

GGD Health Monitor 2024

A. GENERAL

A1. What is your year of birth?

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A2. Are you ... ?

- Male
- Female
- Non-binary
- Other than the above mentioned

A3. Who do you live with?

You may give more than one answer.

- My partner / husband or wife
- A child/children below the age of 4
- A child/children between the ages of 4 and 11
- A child/children between the ages of 12 and 17
- A child/children aged 18 or over
- My parent(s) / caregiver(s)
- Another adult / other adults
- I do not live with a partner, but I do have a long-term relationship
- I live alone

A4. What is your highest completed education (with a diploma or a certificate of proficiency)?

- No education (not finished primary school)
- Primary education (primary school, special primary education)
- Lower or preparatory vocational education (such as lts, leao, lhno, vmbo-b/k, special or pre-vocational education)
- Junior general secondary education (such as (m)ulo, mavo, vmbo-g/t, mbo-kort, mbo-1)
- Upper secondary vocational education and apprenticeship training (such as training to become a baker or hairdresser, mts, meao, bol, bbl, mbo-2, mbo-3, mbo-4)
- Upper general secondary education and pre-university education (such as hbs, mms, havo, vwo, atheneum, gymnasium)
- Higher professional education (such as teacher training college, hbo, hts, heao, hbo-v, kandidaats or bachelor)
- University (doctoral or master, postdoctoral, hbo-master)

B. GENERAL HEALTH

B1. How is your health in general?

- Very good
- Good
- Reasonable
- Poor
- Very poor

B2. Do you suffer from one or more chronic illnesses or disorders?

- Yes
- No

Chronic implies (expectedly) 6 months or longer.

B3. Are you restricted by your health problems in your daily life? Yes, seriously restricted
 Yes, restricted but not seriously
 No, not restricted at all → GO TO QUESTION B5

B4. Have you been restricted by your health problems for 6 months or longer? Yes
 No

B5. Do you currently have health complaints that are due or possibly due to the coronavirus? Yes
 No → GO TO QUESTION B9

B6. How long have you had these complaints due to the coronavirus for? Less than 3 months → GO TO QUESTION B9
 3 to 12 months
 1 to 3 years
 3 years or more

B7. Are you restricted by these health complaints due to the coronavirus in your daily life? Yes, seriously restricted
 Yes, restricted but not seriously
 No, not restricted at all

B8. Has a doctor determined that you have long COVID / post-COVID condition? Yes
 No

B9. The following questions concern what you are normally able to do. This is not about temporary problems.

<i>Provide one answer for each row.</i>	Yes, without any difficulty	Yes, with some difficulty	Yes, with great difficulty	No, I am not able to do so
Can you follow a conversation in a group consisting of three or more persons (with a hearing aid if required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you have a conversation with one other person (with a hearing aid if required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you read small print in the newspaper (with glasses or contact lenses if required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you recognize someone's face from a distance of 4 metres (with glasses or contact lenses if required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you carry an object weighing 5 kilos (such as a full shopping bag) for a distance of 10 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you bend over from a standing position and pick something up from the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you walk 400 metres without pausing (with a walking stick or walker if necessary)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to cross the road unassisted and in good time when the light turns green at a zebra crossing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B10. Do you experience problems in your daily life due to lack of strength in your hands? Yes
 No

B11. To what extent did you have trouble sleeping in the last two weeks? Not at all → GO TO QUESTION C1
 Small

For example, trouble falling asleep, trouble staying asleep, waking up too early.

- Significant
- Great
- Very great

B12. To what extent did your sleeping trouble hinder your daily activities in the last two weeks?

For example, feeling tired during the day, poor performance at work, difficulty completing daily tasks, struggling to concentrate, memory problems, low mood.

- Not at all
- Small
- Significant
- Great
- Very great

C. WELFARE FACILITIES

The questions below are about facilities and services that are available in some municipalities, but not in others.

C1. For each of the facilities and services below, could you please indicate whether you have ever used them or – if you have not – whether you would like to use them at this time?

