

## HOMEPAGE

### Welcome

Thank you in advance for participating in this study! By taking part in the GGD Health Monitor, you help the GGD and the municipality in their goal to achieve good health for all citizens.

Please check if the letter is addressed to you. It is important that the questionnaire is filled in by the person whom the letter is addressed to.

The questionnaire contains questions about your health, lifestyle and well-being. Participation is voluntary. By completing this questionnaire\*, you agree to participate in the GGD Health Monitor 2024. Please note that you do not have to answer a question if you do not want to, and you may stop filling in the questionnaire at any time.

Your answers will be processed confidentially, stored safely and will not be shared with any party that is not named in the privacy statement. The answers that you provide will be processed at the group level by the GGD, RIVM and Statistics Netherlands (CBS). For further information on how we process your answers, please read the [privacy statement](#).

### Contact

Questions? Check to see whether the answer is included in the [frequently asked questions](#). Can you not find the answer? Call the help desk on 0800 0191 (free of charge) or send an email to [NLhelpdeskGM@ipsos.com](mailto:NLhelpdeskGM@ipsos.com). You will reach Ipsos I&O, the research agency helping the GGD with this study. The help desk can answer any questions that you may have about completing the questionnaire.



0800 0191 (every day, 09.00 – 21.00)



[NLhelpdeskGM@ipsos.com](mailto:NLhelpdeskGM@ipsos.com)

\*Your answers will be saved and stored as soon as you start to fill in the questionnaire. Do you want to change or delete your answer to a question? In that case, just go back to the question by clicking on <--, change or delete the answer and click again on --> . **If you stop filling in the questionnaire, the answers that you have provided until then will be saved.** Should you decide that you do not want your answers to be used in this study, we can remove your answers. For this, you can contact Ipsos I&O at [NLhelpdeskGM@ipsos.com](mailto:NLhelpdeskGM@ipsos.com) or on 0800 0191. Once you have provided your login details, Ipsos I&O will make sure that your answers are deleted.

## 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. In general, are you able to do the things you want to do (even though your health may not be as good as you would wish)?

- Yes  
 No

B3. Do you suffer from one or more chronic illnesses or disorders?

*Chronic implies (expectedly) 6 months or longer.*

- Yes  
 No

B4. Are you restricted by your health problems in your daily life?

- Yes, seriously restricted  
 Yes, restricted but not seriously  
 No, not restricted at all → GO TO QUESTION B6

B5. Have you been restricted by your health problems for 6 months or longer?

- Yes  
 No

B6. Do you currently have health complaints that are due or possibly due to the coronavirus?

- Yes  
 No → GO TO QUESTION B10

B7. How long have you had these complaints due to the coronavirus for?

- Less than 3 months → GO TO QUESTION B10  
 3 to 12 months  
 1 to 3 years  
 3 years or more

B8. Are you restricted by these health complaints due to the coronavirus in your daily life?

- Yes, seriously restricted  
 Yes, restricted but not seriously  
 No, not restricted at all

B9. Has a doctor determined that you have long COVID / post-COVID condition?

- Yes  
 No

B10. The following questions are about whether you can do certain things independently. We are not asking whether you actually do these activities, but whether you would be able to do them, easily or with some effort. Are you completely independently able to:

<i>Provide one answer for each row.</i>	Yes, without difficulty	Yes, with some difficulty	Yes, with great difficulty	No, I am not able to do so
Go somewhere using your own means of transport or by public transport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with your own financial affairs and/or other paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. CARE AND HELP

C1. **If you receive help because of your health, who provides this help?**

*Multiple answers are allowed.*

- Not applicable, I don't receive any help because of health issues at the moment
- From a paid helper (e.g. someone from home care services ("thuiszorg"))
- From an unpaid informal carer (such as your partner, parents, child, neighbours or friends)
- From a volunteer (*someone from a volunteer organisation, such as the church or an organisation like the Zonnebloem*)

C2. **If you need help now or in the future because of your health, is there someone who lives near you who could help you?**

*Multiple answers are allowed.*

- Yes, a household member (partner, child who lives at home or other member of my household)
- Yes, children or other members of my family (who do not live with me), neighbours, friends or acquaintances
- No, there is no one who lives near who can help me

C3. **If you have problems with your health, do you find it difficult to ask other people for help?**

- No
- Yes, a bit difficult
- Yes, very difficult

C4. **The statements below are about healthcare, both now and in the future. Please indicate the extent to which you agree or disagree with these statements.**

