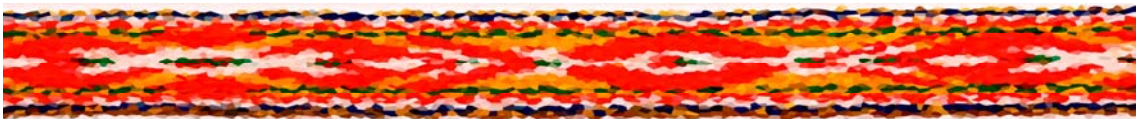


Ethnic discrimination and bullying in relation to self-reported physical and mental health in Sami settlement areas in Norway

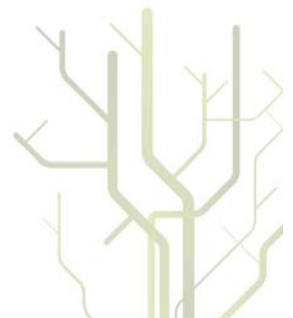
The SAMINOR study



Ketil Lenert Hansen

A dissertation for the degree of
Philosophiae Doctor

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*ISM skriftserie
blir utgitt av Institutt for samfunnsmedisin
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**Foto på forsiden: bildet er tatt i Kanstadbotn, Lødingen Kommune, Nordland i 1897.
Fotograf: ukjent.**

Kvinne helt til venstre er *Ingrid Olesdatter Sarri Inga* (født: 1862 i Sarre i Sverige i nærheten av Nikkeluokta). Foran henne står datteren *Inga Nilsen Inga* (født: 1894 i Lunkan, Kanstadvjord, Lødingen). I komsa ligger *Karen Nilsendatter Inga* (født: 1897 i Kanstadvjord).

I midten av bildet står mannen *Nils Andersen Inga* (født: 1853 i Jukkasjavri, Ohkkiras, Sverige). Han var gift med Ingrid. Foran Nils sitter *Ole Nilsen Inga* (født: 1887 i Sortland). Damen til høyre for Nils er *Elen Olesdatter Sarri Svonni* (født: 17. september 1859 i Kanstadvjord, Lødingen). I armene holder hun *Inger-Anna Andersen Svonni* (født: 14. mars 1894 i Trøssemark, den gang Trondenes kommune) (Inger-Anna er disputantens mormor). Sittende på kne helt til høyre i bildet er gutten *Tomas Peder Andersen Svonni* (født: 19. sep 1890 Sortland).

Kilde: Inge Anders Svonni Anderssen

“Ved sammenligning af disse tre nationaliteter vil man finde, at i retning af legemshøide, kropsbygning, kræfter og udholdenhed står nordmændene høiest, dernæst kvænerne; langt underlegne både i legemlig og åndelig henseende er sjøfinnerne, der i modsætning til de to førstnævnte synes at være i tilbagegang og at fortrænges af de andre, hvis ikke indgiftning med dem finder sted...” (Skjervøy 1900)

”Selv ”Nordmandens” positive egenskaber ville gå til grunde i det avkom han avlet med sjøfinnen: Jeg har i det hele ikke meget godt å si om blandingsbefolkningen – den synes væsentlig at ha arvet begge moderracers slette egenskaper.” (Karlsøy 1910)

*Utdrag fra distriktslegenes medisinalrapporter fra
Skjervøy og Karlsøy gjengitt i ”Nordlendingen”
av (Edvardsen, 1997)*

“In comparing the three nationalities one will find, in reference to body height, build, strength and endurance the Norwegians are superior, followed by the Kvens; far inferior in both physical and spiritual respects are the sea-Sami, whom in contrast to the former two appear to be in decline and displaced by the others, unless inter-racial marriages with them occur ...”
(Skjervøy 1900)

“Even the positive attributes of ‘the Norwegian’ would go to rack and ruin in the offspring he reared with the sea-Sami : I generally have few fond words for the ethnically mixed population — it appears, essentially, to have inherited the bland properties of both mother races.” (Karlsøy, 1910)

*Excerpts from the district doctors’ medical reports from
Skjervøy and Karlsøy, reproduced in The Northerner (In Norwegian: Nordlendingen)
by Edvardsen, 1997*



Figure 1: Sápmi: home of the Sami, stretches over four countries – Norway, Sweden, Finland and Russia.

Source: Günter Minnerup, UNSW, Australia.

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For me, this PhD-project has given me the opportunity to explore and meet a great number of people working and living in the circumpolar area, which have given me many new friends. Attending courses in Scandinavia, Greenland, Russia, Italy, Australia and Canada, and presenting at conferences has enhanced my self-confidence, self-esteem, and interpersonal and professional competencies.

I greatly appreciate the financial support received from Institute of Community Medicine and Centre for Sami Health Research, Faculty of Medicine, University of Tromsø. Furthermore I would like to thank the Centre for Sami Studies which gave me the opportunity to travel to Australia and the Sami National Centre for Mental Health which financed a student conference for me in Canada.

During my time as a PhD-student I have learned a lot about Sami living conditions and health and their close relationship to other indigenous peoples in the Arctic. I hope that in this work I have given something back to my people. Finally, I want to thank my beloved ones; my family, particularly my parents Leif and Anna for your care, my son Hans-Kristian for every day inspiring me to believe in the future.

Tromsø, October 2010

Ketil Lenert Hansen

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Sammendrag (Abstract in Norwegian)

Vitenskapelig kunnskap om de norske samenes helse og levekår har økt de siste årene, spesielt etter at Senter for samisk helseforskning ble etablert i 2001. Forut for oppstarten av virksomheten ved senteret ligger ulike offentlige dokumenter til grunn. Fra 1995 foreligger *NOU 1995:6 Plan for helse- og sosialtjenester for den samiske befolkningen i Norge*. Dette dokumentet er det første offentlige dokumentet som tok for seg behovet for å få på plass en helse- og sosialtjeneste for den samiske befolkningen. Utredningen satt søkelyset på behovet for mer kunnskap om samenes helse- og levekår og det ble foreslått at det burde igangsettes en forskningsmessig innsats på dette området. Den begrensede vitenskapelige kunnskapen omkring samenes helse og levekår ikke bare i Norge, men også i Norden og Russland, ble sett i kontrast til mengden av detaljert informasjon om helse og levekår som var og er tilgjengelig for urbefolkning populasjoner i det cirkumpolare området.

Forutsetningen for å få i gang forskning på helse og levekår i de samiske områder var en stor og representativ helseundersøkelse. Denne ble gjennomført i årene 2003-4 i samarbeid med Statens Helseundersøkelser (SHUS), nå Nasjonalt Folkehelseinstitutt. Helseundersøkelsen i områder med samisk og norsk bosetting ble kalt SAMINOR (til sammen 24 kommuner i Nord-Norge og Trøndelagsfylkene). Denne studien har vært hovedsatsingen for senteret. Invitasjon ble sendt til cirka 28 000 personer i alderen 30 og 36-79 år. I alt deltok nesten 17 000 personer (61 prosent). Geografisk omfatter undersøkelsen kommuner der 5-10 prosent eller mer av befolkningen i Folketellingen 1970 hadde en eller flere besteforeldre med samisk språk. I tillegg til spørreskjemainformasjon ble det gjennomført noen fysiske målinger og tatt blodprøver som nå oppbevares i en egen biobank.

I mange vestlige samfunn, har etniske minoriteter og urbefolkningsgrupper blitt utsatt for assimilasjon, rasisme, segresjon, etnisk diskriminering og mobbing. Møtet med det vestlige samfunnet har for mange urbefolknings grupper hatt store helsemessige konsekvenser. Den samiske befolkningen ble forsøkt assimilert (gjennom fornorskingsprosessen), noe som har ført til at store deler av den samiske befolkningen (særlig på kysten) mistet sitt samiske språk og identitet. Selv om den historiske fornorskingsprosessen er over, og vi i dag ser en revitalisering av samisk kultur og identitet i mange samiske områder, har for eksempel etnisk diskriminering av samer i liten grad blitt behandlet i relasjon til helse.

Det overordnede målet for denne avhandlingen er å studere prevalensen av selvvardert etnisk diskriminering og mobbing blant samer, kvener og etniske nordmenn. Videre å studere om det er en hypotetisk link mellom etnisk diskriminering og helse, og hvis så, studere denne assosiasjonen. Selvvardert helse (SRH) og psykisk stress (HSCL-10) ble benyttet som helse indikatorer. Helt til sist i avhandlingen blir 19 personlige verdier studert og analysert.

En forutsetning for å kunne si noe om den samiske befolkningen ligger i å kunne definere hvem som er samer og hvem som er ikke-samer. Siden etnisitet ikke blir registrert i offentlig register i Norge, har operasjonalisering av etnisitet hatt stor betydning for våre analyser. SAMINOR studien har vært viktig i arbeidet med å klargjøre ulike definisjoner av samisk etnisitet og tilhørighet. Ved å lage flere kategorier av samisk etnisitet har vi sett at ulikheter i den samiske befolkningen og mellom samer og majoritetsbefolkningen trer tydeligere frem med hensyn til etnisk diskriminering, helse og personlige verdier.

Funnene i vår undersøkelse tyder på at en stor andel av samene opplever diskriminering på grunn av sin samiske bakgrunn. Rundt 4 av 10 samisktalende menn og 1 av 3 samisktalende kvinner hadde opplevd å bli diskriminert. Videre er det samer som bor utenfor de definerte samiske språkområdene som rapporterer høyest nivå av diskriminering. På spørsmålet om du har vært utsatt for mobbing generelt, svarer de samiske respondentene at de har blitt dobbelt så ofte utsatt for det i sammenligning med majoritetsbefolkningen. Denne mobbingen har tidligere (inkludert oppveksten til respondentene) i størst grad foregått på skolen og det siste året (et år før undersøkelsens tidspunkt: 2003-04) skjedd i arbeidslivet og i lokal samfunnet. Samer rapporter også at diskriminerende bemerkninger er den mest vanlige formen for mobbing de har opplevd, i tillegg til baksnakking.

I vår studie finner vi at samene rapporterer noe dårligere selvvardert helsestatus (SRH) sammenlignet med etniske nordmenn. Videre viser funnene våre at etnisk diskriminering er assosiert med dårligere selvvardert helse. Våre funn foreslår at diskriminering og lavere sosioøkonomisk status bidrar til denne ulikhet i selvvardert helse mellom samer og befolkningen generelt.

Samiske og kvenske menn rapporterer høyere nivå av psykisk stress enn etniske norske menn, mens blant samiske og ikke-samiske kvinner var det ingen signifikant forskjell i

rapporteringen. Imidlertid rapporterte samisketalende kvinner mindre psykiske problemer som de har søkt hjelp for; enn de andre gruppene av kvinner. Generelt vet vi fra andre studier av urfolk at etnisk diskriminering er sterk assosiert med dårligere mental helse. Vår studie støtter opp om dette og viser at det er en sterk assosiasjon mellom diskriminering og psykisk stress, målt med 'Hopkins Symptoms Check List' (HSCL-10). Imidlertid rapporterte samer som var diskriminert noe lavere stress nivå enn etniske nordmenn.

Siste del av denne avhandlingen omhandler 19 spørsmål om verditilknytning (Appendiks B). Tretten av disse spørsmålene er kun spurt til dem med samisk bakgrunn. Fra de 19 verdiene, rangerer de samiske respondentene følgende fem verdier som viktigst: (i) naturen (ii), bruk av naturen (iii) familietradisjoner, (iv) tradisjonelle samiske næringer og (v) samisk språk. På den andre siden, vektlegger de moderne samisk kunst og Sametinget som minst viktig for dem. Gjennom bruk av faktoranalyse ble fire dimensjoner identifisert: "tradisjonelle samiske verdier", "moderne samiske verdier", "kontakt med naturen" og "opplevelsen av marginalisering". Alle disse fire dimensjonene reflekterer viktige aspekter ved dagens samiske samfunn.