Provide one answer for each row.	Yes, I use it occasionally	No, but I would like to	No, I have no need
Help with administrative affairs or financial matters (such as filing a tax return or applying for facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport or physical activity for the elderly organised by an activity or service centre (such as physical exercise/swimming classes for the elderly or MBvO classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/cultural activities for the elderly organised by an activity or service centre (such as playing cards, folk dancing, singing or a club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help in and around the house from a volunteer organised by a volunteer organisation (such as someone to do odd jobs or do the shopping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local service point for information about health, welfare and housing (such as a care advice desk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. SELF-RELIANCE

D1. Are you worried about falling?

- Yes
- No

D2. Have you fallen in the past 12 months?

- Yes, once
- Yes, twice or more
- No → GO TO QUESTION D5

D3. Have you suffered an injury because of a fall in the past 12 months?

- Yes
- No

By an injury we mean an open wound, a bruise, a sprain, or a broken bone, for example.

D4. **Where were you the last time that you fell?**

In the house

Outside but near the house

Somewhere else

I can't remember

D5. **The following questions are about whether you can currently independently perform a number of tasks that need to be performed regularly. If you can perform certain tasks yourself, you must also indicate whether you can perform them with or without difficulty. It is not about whether you actually perform certain tasks, but whether you could perform them (if necessary).**

<i>Provide one answer for each row.</i>	Yes, without any effort	Yes, but with some effort	Yes, but with a lot of effort	No, only with the help of others
Can you prepare breakfast or lunch completely independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you prepare hot food completely independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you perform 'light' household tasks completely independently (e.g. dusting or putting away rubbish)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you perform 'heavy' household tasks completely independently (e.g. mopping, cleaning windows or vacuum-cleaning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you wash and iron your clothes completely independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you change and/or make the beds completely independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you do the shopping completely independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you use your own or public transport completely independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. WELL-BEING

E1. **The questions below are about how you felt in the last 4 weeks.**

<i>Provide one answer for each row.</i>	All the time	Most of the time	Some of the time	A little of the time	None of the time
About how often did you feel tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is really no way I can solve some of the problems I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is little I can do to change many of the important things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel helpless in dealing with the problems of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I feel that I'm being pushed around in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What happens to me in the future mostly depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do just about anything I really set my mind to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E6. Several statements are given below. Please indicate to what extent each statement applies to you if you think about the last six months.

<i>Provide one answer for each row.</i>	Strongly disagree	Mainly disagree	Neither agree nor disagree	Mainly agree	Strongly agree
In most ways my life is close to my ideal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conditions of my life are excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So far I have gotten the important things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could live my life over, I would change almost nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<i>E7. Provide one answer for each row.</i>	0	1	2	3	4	5	6	7	8	9	10
How happy do you feel today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How happy have you felt in the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E8. The following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following.

During the past month, how often did you feel ...

<i>Provide one answer for each row.</i>	Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Every day
happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interested in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
satisfied with life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you had something important to contribute to society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you belonged to a community (like a social group, your neighborhood, or your city)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that our society is a good place, or is becoming a better place, for all people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that people are basically good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that the way our society works makes sense to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you liked most parts of your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
good at managing the responsibilities of your daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you had warm and trusting relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you had experiences that challenged you to grow and become a better person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
confident to think or express your own ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that your life has a sense of direction or meaning to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. SOCIAL CONTACTS

F1. Please indicate for each of the following statements, the extent to which they apply to your situation, the way you have been lately.

<i>Provide one answer for each row.</i>	Yes	More or less	No
There is always someone I can talk to about my day-to-day problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss having a really close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I experience a general sense of emptiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of people I can lean on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss the pleasure of the company of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find my circle of friends and acquaintances too limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many people I trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough people I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss having people around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can call on my friends whenever I need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about social contact. By this we mean contact with family members, friends, acquaintances or neighbours, but not care professionals.