<i>Provide one answer for each row.</i>	Completely agree	Agree to some extent	Neither agree nor disagree	Disagree to some extent	Completely disagree
I'm worried whether I can get the care I need (in the future).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe I can handle digital healthcare (like video calls) well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask family, friends, or neighbours for help before seeing a doctor or other healthcare provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. WELL-BEING

D1. **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"/>

D2. **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 D4**

Yes, a little bit of stress

Yes, much stress

Yes, a lot of stress

D3. **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	

D4. **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	Sometimes	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"/>

D5. **Please indicate how strongly you agree or disagree with each statement below**  
*Provide one answer for each row.*





	Completel y agree	Agree	Neither agree nor disagree	Disagree	Completel y 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"/>
I feel that my life has direction and purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My day-to-day activities often seem unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy making plans and carrying them out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I count for something in society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. SOCIAL CONTACTS

E1. 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.

E2. Please indicate the extent to which the following statements apply to you, thinking about the last couple of months.

Provide one answer for each row.	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"/>

E3. Are you able to independently establish and maintain social relations?

Yes, easily  
 Yes, with some effort  
 Yes, by making a great effort  
 No, I can't

## F. HEIGHT AND WEIGHT

F1. How tall are you (without shoes)?

<input type="text"/>	<input type="text"/>	<input type="text"/>	centimeters
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F2. How many kilos do you weigh without clothes? (round up or down to whole kilos)

<input type="text"/>	<input type="text"/>	<input type="text"/>	kilograms
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## G. SMOKING AND ALCOHOL

G1. 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

G2. Have you ever smoked?

Yes  
 No

G3. Do you sometimes use a vape or e-cigarette?

Yes  
 No

G4. 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 G6  
 No

G5. Have you ever consumed alcoholic beverages?

Yes → GO TO QUESTION G12  
 No → GO TO QUESTION G12

G6. 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 G8**

G7. When drinking alcoholic beverages on a weekday, how many glasses do you drink on average?

16 or more glasses  
 11 – 15 glasses  
 7 – 10 glasses  
 6 glasses  
 5 glasses
  4 glasses  
 3 glasses  
 2 glasses  
 1 glass

G8. 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 G10**

G9. When drinking alcoholic beverages on a weekend day, how many glasses do you drink on average?

16 or more glasses  
 11 – 15 glasses  
 7 – 10 glasses  
 6 glasses  
 5 glasses
  4 glasses  
 3 glasses  
 2 glasses  
 1 glass

G10. 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 G12**

G11. How often have you drunk 6 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

G12. Have you used drugs in the last 12 months?

Yes, daily or weekly  
 Yes, but not every week  
 No → **GO TO QUESTION H1**

G13.

Hash, weed, cannabis  
 Ecstasy (XTC)  
 Cocaine, amphetamine  
 Designer drugs (such as 3-MMC, miauw miauw, flakka)



Other

## H. PHYSICAL ACTIVITY

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

<b>H1. 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"/> hour(s) <input type="text"/> minutes
How many days per week do you bicycle to/from work or school?	<input type="text"/> days	<input type="text"/> hour(s) <input type="text"/> minutes
<b>H2. 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"/> hour(s)	
How many hours on average per week do you do <u>intense</u> strenuous physical activity at work or school? <i>This could be work for which you have to walk a lot or regularly lifting heavy objects at work.</i>	<input type="text"/> hour(s)	
<b>H3. 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"/> hour(s) <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"/> hour(s) <input type="text"/> minutes
<b>H4. 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"/> hour(s) <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

**I1. The following questions concern how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.**

*Provide one answer for each row.*

	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. PARTICIPATE

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, neighbors 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.

J1. Do you provide informal care?

Yes

No → GO TO QUESTION K5

J2. How many hours a week on average do you **currently** provide informal care, including travel time? Round to whole hours.

Average

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hours per week

J3. How long have you been providing informal care?

Less than three months

Three months or longer

J4. 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

J5. 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

J6. Are you a member of a society or club?

*Multiple answers are allowed.*

Yes, a sports club

Yes, another society or club

No

## K. NEGATIVE THOUGHTS

K1. In the **last 12 months**, have you ever seriously considered ending your life?

Never

Rarely

Occasionally

Often

Very often

L2. Have you talked to anyone about your thoughts about ending your own life?

