Kyselylomake: FSD3674 Ikäihmisten hoiva ja palvelut 2015 Questionnaire: FSD3674 Elderly Care and Services 2015

Tämä kyselylomake on osa yllä mainittua Yhteiskuntatieteelliseen tietoarkistoon arkistoitua tutkimusaineistoa.

Kyselylomaketta hyödyntävien tulee viitata siihen asianmukaisesti lähdeviitteellä.

This questionnaire forms a part of the above mentioned dataset, archived at the Finnish Social Science Data Archive.

If the questionnaire is used or referred to in any way, the source must be acknowledged by means of an appropriate bibliographic citation.

Detta frågeformulär utgör en del av den ovannämda datamängden, arkiverad på Finlands samhällsvetenskapliga dataarkiv.

Om frågeformuläret är utnyttjat eller refererat till måste källan anges i form av bibliografisk referens.

Please respond to the following questions by ticking the box of the appropriate response

1. Do you complete the questionnaire by yourself or with the help of someone else?

1 I complete the questionnaire by myself

2 I complete the questionnaire together with a close relative, a friend or other assistant

3 The questionnaire is completed on behalf of the respondent by some other person

2. What is your gender?	
1 Female	2 Male

3. What is your year of birth? 19____

4. What is your marital status at the moment?1 Married2 Cohabiting4 Widowed5 Divorced6 In a registered partnership

5. How many children do you have? Please, exclude deceased children.

6. How many siblings do you have? Please, exclude deceased siblings.

7. What is your household type?

1 Single

2 with spouse

3 With spouse living partly at home and partly at a care institution

4 with children / child

5 With other people, please specify_

8. There are altogether _____people in my household.

9. What type of neighbourhood do you live in?

1 City or town centre or in close proximity

2 Suburb

3 Sparsely populated area

10. How long have you lived in your current apartment?

- Less than 1 year
 1-2 years
- **3** 3-5 years
- 4 6-10 years

5 11-15 years

6 16- 20 years

7 More than 20 years

11. What is the type of your accommodation?

1. Detached house

2. Terraced house (row house)

3. Block of flats

4. Other, please specify

12. What is your housing tenure?

1 Rented

2 Owner-occupied

3 Right of residence apartment, partial ownership apartment

4 Other, please specify

13. What kind of apartment do you live?

1 Service housing

2 Senior housing

3 Ordinary housing

4 Other, please specify

14. Home features: answer 'yes' or 'no' to each question	Yes	No
1 Do you have kitchen, bathroom, living room and at least one bedroom in		
your apartment?		
2 Are the rooms suitable for wheelchair user?		
3 Do you have to use stairs to get to the apartment?		
4 Is there an elevator in your building?		
5 Do you have a balcony in your apartment?		
6 Do you have your own garden?		

15. Do you feel unsafe in your apartment or in your neighborhood? Answer	Yes	No
'yes' or 'no' to each question.		
1 I feel unsafe in my apartment		
2 I feel unsafe because my apartment's location is remote		
3 I feel insecure if I walk around in my neighborhood		

16. What is the most important feature in your apartment? You may select several options.

1 Services (shops, drug store, doctor...) are nearby

2 My family lives nearby

3 Apartment is located in familiar area

4 Housing costs

5 Emotional attachment to the apartment

6 Home features (size, accessibility, sauna etc.)

17. Why did you move into your current apartment? You may select several options.

1 I wanted to move to another locality

2 The apartment was too big

3 The apartment was too small

4 The apartment was too expensive

5 The maintenance of the apartment was too difficult

6 I wanted to move to a different kind of housing tenure (ownership, rental, right of residence)

7 The size of household changed (widowed)

8 I didn't like the apartment or the neighborhood

9 My spouse wanted to move

10 My children or other near relatives wanted me to move

11 I could not live in my previous apartment on health grounds

12 I wanted to move closer to services (shops, health centre...)

13 I wanted to move closer to my child/children

18. How often are you in contact with people close to you?

Instruction: If you have several applicable people in the same group, please respond according to the person you are in contact with most often in each group.

	I do not have such relative	Daily	Week ly	Monthly	Less frequently
Daughter(s)	1	2	3	4	5
Son	1	2	3	4	5
Grandchild(ren)	1	2	3	4	5
Daughter(s)-in- law	1	2	3	4	5
Son(s)-in-law	1	2	3	4	5
Sibling(s)	1	2	3	4	5
Other relatives	1	2	3	4	5
Friends, acquaintances, neighbours	1	2	3	4	5

Managing the Everyday Life

We hope that you would reply to the following questions, even though they were not of current interest to you at the moment. This way we receive a complete picture of how people aged 75 or over manage their everyday lives and whether they need help.