F2. Please indicate the extent to which the following statements apply to you, thinking about the last couple of months.

<i>Provide one answer for each row.</i>	Yes	More or less	No
I have people around me who want to help me and do odd jobs for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have someone who I can talk to about personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I visit family, friends, acquaintances or neighbours for a chat, or they visit me at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. How far away are you from the nearest child or other family member?

<input type="checkbox"/> They are part of the same household	<input type="checkbox"/> 25–80 km
<input type="checkbox"/> Within a 1.5 km radius	<input type="checkbox"/> More than 80 km
<input type="checkbox"/> 1.5–8 km	<input type="checkbox"/> Not applicable – I have no family
<input type="checkbox"/> 9–24 km	

F4. If you have children: how far away are you from the nearest child?

<input type="checkbox"/> They are part of the same household	<input type="checkbox"/> 25–80 km
<input type="checkbox"/> Within a 1.5 km radius	<input type="checkbox"/> More than 80 km
<input type="checkbox"/> 1.5–8 km	<input type="checkbox"/> Not applicable – I have no children
<input type="checkbox"/> 9–24 km	

F5. If you have brothers or sisters: how far away are you from the nearest brother or sister?

<input type="checkbox"/> They are part of the same household	<input type="checkbox"/> 25–80 km
<input type="checkbox"/> Within a 1.5 km radius	<input type="checkbox"/> More than 80 km
<input type="checkbox"/> 1.5–8 km	<input type="checkbox"/> Not applicable – I have no brothers or sisters

9–24 km

F6. How often do you meet your children or other family members?

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> Two to three times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Not applicable – I have no family |
| <input type="checkbox"/> At least once a month | |

F7. If you have friends or acquaintances who live nearby: how often do you talk to or meet up with them?

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> Two to three times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Not applicable – I have no friends or acquaintances who live nearby |
| <input type="checkbox"/> At least once a month | |

F8. How often do you talk to or meet up with your neighbours?

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> Two to three times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Not applicable – I have no neighbours |
| <input type="checkbox"/> At least once a month | |

F9. Do you attend religious services?

- Yes, regularly
 Yes, sometimes
 No

F10. Do you attend meetings of an association or club, lecturers or similar events?

- Yes, regularly
 Yes, sometimes
 No

F11. How often do you have contact with your neighbours or people who live in your street?

- | | |
|---|---|
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Three times a month | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Seldom or never |

G. HEIGHT AND WEIGHT

G1. How tall are you (without shoes)?

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 centimeters

G2. How many kilos do you weigh without clothes? (round up or down to whole kilos)

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 kilograms

G3. In the past year, have you lost more than 4.5 kg of weight without wanting to?

Yes
 No

In other words, without dieting or playing sports.

H. SMOKING AND ALCOHOL

H1. Do you sometimes smoke?

We are referring to all sorts of tobacco products. Electronic cigarettes do not count. Heating tobacco or heatsticks also do not count.

Yes
 No

H2. Do you sometimes use a vape or e-cigarette?

Yes
 No

H3. In the **last 12 months**, have you ever consumed alcoholic beverages, such as beer, wine, liquor, mixed drinks or cocktails?

This includes low-alcohol beverages, but no non-alcoholic beverages.

Yes → GO TO QUESTION H5
 No

H4. Have you ever consumed alcoholic beverages?

Yes → GO TO QUESTION I1
 No → GO TO QUESTION I1

H5. On average, on how many of the **4 weekdays** (Monday through Thursday) do you drink alcoholic beverages?

4 days
 3 days
 2 days
 1 day
 Less than 1 day
 I never drink on weekdays → GO TO QUESTION H7

H6. When drinking alcoholic beverages on a weekday, how many glasses do you drink on average?