Abstract

Scientific knowledge about the health and living conditions of the Sami people in Norway has increased in recent years, notably after the establishment of the Centre for Sami Health Research in 2001. Prior to the initiation of activities at the Centre, various public documents constitute the primary source of information. In 1995 the *NOU 1995:6 Plan for health- and social services to the Sami population in Norway* (in Norwegian, *Plan for helse- og sosialtjenester for den samiske befolkningen i Norge*) was published. This document was the first public document to address the need to establish health- and social services for the Sami population. The plan focused on the demand for additional knowledge about the health and living conditions of the Sami, and suggestions were made that a research-based effort should be launched in the field. Scientific knowledge regarding Sami health and living conditions in Norway (as well as in Sweden, Finland and Russia) was seen as limited in comparison to the wealth of detailed demographic information on the health and socio-economic conditions of indigenous peoples in, for instance, North America and Greenland.

An extensive and representative health survey was determined to be a precondition for research into health and living conditions in the Sami areas. Such a survey was conducted in 2003-2004 in partnership with the National Health Screening Service (SHUS) (since renamed the Norwegian Institute of Public Health (NIPH)). The health survey in areas containing mixed Sami and Ethnic Norwegian settlements is known as SAMINOR; the study has been the Centre for Sami Health Research's main priority. Invitations were sent to approximately 28,000 between 30 and 36-79 years of age. In total, nearly 17,000 people participated in the survey (61 percent). Geographically, the survey comprised 24 municipalities in which at least 5 percent of the residents reported in the Census of 1970 to have one or more Sami-speaking grandparents (a clear indicator of Sami ethnicity). In addition to information gained from questionnaires some physical measurements and blood samples were obtained; this material is currently stored in a purpose-built biobank.

Ethnic minorities and native peoples have been exposed to assimilation, racism, segregation, ethnic discrimination and oppression in many Western societies. For numerous indigenous populations the encounter with Western nations has included tremendous consequences in terms of health. In Sami communities the *Norwegianisation process*, by which the Sami were subject to state-sanctioned assimilation policies, has been described as dramatically impacting

the Sami culture; large parts of the Sami population lost their Sami language and identity. Although the historical aspect of the process has been described in detail, in terms of its implications on health the circumstances have not been thoroughly investigated.

The primary objective of this dissertation is to study the prevalence of self-perceived ethnic discrimination and bullying in Sami, Kven and majority-population individuals, and study the hypothetical link between ethnic discrimination and health, and, if so, analyse the association. Self-reported health (SRH) and psychological stress (HSCL-10) are utilised as health indicators. The dissertation also includes the secondary objective of studying and analysing 19 personal values.

Making statements about the Sami population is conditional on the ability to distinguish between Sami and non-Sami individuals. Operationalising ethnicity has been of great importance to our analysis as ethnicity is not recorded in Norwegian public registries. The SAMINOR study has been of significance in the effort to clarify different definitions of Sami ethnicity and affiliation. By creating several categories of Sami ethnicity we have revealed that the differences within the Sami population become more apparent in regards to ethnic discrimination, personal values, and health.

The findings in our study indicate that a large proportion of Sami individuals experience discrimination based on their Sami background; roughly four in 10 men and one in three women in the Sami I category (i.e., participants reporting Sami language proficiency over three generations) have experienced being discriminated against “often” or “sometimes”. Moreover, Sami individuals living outside the defined *Administrative Area of the Sami Language* report the highest levels of discrimination. Compared to the majority population, Sami participants are twice as likely to respond that they have been subject to bullying. Among respondents that reported bullying previously, the most common location was public schools. For those who reported bullying in the past year, the most common locations were at work and in the local community. The Sami respondents, furthermore, report more often (than Kven and ethnic Norwegians) that discriminatory remarks were the most common forms of bullying.

Furthermore, our results show that ethnic discrimination is associated with inferior self-perceived health; Sami participants report somewhat lower health status than Ethnic

Norwegians. We have found that discrimination and lower socio-economic status contributes to the inequality in self-reported health between the Sami and the general population.

Our study finds that Sami and Kven males report higher levels of psychological distress than the general population of males. Interestingly, in women the effect is statistically insignificant. Generally, we know from earlier studies that ethnic discrimination is closely related to poorer mental health in indigenous peoples. Our study supports this conclusion and unveils a strong association between discrimination and psychological distress, as measured using the Hopkins Symptoms Check List (HSCL-10).

The final part of this dissertation deals with 19 questions on the internalisation of values (Appendix B). Thirteen of these questions are only posed to participants of Sami background. From the 19 values the Sami respondents range the following five values as most important, in descending order: (i) Nature (ii), Utilisation of nature (iii) Family traditions, (iv) Traditional Sami industries og (v) Sami language. At the opposite end of the scale, modern Sami art and the *Sameting* (Sami Parliament) are considered the least important values. Through the use of factor analysis, four dimensions were identified: Traditional Sami Values, Modern Sami Values, Contact with Nature and Experience of Marginalisation. These four dimensions reflect important aspects of contemporary Sami society.

Čoahkkáigeassu (Abstrakt in Sami)

Dieđalaš máhttu Norggabeali sámiid dearvvašvuoda ja eallinvuogi birra lea lassanan maŋemus jagiid, erenomážit manjel go Sámi dearvvašvuodadutkama guovddáš ášahuvvui 2001:s. Almmolaš čállosat leat vuodđun álggaheapmái. 1995:s lea NOU 1995:6 *Plan for helse- og sosialtjenester for den samiske befolkningen i Norge*. Dát čálus lea vuosttaš almmolaš dokumeanta mii váldá ovdan dárbbu oažžut dearvvašvuoda ja sosialabálvalusa sámi álbmogii. Čielggadeapmi čájehii dárbbuid eanet máhttui sámiid dearvvašvuoda ja eallinvuogi birra, ja evttohuvvui ahte álggahuvvo dutkan dán birra. Ráddjejuvvon dieđalaš máhttu sámiid dearvvašvuoda ja eallindiliid birra, ii dušše Norggas, muhto maid Ruotas, Suomas ja Ruoššas, veardádallojuvvui bienalaš diehtohivvodagain mii gávdno dearvvašvuodalaš , demográfalaš sosioekonomalaš diliid birra álgoálbmogiid birra omd Ruonáeatnamis, Davvi-Amerihkás ja Australias.

Eaktun álggahit dutkama dearvvašvuoda ja eallinvugiid birra sámi guovllus lei stuorra ja dárkilis dearvvašvuoda dutkamuš. Dutkamuš čađahuvvui jagiid 2003/04 ja lei ovddasbargu Stáhta dearvvašvuodaguorahallamiin (SHUS), dálá Álbmotdearvvašvuodainstituhtain . Guovlluin sihke sámi ja dáža suovain gohčoduvvui SAMINOR dearvvašvuodadutkamuššan (oktiibuot 24 suohkana/giellada Davvi-Norggas ja Troandinfylkkain). Dat dutkamuš lea guovddáža váldovuoruheapmi. Bovdehus sáddejuvvui sullii 28 000 olbmuid 30 ja 36-79 jagiin. Oktiibuot oassálaste 17 000 olbmo (61%). Geográfalaččat siskkilda iskos suohkaniid/gielladaid gos 5-10% vai eanet olbmuid atne okta vai eanet áhku ja/vai ádjá geat sámástit. Lassin jearadanskolvidieđuide, ledje maid fysalaš mihttosat ja varrageahččaleamit mat dál vurkojuvvojit sierrá biovuorkkás

Ollu oarji servodagain leat etnalaš unnitloguálbmogat ja eamiálbmotjoavkkut vásihan assimilašuvnna, rasisma, segreguvnna, etnalaš vealahallama ja givssideami. Deaivvadeapmi oarjeservodagain lea mielddisbuktán stuorra dearvvašvuodalaš čuozaheami ollu eamiálbmotjoavkkuide. Sámi álbmot geahččaluvvui assimilerejuvvot (dáruiduhttimiin), dát dagahii ahte stuorra oassi sámi álbmogis (erenomážit rittuguovlluin) massii sámegeiela ja sámi identitehta. Vaikko historjjálaš dáruiduhttinproseassa lea nohkan, ja mii otne oaidnit ahte sámi kultuvra ja identitehta ovdánahtta máŋga sámi guovlluin, lea ovdamearkka dihte etnalaš vealahallan sápmelaččain unnán meannuduvvon dearvvašvuoda oktavuodas.

Dán barggu váldoulbmil lea iskat prevaleanssa etnalaš vealahallama ja givssideami sámiid, kvenaid ja etnalaš dážaid gaskkas sin iežaset vásáhusaid vuodul. Viidásut vel iskat jus lea hypotehtalaš golus gaskkal etnalaš vealaheami ja dearvvašvuoda, jus lea, de iskat dan assosiašuvnna. Dán oktavuodas lea iešveardiduvvon dearvvašvuotta (SRH) ja psykalaš hušša (HSCL-10) geavahuvvon dearvvašvuodaindikáhtorin. Barggu loahpas iskojuvvojit ja analyserejuvvojit 19 persuvnnalaš arvvut.

Eaktun sáhttit dadjat juoga sámi álbmoga birra lea máhttit rádjjet geat leat sápmelaččat ja geat eai leat. Go etnisitehta ii logahallo almmolaš logahallamis Norggas, de lea etnisitehta operašonaliseren leamaš dehálaš min analysaide. SAMINOR iskan lea leamaš dehálaš bargguin gávnadit iešguđetlágan definišuvnnaid sámi etnisitehtas ja gullevašvuodas. Go dahká eanet lágiid sámi etnisitehtain, de oaidná ahte sámi álbmoga iešguđetláganvuodát šaddet čielgaseappot go geahččá etnalaš vealahallama, persovnnalaš arvvuid ja dearvvašvuoda.

Bohtosat min iskosis čájehit ahte stuorra oassi sápmelaččain vásiha vealahallama sin sámi duogáža dihte. 4:s 10 almmáiolbmuin ja 1:s 3 nissoniin geain lei sámejielat máhttu 3 buolvvain (Sami 1), ledje vásihan vealahallama. Viidásut leat sápmelaččat geat orrot ráddjejuvvon sámi giellaguovllu olggobealde, geat raporterejit vealahallama alimus ceahkis. Jearaldagas jus leat vásihan givssideami jorbadit, vástidit sámi respondeanttat ahte sii leat duppalit nu dávjá givssiduvvon go buohtastahtá majoritehtaálbmogiin. Givssideapmi lea ovdal (respondenttaid bajásšaddanáigi lea mielde) dáhpáhuvvan skuvllas ja maŋemus jagi (jagi ovdal iskosa: 2003-04) dáhpáhuvvan bargooktavuodas ja báikkálaš servodagas. Sápmelaččat maid raporterejit ahte vealahallan-cuigomušat leat dábáleamos givssidanvuohki maid sii leat vásihan, lassin bahádallamii.

Min iskosis mii oaidnit ahte sápmelaččat raporterejit veahá heittohut iešveardiduvvon dearvvašvuodadilli (SRH) buohtastahtton etnalaš dážain. Viidásut čájehit min bohtosat ahte etnalaš vealahallan lea assosierejuvvon heittogis iešveardiduvvon dearvvašvuodain. Min bohtosat árvalit ahte vealahallan ja vuolit sosioekonomalaš dilli váikkuha iežálágánvuhtii iešveardiduvvon dearvvašvuodas gaskkal sápmelaččaid ja álbmoga jorbadit.

Sámi ja kvena almmáiolbmot raporterejit alibui cehkiid psykalaš huša go etnalaš dáža almmáiolbmot, muhto sámi ja ii-sámi nissoniin ii leat signifikánta erohus reporteremis.