19. Do you receive enough help in managing your everyday life?
1 I don't need any help
2 I receive enough help
3 I don't receive enough help
20. If you selected option 3 (I don't receive enough help), what do you think is the reason
for it? Instruction: You may select several options.
1 I don't have any close relatives or people close to me who could help
2 I don't want any help
3 I don't know where to get help
4 I don't know whether the services or aids/assistive devices I need are available
5 Service fees are too expensive
6 Getting help/services feels too laborious
7 I have sought services or aids/assistive devices but haven't received any
8 The service or aids do not meet the quality of my wish
9 Other reason, please specify

	I manage well	I do not cope, but I get enough help	I do not cope, I need more help
Going to hobbies, activities or meetings, or visiting other people	1	2	3
Grocery shopping	1	2	3
Getting home help or other services	1	2	3
Managing financial affairs	1	2	3
Small repairs or refurbishments at home, gardening	1	2	3
Cleaning, laundering	1	2	3
Cooking	1	2	3
Taking the medicines	1	2	3
Showering	1	2	3
Eating	1	2	3
getting out of the bed/ round bed	1	2	3
Toileting	1	2	3
Dressing / undressing	1	2	3

22. In the past year, where or who have you received help from in managing the things you have difficulties with, as indicated in the previous question?

	I do not receive help	Daily	Weekly	Monthly	Less often
Spouse	2	2	2	2	2
Daughter(s)	3	3	3	3	3
Son(s)	4	4	4	4	4
Daughter(s)-in-law	5	5	5	5	5
Son(s)-in-law	6	6	6	6	6
Grandchild(ren)	7	7	7	7	7
Other close relatives	8	8	8	8	8
Friends, acquaintances, neighbours	9	9	9	9	9
Home help service or home nursing, provided by the municipality	10	10	10	10	10
Private service, self- purchased	11	11	11	11	11
Help received through voluntary work	12	12	12	12	12

23. If you had a long-term need for help and/or care, who or where would you most like to receive help from, if you had a free choice? *Please select one or two options*.

1 Spouse

2 Daughter (s)

3 Son(s)

4 Grandchildren

5 Other relatives

6 Friends, acquaintances, neighbours

7 Home help service or home nursing provided by the municipality

8 Self-purchased private services

9 Help received through the voluntary work of organisations and associations

10 Other, please specify:

24. If you had a long-term need for help and/or care, would you most like to live in your own apartment?

1 Yes, most like to live in my own apartment

2 I could move to a senior or service housing

3 I don't know

25. Do you regularly provide practical help or care for a person close to you?	
1 No	
2 Yes, to whom?	

The following questions 26, 27 and 28 are only for those who provide assistance or care for someone. Others may move on to question 29.

26. How often do you provide help or care?				
1 Daily	2 Weekly	3 Monthly	4 Less often	

27.	. What support you provide?	
1.	Financially	l
2.	Early child care	l
3.	Housekeeping	
4.	Home assistance or other service acquisition	
5.	Personal care or assistance	
6.	In repair or construction work or gardening	
7.ot	her way, please specify _	l

28. If you provide help or care for a person close to you, do you receive financial family caregiver's support from the municipality? (23)

1 I get the one allied health support (I get support for informal care)

2 I have applied for support for informal care, but it has not been granted

3 I do not request support for informal care

4 I do not explain if I would be entitled to it

IV Services

Next we would like to ask you to evaluate services in general and your own experiences of them.

	29. Do you use the services mentioned below? Where do you receive or obtain the services you use?					
	I don't	I use	I have received a service vouchers, to purchase the municipal supported by the	I use a priv ate servi ce	I can't say who provides the service I use use	
Meal service		1	2	3	4	
Cleaning		1	2	3	4	
Shopping service		1	2	3	4	
Safety phone or bracelet		1	2	3	4	
Sauna or bathing service		1	2	3	4	
Obtaining aids/assist ive		1	2	3	4	
Transport service		1	2	3	4	
Home conversion service		1	2	3	4	
Day centre service, care centre for		1	2	3	4	
Home help service or home nursing		1	2	3	4	
Short-term care in a		1	2	3	4	
Place in a home for the elderly or		1	2	3	4	
Other, please specify:						

If you don't use any of above mentioned services, move on to question 36.