<input type="checkbox"/> 16 or more glasses	<input type="checkbox"/> 4 glasses
<input type="checkbox"/> 11 – 15 glasses	<input type="checkbox"/> 3 glasses
<input type="checkbox"/> 7 – 10 glasses	<input type="checkbox"/> 2 glasses
<input type="checkbox"/> 6 glasses	<input type="checkbox"/> 1 glass
<input type="checkbox"/> 5 glasses	

H7. On average, on how many of the **3 weekend days** (Friday through Sunday) do you drink alcoholic beverages?

3 days
 2 days

- 1 day
- Less than 1 day
- I never drink in the weekend → **GO TO QUESTION H9**

- H8. **When drinking alcoholic beverages on a weekend day, how many glasses do you drink on average?**
- | | |
|---|------------------------------------|
| <input type="checkbox"/> 16 or more glasses | <input type="checkbox"/> 4 glasses |
| <input type="checkbox"/> 11 – 15 glasses | <input type="checkbox"/> 3 glasses |
| <input type="checkbox"/> 7 – 10 glasses | <input type="checkbox"/> 2 glasses |
| <input type="checkbox"/> 6 glasses | <input type="checkbox"/> 1 glass |
| <input type="checkbox"/> 5 glasses | |

- H9. **How often have you drunk 4 or more glasses of alcoholic beverages in one day in the last 6 months?**
- More than once a week
 - Once a week
 - 1-3 times a month
 - Less than once a month
 - Never → **GO TO QUESTION I1**

- H10. **How often have you drunk 6 or more glasses of alcoholic beverages on one day in the last 6 months?**
- More than once a week
 - Once a week
 - 1-3 times a month
 - Less than once a month
 - Never

I. EATING HABITS

- I1. **How many days a week do you usually eat cooked or fried vegetables, lettuce or raw vegetables?**
Vegetables in one-pot dishes (such as a stir-fry) also count, but for example a leaf of lettuce on a salad roll does not count.

	Number of days per week							
	Less than 1	1	2	3	4	5	6	7
<i>Provide one answer for each row.</i>								
Cooked/fried vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce/raw vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I2. **On days which you eat vegetables or lettuce, how many tablespoons do you usually eat?**
A tablespoon is about 50 grams.

	Number of tablespoons						
	Less than 1	1	2	3	4	5	More than 5
<i>Provide one answer for each row.</i>							
Cooked/fried vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce/raw vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I3. **How many days a week do you usually eat fruit?**

	Number of days per week
<i>Provide one answer for each row.</i>	

	Less than 1	1	2	3	4	5	6	7
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. **On days which you eat fruit, how many pieces of fruit do you eat?**
One piece of fruit could be a mid-size apple or two mandarins. As for small fruit, such as cherries, you can count a hand full as one piece.

	Number of pieces per day					
	1	2	3	4	5	More than 5
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. PHYSICAL ACTIVITY

The following questions are about exercise. Each question concerns a different activity. Think about an average week in the past months.

11. Commuting activities <i>If you have not engaged in an activity, fill in '0'.</i>	Days per week	How much time do you spend on this activity on average on such a day?
How many days per week do you walk to/from work or school?	<input type="text"/> days	<input type="text"/> hour(s) <input type="text"/> minutes
How many days per week do you bicycle to/from work or school?	<input type="text"/> days	<input type="text"/> hour(s) <input type="text"/> minutes

12. Physical activity at work or school <i>If you have not engaged in an activity, fill in '0'.</i>	Number of hours per week
How many hours on average per week do you do <u>light or moderately</u> strenuous physical activity at work or school? <i>This could be seated/standing work, like work at an office, with occasional walking, such as desk work or work that requires walking with light loads.</i>	<input type="text"/> hour(s)
How many hours on average per week do you do <u>intense</u> strenuous physical activity at work or school? <i>This could be work for which you have to walk a lot or regularly lifting heavy objects at work.</i>	<input type="text"/> hour(s)

13. Household activities <i>If you have not engaged in an activity, fill in '0'.</i>	Days per week	How much time do you spend on this activity on average on such a day?
How many days per week do you do <u>light or moderately</u> strenuous household activities? <i>This could be cooking, ironing, vacuuming or tidying up.</i>	<input type="text"/> days	<input type="text"/> hour(s) <input type="text"/> minutes



