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 adressed 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.

Logging in
Fill in the personal code below that you received in the letter.

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.
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

*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 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?**

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 concern what you are normally able to do. This is not about temporary problems.**

Provide one answer for each row.	Yes, without any difficulty	Yes, with some difficulty	Yes, with great difficulty	No, I am not able to do so
Can you follow a conversation in a group consisting of three or more persons (with a hearing aid if required)?	☐	☐	☐	☐
Can you have a conversation with one other person (with a hearing aid if required)?	☐	☐	☐	☐
Can you read small print in the newspaper (with glasses or contact lenses if required)?	☐	☐	☐	☐
Can you recognize someone's face from a distance of 4 metres (with glasses or contact lenses if required)?	☐	☐	☐	☐
Can you carry an object weighing 5 kilos (such as a full shopping bag) for a distance of 10 metres?	☐	☐	☐	☐
Can you bend over from a standing position and pick something up from the ground?	☐	☐	☐	☐
Can you walk 400 metres without pausing (with a walking stick or walker if necessary)?	☐	☐	☐	☐

B11. **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:**

Provide one answer for each row.	Yes, without difficulty	Yes, with some difficulty	Yes, with great difficulty	No, I am not able to do so
Preparing breakfast or lunch?	☐	☐	☐	☐
Preparing hot meals?	☐	☐	☐	☐
"Light" strenuous household activities (such as dusting or tidying)?	☐	☐	☐	☐
"Heavy" strenuous household activities (such as mopping, window cleaning or vacuuming)?	☐	☐	☐	☐
Wash and iron your clothes?	☐	☐	☐	☐
Change and/or make the bed?	☐	☐	☐	☐
Daily shopping?	☐	☐	☐	☐
Moving about outside the house?	☐	☐	☐	☐
Go somewhere using your own means of transport or by public transport?	☐	☐	☐	☐
Deal with your own financial affairs and/or other paperwork	☐	☐	☐	☐

C. FALLS

C1. **Are you worried about falling?**
- ☐ Yes
- ☐ No

C2. **Have you fallen in the past 12 months?**
- ☐ Yes, once
- ☐ Yes, twice or more
- ☐ No ➔ **GO TO QUESTION C5**

C3. **Have you suffered an injury because of a fall in the past 12 months?**
By an injury we mean an open wound, a bruise, a sprain, or a broken bone, for example.
- ☐ Yes
- ☐ No

C4. **Where were you the last time that you fell?**
- ☐ In the house
- ☐ Outside but near the house
- ☐ Somewhere else
- ☐ I can't remember

C5. **What do you do to prevent yourself from falling?** *Multiple answers are allowed*
- ☐ Nothing
- ☐ Adjustments in and around the house
- ☐ Fall prevention course
- ☐ Extra physical activity and/or sports
- ☐ Eat more protein-rich food
- ☐ Drink less or no alcohol

- ☐ Have yourself tested for fall risk or fitness
- ☐ Walk with an aid, such as a stick or walker
- ☐ Otherwise

D. CARE AND HELP

D1. **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)*

D2. **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

D3. **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

D4. **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.**

Provide one answer for each row.	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).	☐	☐	☐	☐	☐
I believe I can handle digital healthcare (like video calls) well.	☐	☐	☐	☐	☐
I ask family, friends, or neighbours for help before seeing a doctor or other healthcare provider.	☐	☐	☐	☐	☐

E. WELL-BEING

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

Provide one answer for each row.	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?	☐	☐	☐	☐	☐
About how often did you feel nervous?	☐	☐	☐	☐	☐
About how often did you feel so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
About how often did you feel hopeless?	☐	☐	☐	☐	☐
About how often did you feel restless or fidgety?	☐	☐	☐	☐	☐
About how often did you feel so restless that you could not sit still?	☐	☐	☐	☐	☐
About how often did you feel depressed?	☐	☐	☐	☐	☐
About how often did you feel that everything was an effort?	☐	☐	☐	☐	☐
About how often did you feel so sad that nothing could cheer you up?	☐	☐	☐	☐	☐
About how often did you feel worthless?	☐	☐	☐	☐	☐

E2. **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

E3. **In which domains did you experience this stress?**

You may give more than one answer.

- ☐ Work
- ☐ Education
- ☐ Relationship with partner
- ☐ Family or friends
- ☐ Child-raising / children
- ☐ Housing
- ☐ Health
- ☐ Informal care
- ☐ Money matters
- ☐ Social media
- ☐ Other

E4. **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.

