Hospital staff in the Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Officials at Social Insurance Office (Försäkringskassan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Officials at the Jobcentre (Arbetsförmedlingen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Officials in the social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Representatives of your employer (e.g. manager, personnel officer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. a. During your latest sick leave, did you attend a meeting to plan your return to work/declaration of fitness?

- 1 Yes
 - 2 No
 - 3 Not relevant
- } *Go to question 26*

If "Yes"

b. At this meeting, did at least two of the following organisations participate: the Health Service, Social Insurance Office (Försäkringskassan), the Job Centre (Arbetsförmedling), the social services and your employer?

- 1 Yes
- 2 No
- 3 Not relevant

26. During your latest sick leave, did you have a contact person who coordinated actions from the various bodies?

- 1 Yes
- 2 No



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3 Not relevant

27. During your sick leave, do you consider that the various bodies (e.g. the Health Service, Social Insurance Office (Försäkringskassan), the Job Centre (Arbetsförmedling), the social services, your employer) cooperated with each other to facilitate your return to work/being declared fit?

- 1 To a very high degree
 2 To a reasonably high degree
 3 To a rather low degree
 4 To a very low degree
 5 Not relevant

28. During your latest sick leave, did you receive any support (e.g. emotional, practical or in terms of information) from your manager/employer?

- 1 I do not have a manager/employer
 2 To a very high degree
 3 To a reasonably high degree
 4 To a rather low degree
 5 To a very low degree

29. During your latest sick leave, did you receive any support (e.g. emotional, practical or in terms of information) from your workmates?

- 1 I don't have any workmates
 2 To a very high degree
 3 To a reasonably high degree
 4 To a rather low degree
 5 To a very low degree

30. During your latest sick leave, did you receive any support (e.g. emotional, practical or in terms of information) from your social network (e.g. family, relations, friends or acquaintances)?

- 1 To a very high degree
 2 To a reasonably high degree
 3 To a rather low degree
 4 To a very low degree

31. During your latest sick leave: Are you satisfied or dissatisfied with your own efforts to return to work/be declared fit?

- 1 I have not returned to work/been declared fit
 2 Very satisfied
 3 Reasonably satisfied
 4 Rather dissatisfied
 5 Very dissatisfied

F. Measures taken at your place of work in connection with

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your latest sick leave

If you have been on sick leave on several occasions during the past 12 months, start from your latest sick leave that lasted 15 days or more

Note! If you have had a job during the past 12 months, you should answer the following questions.

If you have not had a job during the past 12 months, go to question 36.

32. During your last full-time sick leave, did you have regular contact with your manager/employer?

- 1 I have not been on full-time sick leave/Not relevant
- 2 Yes, about once a week
- 3 Yes, about 1 -3 times a month
- 4 Yes, but less than once a month
- 5 No

33. During your last full-time sick leave, did you visit your place of work during the time you were on sick leave?

- 1 I have not been on full-time sick leave/Not relevant
- 2 Yes, several times
- 3 Yes, once
- 4 No, not once

34. During your last full-time sick leave, did you have contact with a workmate during the time you were on sick leave?

- 1 I have not been on full time sick leave/Not relevant
- 2 Yes, several times
- 3 Yes, once
- 4 No, not once

35. a. During you latest sick leave, could you return to your previous work tasks?

- 1 Yes, completely —————▶ *Go to question 36*
- 2 Yes, partly
- 3 No, not at all
- 4 Not relevant —————▶ *Go to question 36*

If "Yes, partly" or "No, not at all".

b. Were you offered other work tasks that were suitable to you current work capacity? E.g. lighter work tasks, less complicated work tasks or shorter working time.

- 1 Yes, one offer
- 2 Yes, several offers
- 3 No, not at all —————▶ *Go to question 36*

If "Yes, one offer" or "Yes, several offers".

c. Did you accept this/these work task(s)?