How many days per week do you do intense strenuous household activities? <i>This could be carrying heavy shopping bags up the stairs, moving furniture or cleaning the floor on your knees</i>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
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14. Leisure time activities <i>If you have not engaged in an activity, fill in '0'.</i>	Days per week	How much time do you spend on this activity on average on such a day?
How many days per week do you go walking? <i>This does <u>not</u> include walking to work or school.</i>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
How many days per week do you go bicycling? <i>This does <u>not</u> include cycling to work or school.</i>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
How many days per week do you go gardening?	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
How many days per week do you do odd jobs in your spare time?	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes

15. Sports Which sports do you practice? <i>Fill in a maximum of 4 sports e.g. fitness/endurance training, tennis, running, football. If you do not take part in any sport, you may skip this question.</i>	Days per week	How much time do you spend on this activity on average on such a day?
<input type="text"/>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
<input type="text"/>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
<input type="text"/>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
<input type="text"/>	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes

K. MENTAL HEALTH

K1. The following questions concern how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.

<i>Provide one answer for each row.</i>	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
How much of the time have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



How much of the time have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the time have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the time have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the time have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L. HEALTHCARE

L1. **How often have you been in touch with your general practitioner (GP) in the last 2 months?**

For example, visiting your GP, home visits and telephone consultation. This does not include telephone contact to request a repeat prescription.

		times
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L2. **Did you consciously avoid seeing a care provider for a health problem in the last 12 months, or did you consciously ignore medical advice?**

For example, not going to the GP with a problem, not picking up medication from the pharmacy, not following up on a referral to a medical specialist.

- Yes
 No → **GO TO QUESTION L4**

L3. **What was the reason for this?**

You can choose more than one answer.

- My complaint was not serious enough / it didn't really bother me
- I thought my complaint would simply disappear
- I wanted to resolve the complaint myself
- I was dreading any costs I would have to pay
- I was dreading any follow-up costs I would have to pay, for instance, for medicines, treatments or a hospital visit
- I don't like going to doctors / for fear of the treatment
- I'm not happy with the care provider
- Other than above

L4. **In the last 12 months, how often did you avoid care or did you ignore medical advice because you needed the money for other things?**

- Never
 Once
 Twice
 More than twice

M. INFORMAL CARE AND VOLUNTEER WORK

Informal care is the care you provide to acquaintances who are ill, in need of help or disabled for an extended period of time. Think of your partner, parents, child, neighbours or friends. This care may consist of household tasks, washing and dressing, keeping them company, providing transport, taking care of financial matters, etc. Informal care is unpaid. A volunteer from a volunteer center is not an informal carer.

M1. Do you provide informal care?

- Yes
 No → GO TO QUESTION M8

M2. How many hours a week on average do you currently provide informal care, including travel time? Round to whole hours.

Average

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 hours per week

M3. How long have you been providing informal care?

- Less than three months
 Three months or longer

M4. Some people feel heavily burdened by providing care for another person. They find the care hard and difficult to maintain. For other people this applies to a lesser extent. How burdened do you feel by providing informal care?

- Not or hardly burdened
 Somewhat burdened
 Burdened considerably
 Heavily burdened
 Overburdened

M5. Who do you care for informally?

You can choose more than one answer.

- Husband, wife or partner
 Children, daughter-in-law or son-in-law
 Parents or parents-in law
 Other members of your family
 Neighbours, friends, acquaintances

M6. What activities does this informal care mostly consist of?

You can choose more than one answer.

- Helping with household tasks, such as shopping or cleaning
 Preparing hot meals
 Helping with personal care, such as washing or getting dressed
 Helping with medical care
 Providing company or emotional support or helping to take one's mind off things
 Accompanying and/or providing transportation, such as to the GP or hairdresser
 Arranging money matters and/or other administrative affairs
 Other than above

M7. In addition to any help you may already be receiving, do you need any other help because of your duties as an informal carer?