Liikká raporterejit sámi nissonat (geain lei sámegielat máhttu 3 buolvvas (Sami 1)), unnit psykalaš váttisvuodaid masa sii ledje ohcan veahki; go nissonat eará joavkkuin. Jorbadit mii diehtit eará álgoálbmuid iskosiin ahte etnalaš vealahallan lea assosierejuvvon heittogis mentála dearvvašvuodain. Min iskos doarju dán ja čájeha gievrra assosiašuvnna gaskkal vealahallama ja psykalaš huša, mihtiduvvon “Hopkins Symptoms Check List” (HSCL-10) mielde. Liikká raporterejedje sámit geat ledje vealahuvvon unnit hušša-ceahki go etnalaš dážat, geat maid ledje vásihan vealahallama.

Dan guorahallama mañimus oasis leat 19 jearaldaga arvogullevažvuoda birra (Appendiks B). 13 dain jearaldagain leat jerron dušše olbmuiin geain lea sámi duogáš. Daid 19 arvvuin, sámi respondeanttat árvvoštallet čuovvovaš vihtta arvvu deháleamosin: (i) luondu (ii), luonddugeavaheapmi (iii) bearašárbevierru, (iv) árbevirolaš sámi ealáhusat ja (v) sámegiella. Nuppi bealde, de árvvoštallet odđáiigásaš sámi dáidaga ja Sámedikki unnimus dehálažžan alcceseaset. Oasseanalyssa geavaheamis njeallje oli identifiserejuvvoje: “árbevirolaš sámi arvvut”, “odđáiigásaš sámi arvvut”, “luondduoktavuohta” ja birzziidvásáhusat. Visot dát njeallje oli reflekterejit dehálaš geahčanguovllu otná sámi servodaga dáfus.

LIST OF PAPERS

- I:** Hansen KL, Melhus M, Høgmo A, Lund E. Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: The SAMINOR study. *International Journal of Circumpolar Health* 2008 Feb;67(1):97-113.
- II:** Hansen KL, Melhus M, Lund E. Ethnicity, self-reported health, discrimination and socioeconomic status: a study of Sami and non-Sami Norwegian populations. *International Journal of Circumpolar Health* 2010
- III:** Hansen KL, Sørli T. Ethnicity, ethnic discrimination and psychological distress: a study of Sami and non-Sami populations in Norway. (Accepted by Transcultural Psychiatry. McGill, Canada 21-Jul-2010)
- IV:** Hansen KL, Høgmo A, Melhus M, Lund E. Sami value patterns (Submitted).

The papers will be referred to in the text by the Roman numerals.

INTRODUCTION

Background

The basis for any effort to combat discrimination and ensure equal living conditions among ethnic groups starts with respecting human rights and acknowledging that these legal rights apply to all human beings. However, human rights must extend to a real-world situation in which everyone is able to participate in society and utilise available resources (Ministry of foreign affairs, 1999). As the indigenous people of Norway, the Sami minority have a right to extraordinary protection to preserve their culture. The Norwegian Government is responsible for facilitating the security and development of the Sami language, culture and social welfare (Ministry of Local Government and Regional Development, 2002). The Racism and Discrimination Act (2006 Amendment) describes measures to fight discrimination of the Sami people or Sami individuals. The Act emphasises that an effective anti-racism and anti-discrimination campaign requires a continued, focused and long-term approach. One of the objectives in this effort is to acquire up-to-date research on ethnic discrimination in order to develop efficient measures to tackle discrimination (Ministry of Local Government and Regional Development, 2002). The Act is further supported by Government reports (Ministry of Health and Care Service, 2007; Ministry of Labour and Social Inclusion, 2008) that highlight the importance of a strong focus on research-based insight into discrimination of the Sami populace.

The Sami population

The Sami are the natives of Scandinavia and they live in the northern regions of Fennoscandia in what today comprises the northern areas of Norway, Sweden, Finland and Russia's Kola Peninsula (Figure 2). The Norwegian government has ratified the Sami as the indigenous people in Norway (ILO-convention no 169, 1990). The Sami include several subgroups stratified by different geographical areas and dialects (Jernsletten, 1993). The size of the Sami population has been reckoned to approximately 70,000-100,000, but estimates vary accordance with criteria used like genetic heritage, mother tongue and the personal sense of ethnicity. The largest proportion of Sami is believed to reside in Norway (60,000), followed by Sweden (36,000) and Finland (10,000), with the lowest proportion residing on the Russian Kola Peninsula (2,000) (Statistics Norway, 2010). Moreover, it is difficult to operate with

some minimum- or maximum numbers due to the fact that there are no current demographic numbers to indicate the size of the Sami population, due to a lack of information on ethnicity in public registers. In Norway, about one-third of the Sami live in Finnmark county (Spein, 2007) . Current figures from 2010 found that 13,890 Sami were recorded in the Norwegian Sami electoral register (Statistics Norway, 2010).



Figure 2. Sápmi, home of the Sami, stretches over four countries – Norway, Sweden, Finland and Russia.

Source: Nordic Sami Institute

Sami are engaged in a variety of livelihoods, including farming, fishing, trapping, sheep and reindeer breeding and herding. Although consider as ‘traditional’ and a cultural marker of the

Sami, reindeer herding was of relatively recent vintage, developing during the sixteenth century. In Norway and Sweden, but not in Finland; semi-nomadic reindeer herding is, by law, an occupation strictly reserved for Sami (Young & Bjerregaard, 2008). Data from 2009 found that only a minority (3,010 individuals) of the Sami in Norway is occupied in reindeer herding with slightly more men than women (Statistics Norway, 2010). And today, many Sami live in the large cities, especially Alta, Tromsø and Oslo, and are involved in all the modern professions, occupations, and trades (Young & Bjerregaard, 2008).

Today the challenge faced by the Sami population consists of conserving traditional knowledge, values and culture traits while both the local community and the world continues to change (Flemmen & Kramvig, 2008) Many Sami people find themselves in a transitional state where it is important to adapt to a new world without losing sight of the values of the traditional world (Young & Bjerregaard, 2008).

The Sami language

The Sami language belongs to the Finno-Ugric branch of the Uralic language family. The closest linguistic neighbours of the Sami are the Finns, The Karelians and the Estonians (Hassler, 2005). There are ten different Sami dialects or languages, and the 'borders' between them cross nation-state boundaries. In Norway approximately 25,000 Sami individuals are proficient in the Sami language, of which about half can speak, read and write Sami whereas for the other half the language is primarily a spoken language only. It is difficult to provide an exact distribution of the different dialects, however Northern Sami is clearly the most common of the Sami languages in Norway (Ministry of Labour and Social Inclusion (now: Ministry of Labour), 2009). The Sami language has had and has a natural role in the traditional Sami community, as an integrated part of the Sami social and cultural life. Today the Sami inhabitants of Norway possess distinct linguistic traits, depending of where they are living (Ministry of Labour, 2009). Further, the use of the Sami language in Norway can be divided into three main areas: the inner Finnmark (Kautokeino, Karasjok, Nesseby and Tana), the coastal area (Rest of Finnmark, Troms and Nordland; north of Saltfjellet) and the southern area (Nordland; south of Saltfjellet and Nord- and Sør-Trøndelag). In the inner Finnmark Sami language is in everyday use, 66.3% of the participants reported use of Sami as language at home and the number for the grandparents and the parents is about the same, between 68.0-

73.4%, see table 1. The Sami in the coastal area has traditionally been Sami-speaking, but because of the assimilation process there has been a change in language, from Sami to Norwegian, over the last three-generation (Høgmo, 1986). Table 1 shows the linguistic assimilation; among 17-20 % of the grandparents had Sami language at home¹, for the parents 14% and only 7% for the participants. In the southern area the Sami population live in small, scattered clusters and families, and reindeer herding have been a main livelihood (Jernsletten *ibid.*) The number of Sami in this region has remained constant for several generations and the Sami language has also survived because of the reindeer herding. Table 1 show this; the use of Sami language for the grandparent's generation was among 4.3-4.8%, for the parents 3.7-4.0% and the participants 3.4%.

	Grandparents				Parents		Participants
	Father's father	Father's mother	Mother's father	Mother's Mother	Father	Mother	
Inner Finnmark	68.0	70.0	71.7	73.4	68.7	71.5	66.3
Coastal area	16.8	18.1	19.1	19.7	14.0	14.6	7.0
Southern area	4.8	4.8	4.4	4.3	4.0	3.7	3.4

Source: The SAMINOR study

The Kven population

The Kvens are a people that emigrated from the northern parts of Finland and Sweden to northern Norway in the eighteenth and nineteenth centuries due to poverty and famine in their native countries. Kvens speak their own language which is an old Finnish language. In 1996 the Kvens were granted minority status in Norway, and in 2005 the Kven language was recognised as a minority language in Norway (Hyltenstam, 2003). Kven and Sami people share a common history of strong linguistic and cultural assimilation (Jernsletten, 1993). However, the SAMINOR study was designed to study the Sami population and did not include the main settlements of the Kven population (Lund et al., 2007).

¹ Reported by the participants in the SAMINOR study.

Colonisation of the Norwegian Sami

To understand and counteract discrimination of the Sami, and to minimise social inequality, it is crucial to be aware of how such discrimination manifested itself in the recorded history of Sami interaction. This section takes a closer look at how the Norwegianisation process affected the daily life of the Sami. The purpose of the following analysis is *not* to offer a complete picture of Sami history, *but to reveal important political and social conditions* that greatly influenced, and still influences, Sami society.

The Sami have a long, continuous historical relationship to the High North (including parts of contemporary Norway, Sweden, Finland and Russia). In this area, the Sami people developed viable trades as well as (multiple) distinct languages, culture and identity. This time extends back to before the area was colonised and before the formation of nation-states on partially Sami soil. Until the 1970s, Sami history was commonly deemed not to belong to the field of historical disciplines (Hansen, Minde, & Olsen, 2004). Thus, the Sami were considered ‘a people without a history’ and such attitudes were visibly expressed when the national histories of the Nordic countries were to be written. In historical accounts the reason for neglecting the Sami people seems to be that the notion of ‘settlement’ was made synonymous with the permanent farming settlements represented by Norse peoples. The Sami adhered to a nomadic lifestyle and their living areas were often depicted on maps as ‘uninhabited’. Only when the Sami presence was used to explain circumstances relating to the Norse societies were they mentioned in historical accounts. In Said’s words, “They were present, but ignored beyond their usefulness as part of the setting” (Hansen et al., 2004). In the nineteenth century, however, the origin of the Sami people was put on the scientific agenda, partly due to European social and scientific trends such as the growth of nationalism and the emergence of the theory of evolution. The nation-state ideal of consistent political, cultural and ethnic boundaries would affect how the Sami were regarded, and inevitably influenced Sami living conditions. The view on Sami ‘origin’—or historical identity in Europe’s north—would be considerably altered during the second half of the nineteenth century. Before this time, researchers and scientists commonly believed that the Sami descended from the populations inhabiting Scandinavia and northern Europe during the Stone Age. This perception, however, was soon dismissed and the Sami were ascribed the more limited status of the indigenous population of northern Fennoscandia. In the early twentieth century this status was further marginalised. Several scientists began questioning whether the Sami had a genuine ‘indigenous’ presence in the Nordic region. The Sami had migrated to the Nordic region from

the East, it was argued, long after the current majority population had found its place there (Hansen et al., 2004). The reason for this remarkable change was associated with several circumstances which are collectively referred to as the Norwegianisation process. The Norwegianisation process alludes to the Norwegian Government's Sami policy, which was publicly initiated in the mid-19th century and abolished in 1959 (Jensen, 2005) with the aim of acculturating the Sami minority into the Norwegian culture. In 'official discourse' the Sami were described as inferior, uncultured and partially without material rights. In plain language, the goal was to assimilate the Sami and to force upon them a language change (Jernsletten, 1993). The dominant perception was that the Sami were on a 'low' cultural level. This policy was inspired by nationalism, social Darwinism and national security rationales, and its goal was cultural disintegration of Sami society.