Provide one answer for each row.	Almost never	Some-times	Now and then	Regularly	Usually	Almost always	Always
I am very capable of dealing with setbacks	☐	☐	☐	☐	☐	☐	☐
I am very good at coming up with solutions in difficult situations	☐	☐	☐	☐	☐	☐	☐
I recover quickly after a difficult period	☐	☐	☐	☐	☐	☐	☐

Previous experiences mean that I feel stronger in difficult times	☐	☐	☐	☐	☐	☐	☐
Every experience that I have makes me stronger	☐	☐	☐	☐	☐	☐	☐

E5. **Please indicate how strongly you agree or disagree with each statement below**

Provide one answer for each row.

	Completely agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Completely disagree**
I have little control over the things that happen to me	☐	☐	☐	☐	☐
There is really no way I can solve some of the problems I have	☐	☐	☐	☐	☐
There is little I can do to change many of the important things in my life	☐	☐	☐	☐	☐
I often feel helpless in dealing with the problems of life	☐	☐	☐	☐	☐
Sometimes I feel that I'm being pushed around in life	☐	☐	☐	☐	☐
What happens to me in the future mostly depends on me	☐	☐	☐	☐	☐
I can do just about anything I really set my mind to	☐	☐	☐	☐	☐
I feel that my life has direction and purpose.	☐	☐	☐	☐	☐
My day-to-day activities often seem unimportant to me.	☐	☐	☐	☐	☐
I enjoy making plans and carrying them out.	☐	☐	☐	☐	☐
I feel that I count for something in society.	☐	☐	☐	☐	☐

F. SOCIAL CONTACTS

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

Provide one answer for each row.	Yes	More or less	No
There is always someone I can talk to about my day-to-day problems	☐	☐	☐
I miss having a really close friend	☐	☐	☐
I experience a general sense of emptiness	☐	☐	☐
There are plenty of people I can lean on when I have problems	☐	☐	☐
I miss the pleasure of the company of others	☐	☐	☐
I find my circle of friends and acquaintances too limited	☐	☐	☐
There are many people I trust completely	☐	☐	☐
There are enough people I feel close to	☐	☐	☐
I miss having people around me	☐	☐	☐

I often feel rejected	☐	☐	☐
I can call on my friends whenever I need them	☐	☐	☐

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

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

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	☐	☐	☐
I have someone who I can talk to about personal problems	☐	☐	☐
I visit family, friends, acquaintances or neighbours for a chat, or they visit me at home	☐	☐	☐

F3. **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

G. HEIGHT AND WEIGHT

G1. **How tall are you (without shoes)?** ☐☐☐ centimeters

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

H. SMOKING AND ALCOHOL

H1. **Do you sometimes smoke?**
We are referring to all sorts of tobacco products. Electronic cigarettes do not count. Heating tobacco or heatsticks also do not count.
- ☐ Yes
- ☐ No

H2. **Have you ever smoked?**
- ☐ Yes
- ☐ No

H3. **Do you sometimes use a vape or e-cigarette?**
- ☐ Yes
- ☐ No

H4. **In the last 12 months, have you ever consumed alcoholic beverages, such as beer, wine, liquor, mixed drinks or cocktails?**
This includes low-alcohol beverages, but no non-alcoholic beverages.
- ☐ Yes ➔ **GO TO QUESTION H5**
- ☐ No

H5. **Have you ever consumed alcoholic beverages?**

- ☐ Yes ➔ **GO TO QUESTION I1**
- ☐ No ➔ **GO TO QUESTION I1**

H6. **On average, on how many of the <u>4 weekdays</u> (Monday through Thursday) do you drink alcoholic beverages?**

- ☐ 4 days
- ☐ 3 days
- ☐ 2 days
- ☐ 1 day
- ☐ Less than 1 day
- ☐ I never drink on weekdays ➔ **GO TO QUESTION H7**

H7. **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

H8. **On average, on how many of the <u>3 weekend days</u> (Friday through Sunday) do you drink alcoholic beverages?**

- ☐ 3 days
- ☐ 2 days
- ☐ 1 day
- ☐ Less than 1 day
- ☐ I never drink in the weekend ➔ **GO TO QUESTION H9**

H9. **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

H10. **How often have you drunk <u>4 or more glasses</u> of alcoholic beverages in one day in the last 6 months?**

- ☐ More than once a week
- ☐ Once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never ➔ **GO TO QUESTION I1**

G3. **How often have you drunk <u>6 or more glasses</u> of alcoholic beverages on one day in the last 6 months?**

