

# 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? <i>Chronic implies (expectedly) 6 months or longer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B3. Are you restricted by your health problems in your daily life?	<input type="checkbox"/> Yes, seriously restricted <input type="checkbox"/> Yes, restricted but not seriously <input type="checkbox"/> No, not restricted at all → GO TO QUESTION B5
B4. Have you been restricted by your health problems for <u>6 months or longer</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B5. Do you <u>currently</u> have health complaints that are due or possibly due to the coronavirus?	<input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO QUESTION B9
B6. How long have you had these complaints due to the coronavirus for?	<input type="checkbox"/> Less than 3 months → GO TO QUESTION B9 <input type="checkbox"/> 3 to 12 months <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 years or more
B7. Are you restricted by these health complaints due to the coronavirus in your daily life?	<input type="checkbox"/> Yes, seriously restricted <input type="checkbox"/> Yes, restricted but not seriously <input type="checkbox"/> No, not restricted at all
B8. Has a doctor determined that you have long COVID / post-COVID condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B9. To what extent did you have trouble sleeping in the <u>last two weeks</u> ? <i>For example, trouble falling asleep, trouble staying asleep, waking up too early.</i>	<input type="checkbox"/> Not at all → GO TO QUESTION C1 <input type="checkbox"/> Small <input type="checkbox"/> Significant <input type="checkbox"/> Great <input type="checkbox"/> Very great
B10. To what extent did your sleeping trouble hinder your daily activities in the <u>last two weeks</u> ? <i>For example, feeling tired during the day, poor performance at work, difficulty completing daily tasks, struggling to concentrate, memory problems, low mood.</i>	<input type="checkbox"/> Not at all <input type="checkbox"/> Small <input type="checkbox"/> Significant <input type="checkbox"/> Great <input type="checkbox"/> Very great

## C. WELL-BEING

C1. 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"/>
About how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel so restless that you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C2. In the last 4 weeks, have you been suffering from stress?**  
*For example because of work, education, child-raising, health, informal care, money matters, social media?*

No or barely → **GO TO QUESTION C4**  
 Yes, a little bit of stress  
 Yes, much stress  
 Yes, a lot of stress

**C3. In which domains did you experience this stress?**  
*You may give more than one answer.*

<input type="checkbox"/> Work	<input type="checkbox"/> Health
<input type="checkbox"/> Education	<input type="checkbox"/> Informal care
<input type="checkbox"/> Relationship with partner	<input type="checkbox"/> Money matters
<input type="checkbox"/> Family or friends	<input type="checkbox"/> Social media
<input type="checkbox"/> Child-raising / children	<input type="checkbox"/> Other
<input type="checkbox"/> Housing	

**C4. The following statements concern how you have felt in the last 4 weeks.**  
*Are you not sure which answer applies to you? Give the answer that most closely corresponds to how you have felt.*

<i>Provide one answer for each row.</i>	Almost never	Some-times	Now and then	Regularly	Usually	Almost always	Always
I am very capable of dealing with setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very good at coming up with solutions in difficult situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recover quickly after a difficult period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous experiences mean that I feel stronger in difficult times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every experience that I have makes me stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C5. Several statements are given below. Please indicate to what extent each statement applies to you.**

<i>Provide one answer for each row.</i>	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree





I have little control over the things that happen to me	<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"/>

C6. 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"/>

C7. <i>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"/>

C8. 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"/>

## D. SOCIAL CONTACTS

D1. 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.

**D2. 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"/>

The following questions are about social contact, i.e. physical, online, telephone and written contact with people who do not live with you.

**D3. How often are you in contact with one or more family members?**

- |   |   |
|---|---|
| <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        |

**D4. How often are you in contact with friends or close acquaintances?**

- |   |   |
|---|---|
| <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        |

**D5. 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        |

## E. HEIGHT AND WEIGHT

**E1. How tall are you (without shoes)?**

			centimeters
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**E2. How many kilos do you weigh without clothes? (round up or down to whole kilos)**

			kilograms
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If you are pregnant, please fill in your weight prior to the pregnancy.