The fact that Norway was established as an independent state in 1814 did not immediately lead to a negative view of Sami language and culture. However, from the mid-19th century, national romanticism flourished in Europe and spread to Norway, where the 'love of one's country' was primarily expressed through idolising the rural farming lifestyle as idyllic (*bondeidyll*). As new technologies such as the mass media (including newspapers and telephone networks) brought the nation's regions closer together, national romanticism remained prominent, and as literacy levels rose steadily, the people were inundated with the Norwegian *bondeidyll*. Thus, the Sami were restricted from learning their own language and the Sami cultural heritage became worthless in Norwegian eyes (Jensen, 1991).

Towards the end of the nineteenth century cultural researchers applied Darwin's tenet—only the fittest survive—to the increasing rivalry in human social development, thereby founding what we call *Social Darwinism* today. The essence of Social Darwinism may be summarised as a way to arrange groups of people according to the level of development the peoples of the world are considered to have attained. According to this model, the most 'primitive' peoples are placed last and the most 'civilised' or 'urbanised' first, causing the Sami and Kven to be regarded as lagging behind the Ethnic Norwegian population in terms of development. A consensus among leading figures in society was thus established: these people had to be 'Norwegianised' or face extinction (Jensen, 1991).

In relation to national security policy, the government was worried about the potential for Finnish or Russian expansion into northern Norway. The fear of Finland and Russia was

central to the wide-ranging Norwegianisation measures that were implemented; it was crucial that Sami and Kven people felt closely associated with Norway (Norwegian nationalism). Einar Niemi and Knut Eriksen (1981) coined the phrase “The Finnish Threat” (*den finske fare*) for what the Norwegian authorities officially decreed in the year 1860. Finnish nationalism was growing strongly around this time, adding to the urgency of imposing Norwegian nationalism onto Finnish immigrants to northern Norway (designated as *Kven*) (Jensen, 1991).

Revitalisation of Sami culture and identity

The Sami society has undergone an ethnic and cultural revival over the last decades (Hansen, Melhus, Høgmo, & Lund, 2008; Pedersen & Høgmo, 2004), and the modern Sami history have been a fight for recognition as human beings, culture and as a indigenous people. The Alta Dispute was an event of great significance in raising the Sami conscience in the years 1979-1981 when the Sami activist organized themselves to oppose the plans for damming the Alta river. The Sami people were strongly supported both nationally and internationally. This dispute was followed by a period of committee reports, and the results began to show in the late 1980s in the form of important changes in legislation and building of modern Sami institutions, as the Sami Parliament, which gave the Sami people a strong feeling of belonging to a larger global community and has strengthened their position as an indigenous minority in relation to the nation state (1990). These changes were formally recognised in the Norwegian Constitution (§110a), which requires the Government to facilitate the development of the Sami language, culture and social welfare (Eidheim, 2000; 1990). So today, the Sami population has achieved more cultural equality and is less socially disadvantaged compared other First Nation people; this is shown in fields of education, health, research, arts, festivals and politics. For example, due we see a growing well-educated younger population among the Sami (Stordahl, 1996).

The Sami population still influenced by past assimilation policies

Although policies of assimilation may be a thing of the past in terms of Norwegian society and politics, the negative consequences project into the present and, indeed, into the future. It takes time to fundamentally change general frameworks in Norwegian politics, legislation and ordinances, as well as myths and attitudes, to appropriately address Sami culture, language, traditions and social needs (health care, education and employment). Many people remain influenced by past assimilation policies despite the official legislation having been reversed (Ministry of Labour and Social Inclusion, 2008). Simply “being different” is often the source of discrimination and harassment, and, as a minority population, the Samis are vulnerable (Høgmo, 1998). Studies conducted abroad reveal ethnic discrimination to be closely associated with health issues, pertaining to self-reported, general health statements as well as self-reported mental illness. The most evident association is that to mental illness (Ahmed, Mohammed, & Williams, 2007; David R Williams, Harold W Neighbors, & James S Jackson, 2003; Harris et al., 2006; Harris et al., 2006) Thus, it is important to focus on questions relating to discrimination and bullying of Samis from a health perspective in order to even out social differences in terms of physical and psychological well-being (Ahmed et al., 2007; Harris et al., 2006; Harris et al., 2006; Ministry of Health and Care Service, 2007).

The notion of racism

As with any discussion of ethnic discrimination we can hardly avoid mentioning racism as a notion, and discuss the debate surrounding racism (Høgmo, 1998). However, what is really meant by words such as race, racism, ethnic discrimination, nation, integration and culture? Many people use these words in everyday life, intending a certain meaning; however, when asked, most fail to recognise the true meaning of these words. Researcher Torgeir Skorgen has observed that racism is an understudied field in Norway - despite the fact that the debate on racism is notable in both scope and intensity. Events such as the so-called *Ali Farah scandal* (in which a Norwegian-Somali man was refused medical attention in the Sofienberg public park) exemplifies racist tendencies (Skorgen, 2009).

Racism is essentially an umbrella term for ideas about ‘us’ and ‘them’. As an idea, racism is the predominant doctrine that divides humanity into different categories, or races, in which some are superior to others. In the nineteenth century scientists believed people from different parts of the world belonged to different human races. These human races, it was thought, had dissimilar inborn qualities which could only belong to the respective races. Theories of race attempted to combine and relate complex ideal or typical biological attributes (such as ‘facial angle’, skull shape, etc.) to inner mental capabilities. Race, thus, is never objective, but socially created through selection, interpretation and definition (Skorgen, 2002).

Racism did not emerge with the first immigrants to Norway. The notion of ‘us and them’ has existed for thousands of years. People with darker complexions have been considered to be of lesser value (to whites); ‘coloured’ people were seen to constitute either a problem, threat or both. From the fifteenth century onwards, European nations conquered other parts of the world, proclaiming the areas to be colonies, extracted valuable goods, and governed the territories and the people living there as they saw fit. Partially, such exploits contributed to the sentiment that Europeans were ‘better’ than other human beings. During the slave trade, Europeans removed Africans from their homes and transported them by sea to America, where they were forced to work in conditions normally reserved for animals. Norwegian nationals were limited in their contact with other peoples; seafarers were the predominant source of contact through their tales of overseas experiences. As missionaries and sailors described faraway societies, Norway’s indirect participation in the slave trade and colonialism contributed further to the knowledge of other peoples (Skorgen, 2004).

Immigration to Norway has existed for centuries. The Hanseatic League (Germans) had a considerable presence in Bergen (1400 - 1760), Finnish labourers in the seventeenth and eighteenth century and a considerable number of Swedes have helped populate the country. Gypsies, Romanis and the Sami, however, were the *visible minorities* and were thus exposed to extensive discrimination and persecution (Høgmo, 1998; Skorgen, 2002).

Racism against the Sami

Norwegian racism extends far back into history. Svein Lund notes that while the slave trade was going on in Africa, northern Scandinavia was also colonised (Lund, 2008). The Sami were seen as subservient; they were wild hedens; and their land was rich in resources. The colonisation took many forms, such as taxation, trade, christening, acquisition of land for agriculture and, as mentioned, Norwegianisation. The practicalities of colonisation and racist ideologies “walked hand in hand”, figuratively speaking. In 1776 the *Governor of the North (Amtmannen of Nordland)* said:

“These pointless and harmfully running-around Sami are just that which one wishes to have cleared from the country ... This chasing away cannot be done in any more convenient way than have their turf huts and sod houses torn down and burned” (in Lund, 2008).

Even in Europe the myth of the wild nature of the Sami was widespread. In his dissertation on how the Sami were portrayed in French novels and scientific literature in the eighteenth century, Martin Wåhlberg focused particularly on the depiction of Sami sexuality (Landsverk & wåhlberg, 2008). In a novel by Marquis de Sade, the following statement was highlighted: “It is an honour, amongst the Sami, to prostitute their wives to strangers”. These declarations were repeated by authors Voltaire and Regnard. The source of this myth was traced to the professor Johannes Scheffer at the University of Uppsala, whom wrote the first dissertation on the Sami: *Laponia*. In his work Scheffer wrote that there *may have been cases in history* in which the Sami offered their spouses to others. The myth regarding Sami sexual morals was then connected to the race theories of the eighteenth century. Amongst others, Georges-Louis Leclerc, the Count of Buffon, wrote in his *Historie naturelle, générale et particulière* that the ‘despicable sexual morals’ of the Sami separated them from other races, and he thus placed them lowest of all human races (wåhlberg, 2009; Wåhlberg, 2008).

Measurements of Sami skulls

In the mid-1850s a novel branch of science — physical anthropology — reached Scandinavia. Through the identification of ‘typical’ Sami and Nordic racial traits, primarily the shape of the skull, it would be possible to empirically determine and trace which race first inhabited Europe’s far north. A number of physical characteristics were associated with the

measurement of skulls. The partitioning doubled as an ‘evolutionary scale’ and the theories predicted the blonde “long-skulls” (the Nordic race) to be the superior product of evolution both in the bodily and spiritual sense. The Sami, on the other hand, belonged to the “short-skulls” and were described by the researcher Halvdan Bryn as being of a lesser and lower race that did not have a future. He writes: “despite having lived in the immediate vicinity of more highly cultured races, they [the Sami] never arrived at any form of higher culture” (Bryn, 1925). Some of the information was collected from living individuals; other measurements were conducted on skeletons from Christian and pre-Christian burial sites. Often, such excavations were performed in a manner which the Sami considered highly offensive and degrading (Schanche, 2000).

The cause of scientific interest in crania, and, in particular, those of Sami and other indigenous peoples, was closely connected to colonialism, nationalism, and the need for legitimisation of new forms of power exertion through a new world order (Hansen et al., 2004).

Racism and health

“Racism leads to poorer health,” says Professor of Social Medicine Per Fugelli. Feeling safe and dignified is decisive to one’s health, and constant discrimination removes this sensation from the individual. Further, xenophobia (such as fear of other ethnicities) is not healthy, either; there are no beneficial effects from imagining that we are surrounded by ‘bad foreigners’. At any rate, human beings have a need to do the right or ‘good’ thing, and that may not be accomplished by talking disrespectfully about other people, claims Fugelli (Fugelli, 2000).

How discrimination may affect health

The model disclosed in Figure (figure 3) illustrates three paths through which perceived discrimination may influence health. First, discrimination may have a direct impact on health (Path a). Second, the relationship between discrimination and health may be mediated through exposure from discriminatory events to stress may rise to negative emotion (Path b). If an individual perceives discrimination on a regular basis, these stress responses are typically

activated, potentially leading to a consistently negative emotional state. Chronic, heightened physiological stress responses, such as cardiovascular reactivity and cortisol responses are also included in this pathway. Thus, experiencing discrimination may contribute to health problems via Path c through allostatic load developed by a heightened stress response and negative emotional states. Finally, another mediating path exists from health risk behaviours (tobacco use and alcohol abuse) that may emerge as possible coping mechanisms when discrimination is experienced. As represented by Path e, these activities can have detrimental effects on physical health and contribute to increased risk of multiple major disease outcomes (Pascoe & Smart, 2009).