- ☐ More than once a week
- ☐ Once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never

I. PHYSICAL ACTIVITY

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

I1. **Commuting activities** *If you have not engaged in an activity, fill in '0'.*	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?	☐☐ days	☐☐ hour(s) ☐☐ minutes
How many days per week do you bicycle to/from work or school?	☐☐ days	☐☐ hour(s) ☐☐ minutes

I2. **Physical activity at work or school** *If you have not engaged in an activity, fill in '0'.*	Number of hours per week
How many hours on average per week do you do light or moderately strenuous physical activity at work or school? *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.*	☐☐☐ hour(s)
How many hours on average per week do you do intense strenuous physical activity at work or school? *This could be work for which you have to walk a lot or regularly lifting heavy objects at work.*	☐☐☐ hour(s)

I3. **Household activities** *If you have not engaged in an activity, fill in '0'.*	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 light or moderately strenuous household activities? *This could be cooking, ironing, vacuuming or tidying up.*	☐☐ days	☐☐ hour(s) ☐☐ minutes
How many days per week do you do intense strenuous household activities? *This could be carrying heavy shopping bags up the stairs, moving furniture or cleaning the floor on your knees*	☐☐ days	☐☐ hour(s) ☐☐ minutes

I4. **Leisure time activities** *If you have not engaged in an activity, fill in '0'.*	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? *This does not include walking to work or school.*	☐☐ days	☐☐ hour(s) ☐☐ minutes
How many days per week do you go bicycling? *This does not include cycling to work or school.*	☐☐ days	☐☐ hour(s) ☐☐ minutes

How many days per week do you go gardening?	☐☐ days	☐☐ hour(s) ☐☐ minutes
How many days per week do you do odd jobs in your spare time?	☐☐ days	☐☐ hour(s) ☐☐ minutes

I5. **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?
	☐☐ days	☐☐ hour(s) ☐☐ minutes
	☐☐ days	☐☐ hour(s) ☐☐ minutes
	☐☐ days	☐☐ hour(s) ☐☐ minutes
	☐☐ days	☐☐ hour(s) ☐☐ minutes

J. MENTAL HEALTH

J1. **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?	☐	☐	☐	☐	☐	☐
How much of the time have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
How much of the time have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
How much of the time have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
How much of the time have you been a happy person?	☐	☐	☐	☐	☐	☐

K. 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.

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

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION K5**

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

Average ☐☐☐☐ hours per week

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

- ☐ Less than three months
- ☐ Three months or longer

K4. **Some people feel heavily burdened by providing care for another person. They find the care hard and difficult to maintain. For other people this applies to a lesser extent. How burdened do you feel by providing informal care?**

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

K5. **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

K6. **Are you a member of a society or club?**
Multiple answers are allowed.

- ☐ Yes, a sports club
- ☐ Yes, another society or club
- ☐ No

L. NEGATIVE THOUGHTS

L1. **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.

M. NOISE POLLUTION

M1 **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
Provide one answer for each row.	0	1	2	3	4	5	6	7	8	9	10	
Traffic on roads where the speed limit is higher than 50 km/hour	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Traffic on roads where the speed limit is 50 km/hour or less	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Trains	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Air traffic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mopeds / scooters	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neighbours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Business premises / factories	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wind turbines / windmills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heat pump / air conditioning	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

N. SLEEP DISTURBANCE

N1. **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
Provide one answer for each row.	0	1	2	3	4	5	6	7	8	9	10	
Traffic on roads where the speed limit is higher than 50 km/hour	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Traffic on roads where the speed limit is 50 km/hour or less	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Trains	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Air traffic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mopeds / scooters	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neighbours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Business premises / factories	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Wind turbines / windmills	☐
Heat pump / air conditioning	☐

O. ODOUR POLLUTION

O1. **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 detectable
Provide one answer for each row.	0	1	2	3	4	5	6	7	8	9	10	
Fireplace / multi fuel stove / other wood-burning stove	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Firepit / barbecue / garden stove	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sewerage / water purification	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Livestock or arable farm activities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other business / factories	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Traffic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

P. DUST, SOOT OR SMOKE NUISANCE

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
Check your answer in each line.	0	1	2	3	4	5	6	7	8	9	10	
Fireplace / multi fuel stove / other wood-burning stove	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Firepit / barbecue / garden stove	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Livestock or arable farm activities	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other companies / factories	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Road traffic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q. HOUSING CONDITIONS AND LOCAL NEIGHBOURHOOD

Q1. **How satisfied are you with your house and local neighbourhood?**

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

	Very dissatisfied									Very satisfied
Provide one answer for each row.	1	2	3	4	5	6	7	8	9	10
House	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local neighbourhood	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Green spaces in your local neighbourhood	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q2. **Are you able to find somewhere cool in or outside your house during a prolonged hot spell?**
Express this as a number from 1 to 10: 1 = almost never, 10 = very easily.