Yes

No

L3. Have you attempted to end your life in the **last 12 months**?

Yes

No

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

## L. NOISE POLLUTION

- L1. **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
<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"/>
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"/>
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"/>

## M. SLEEP DISTURBANCE

- M1. **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"/>
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"/>
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"/>

## N. ODOUR 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 an **unpleasant smell** from the sources mentioned below when you were at home?

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

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

## O. DUST, SOOT OR SMOKE NUISANCE

O1. P1. If you think of the **last 12 months**, which number from 0 to 10 indicates best to what extent you were bothered, disturbed or annoyed by **dust, soot or smoke** from the sources mentioned below when you were at home?

If there is a source that you can't notice at your home, you can mark this in the last column.

	Not bothered at all										Extremely bothered	Not noticeable	
<i>Check your answer in each line.</i>	0	1	2	3	4	5	6	7	8	9	10		
Fireplace / multi fuel stove / other wood-burning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firepit / barbecue / garden stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock or arable farm activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other companies / 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"/>
Road 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"/>

## P. HOUSING CONDITIONS AND LOCAL NEIGHBOURHOOD

P1. **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"/>

P2. **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"/>

P3. **The following questions are about your home in the last 12 months.**

<i>Provide one answer for each row.</i>	Yes	No
There are damp patches or mould in my living room or bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Someone smokes in my house every day	<input type="checkbox"/>	<input type="checkbox"/>
Someone vapes (e-cigarette) in my house every day	<input type="checkbox"/>	<input type="checkbox"/>

P4. **Do you live in a owner-occupied home or rental home?**

- Owner-occupied home  
 Rental home

P5. **If my health allows, I prefer to live in my own home**

- (Completely) agree  
 Agree to some extent  
 Neither agree nor disagree  
 Disagree to some extent  
 (Completely) disagree

P6. **Is your home suitable for growing old?**

- Yes  
 With adjustments it is  
 No

P7. Below you can read a number of statements about people in your neighbourhood. Please indicate the extent to which you agree or disagree with these statements.

Provide one answer for each row.	Completely agree	Agree to some extent	Neither agree nor disagree	Disagree to some extent	Completely disagree
The people in my neighbourhood help each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people in my neighbourhood feel connected to each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people in my neighbourhood can be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people in my neighbourhood generally don't get along well with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to associate with the people in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people in my neighbourhood who I can rely on if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P8. To what extent do you agree with the following statements about your neighbourhood?

Provide one answer for each row.	Completely agree	Agree to some extent	Neither agree nor disagree	Disagree to some extent	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 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"/>

## Q. WORK AND FINANCIAL SITUATION

Q1. 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

Q2. Have you had difficulties in the **last 12 months** to make ends meet with your household's income?

- No, no difficulties at all
- No, no difficulties, but I do have to pay attention to my expenditures
- Yes, some difficulties
- Yes, big difficulties

Q3. Have you considered going to a doctor, your GP or dentist in the last 12 months but decided not to because you were worried about possible charges?

- Yes  
 No

Q4. Are there things that you (or your family) don't have enough money for?  
*Multiple answers are allowed*

- No  
 Grocery shopping  
 Medicines or medical aids, such as glasses, contact lenses, orthotic insoles  
 Car or transportation costs  
 Housing/ home repairs  
 Subscriptions (e.g. phone, TV, newspaper)  
 Membership of (sports) clubs  
 Parties, gifts  
 Participation in activities (e.g. organized activities at community center, visiting a festival or museum)  
 Going on vacation  
 Buying clothes when needed  
 Turn on the heating  
 Otherwise

## R. LIVING ENVIRONMEN

R1. 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. If you answer yes in column A, please answer column B too.

Check your answer in each line.	A. Does this situation apply to you?		B. Does this make you worry about your health?	
	No	Yes ►	Yes	No
I live on a busy road	No	Yes ►	Yes	No
I live near business or industrial premises	No	Yes ►	Yes	No
I live near an arable farm / livestock farming / market gardener, etc.	No	Yes ►	Yes	No
I live near high-voltage power lines	No	Yes ►	Yes	No
I live along a route for hazardous substances (road, waterway, railway line, pipeline)	No	Yes ►	Yes	No
I live near an airport	No	Yes ►	Yes	No
I live near one or more wind turbines (modern windmills)	No	Yes ►	Yes	No
I live near a nuclear plant	No	Yes ►	Yes	No

R2. Please indicate how concerned you are about the effect of each of the following on your health.