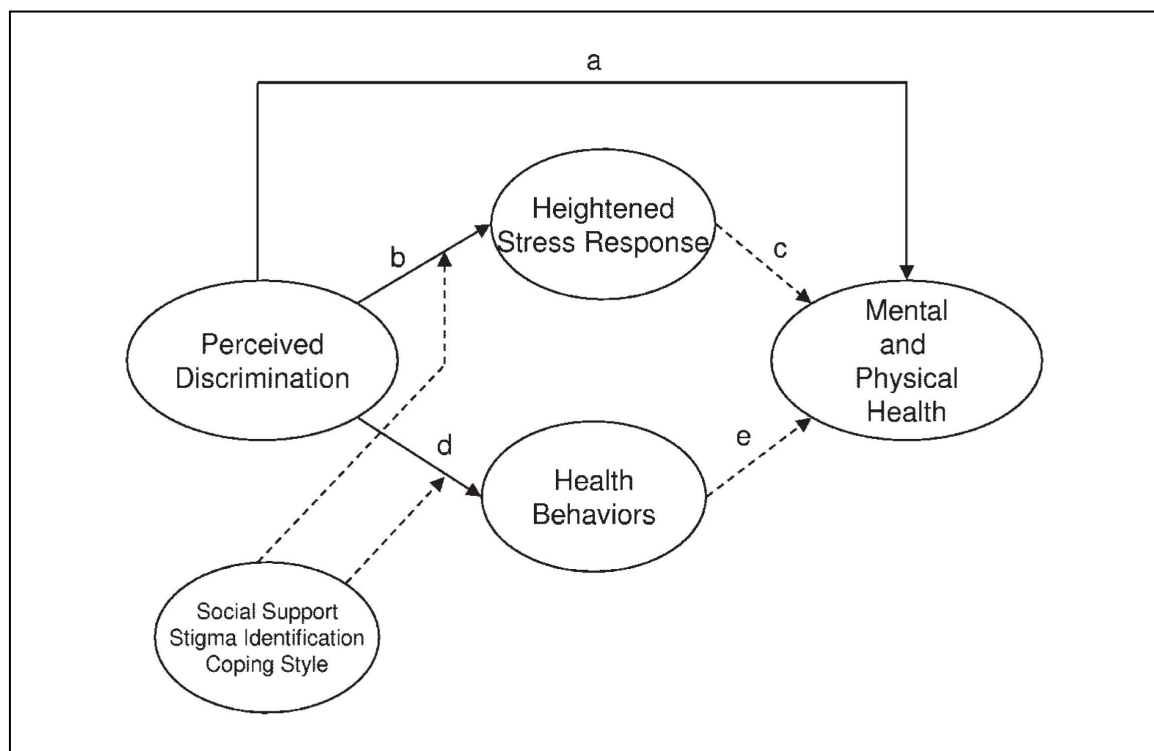


Figure 3: From Pascoe, EA et al. Perceived Discrimination and Health: A Meta-Analytic Review. *Psychol.Bull.*, 135,page 532.

There are also several factors that may moderate the link between discrimination and health. These moderators include social support, coping style, ethnic identity, and personality variables. Having a strong connection to a certain group identity, such as those based on

ethnicity or gender group, may buffer the stress of discrimination by preventing stereotypes from infecting the self-concept (Pascoe & Smart, 2009). For example, Yip, Gee and Takeuchi (2008) found that ethnic identity buffered the association between discrimination and mental health for U.S.-born individuals 41 to 50 years of age.

Present-day racism and ethnic discrimination — cultural fundamentalism

While ‘classical’ racism has been concerned with external racial characteristics—such as shape of the skull, facial angle, hair and skin—recent attention has focused on ethnicity and identity. Cultural differences are underlined; no mention is made as to which culture is better than the other. Instead, the emphasis is on cultural incompatibility (Barker, 1981; Gullestad, 2006). This supposed incompatibility is the premise for the argument that groups belonging to highly dissimilar cultures should preferably live separately. If different cultures are to live together, there are demands that minorities assimilate towards the majority culture in the social and lingual sense. This may be used to argue for a more restrictive immigration policy. Martin Barker calls it “neo-racism”; in the United States the term ‘symbolic racism’ is often used. Others, again, consider expressions such as ‘cultural fundamentalism’ and compares neo-racism to nationalism (Gullestad, 2002). This new form of racism or discrimination is difficult to observe directly; cultural it may be recognised as social exclusion through the placement of discriminated groups in lower socio-economic strata.

In many ways one may speak of ethnic discrimination as primarily concerning ‘mine’ and ‘your’ identity, and as being about how we perceive ‘ourselves’ and ‘the others’ as people . “These days many racial stereotypes seem to be sailing with false flags; that is, under the guise of newer notions such as ethnicity” (Skorgen, 2002). The word *ethnicity* comes from Greek, meaning *people*. There are several associations that are used within the social sciences tied to the notion of ethnicity. Often, the expression describes people whom are ‘different’ to ourselves in terms of language, clothing, way of life, behaviour, et cetera. (Thuen, 1995). According to this starting point, one thus attempts to separate different ethnic groups by alluding to external and stabile traits of the subjects. Barth (Barth, 1982) describes that by, for example, using ‘ethnicity’ to refer to a group of people different to one’s own, we contribute to our mental organisation of our experiences regarding ourselves and the world.

Ethnicity, therefore, becomes an epithet for describing differences between people, so that, as described by Barth, the experience of ourselves and the surrounding environment is categorised in terms of 'us and them'. This intersection of different people can occur in various ways; the different ethnic groups may live together in consensus or the encounter between them may involve conflict. Because ethnicity is mentioned in the interaction between different groups, we may state that the issue of ethnicity has an *interethnic quality*. This means that ascription of ethnicity will be a result of an interaction situation where the cultural aspect of ethnicity is brought to the forefront (Barth, 1982).

Further, the notion of ethnicity is tainted by subjective delusions about cultural limits, whether they be based on language, religion or 'race'.

Previous research on discrimination among the Sami

A significant amount of qualitative social sciences research is available, and describes discrimination of Samis and their experiences under assimilation policies, particularly as originating in the educational research tradition, which focuses on the public education system (Eidheim, 1977; Høgmo, 1998). However, there is a lack of quantitative data to establish the prevalence of ethnic discrimination of Samis in Norway. Only one study on self-reported discrimination among Samis on Norway may be found in the literature. This study included 545 respondents and revealed that about one in four said they had experienced discrimination based on the fact that they were Sami (Josefsen, 2006). A comparable study from 1998 of Samis in Sweden showed that one in three Samis were exposed to ethnic discrimination (Lange, 1998). Our study contributes to the body of knowledge on self-reported discrimination and harassment of Samis based on a relatively large number of Sami inhabiting important Sami municipalities and districts in Norway.

AIMS OF THE THESIS

Based on historical circumstances surrounding now-abandoned assimilation policies, in which the majority culture threatened Sami culture and language, this study aims to investigate the occurrence of self-reported Sami ethnic discrimination, bullying, health and value patterns in the multicultural Norway of today. Such evidence will be contrasted with recent social developments, in which we have witnessed a strong, positive change in attitudes toward Sami culture, language and identity.

The following research aims were investigated:

1. To investigate the prevalence of self-reported experiences of ethnic discrimination and bullying among 36 to 79 years old Sami and non-Sami adults (Paper I);
2. Examine the association between ethnicity, social factors and self-reported health conditions (Paper II);
3. To identify the prevalence of psychological distress and to investigate the associations between discrimination and psychological distress (Paper III);
4. To study and contrast personal values in this multi ethnic population (Paper IV).

METHODS AND SUBJECTS

Study design

This thesis is based on questionnaire data from the population-based study of health and living conditions in areas with mixed Sami, Kven and Norwegian majority population (the SAMINOR study), for which data were collected during 2003 and 2004. The SAMINOR study is a cross-sectional epidemiological study of adults in the five northernmost counties of Norway: Finnmark, Troms, Nordland, Nord-Trøndelag and Sør-Trøndelag. The respondents completed three questionnaires covering demographic, socioeconomic, ethnicity, experiences of ethnic discrimination/bullying, current health situation and other social characteristics. Further details on the collection process and methods have been published previously by Lund *et al.* (Lund *et al.*, 2007).

The SAMINOR study was the responsibility of the Centre for Sami Health Research, Institute of Community Medicine at the University of Tromsø, in collaboration with the National Screening Program for Cardiovascular Diseases, SHUS, now incorporated into the National Institute of Public Health (Lund *et al.*, 2007).

Procedure

The SAMINOR study intended to include the populations of municipalities in Norway (Figure 4) in which more than five percent of the population reported themselves as Sami in the 1970 Census (Aubert, 1978). In the national census of 1970 a survey of Sami ancestry was performed in preselected census tracts in the three northernmost counties of Norway: Nordland, Troms and Finnmark (Appendix A). The census was carried out by Statistics Norway in cooperation with Sami organisations. Information on ethnicity in the 1970 Census represents the most up-to-date source of Sami ethnicity and identity in the North Norway and remains the only source of acceptable quality to be used in research. In addition, some selected districts were selected from municipalities with an overall lower proportion of subjects with Sami ethnicity.

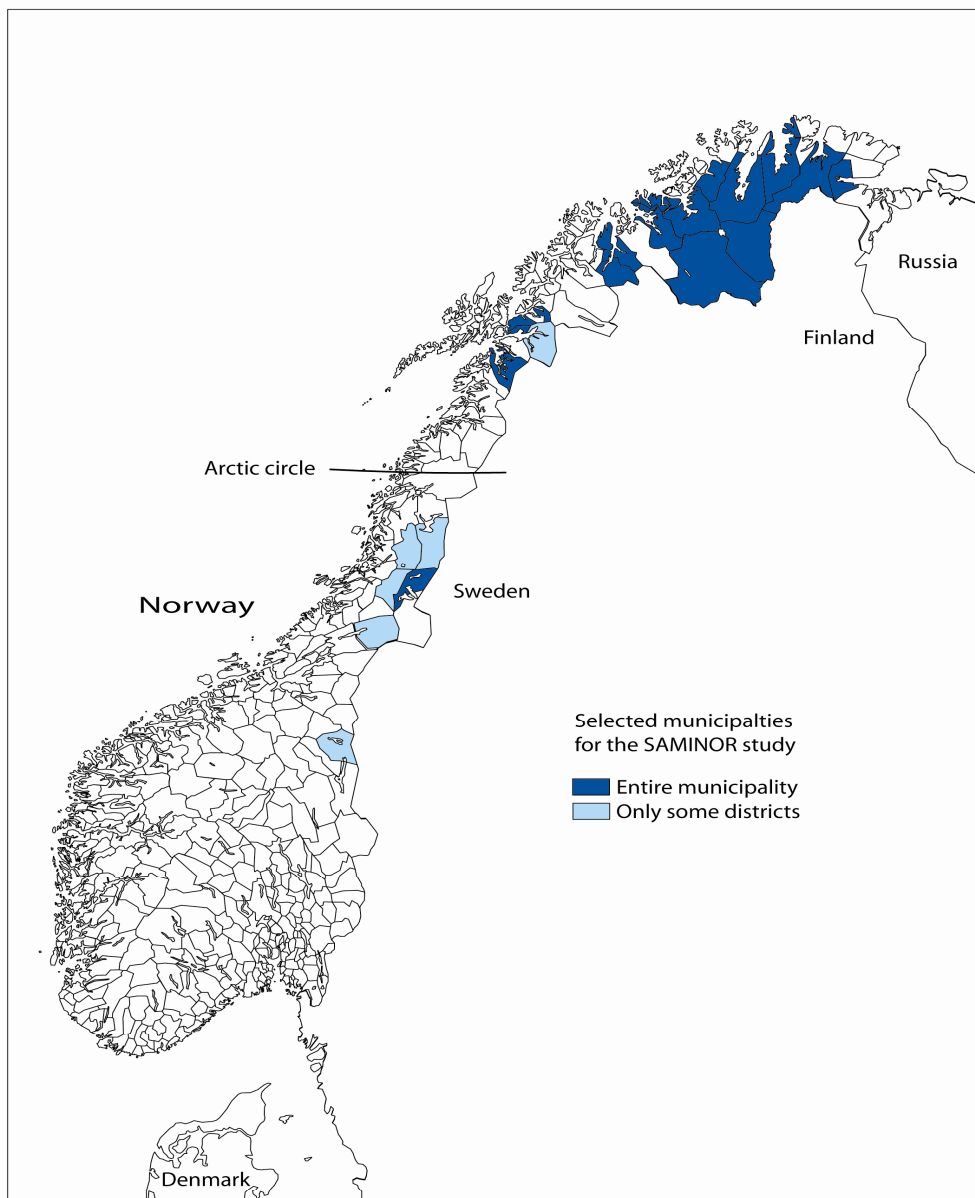


Figure 4. Study areas of the SAMINOR study

Study populations

In total 28,071 people were drawn from the Central Population Register in the defined SAMINOR area, 27,987 were eligible to participate (Figure 5), and a total of 16,968 (60.6%) *did* participate. Residents participating in the 2003 selection were eligible if born between 1925-1967 and in 1973. Those participating in the survey in 2004 were eligible if born