	Almost never									Very easily
Provide one answer for each row.	1	2	3	4	5	6	7	8	9	10
Inside your house	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Outside (balcony / garden / local neighbourhood)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q3. **The following questions are about your home in the last 12 months.**

Provide one answer for each row.	*Yes*	*No*
There are damp patches or mould in my living room or bedroom	☐	☐
Someone smokes in my house every day	☐	☐
Someone vapes (e-cigarette) in my house every day	☐	☐

Q4. **Do you live in a owner-occupied home or rental home?**

- ☐ Owner-occupied home
- ☐ Rental home

Q5. **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

Q6. **Is your home suitable for growing old?**

- ☐ Yes
- ☐ With adjustments it is
- ☐ No

Q7. **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	☐	☐	☐	☐	☐
The people in my neighbourhood feel connected to each other	☐	☐	☐	☐	☐
The people in my neighbourhood can be trusted	☐	☐	☐	☐	☐
The people in my neighbourhood generally don't get along well with each other	☐	☐	☐	☐	☐
I prefer not to associate with the people in my neighbourhood	☐	☐	☐	☐	☐
There are people in my neighbourhood who I can rely on if needed	☐	☐	☐	☐	☐

Q8. **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)	☐	☐	☐	☐	☐
There are enough places in my neighbourhood where I can meet other residents outside	☐	☐	☐	☐	☐

R. WORK AND FINACIAL SITUATION

R1. **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

R2. **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

R3.	**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
R4.	**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

S. LIVING ENVIRONMEN

S1. **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?**	
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**

S2. **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
Ticks (e.g. Lyme disease)	☐	☐	☐	☐	☐

Exotic mosquitos (e.g. the Asian Tiger mosquito)	☐	☐	☐	☐	☐
Oak processionary moth caterpillars	☐	☐	☐	☐	☐
Swimming outdoors (e.g. in swimming lakes, pools, swimming ponds)	☐	☐	☐	☐	☐
Water in fountains	☐	☐	☐	☐	☐
Climate change	☐	☐	☐	☐	☐
Particulate matter	☐	☐	☐	☐	☐

R5. **How concerned are you about PFAS?**

- ☐ Not concerned
- ☐ A little concerned
- ☐ Concerned
- ☐ Very concerned
- ☐ Extremely concerned

S3. **How concerned are you about the impact of PFAS on the topics below?**

Provide one answer for each row.	Not concerned	A little concerned	Concerned	Very concerned	Extremely concerned
your own health	☐	☐	☐	☐	☐
the health of (future) children and grandchildren	☐	☐	☐	☐	☐
the health of family and friends	☐	☐	☐	☐	☐
the environment and living environment	☐	☐	☐	☐	☐

S4. **Did you look up any information about PFAS <u>in the past 3 months</u>?**

- ☐ No, I didn't look up any information
- ☐ Yes, and I found what I was looking for
- ☐ Yes, but I didn't found what I was looking for

S5. **How worried are you about getting the following infectious diseases?**

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

T. SAFETY

T1. **Do you ever feel unsafe?** *Provide one answer for each row.*	Yes, often	Yes, sometimes	Seldom	No
During the day	☐	☐	☐	☐
In the evening / at night	☐	☐	☐	☐

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

T2. **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.

T3. **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?	☐	☐
have you been hit, kicked, pinched or suffered any other physical violence?	☐	☐
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?	☐	☐
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)	☐	☐
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)	☐	☐
have any undesirable sexual comments been made or have you been touched in ways you did not want?	☐	☐

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

U. FACILITIES

U1. **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	☐	☐	☐
Assistance in providing informal care	☐	☐	☐
Assistance because of your work as a volunteer	☐	☐	☐
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)*	☐	☐	☐

V. IDENTITY

V1. **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

W. FINALLY

W1. **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[11] 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.
- Complete the test on mijnpositievegezondheid.nl to find out what you can do to improve your physical and mental health.

- You can find an overview of reliable apps and websites that you can use right away at www.ggdappstore.nl.
- Information about health can be found on the GGD Zeeland (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.