

**ADDITIONAL QUESTIONS TO THE HEALTH- AND LIVING CONDITIONS SURVEY**

Thank you for attending our survey of health- and living conditions. By doing so, you have contributed to new knowledge about health and living conditions in areas with Sámi and Norwegian settlements. The main aim of the survey has been to obtain new knowledge about cardiovascular diseases in order to prevent them. Additionally, the survey shall bring us knowledge about other diseases and pains in order to get an overview of people's health in your county. We therefore ask you to answer some questions about things that may have impact on these and other diseases.

The completed questionnaire is to be posted in the enclosed envelope. Postage is paid. Thank you in advance for your help!

Best regards, Centre for Sámi Health Research and National Institute of Public Health.

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Day                  | Month                | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date for filling in questionnaire:

**1. SYMPTOMS**

Do you cough about daily for some periods of the year?  Yes  No

Have you had such cough for as long as a 3 month period during both of the last two years?

Do you from time to time suffer from sleeplessness/insomnia?  Yes  No

If yes, when do you suffer from it the most? (Tick one or more boxes)  
 All seasons  Spring  Summer  Autumn  Winter

Have you in the last twelve months suffered from sleeplessness to the extent that it has affected your ability to work?  Yes  No

On the whole, are you content with your way of life?  
 Very content  Quite content  Discontent  Very discontent

Does it happen that you for longer periods (> 14 days) feel sad and depressed?  Yes  No

During the last 14 days, have you felt unable to cope with your difficulties?  
 No  Sometimes  Often  Almost all the time

Do you sometimes feel lonely?  
 No  Sometimes  Often

**2. CURRENT DIET / FOOD HABITS**

We would like to ask you some questions about how often you eat different food items. Think of an average over the last year. Tick one box per line for number of times. If you do not remember exactly, fill in the best you can.

How many times per week do you usually eat dinner?   (Number of times)

**How often does your dinner include:**

|                          | Never/<br>rarely         | Per month                |                          | Per week                 |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                          |                          | 1                        | 2-3                      | 1                        | 2                        | 3                        | 4                        | 5+                       |
| Fish .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meat (whole, ground).... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not fish or meat .....   | <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 often do you eat poached cod or coalfish for dinner?**

|                                       | Never                    | 1-11 per year            |                          | Per month                |                          | Per week                 |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                       |                          | 1                        | 2-3                      | 1                        | 2                        | 3+                       |                          |
| Cod (eg. fresh, cured, smoked, dried) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coalfish (eg. fresh, dried).....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you eat other poached fish for dinner?**

|   | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1                        | 2+                       |
| Fatty fish (eg. poached salmon, halibut, ocean perch, char, trout, powan) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lean fish (eg. poached haddock, perch, pike, grayling).....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you eat fried fish for dinner?**

|   | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1                        | 2+                       |
| Fatty fish (eg. fried salmon, halibut, ocean perch, char, trout, powan) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lean fish (eg. fried haddock, perch, pike, grayling) .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you eat processed fish for dinner?**

|   | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1                        | 2+                       |
| Fish cakes/balls/pudding.....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish au gratin or fish in white sauce ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish fingers/breaded fish.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you eat fish on bread:**

|                             | Never                    | 1-11 per year            |                          | Per month                |                          | Per week                 |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                             |                          | 1                        | 2-3                      | 1-2                      | 3-4                      | 5+                       |                          |                          |
| Cured/salted fish .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoked fish.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mackerel in tomato sauce... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pickled herring.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoked cod caviar.....      | <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 fish spreads.....     | <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 many times per year do you eat fish liver and hard roe?**

|                  | 0                        | 1-3                      | 4-6                      | 7-9                      | 10+                      |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fish liver ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish roe .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you eat the following dishes:**

|                                 | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                 |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1                        | 2+                       |
| Pizza.....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spaghetti, pasta dishes.....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hamburgers in a bun.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meatballs/hamburger patties.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sausages .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stew/casserole.....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How often do you eat pure meat for dinner?