## F. SMOKING AND ALCOHOL

F1. 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

F2. Do you sometimes use a vape or e-cigarette?

- Yes  
 No

F3. 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 F5  
 No

F4. Have you ever consumed alcoholic beverages?

- Yes → GO TO QUESTION G1  
 No → GO TO QUESTION G1

F5. 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 F7

F6. 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          |                                    |

F7. 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 F9

F8. 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          |                                    |



F9. **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 G1**

F10. **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

## G. EATING HABITS

G1. **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.*

Provide one answer for each row.	Number of days per week							
	Less than 1	1	2	3	4	5	6	7
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"/>

G2. **On days which you eat vegetables or lettuce, how many tablespoons do you usually eat?**  
*A tablespoon is about 50 grams.*

Provide one answer for each row.	Number of tablespoons						
	Less than 1	1	2	3	4	5	More than 5
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"/>

G3. **How many days a week do you usually eat fruit?**

	Number of days per week							
	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"/>

G4. **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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fruit

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## H. PHYSICAL ACTIVITY

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

H1. <b>Commuting activities</b> <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"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
How many days per week do you bicycle to/from work or school?	<input type="text"/> days	<input type="text"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes

H2. <b>Physical activity at work or school</b> <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"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> hour(s)

H3. <b>Household activities</b> <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"/> <input type="text"/> hour(s) <input type="text"/> <input type="text"/> minutes
How many days per week do you do <u>intense</u> 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

H4. <b>Leisure time activities</b> <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"/> hour(s)	<input type="text"/> minutes
How many days per week do you go gardening?	<input type="text"/> days	<input type="text"/> hour(s)	<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"/> hour(s)	<input type="text"/> minutes

**H5. Sports**

**Which sports do you practice?** *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.*

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"/> hour(s)	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> days	<input type="text"/> hour(s)	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> days	<input type="text"/> hour(s)	<input type="text"/> minutes
<input type="text"/>	<input type="text"/> days	<input type="text"/> hour(s)	<input type="text"/> minutes

**I. MENTAL HEALTH**

**11. 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"/>



## J. HEALTHCARE

J1. **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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J2. **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 J4**

J3. **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

J4. **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

## K. 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.

K1. **Do you provide informal care?**

- Yes  
 No → **GO TO QUESTION K8**

K2. **How many hours a week on average do you currently provide informal care, including travel time? *Round to whole hours.***

Average 

--	--	--	--

 hours per week

K3. **How long have you been providing informal care?**

- Less than three months  
 Three months or longer

K4. **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

K5. **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

K6. **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

K7. **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
- Yes, someone to look after my interests

K8. **Have you received informal care in the last 12 months?**

- Yes
- No → **GO TO QUESTION K11**

K9. **Are you still receiving this informal care now?**

- Yes
- No → **GO TO QUESTION K11**

K10. **How many hours of informal care do you receive each week on average?**  
*Round off to full hours*

Average 

--	--	--	--

 hours per week

K11. **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**

- Partner
- Child living at home
- Child living away from home
- Someone else in the household
- Father or mother

below would be able to provide you with this help.

*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.*

*You can choose more than one answer.*

- A family member who does not live in the same house
- Someone else, such as a friend, acquaintance, colleague or neighbour
- None of the above

K12. **Do you do any volunteer work?**

*We mean work that is carried out unpaid at a (sports)club, church, school or other organisation.*

- Yes
- No → **GO TO QUESTION K14**

K13. **For each of the following associations, clubs and organisations, could you please indicate whether you have carried out volunteer work for them in the last 12 months?**

*You can choose more than one answer.*

- Youth work, community centre work or leader of a scout troop
- At school (examples: helping out at school, as member of a parents' committee/school board or as a reading helper)
- As a carer or nurse (examples: care for the elderly, childcare, home nursing, patient visits, raising money for health organisations)
- For a sports club (examples: as a board member, working in the canteen, as a trainer, as a venue manager)
- For a cultural association (examples: musical association, drama club or drawing group)
- For hobby or social clubs
- 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)
- For a trade union or business organisation (examples: as member of the Works Council or staff association)
- For a political party or pressure group
- As a social worker, provider of legal assistance, probation officer or provider of victim support
- 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

K14. **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

## L. NEGATIVE THOUGHTS

- L1. 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.