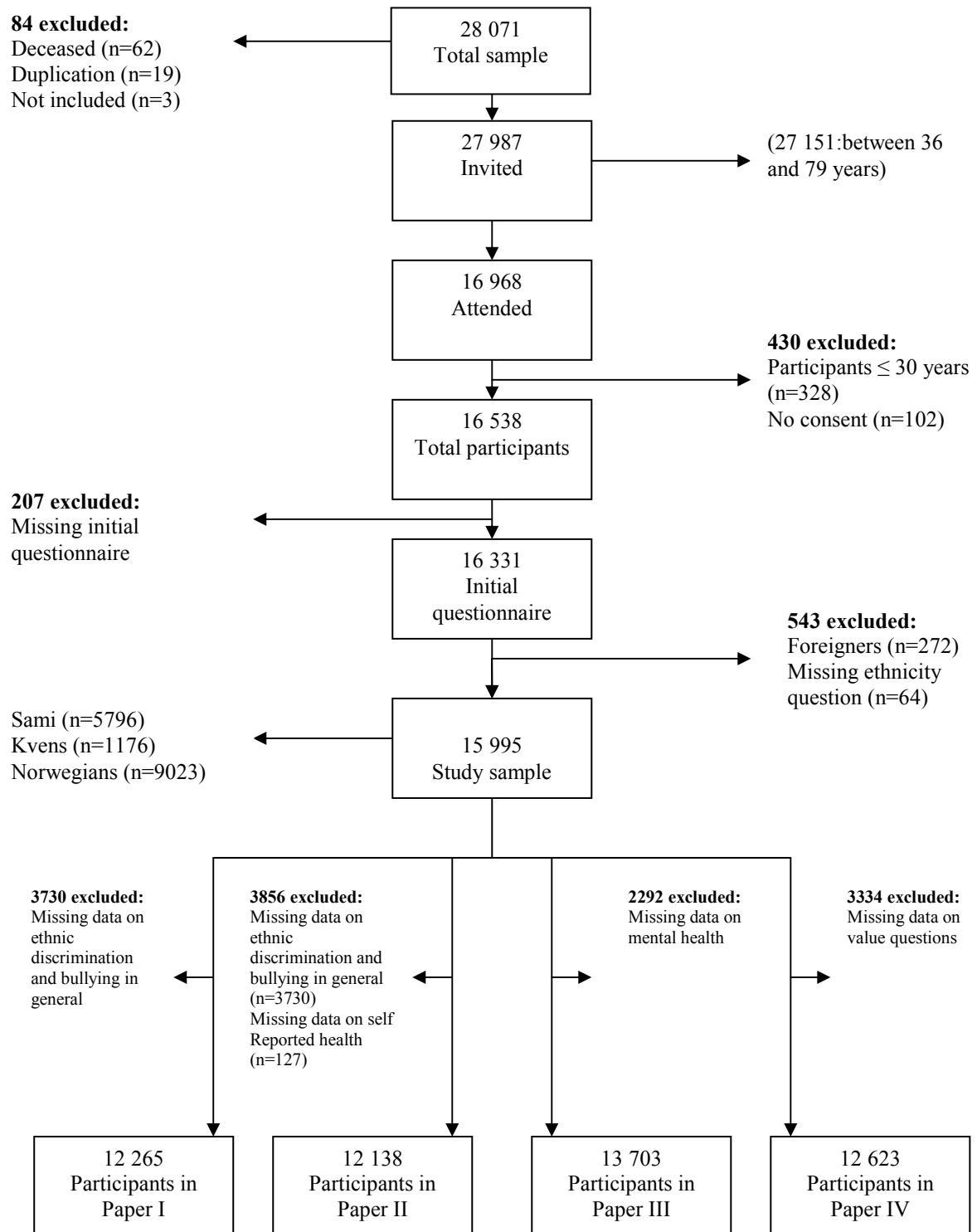
between 1925-1968 and in 1974. This generated an age range in the 2003 partition of 36-78 (plus 30-year-olds born in 1973) and, in the 2004 partition, an age range of 37-79 (plus 30-year-olds born in 1974). However, in analysis, the aforementioned thirty-year-olds were excluded due to low participation numbers (n=328) (Figure 5). Further exclusions were made due to lack of consent to participate in medical research (n=102), missing initial questionnaires (n=207), absence of ethnicity data (n=64) and nationals of other countries (n=272), revealing a study sample of 15,995 (Figure 5). The majority of the sample was represented by people living in rural areas, with municipalities of 3,000 inhabitants or less, with the single exception of Alta, a city with a population of 17,000.

Paper I and II. All participants with complete data on ethnic discrimination and bullying in general were considered: 12,265 individuals aged 36-79 years. Females constituted 51.7%. Ethnic distribution was Sami (33.1%), Kvens (7.8%) and the ethnic Norwegians majority (59.1%). However, in paper II, there were some missing data on self-reported health (n=127).

Paper III. The study sample was restricted to the 13,703 individuals who responded adequately to questions about mental health. In terms of ethnic distribution, the survey recorded 34.6% Sami, 7.9% Kven and 57.5% ethnic Norwegian majority. Females constituted 50.7%.

Paper IV. A total of 12,623 subjects were included in the analysis of personal values. The survey instrument consisted of a 19-item questionnaire and the analysis was based on responses from 10,268 ethnic Norwegian majority and 2,355 Sami participants.

Figure 5: Flow chart for SAMINOR 2003-2004 sample



Questionnaires

The main questionnaire includes five pages of questions, which covered topics such as self-reported disease or illness (including self-reported health status), a check list of mental health symptoms (HSCL-10), ethnicity and linguistic background, socioeconomic factors, bullying in general, use of health services, accidents, diet, smoking, alcohol and physical activity. (Appendix B). After the physical examination, the participants received the additional four-page questionnaire containing more detailed questions of present and past diet with focus on traditional food. In addition, questions focused on social networks, religiousness and 19 questions about personal values, including questions on ethnic discrimination. Thirteen out of the total 19 questions on personal values were specifically connected to aspects of Sami lifestyle and were only presented to Sami participants.

The questions concerning ethnicity were checked in order to avoid omissions and inconsistencies at the physical examination. All questionnaires and the informed consent were available in both Sami and Norwegian languages. The use of Sami language was low: 1.6% responded in Sami to the main questionnaire and 1.3% to the additional questionnaire. In the six municipalities included in the Sami Language Act (Karasjok, Kautokeino, Tana, Nesseby, Porsanger and Kåfjord), the use of Sami questionnaires was higher: 5.7% of the main questionnaires and 4.8% of the additional questionnaires.

MEASURES

Several measures are used in the presented papers. In this section only some essential measures will be presented (ethnicity, ethnic discrimination and bullying, The Administratvei Area of the Sami Language and personal values). The other variables such as socio-economic status, self-reported health, and mental health are described in the respective papers.

Classification of ethnicity

Ethnic identity is the understanding of an individual's affiliation with a certain ethnic group. It can be defined as recognizing which ethnic group one belongs to by observing the language, tradition, costume, food pattern, norms, values, attitudes and behaviour, and beliefs correspond with those of that specific group, which are significant for a group and stem from a common original culture transmitted across generations (Bhopal, 2007). It is not easy to accurately depict the ethnic makeup of northern Norway, as the majority of the Sami people live in such close proximity to Norwegians. In addition, Samis do not have a particularly distinct appearance compared to majority-population Norwegians, although there are some known physical characteristics. Also because of forced assimilation, many Sami people today no longer identify themselves as Sami, or don't know about their Sami background, because of assimilation through generations (Høgmo, 1986). And to even make the concept more complex; ethnicity also differs within the same ethnic groups because of differences in age, place of residence, cohort, gender, political association, class, religion, and even personality. Additionally, there are no current demographic numbers to indicate the size of the Sami population due to lack of information on ethnicity in public registers.

We have included a number of questions regarding ethnicity in the survey (Appendix B), as no such data were available in public registers. In the questionnaire the participants were asked about the language that was used at home: for his/her parents, grandparents and self; Sami, Norwegian, Kven or another language (to be specified). For the participants the question on their ethnic background had the same 4 categories of answers, they were also asked about their parents' ethnic background. They were also asked about self-perceived

ethnicity. For all questions, participants were allowed to give more than 1 answer, Based on the above questions, we developed 5 ethnic categories:

1. “Sami I”: Maternal and paternal grandparents, both parents and the participant speak Sami language at home.
2. “Sami II”: At least 2 Sami speaking grandparents.
3. “Sami III”: Sami language or ethnicity for at least one of the grandparents, parents or themselves.
4. “Kvens”: Minority of immigrants from Finland.
5. “Ethnic Norwegian”: Participants reporting no Sami or Kven affiliation.

Participants with both Sami and Kven background are here considered Sami. Immigrants with other language than Sami, Kven or Norwegian, and born outside Norway are excluded from analyses. Sami I groups correlate very strongly with both self-perceived ethnicity (94.4%) and self-reported ethnicity (97.8%) and feeling of belonging to the Sami culture (Lund et al., 2007). “Sami II” and “Sami III” are more mixed, with both Kven and Norwegian ancestors, and therefore reported weaker relationship to both self-perceived – and self-reported Sami ethnicity. Further details on the categorization of ethnicity in the SAMINOR study have been previously published (Hansen et al., 2008; Lund et al., 2007).

Defining ethnic discrimination and bullying

Discrimination or marginalisation are forms of differential treatment which are not objectively justified and which are not associated with positive discrimination (NOU 2002:12). Ethnic discrimination is often based on stereotypes, that is, unstructured prejudices as derogatory simplifications and generalisations regarding ethnic groups different to one’s own. On the other hand, the term ‘structural discrimination’ refers to systemic social traits that may appear to members of the society as given values, and which have developed over time. Such discrimination may take the form of approved legislation and formal decrees as well as norms and values. Structural discrimination favours specific individuals or groups and rises above individual actions.

However, the term ‘discrimination’ may be defined in different ways. Among the more recent and most exhaustive suggestions we find the definition by Ronald L Craig (Craig, 2007) according to which an action must contain the following four elements to be successfully defined as discrimination:

- an individual or group is in comparison, treated or affected differently than the comparator.
- the difference is disadvantageous to the individual or group.
- the difference in treatment or effect is causally linked to a characteristic of the individual or group protected by antidiscrimination legislation, and
- there is no exception or justification permitting the difference in treatment or effect.

A central feature of this definition is that the ‘attitude’ dimension — the intentions behind individual actions — is considered irrelevant to the evaluation of whether the action is discriminatory or not. This is in line with the *Anti-Discrimination Act* (2005:33).

Questions on ethnic discrimination and bullying

Questions regarding experiences of ethnic discrimination and bullying were asked in two different ways. The first question addressed ethnic discrimination: “Have you ever experienced bullying or discrimination on account of your ethnic background?” The respondents were given the options to range the experiences from “never”, “rarely”, “sometimes” or “very often”. This question was directly related to ethnicity, which meant that the victim was bullied or discriminated against due to her or his ethnicity. The question was not restricted to a time interval in the respondent’s life and is therefore a measure of lifetime experience.

The second question asked about bullying in general. In the questionnaire we have given a short definition about the term bullying to the respondents, which can be translated to English as follows: “With the term bullying we mean repeated exposure over time to negative actions on the part of one or more other persons, where the negative actions are through physical contact or verbal abuse, and you are unable to defend yourself against these actions.”