30. Which of these (see question 29) the services are most important to you?

31. Thinking about the most important service you chose (question 30), do you agree with the following statements?

8					
	Agree	Agree to some	Can't say	Disagree to	Disagree
		extent		some	
				extent	
The price is suitable	1	2	3	4	5
The services are of a good quality	1	2	3	4	5
The services have been reliable	1	2	3	4	5
The services are easy to obtain.	1	2	3	4	5
The services meet my need for	1	2	2	4	5
help	1	2	5	4	5

32. What social and health services do you use?

1 Municipal services

2 Private services

3 Both municipal and private services

33. Why do you use private services?

1 The municipality has not granted me the service I need

2 I haven't received the services I need from the municipality fast enough

3 I think private services are of a better quality than public services

4 I think it's more effortless to use private services compared to public services

5 I have wanted additional services which the municipality doesn't provide

6 I prefer private services rather than public services

7 Other reason, please specify

34. How have you financed the private services you use?

Please circle all options that apply to you.

1 Utilised domestic help credit

2 Paid for the service all by yourself

3 Received the service for free because a person close to you paid for it

4 Used a service voucher and own money to get additional services

35. How much are you paying for the private social and health services you use per month? euros

36. If you <u>do not use private</u> services, why? <i>Please circle all options that apply to you.</i>	
1 I don't need services	
2 I receive all the services I need from the municipality	
3 The service I need is not available in the private sector	
4 Private services are too expensive	
5 It has been too difficult to obtain private services	
6 I don't know which services the private sector provides	
7 I prefer public services rather than private services	
8 I think public services are of a better quality than private services	
9 Other reason, please specify	

37. Are you willing to use private social and health services in the future?

1. No 2. Yes

If yes, how much are you willing to pay for the private service you use per month?euros per month

38. If you <u>do not use municipal services</u> , why? <i>Please circle all options that apply to</i>
you.
1 I don't need services
2 I don't believe I would be entitled to services even though I think I would need them
3 I have sought services but haven't received any
4 I think user fees are too expensive
5 I don't want municipal services
6 Services do not meet my needs or my wishes
7 I don't know how I would receive municipal services
8 Other reason, please specify

39. Do you think social and health care services have got better or worse in the last ten years?

1 They have got better

2 They have stayed the same

3 They have got worse

4 Do not Know

40. What kind of services should be provided more in the future?

1 Public social and health care services

2. Service vouchers paid by the municipality and the private services produced

3 Private social and health care services

4 Social services provided by voluntary organisations

5 Social services provided by churches

6 None

7 Can't say

Finally, we would like to ask some background questions.

41. How would you describe your state of health these days?	
1 Good	
2 Quite good	
3 Fair	
4 Quite poor	
5 Poor	
6 Can't say	

42. Do you have any long-term illness or disability that limits your activities in any way?

- 1 No
- 2 Yes, one
- **3** Yes, several
- 4 Can't say

43. If you have a long-term illness or disability, how much does it limit your activities?

- 1 Only a little
- 2 Somewhat
- **3** Ouite a lot
- 4 Very much
- 5 Can't say

44. Do you have problems with memory?

- 1 Not at all
- **2** Somewhat
- **3** A lot
- 4 Can't say

45. What is your basic education?

1 Part of primary education, travelling school or equivalent

2 Primary education

3 Lower secondary education

- **4** Upper secondary education (matriculation examination)
- 5 Can't say

46. What is your vocational education?

1 No vocational education

- 2 Vocational course
- **3** Vocational qualification
- 4 College-level training
- **5** University degree

47. How would you describe the current economic situation?

- 1 Do have enough money for minimum use
- 2 Money is just enough
- 3 Money is sufficient
- 4 Can save money
- 5 Can't say

48. How much household has to spend money in a month (net income), taking into account all the different sources of income?

1 Less than 750 euro

2 Over 750 - less than 1000 euro

3 Over 1000 – less than 1,250 euro

4 Over 1,250 – less than 1,500 euro

5 Over 1,500 – less than 2000 euro

6 Over 2000 – less than 2,500 euro

 $7 \operatorname{Over} 2,500 - \text{less than } 3000 \text{ euro}$

30. If there have been changes in the social and health care services you use, what are they related to and how? Instruction: Please tell in your own words how the following things have changed.	
1 Changes in the quality	
2 Changes in the price	
3 Changes in the availability	

If you would like to share your other views or experiences on social or health care services, please use the following lines.

We are interested in hearing about your experiences with social and health care services or situations where you did not receive enough help in more detail. If you think you could share your experiences and views more, could the researchers of this project contact you for an interview?

Yes

Telephone number: _____