You can choose more than one answer.

- No
 Yes, information and advice
 Yes, someone to take over from me so that I can take a day off or a holiday now and then
 Yes, emotional support
 Yes, relaxing activities



	<input type="checkbox"/> Yes, someone to look after my interests				
M8. Have you <u>received</u> informal care in the <u>last 12 months</u>?	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO QUESTION M11				
M9. Are you still receiving this informal care now?	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO QUESTION M11				
M10. How many hours of informal care do you receive each week on average? <i>Round off to full hours</i>	Average <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> hours per week				
M11. Imagine that you need help for more than three months due to health problems or a disability (or because of old age), such as help with the housekeeping or organising your day-to-day life. Which of the following persons mentioned below would be able to provide you with this help. <i>If you already receive help, we would like to know whether there is someone who could help if you needed more help. Take into account their travel time and other obligations.</i> <i>You can choose more than one answer.</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Child living at home <input type="checkbox"/> Child living away from home <input type="checkbox"/> Someone else in the household <input type="checkbox"/> Father or mother <input type="checkbox"/> A family member who does not live in the same house <input type="checkbox"/> Someone else, such as a friend, acquaintance, colleague or neighbour <input type="checkbox"/> None of the above				
M12. Do you do any volunteer work? <i>We mean work that is carried out unpaid at a (sports)club, church, school or other organisation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO QUESTION M14				
M13. For each of the following associations, clubs and organisations, could you please indicate whether you have carried out volunteer work for them in the <u>last 12 months</u>? <i>You can choose more than one answer.</i>	<input type="checkbox"/> Youth work, community centre work or leader of a scout troop <input type="checkbox"/> At school (examples: helping out at school, as member of a parents' committee/school board or as a reading helper) <input type="checkbox"/> As a carer or nurse (examples: care for the elderly, childcare, home nursing, patient visits, raising money for health organisations) <input type="checkbox"/> For a sports club (examples: as a board member, working in the canteen, as a trainer, as a venue manager) <input type="checkbox"/> For a cultural association (examples: musical association, drama club or drawing group) <input type="checkbox"/> For hobby or social clubs <input type="checkbox"/> For your church, mosque or religious community (examples: as member of the parish council or mosque committee, as a home visitor or by handing out leaflets) <input type="checkbox"/> For a trade union or business organisation (examples: as member of the Works Council or staff association) <input type="checkbox"/> For a political party or pressure group <input type="checkbox"/> As a social worker, provider of legal assistance, probation officer or provider of victim support <input type="checkbox"/> As an adviser in terms of housing, housing conditions or tenants' interests				



- To help out in the district or neighbourhood
- For organisations in a different field

M14. **Of which association(s), club(s) or organisation(s) are you a member?**

You can choose more than one answer.

- Sports club
- Gym/fitness centre
- Neighbourhood association
- District council or district committee that looks after the neighbourhood's interests
- Social club
- Religious community or association
- Cultural association (examples: drama, music, hobbies, painting)
- Civil-society organisation (examples: the Foundation for Nature Conservation and Environmental Protection, Amnesty International, Médecins Sans Frontières)
- Political party
- Local/regional association that looks after the interests of young people/the elderly/women
- None

N. NEGATIVE THOUGHTS

N1. **In the last 12 months, have you ever seriously considered ending your life?**

- Never
- Rarely
- Occasionally
- Often
- Very often

Do you need help? If so, you can call 0800-0113 or chat on 113.nl/english (free of charge and anonymous), 24/7.

O. FNATION AND SAFETY

O1. **Have you ever felt discriminated, for example because of your beliefs or skin colour, sexual preference or age?**

- No, never
- Yes, sometimes
- Yes, frequently

O2. **Do you ever feel unsafe in your own neighbourhood?**

- No, never
- Yes, seldom
- Yes, sometimes
- Yes, often

P. NOISE POLLUTION

P1. **Thinking of the last 12 months, which number from 0 to 10 indicates best the extent to which you were bothered, disturbed or annoyed by noise from the sources mentioned below when you were at home?**

If the noise cannot be heard in your home, note this in the last column.