- 1 Yes, one work task
- 2 Yes, several work tasks
- 3 No, not at all





G. Changes in Medical Insurance

During 2008, several changes were made to the Swedish medical insurance and the following questions deal with these changes.

36. a. During your latest sick leave, did the changes in the medical insurance influence your possibilities to return to work/be declared fit?

- 1 Yes
 - 2 No
 - 3 Do not know
- } Go to question 37

If "Yes"

b. How did the changes influence your possibilities to return to work/be declared fit?

- 1 In a very positive direction
- 2 In a reasonably positive direction
- 3 In a rather negative direction
- 4 In a very negative direction

37. If you have been on sick leave for more that 3 months in succession: After being on sick leave for 3 months, were you assigned other work tasks with your employer?

- 1 I have not been on sick leave for 3 months or more
- 2 Yes, tasks that I can manage
- 3 Yes, tasks that I cannot manage
- 4 No
- 5 Not relevant

38. If you have been on sick leave for more that 6 months in succession: After being on sick leave for 6 months, were you assigned to another job on the labour market?

- 1 I have not been on sick leave for 6 months or more
- 2 Yes, a job that I can manage
- 3 Yes, a job that I cannot manage
- 4 No
- 5 Not relevant

H. Other Life Situation

39. During the past 12 months: Has high stress in your work at home and housework contributed to difficulties in coping with your paid work?

By work at home and housework, we also mean care/supervision/activities that concern children, the aged, sick relatives or relations.

- 1 I have not had a job in the past 12 months
- 2 No, never or almost never
- 3 Yes, once or several times a month
- 4 Yes, about once a week
- 5 Yes, several times a week

40. During the past 12 months: Has high stress in your work at home and housework contributed to your taking sick leave on any occasion?

By work at home and housework, we also mean care/supervision/activities that concern children, the





aged, sick relatives or relations.

- 1 No, it has never happened
- 2 Yes, 1-3 times
- 3 Yes, 4-10 times
- 4 Yes, more than 10 times

41. During the past 12 months: Have you been involved in any of the following?

Select all that apply.

- 1 Divorce or separation
- 1 Had children with serious problems (e.g. addiction, criminality, victim of bullying)
- 1 Had children who have been the victim of sexual assault
- 1 Been subjected to violence or threatened with violence from your partner
- 1 Changed your place of work
- 1 Received less responsibility at work
- 1 Received increased responsibility at work
- 1 Experienced seriously worsened finances
- 1 Became unemployed
- 1 Had serious conflicts with someone close to you
- 1 Had serious conflicts with someone at your work
- 1 Had serious conflict with someone else
- 1 Suffered a serious illness/accident
- 1 Has serious illness/accident in the family or among friends
- 1 Had someone die in the family or among friends
- 1 None of the above

I. Alcohol Habits

42. During the past 12 months: How often have you drunk 5 or more glasses of wine, beer or spirits during a single day)

5 glasses are equivalent to:

20 cl spirits or

1 bottle table wine or

3 cans or alternatively 4 bottles of strong beer or

3 ½ cans or alternatively 5 bottles of cider or

5 cans or alternatively 7 bottles of medium beer

(Can = 50 cl and bottle 33 cl)

- 1 Not once during the year
- 2 1-3 times/year
- 3 1-3 times/half-year
- 4 1-3 times a month
- 5 1-2 times a week
- 6 Several times a week
- 7 Daily or almost daily

43. During the past 12 months: Have you at any time found it difficult to cope with your paid work because you have drunk alcohol?

- 1 I do not have a job



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- 2 No, it has never happened
- 3 Yes, 1-3 times
- 4 Yes, 4-10 times
- 5 Yes, more than 10 times

44. During the past 12 months: Have you ever been on sick leave because you have drunk alcohol?

- 1 No, it has never happened
- 2 Yes, 1-3 times
- 3 Yes, 4-10 times
- 4 Yes, more than 10 times

Thank you for your participation

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