(eg. chops, roast, casserole, steak, filet)

|                  | Per year                 |                          |                          | Per month                |                          | Per week                 |                          |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                  | Never                    | 1-5                      | 6-11                     | 1                        | 2-3                      | 1                        | 2+                       |
| Chicken.....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pork.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beef.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mutton/lamb..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elk meat.....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whale meat.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How many eggs from sea birds do you eat per year?

|       | Number of eggs           |                          |                          |                          |                          |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|       | 0                        | 1-3                      | 4-6                      | 7-9                      | 10+                      |
| ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How often do you eat reindeer meat?

|   | Never                    | 1-11 per year            |                          | Per month                |                          | Per week                 |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   |                          | 1                        | 2-3                      | 1                        | 2                        | 3+                       |                          |
| Boiled reindeer meat (bouillon) ..                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fried reindeer meat (whole, scraped, minced)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoked reindeer meat.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dried reindeer meat.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How often do you eat other reindeer products?

|                                 | Never                    | Per year                 |                          | Per month                |                          | 1+ per week              |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                 |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | week                     |
| Dishes with reindeer blood..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marrow bone.....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reindeer tongue.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reindeer liver.....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How often do you eat berries?

One time corresponds to jam on one slice of bread, wild cranberries to one serving of dinner, one portion of desert, 1 glas of syrup, or a trip where you ate wild berries.

#### Cloudberries

|                             | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                             |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1-2                      | 3+                       |
| Fresh, frozen, stirred..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooked/purchased jam.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Cranberries

|                             | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                             |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1-2                      | 3+                       |
| Fresh, frozen, stirred..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooked/purchased jam.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Bilberries

|                             | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                             |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1-2                      | 3+                       |
| Fresh, frozen, stirred..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooked/purchased jam.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Syrup.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Crowberries

|                             | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                             |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1-2                      | 3+                       |
| Fresh, frozen, stirred..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Syrup.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How does your household usually acquire/get hold of the following foods for private use? (Tick one or more boxes)

|                       | Never/rarely eaten       | Self sufficient Completely | Partly                   | Buy it in/from           |                          | Get it for free or in exchange |
|-----------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
|                       |                          |                            |                          | Shops                    | Private salesman         |                                |
| <b>Meat</b>           |                          |                            |                          |                          |                          |                                |
| Reindeer.....         | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Mutton.....           | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Elk.....              | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| <b>Fish</b>           |                          |                            |                          |                          |                          |                                |
| Fresh water fish..... | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Sea fish.....         | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| <b>Berries</b>        |                          |                            |                          |                          |                          |                                |
| Cloudberries.....     | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| Wild cranberries..... | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |

### How often do you hunt, fish or pick berries?

|                                    | Never                    | Rarely                   | Some-times               | Much of my leisure time  |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                    |                          |                          |                          |                          |
| Hunt for ptarmigan/small game..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hunt for big game.....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go fishing.....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pick berries.....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How often did you eat a main meal from your household's hunting/fishing in the last year?

|              | Never                    | Per year                 |                          | Per month                |                          | Per week                 |                          |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|              |                          | 1-5                      | 6-11                     | 1                        | 2-3                      | 1                        | 2+                       |
| Hunting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fishing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. DIET DURING CHILDHOOD/ADOLESCENCE

Think of the food you got at home before you moved out. If you stayed most of the time at boarding school, think of the food you got there.

### Did you attend boarding school (public or private) in primary school (grade 1-6) or lower secondary school (grade 7-9)?

Yes, in lower secondary school  Yes, in primary school  
 Yes, both in primary and lower secondary school  Neither

### If yes, for how many grades did you attend boarding school?.....

 

### For how many months were you at boarding school, on average, each grade?.....

| 1-3                           | 4-6                           | 7-9                           |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |

### How often did you eat fish and reindeer meat in you childhood?

|                        | Never                    | 1-11 per year            | Per month                |                          | Per week                 |                          |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                        |                          |                          | 1                        | 2-3                      | 1-2                      | 3-4                      |
| Boiled/fried fish..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reindeer meat.....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### How often did you eat the following in your childhood:

|                               | Never                    | 1-11 per year            | Per month                |                          | Per week                 |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                               |                          |                          | 1                        | 2-3                      | 1                        | 2                        |
| Blood products.....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sheep meat (mutton/lamb)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meatballs and sausages.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish products.....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fish liver and roe.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Porridge and pancakes.....    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Were you given medical cod liver oil during childhood?  Yes  No  
 Were you served cod liver oil with e.g. fish (instead of other fat)?