	Not bothered at all										Extremely	Inaudible	
	0	1	2	3	4	5	6	7	8	9	10	bothered	
<i>Provide one answer for each row.</i>	0	1	2	3	4	5	6	7	8	9	10		
Traffic on roads where the speed limit is higher than 50 km/hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic on roads where the speed limit is 50 km/hour or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Civil air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Military air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mopeds / scooters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business premises / factories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind turbines / windmills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat pump / air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q. SLEEP DISTURBANCE

Q1. **Thinking of the last 12 months, which number from 0 to 10 indicates best the extent to which your sleep was disturbed by noise from the sources mentioned below when you were at home?**

If the noise cannot be heard in your home, note this in the last column.

	Not bothered at all										Extremely	Inaudible	
	0	1	2	3	4	5	6	7	8	9	10	bothered	
<i>Provide one answer for each row.</i>	0	1	2	3	4	5	6	7	8	9	10		
Traffic on roads where the speed limit is higher than 50 km/hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic on roads where the speed limit is 50 km/hour or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Civil air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Military air traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mopeds / scooters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business premises / factories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind turbines / windmills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Heat pump / air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q2. **When do you experience sleep disturbance due to air traffic noise? By this, we mean the last 12 months.**

You can choose more than one answer.

<input type="checkbox"/> 06:00-07:00	<input type="checkbox"/> 19:00-22:00	<input type="checkbox"/> 24:00-05:00
<input type="checkbox"/> 07:00-08:00	<input type="checkbox"/> 22:00-23:00	<input type="checkbox"/> 05:00-06:00
<input type="checkbox"/> 08:00-19:00	<input type="checkbox"/> 23:00-24:00	<input type="checkbox"/> Not applicable

R. ODOUR POLLUTION

R1. **Thinking of the last 12 months, which number from 0 to 10 indicates best the extent to which you were bothered, disturbed or annoyed by an unpleasant smell from the sources mentioned below when you were at home?**

If the smell cannot be detected in your home, note this in the last column.

	Not bothered at all											Extremely bothered	Not detecta ble
<i>Provide one answer for each row.</i>	0	1	2	3	4	5	6	7	8	9	10		
Fireplace / multi fuel stove / other wood-burning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firepit / barbecue / garden stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewerage / water purification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock or arable farm activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other business / factories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S. HOUSING CONDITIONS AND LOCAL NEIGHBOURHOOD

S1. **How satisfied are you with your house and local neighbourhood?**

Express this as a number from 1 to 10: 1 = very dissatisfied, 10 = very satisfied.

	Very dissatisfied										Very satisfied	
<i>Provide one answer for each row.</i>	1	2	3	4	5	6	7	8	9	10		
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green spaces in your local neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2. **Are you able to find somewhere cool in or outside your house during a prolonged hot spell?**

Express this as a number from 1 to 10: 1 = almost never, 10 = very easily.

	Almost never					Very easily				
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<i>Provide one answer for each row.</i>	1	2	3	4	5	6	7	8	9	10
Inside your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside (balcony / garden / local neighbourhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S3. To what extent do you agree with the following statements about your neighbourhood?

<i>Provide one answer for each row.</i>	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree
I think that my neighbourhood is an attractive place to exercise (such as walking, running or cycling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough quiet places in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough places in my neighbourhood where I can meet other residents outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S4. The following questions are about your living arrangements and your concerns about them. Please answer yes or no to indicate whether this situation applies to you.