Participants were then asked the question; “Have you ever experienced bullying?” with answering options “Yes, during the last 12 months”, “Yes, previously” and “No”. If the respondents answered “yes” they were then prompted to answer questions about “outcome type” and “location of bullying”. For types of bullying the respondents had the answering options: “gossiping”, “discriminating remarks”, “being ignored” or “other types”. For locations of bullying the answering options were: “at school”, “at boarding school”, “at work”, “in the local community” or “other places”. For both “outcome type” and “location of bullying” the participants were allowed to give more than one answer. The questions did not give any information as to whether the bullying was due to ethnicity.

The Administrative Area of the Sami Language

In 1990 the Norwegian Government amended the *Sami Act (of 1987) regarding language* to make Sami an official language of Norway specific to the municipalities of Kautokeino, Karasjok, Kåfjord, Nesseby, Porsanger and Tana; today Tysfjord (2006), Snåsa (2008) and Lavangen (2009) have been incorporated. These municipalities are referred to as *The Administrative Area of the Sami Language* (The Sami act, 1987; Norwegian law, 1997). The purpose of the Act was to safeguard and develop the language, culture and way of life of the Sami people. Within the Administrative Area, the Sami population has the right to receive public correspondence in the Sami language, to use the language in public transactions and adopt the language within the public school system. Even outside these designated municipalities individuals have the right to receive instruction in the Sami language (Jernsletten, 1993).

What are values?

Values may be defined as an individual’s understanding of what is considered to be fundamental goals for one’s own existence and social development (target values, or terminal values) and perceived correct approaches to reach these goals (median values, or instrumental values). This approach to determining values is *descriptive* because it paints a picture of what the members of the population themselves perceive as *the desirable* (Hellevik in Schmidt). A *normative* approach, on the other hand, implies studying what religious, philosophical or other doctrines say about what one should desire; what is desirable. It is also possible to consider

the expectations placed upon the individual by its surroundings, from informal expectations and norms to formal legislation and regulations (Ibid.). The term 'value' is also used in everyday language in a more literal sense about that which is sought after (i.e., a desirable object).

Values have been granted pride of place in many analyses of social conditions. Researchers sometimes use *social background variables* or *characteristics* (such as sex, age, ethnicity, place of residence, level of education, profession and income) to help explain behaviour. Within the social sciences there is a high level of consensus regarding which specific variables are of interest in a survey. Specifically, within research into indigenous peoples, the ethnicity variable is often used to explain differences between the indigenous population and the general population; an example of which may be that Sami people are more concerned with the conservation of ancestral and family traditions than Ethnic Norwegians. One of the questions that spring to mind, then, is what lies behind this ethnological difference? It is not immediately apparent why being Sami or Ethnic Norwegian should be consequential for one's desire to conserve ancestral and family traditions. With such a substantial gap between the presumed *cause* (ethnicity) and *effect* (conservation of ancestral and family traditions) more information about intermediate mechanisms is required to understand what generates the correlation (Ottar Hellevik – *Jakten på den norske lykken*, p. 166).

Attitudes are explanatory variables that are often used to provide insights into such intermediate mechanisms. An attitude is a positive or negative emotional opinion that influences how people act given a certain phenomenon. For example, an individual's or a group's (i.e. the Sami) attitude towards harnessing the wild through fishing, hunting and berry-picking (that is, whether one enjoys or dislikes fishing, hunting, berry-picking) can increase or decrease the probability of 'being in touch with nature'. Should such attitudes be used to explain the importance of 'being in touch with nature' the distance between cause and effect would be so small that the explanation may be taken for granted and the result therefore seems too obvious to be of interest.

However, using attitudes to justify certain phenomena may be difficult because there are so many possible attitudes; perhaps just as many as there are phenomena. Therefore, it would be impossible to create a standardised set of attitude questions in a survey such as the SAMINOR study; on the other hand, social characteristics, which, using a few standard questions and

variations may be used in almost any survey. This is where values become important. As predictor of individuals' behaviour, values are located between social characteristics and attitudes on the influence chain (Figure 6). Values arise from and are influenced by social background and group membership (Sami, Norwegian, Kven). They guide and (may) affect attitudes towards certain given phenomena. Thus, by using values as explanatory variables, some issues relating to social characteristics and attitudes can be avoided. The distance between cause and effect is neither too great to make the findings difficult to understand, nor too small to make them uninspiring. Values, then, can provide meaningful predictions of individual actions without providing, merely, self-evident statements of fact (Hellevik). Furthermore, there are a limited number of values; a standard set of questions on values may be utilised to investigate a wide range of phenomena, as we have done in the SAMINOR study, by developing 19 questions on values.

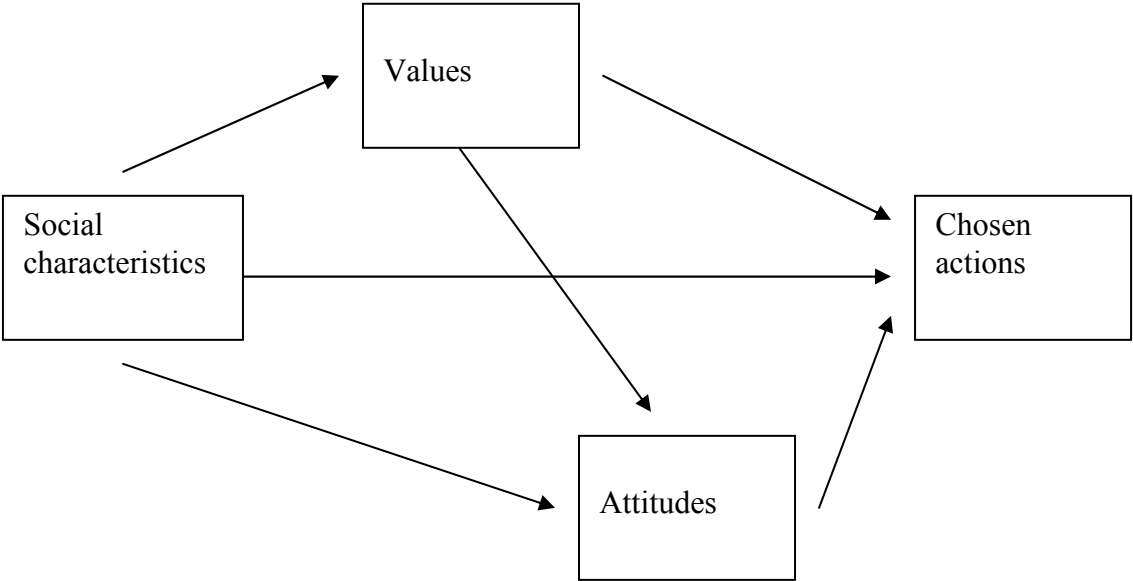


Figure 6: The positioning of values in behaviour-prediction models (after Ottar Hellevik)

How values are connected to ethnic discrimination: ‘us’ and ‘them’

The majority population recognises what is implied by ‘Norwegian values’: namely, the values that form the basis of Norwegian society. On the other hand, the Sami people assume and emphasise *Sami* values. We know that discrimination actualises implicit and explicit interpretations of whom constitutes ‘us’ as opposed to ‘them’. One may ask, initially, whether

there exist core values that contribute to the separation of the Sami and Ethnic Norwegian peoples. If so, what are these values, and whom wields the power to define these values as definitive, thus labelling ethnic groups holding different values ‘dissimilar’ and ‘divergent’? (Rogstad & Midtbøen, 2009).

In relation to ethnic discrimination, values are of great importance as a mechanism that works to separate those who are on the ‘inside’ and those who are on the ‘outside’ of the community. However, due to the development of a multicultural Norway it is no longer possible to equate the ‘us’, the common language and a shared national heritage with being settled within a nation-state that has clearly defined borders between ‘us’ and ‘them’ (Rogstad & Midtbøen, 2009). In connection to the recent Sami revitalisation there has been a need for meaningful Sami symbols and fundamental values, which have been sourced from markedly ‘Sami’ traditions such as reindeer herding. As a result, many Sami people, particularly inhabitants of coastal regions, have not been identified as ‘real’ Sami. Thus, because the Sami have been perceived as a homogenous group, many have been excluded from ‘the otherness’. Britt Kramvig and Anne Britt Flemmen suggest that diversities and differences have been made invisible in Norway (Berg, Flemmen, & Gullikstad, 2010). This may relate to our finding that Sami individuals living outside the defined Administrative Area of the Sami Language report higher levels of discrimination and poorer health. Individuals of Sami descent struggle with conflicting notions of ‘being Sami’ due to the number of ‘others’ in the presumed ‘us’, assimilation and individuation *as* Sami: all sequences of processes occurring, in some cases, within the lifespan of a single person.

“To be Sami, become Norwegian;
to be Norwegian, become Sami.”

(Paine, 2003)

Meanwhile, one must be aware that the Sami people has gained considerable powers to self-rule, which has created the foundations for Sami self-perception that sets aside prescribed identities that demand or suggest particular patterns of living. From the former cultural notions of equality and cohesion grows with renewed force the vision of individual uniqueness, not merely collective uniqueness (Paine, 2003).

Statistical analyses

For statistical tasks, SPSS version 15.0, 16.0 and 17.0 (SPSS INC., Chicago, IL, USA), AMOS for Windows version 7.0 and SAS (version 9.2; SAS Institute Inc., Cary, NC, USA) were utilized. The specific statistical methods employed are described in detail in the individual papers. Statistical significance was reported as p-values.

Ethics

The SAMINOR were carried out in accordance with the Second Helsinki Declaration and were approved by the Regional Board of Research Ethics. In addition, the SAMINOR study was approved by the Sami consultant at the Board. The National Data Protection Authority (Datatilsynet) gave approval for storing of individuals' information and for later linkages. All participants gave written, informed consent prior to the screening. All participants' related data were anonymized for comparative and statistical purposes.

SUMMARY OF RESULTS

Paper I: “Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: The SAMINOR study.”

In Paper I, prevalence of self-reported experiences of ethnic discrimination and bullying was examined. In our survey 1,269 respondents reported having been discriminated against based on ethnicity “Sometimes” or “Very often”. This was 10.3 per cent of the respondents in the total sample. Sami and Kven respondents reported significantly more incidents of ethnic discrimination than the majority ethnic Norwegians. Subjects with Sami language in three generations (Sami I) reported the highest prevalence of discrimination. In this group 36% had experience discrimination as happened often or sometimes. Also, in the more mixed Sami groups the reporting of discrimination was high; for subjects with at least two Sami-speaking grandparents the reporting was 19% and among subjects with at least one Sami marks (Sami III) the reporting was 12%. Among Kvens reported 7% that they had experienced ethnic discrimination. Independent of their ethnic group, men reported a significantly higher prevalence of ethnic discrimination and the reporting was highest in the age group 36-57 years. Sami males aged between 36 and 57 belonging to the “Sami I” ethnic group were highly exposed to ethnic discrimination (40.9%). Sami I men living outside the Sami Language Act’s district reported the highest prevalence of ethnic discrimination. One other interesting finding is that Sami III, Kven and Ethnic Norwegian reported significant higher prevalence inside the Sami Language Act’s district than outside the district (see table 2 below).

Table 2. Prevalence of self-reported ethnic discrimination^a by ethnic groups, gender and geographical district

	Sami I	Sami II	Sami III	Kvens	Ethnic Norewgians
	% (n)	% (n)	% (n)	% (n)	% (n)
Sami Language Act’s district					
- inside the district*					
Men	35.7 (188)	20.0 (84)	20.9 (28)	12.9 (16)	8.8 (29)
Women	31.9 (179)	18.0 (76)	13.2 (20)	13.8 (18)	10.1 (44)
- outside the district					
Men	47.3 (70)	21.4 (109)	12.1 (35)	6.1 (22)	3.0 (92)
Women	42.7 (53)	15.8 (80)	7.9 (22)	4.4 (15)	2.6 (89)

^a They who have reported exposure of ethnic discrimination as happened often and sometimes.

* The municipalities: Karasjok, Kautokeino, Nesseby, Porsanger, Tana and Kåfjord.