**How often did you eat wild berries and plants in your childhood:**

|                                  | Never                    | Per year<br>1-5          | Per month<br>6-11        | Per week<br>1            | Per week<br>2-3          | Per week<br>1-2          | Per week<br>3+           |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Wild berries                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mountain sorrel (Oxyria digyna)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Angelica (Angelica archangelica) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Is the food you eat today different from what you were served during your childhood?**  
 No  Slightly different  Quite different  Very different

**4. EATING AT NIGHT**

Do you often wake up during the night to eat?  Yes  No

If yes, answer the following 4 questions:

**When do you most often suffer from this problem?** (Tick one or more boxes)  
 All year  Spring  Summer  
 Autumn  Winter

**What do you eat at night?**  
 Meat  Bread/sandwiches  Candy  
 Other

During a 24 hour period, do you eat more than half the food amount after 8 o'clock in the evening?  Yes  No

Do other members of your family suffer from eating at night?  Yes  No  Don't know

Do you work shift, at night or are you at call?  Yes  No

**5. FAMILY AND FRIENDS**

In which municipalities have you lived for at least a year?

|    | Municipality | Years |    |
|----|--------------|-------|----|
|    |              | From  | To |
| 1. | (Birthplace) | 0     |    |
| 2. |              |       |    |
| 3. |              |       |    |
| 4. |              |       |    |
| 5. |              |       |    |

(If you have lived in more municipalities, use a separate sheet of paper)

Do you live with a spouse/partner?  Yes  No  
 Do you have shared or daily care for Children?    
 Parents/others?

**How many good friends do you have?** (With whom you can talk confidentially and who can give you help when you need it? Do not count people you live with.) (Number of friends)

**Are you connected to/member of any of these churches/religious communities?** (Tick one or more boxes)

Member of the State church  The Laestadian community  
 Other church/religious community  Not member of any church/community

**Do you feel you have influence on what is happening in your local community?** (Tick one box only)

Yes, to a large extent  Yes, to some extent  
 Yes, to a small extent  No  Have not tried

**6. PERSONAL VALUES**

To be answered by all:

|  | Very important           | Important                | Less important           | Insignificant            |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Is it important to you to have contact with nature? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is exploitation of nature through fishing, hunting and berry-picking important to you? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is maintenance of family traditions important to you? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Have you experienced bullying/discrimination due to your ethnic (Sámi, Kven, Russian, Tamil, Norwegian etc.) background?**

Many times  Sometimes  Rarely  Never

**Do you think discrimination of ethnic minorities can have negative impact on health?**

To a large extent  To some extent  To a small extent  
 Absolutely not

**Do you feel you are being forced from your work/trade?**

To a large extent  To some extent  To a small extent  
 Absolutely not

## 7. QUESTIONS TO THOSE WITH SÁMI BACKGROUND

|   | Very<br>import-<br>ant   | Import-<br>ant           | Less<br>import-<br>ant   | Insignifi-<br>cant       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Are Sámi clothing traditions important to you? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How important is Duodji to you? ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What does maintenance and development of the Sami language mean to you? .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it important to you to live in a community where you can meet other Sami on a daily basis?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you think maintenance of typical Sami industries is important? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is development of the modern Sami school system important to you? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it important with more modern work places in Sami communities? ...                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What does Sámi media (radio, TV, newspapers, books) mean to you? ...                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What does modern Sámi art mean to you? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What do you think of the stronger international contact the Sámi society and culture have obtained? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What does the Sámi parliament mean to you? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Do you consider pollution/interference in nature a threat to your Sámi way of life?

- To a large extent       To some extent  
 To a small extent       Absolutely not

### Do you feel that modern development displaces Sámi culture?

- To a large extent       To some extent  
 To a small extent       Absolutely not

Thank you for your help!  
Remember to post the questionnaire today!