<i>Provide one answer for each row.</i>	Does this situation applies to you?	Does this make you worry about your health?
I live on a busy road	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near to radio and TV transmitter masts or near mobile phone or 5G masts	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live on contaminated land	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near business or industrial premises	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near high-voltage power lines	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near one or more wind turbines (modern windmills)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near livestock farming	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near an airport	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I live near a nuclear power plant	<input type="checkbox"/> Yes →	<input type="checkbox"/> Yes <input type="checkbox"/> No



	<input type="checkbox"/> No	
Other than above	<input type="checkbox"/> Yes →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No	

T. WORK AND FINANCIAL SITUATION

- T1. **Which situation applies to you?**
You may give more than one answer.
- I have a paid job, 1-19 hours per week
 - I have a paid job, 20 hours or more per week
 - I have retired (AOW, prepensioen)
 - I am unemployed / looking for employment (registered at UWV)
 - I am unfit for work, receiving invalidity benefit (WAO, WAZ, WIA, Wajong)
 - I receive social assistance benefits (in Dutch: bijstand)
 - I am a housewife / houseman
 - I attend school / I am a student

- T2. **Have you had difficulties in the last 12 months to make ends meet with your household's income?**
- No, no difficulties at all → **GO TO QUESTION T5**
 - No, no difficulties, but I do have to pay attention to my expenditures → **GO TO QUESTION T5**
 - Yes, some difficulties
 - Yes, big difficulties

- T3. **For how long have you had difficulty managing financially?**
- Less than 6 months
 - 6-12 months
 - 1-4 years
 - More than 4 years

- T4. **Would you like help with your finances?**
We mean help to make ends meet on your income, and not, for instance, help with your tax return.
- No, I don't need help
 - No, I already receive sufficient help (from family, friends/acquaintances, debt assistance, or another organisation or agency)
 - Yes, but I didn't seek help yet
 - Yes, but I'm (too) ashamed to ask for help
 - Yes, but the help available is not in line with my needs
 - Yes, but I don't know where to find help
 - Other than above

- T5. **Does your household usually have enough money to do the following things?**

<i>Provide one answer for each row.</i>	Yes	No
Heat your home properly	<input type="checkbox"/>	<input type="checkbox"/>
Pay for membership of a sports club or association	<input type="checkbox"/>	<input type="checkbox"/>

Visit friends or members of your family

T6. **Are you able to cover an unexpected expenditure of 1,000 euros without going into debt or having to take out a loan?**

- Always
- Most of the time
- Sometimes
- Usually not
- Never

U. END OF QUESTIONNAIRE

U1. **Would you like to win one of the 8 Samsung Galaxy A9 Plus Tablets worth 249 euros or one of the 20 VVV gift vouchers worth 50 euros?**

- Yes, I would like to win one of the Samsung Galaxy Tablets or one of the VVV gift vouchers and participate in the raffle. In case I win a price, I consent to using my address to receive the price.
- No, I do not want to win one of the Samsung Galaxy Tablets or one of the VVV gift vouchers and I do not wish to participate in the raffle.

Thank you very much for participating!

You have answered all of the questions. Do you have any remaining additions or comments regarding this questionnaire? If so, please provide them in the space below.

Please do not enter your name, address or phone number.

The GGD is keen to find people who would like to take part in research, for example by filling in a questionnaire, participating in an interview or taking part in a GGD panel. The research questions will concern your health, lifestyle and daily activities. In some cases, we require participants in a specific age group or residents in a certain municipality.

U2. **May we approach you to take part in a follow-up study?**

For each study, you may decide whether or not you wish to take part.

- Yes, you may contact me
Email address:
- No, please do not contact me

More information about your health

This questionnaire about your health, lifestyle, well-being and living conditions may have raised some questions. We would like to help you find reliable information:

- You can find reliable information on health, lifestyle and illnesses at www.thuisarts.nl.
- Complete the test on mijnpositievegezondheid.nl to find out what you can do to improve your physical and mental health.
- You can find an overview of reliable apps and websites that you can use right away at www.ggdappstore.nl.
- Information about health can be found on www.ggdzl.nl.
- For support and facilities in your local area, please go to the municipality website.
- If you are concerned about your health, please contact your GP.