## M. DISCRIMINATION AND SAFETY

- M1. Have you ever felt discriminated, for example because of your beliefs or skin colour, sexual preference or age?
- No, never
  - Yes, sometimes
  - Yes, frequently
- M2. Do you ever feel unsafe in your own neighbourhood?
- No, never
  - Yes, seldom
  - Yes, sometimes
  - Yes, often

## N. NOISE POLLUTION

- N1. 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 bothered	Inaudible
	0	1	2	3	4	5	6	7	8	9	10	
<i>Provide one answer for each row.</i>												
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"/>
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"/>
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"/>
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"/>

- 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"/>
- 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

## O. SLEEP DISTURBANCE

O1. **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 bothered	Inaudible	
<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"/>

O2. **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



## P. ODOUR 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 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

## Q. HOUSING CONDITIONS AND LOCAL NEIGHBOURHOOD

Q1. 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"/>		
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"/>		
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"/>		

Q2. 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			
<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"/>

Q3. 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"/>

**Q4. 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>	<b>Does this situation apply to you?</b>	<b>Does this make you worry about your health?</b>
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"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than above	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## R. UPBRINGING OF CHILDREN

R1. Do you have (foster) children aged 0 to 18?

- Yes  
 No → GO TO QUESTION R5

R2. During the last 12 months, have you been **concerned** about the upbringing, behaviour or development of your child(ren), such that you needed expert help or advice? We are not referring to advice given by family or friends.

- Never or hardly ever  
 Sometimes  
 Often  
 (Almost) always

R3. Do you need expert help or advice right now because you have concerns about parenting, your child's/children's behaviour or their development?

- No, I do not need any help right now → GO TO QUESTION R5  
 Yes, I am already receiving it  
 Yes, I am on a waiting list  
 Yes, I have sought help but there was none available  
 Yes, but I have not sought help yet  
 Yes, but I do not know where to look for help

R4. Which of the following topics are your concerns about (the ones that you need expert help or advice with right now)?

*Not all the words in an answer may be relevant for your child.*

*You can choose more than one answer.*

- |   |  |
|---|--|
| <input type="checkbox"/> Development: eating, sleeping, growth, speech, language          | <input type="checkbox"/> Setting boundaries: punishing, stealing, skipping school, vandalism       |
| <input type="checkbox"/> Health, illness  | <input type="checkbox"/> Confidence, insecurity, anxiety, fear of failure, bullying, being bullied |
| <input type="checkbox"/> Lifestyle: nutrition, physical activity, smoking, alcohol, drugs | <input type="checkbox"/> Friendship, going out, relationships, sexuality                           |
| <input type="checkbox"/> Hyperactivity, aggression, anger                                 | <input type="checkbox"/> School performance, absence from school                                   |
| <input type="checkbox"/> Sadness, depression, withdrawal                                  |  |

R5. At what age do you think it is acceptable for children to...

*Provide one answer for each row.*

	Younger than 8	8-9	10-11	12-13	14-15	16-17	18 or older
have a sip of alcohol for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink a full glass of alcohol for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink multiple glasses of alcohol in one sitting for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## S. WORK AND FINANCIAL SITUATION

S1. 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

S2. 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 S5**
- No, no difficulties, but I do have to pay attention to my expenditures → **GO TO QUESTION S5**
- Yes, some difficulties
- Yes, big difficulties

S3. For how long have you had difficulty managing financially?

- Less than 6 months
- 6-12 months
- 1-4 years
- More than 4 years

S4. 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

S5. Does your household usually have enough money to do the following things?

*Provide one answer for each row.*

	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	<input type="checkbox"/>	<input type="checkbox"/>

S6. 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

## T. END OF QUESTIONNAIRE

T1. **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.

T2. **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](http://www.thuisarts.nl).
- Complete the test on [mijnpositievegezondheid.nl](http://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](http://www.ggdappstore.nl).
- Information about health can be found on [www.ggdz.nl](http://www.ggdz.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.