Provide one answer for each row.	Not concerned	A little concerned	Concerned	Very concerned	Extremely concerned
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Ticks (e.g. Lyme disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exotic mosquitos (e.g. the Asian Tiger mosquito)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oak processionary moth caterpillars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming outdoors (e.g. in swimming lakes, pools, swimming ponds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water in fountains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particulate matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R3. **How concerned are you about PFAS?**

Not concerned

A little concerned

Concerned

Very concerned

Extremely concerned

R4. **How concerned are you about the impact of PFAS on the topics below?**

<i>Provide one answer for each row.</i>	Not concerned	A little concerned	Concerned	Very concerned	Extremely concerned
your own health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the health of (future) children and grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the health of family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the environment and living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R5. **Did you look up any information about PFAS in the past 3 months?**

No, I didn't look up any information

Yes, and I found what I was looking for

Yes, but I didn't find what I was looking for

R6. **How worried are you about getting the following infectious diseases?**

<i>Provide one answer for each row.</i>	Not concerned	A little concerned	Concerned	Very concerned	Extremely concerned
Respiratory infections (such as flu or COVID-19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infections (such as chlamydia, HIV or gonorrhoea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin infections (such as scabies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infections due to food (such as food poisoning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious diseases that are transmitted by animals (e.g. bird flu, Q fever, Lyme disease by ticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious diseases from abroad (such as malaria, dengue fever, rabies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## S. SAFETY

### S1. Do you ever feel unsafe?

Provide one answer for each row.

	Yes, often	Yes, sometimes	Seldom	No
During the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the evening / at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The previous question was about your sense of safety overall. The next question is about safety in your neighbourhood.

### S2. Do you ever feel unsafe in your own neighbourhood?

- Yes  
 No  
 No answer

The following questions are about unpleasant incidents in your home.

It refers to unpleasant things that have been done to you by your family members, partner or ex-partner(s), friends of the family, or people you are dependent on at home such as a professional caregiver, for example someone from the home care services or a doctor, or an informal carer.

### S3. Have any of the following happened to you at home in the **last 12 months**:

Check your answer in each line.

	Yes	No
have you been insulted, bullied, belittled or sworn at?	<input type="checkbox"/>	<input type="checkbox"/>
have you been hit, kicked, pinched or suffered any other physical violence?	<input type="checkbox"/>	<input type="checkbox"/>
did the person fail to help you with your personal care (such as helping with washing or going to the toilet) although the person knew you needed help?	<input type="checkbox"/>	<input type="checkbox"/>
have you suffered financial losses? (such as having money or possessions taken from you or has anyone bought something with your money without your permission)	<input type="checkbox"/>	<input type="checkbox"/>
has your freedom been restricted or your privacy invaded? (such as someone keeping post from you or forbidding you to go out or make a telephone call)	<input type="checkbox"/>	<input type="checkbox"/>
have any undesirable sexual comments been made or have you been touched in ways you did not want?	<input type="checkbox"/>	<input type="checkbox"/>

**Do you need help? Please contact 0800-2000 for free (available 24/7) or chat at [veiligthuis.nl](https://veiligthuis.nl).**

## T. FACILITIES

### T1. Do you know **where in your municipality** you can go to ask questions and get information about the following facilities?

Check your answer in each line.	Yes	No, but I'd like some information	No, and I don't need any information about it
	Assistance with financial problems	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with the development and upbringing of children for parents of children aged 0-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in providing informal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance because of your work as a volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requesting /help because you can no longer manage by yourself because of health issues (e.g. requesting domestic help, alterations to your home or transport services)

## U. IDENTITY

### U1. Do you consider yourself to be LGBTQ+?

By LGBTQ we mean Lesbian, Gay, Bisexual, Transgender and Queer. The plus means that other sexual identities are also possible, for example Intersex, Asexual and Pansexual.

Yes

No

I'd rather not say

I don't know

## V. FINALLY

### V1. Would you like a chance to win one of the 50 euro VVV Gift Card we are raffling?

Yes, I would like a chance to win one of the VVV Gift Cards and participate in the raffle, and I give permission to use my address details<sup>11</sup> if I win in order to receive the gift card.

No, I do not want a chance to win one of the VVV Gift Card and I do not want 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.

### 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 the GGD Zeeland ([www.ggdzeeland.nl](http://www.ggdzeeland.nl)) website.
- 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.