For bullying in general 403 respondents reported being bullying last year and 2150 respondents previously. Sami respondents reported significantly more bullying, both previously and in the latest year, than the ethnic Norwegians. In the “Sami I” group 37.5% reported being bullied (either previously or last year) compared with 14.9% for the ethnic Norwegians. Overall, Sami respondents reported bullying twice as often than the ethnic Norwegians. Also, Kven respondents reported a higher prevalence of bullying than the majority ethnic Norwegians. Overall, women reported higher prevalence of bullying ($p < 0.001$). For all ethnic groups and both genders the youngest age-groups reported higher prevalence of bullying ($p < 0.01$).

For persons reporting being bullied previously, but not in the latest year, independent of ethnicity, the most common type of bullying was discriminating remarks and the most common locations were public schools. All three Sami groups reported significantly higher than ethnic Norwegians for discriminating remarks ($p < 0.0001$) and that the bullying took place in boarding schools ($p < 0.01$). The ethnic Norwegians compared to the Sami respondents, reported significantly higher levels of gossiping, other types (not specified), and that the bullying took place at work ($p < 0.05$).

For the bullying reported in the latest year, independent of ethnicity, the most common type was gossiping and discriminating remarks and the most common locations were at work and in the local community. For the latest year; discriminating remarks ($p < 0.01$) were reported highest among the Sami respondents. This finding suggests that type and place of bullying were different among Sami and the majority ethnic Norwegians, which suggests that ethnicity has a significant influence on the type of bullying one can be exposed to in Norwegian society.

Paper II: *“Ethnicity, self-reported health, discrimination and socioeconomic status: a study of Sami and non-Sami Norwegian populations.”*

Paper II addresses the self-reported health in association with ethnic discrimination, and socioeconomic conditions. Overall, Sami respondents reported inferior health conditions in comparison to ethnic Norwegians. The results show that Sami women living outside the Administrative Sami Area, reported inferior health in comparison to the Norwegian majority population. Also females in general reported poorer health than did males. Health inequalities varied by age and were more apparent in persons aged in their mid-50s or above. Although the disparities between different groups are more prominent in the older age groups, there appear to be no clear-cut trends. For instance, in the age groups 61-65 and 66-70 of the Sami I population higher prevalence of poor health was reported as compared to in the age groups 56-60 and 71-75. Significant associations were demonstrated between poor self-reported health and frequent experience of ethnic discrimination; the odds ratios (95% CI) was found to be 2.88 (1.92-4.32) for women and 1.61 (1.08-2.42) for men, independent of ethnicity. Among the Sami, as well as among the Norwegians and Kvens, those with the highest education and household income indicated better health than others. The paper concludes that ethnic discrimination and low socioeconomic status may explain, at least partly, inequalities in self-reported health between the Sami and the majority population.

Paper III: *“Ethnicity, ethnic discrimination and psychological distress: a study of Sami and non-Sami populations in Norway.”*

The objectives of paper III were to (a) examine the prevalence of psychological distress within Sami and non-Sami populations, and (b) to investigate the associations between ethnic discrimination and psychological distress. The results showed that in total, 6.5 per cent of men and ten per cent of women report experiencing psychological distress in the clinical range (measured by HSCL < 1.85). Psychological distress in men was somewhat more prevalent in the Sami groups I and II and in Kvens. In females there were not any significant differences in prevalence of distress between the different ethnic groups. Among those who reported being discriminated against ‘Often’ and ‘Sometimes’ the stress levels were higher, 14 per cent in men and 19 per cent in women. Samis who perceived discrimination as happening “Often” and “Sometimes” reported somewhat lower levels of distress than did Kvens and ethnic Norwegian peers — however, this finding was only significant for females ($p < 0.01$).

In general, females reported having psychological problems (for which they have sought treatment) more frequently than males. Sami I females reported less psychological problems than the other females studied ($p < 0.001$).

Ethnic discrimination was strongly associated with psychological distress. Independent of ethnicity, respondents who reported discrimination as happening “Often” were more likely to report distress than those who did not report any discrimination; in females the adjusted estimate was OR = OR = 6.33 (CI 3.88-10.22) and in males OR = 4.50 (CI 2.63-7.69).

Paper IV: “Sami value patterns”

The aim of paper IV was to investigate 19 different personal values among Sami and Ethnic Norwegian. Among the Sami the most highly regarded values are: being in touch with nature; harnessing nature through fishing, hunting and berry-picking; preserving ancestral and family traditions; preserving traditional Sami industries and preserving and developing the Sami language. In contrast, Sami respondents’ least important values included Sami art and the Sami Parliament (*Sametinget*). In addition, we applied the methods of factor analysis to place values in relation to one another (common variance) and we discover that our questions on values describe four ‘value dimensions’ within Sami society: Traditional Sami Values, Modern Sami Values, Contact with Nature and Feeling of Marginalisation. Then, we have analysed the dimensions with respect to the characteristics of the different dimensions. The Traditional and Modern Sami Values dimensions were characterised by significantly higher score in females, young respondents and those who had a strong Sami affiliation. In addition, within the Traditional Sami Values dimension, higher scores were recorded in married and cohabiting participants; in those living within the Administrative Area of the Sami Language; those who were satisfied with way of life, and members of the Laestadian Church. As well, within the Modern Sami value dimension, respondents with the greatest household income scored higher. The ‘contact with nature’ dimension was characterised by significant higher proportions of married or cohabitant subjects and more content with way of life. Finally, participants with high scores on the Feeling of Marginalisation dimension were significantly more likely to be male; in working age; living outside the Administrative Area of the Sami Language; feeling strong Sami affiliation; low household income and more dissatisfied with ‘way of life’.

DISCUSSION

To our knowledge, this is the first Norwegian study into ethnic discrimination, bullying and health outcomes in indigenous Sami and non-Sami adults using a large, population-based sample. Research into discrimination and health is growing rapidly and progressing (Williams & Mohammed, 2009). The findings indicate that a large proportion of Sami individuals experience discrimination based on their background, affirming findings from studies into the Sami youth population (Bals, Turi, Skre, & Kvernmo, 2010). Furthermore, our results demonstrate that ethnic discrimination is associated with inferior self-perceived health and psychological distress, which is supported by several other studies across multiple population groups in a wide range of cultural and national contexts (Williams & Mohammed, 2009) including indigenous communities in the circumpolar north (Young & Bjerregaard, 2008). These findings suggest that perceived discrimination is an important emerging risk factor to negative health outcomes.

Ethnic discrimination and the Sami

Although this thesis highlights the situation regarding the Norwegian Sami, it is likely that the issue of discrimination is similar and relevant to circumstances in other Nordic countries as well. The Sami population inhabiting Russia's Kola Peninsula, however, find themselves in a somewhat different situation. Unfortunately, there is less information regarding racism and ethnic discrimination on the Russian part of traditional Sami territory. Consequently, this chapter is limited to Nordic Sami, with particular focus on Norwegian Sami.

The Nordic countries have enacted relatively comprehensive legislation designed to combat ethnic discrimination (Åhren, 2001). Nonetheless the Sami living in the Nordic countries experience prejudices and discrimination both as individuals and as a group. In Sweden the Sami report discrimination in all aspects of society according to the Ombudsman on Ethnic Discrimination (*Diskriminerings-ombudsmannen (DO)*) in a report published in July 2008 (Pikkarainen & Brodin, 2008). Meanwhile, few Sami individuals report such discrimination to the police. The Ombudsman on Ethnic Discrimination Katri Linna states that whilst the Sami have a high level of tolerance for insults and experienced discrimination she encourages the discrimination to be brought to the attention of law enforcement (Labba, 2008). In Finland the Ombudsman for Minorities and the Sami Parliament have repeatedly emphasised the fact that

the Sami have the right to maintain and develop their own language and culture. However, several municipalities fail to implement the right to Sami-language day care as required by the Children's Day Care Act and the Non-Discrimination Act, and not all relevant municipalities provide social welfare and healthcare services in Sami. Problems occur especially outside the Sami homeland (UN Committee on the Elimination of Racial Discrimination (CERD), 2007).

In Norway the Centre Against Ethnic Discrimination (*Senter mot etnisk diskriminering*, or *SMED*) was established in 1998, and in 2006 the country passed a law dedicated to combat discrimination (Ministry of Children, Equality and Social Inclusion, 2005). The purpose of the law was to “promote equality; ensure equal opportunities and rights; and to prevent discrimination based on ethnicity, national origin, descent, skin colour, language, religion and/or worldview”. The SMED was abolished in 2005 and its duties transferred on 1 January 2006 to the then recently established Equality and Anti-Discrimination Ombud (*Likestillings- og diskrimineringsombudet*, *LDO*). Later, in 2009, the Norwegian Government presented a new plan of action to promote equality and prevent ethnic discrimination for the 2009-2012 period (Barne- og likestillingsdepartementet, 2009) as a continuation of the efforts detailed in the former plan against racism and discrimination (2002-2006). The new plan focuses on strengthening the effort against discrimination of the Sami as well as discrimination within the Sami community. As an element of the execution of *Report No. 20 to the Storting (2007-2008): Sami policy* the Government was to take the initiative to invite the Sami Parliament and the Equality and Anti-Discrimination Ombud to a cooperative endeavor against discrimination in the Sami society. The Report refers to attitudes from the *Norwegianisation Policy* lingering in people's minds despite the reversal of policy (Hansen et al., 2008). Thus, it concludes, it is important to maintain focus on questions associated with personal and structural discrimination of the Sami people: “The Government, therefore, will continue to have a strong focus on the discrimination of the Sami (...) Meanwhile, the discrimination and harassment of Sami individuals in the workplace and workforce is a challenge in terms of industrial relations. Continued research into the discrimination of the Sami is important, and to this effect the Centre for Sami Health Research could play an important role” (Report No. 20 to the Storting (2007-2008), Section 4.1.1).

In its report on Norway (2009) the European Commission against Racism and Intolerance (ECRI) advises Norwegian authorities to intensify efforts in several areas. Among other things, it recommends a substantial increase in the availability and application of professional

interpreters in the justice and health systems, and that the implementation of such an increase be prioritised over the two years subsequent to the recommendation. ERCI also advocates incisive research to map out institutionalised ethnic discrimination in the health sector. Finally, the Commission recommends improvements to the monitoring and investigation of racist incidents in general, with a specific awareness of discrimination against the Sami population (European Commission against Racism and Intolerance, ECRI, 2009: Fourth report on Norway)(Hollo, 2009).

On this point, the Government's plan to promote equality and prevent ethnic discrimination (2009-2012) states the following: "It is difficult to determine the population at risk of ethnic discrimination as there are no available data on the numbers of Sami individuals in Norway. For historical reasons there is also significant scepticism among the Sami towards such registration. Hence it is necessary to utilise new methods of illuminating the nature and scope of discrimination. Presently, the collection of such data are distributed across departments, research institutions, volunteer organisations and the Equality and Anti-Discrimination Ombud. There exists a need for a more holistic and systematic collection and synthesis of knowledge ranging from the nature and scope of discrimination in different areas of society to the causes of such discrimination." (*Barne- og likestillingsdepartementet*, 2009).

Sami children and adolescents growing conditions

In the Nordic countries today, Sami youth come of age in a society in which their personal values, culture and language have a completely different status compared to the conditions under which their parents were raised. Young people who are proficient in the Sami language and culture enjoy a more liberated and less politicised definition of "Sami-ness" than did the preceding generation. Many adolescent Samis express a complex identity including both Norwegian and Sami culture and language; some identify themselves with Kven or Finnish society as well. Among the youngest Sami generation, which families have been exposed to force assimilation. This has caused lots of discussion between the Sami generations, particularly when individuals of similar background choose different solutions in order to form their identity. A recent report published by the Nordic Ombudsmen for Children (In Norwegian, *Barneombudene i Norden*, 2008) shows that Sami children are still bullied due to their ethnicity. However, most of them are proud of their Sami identity even though it may be

difficult for some Sami children and adolescents to be honest about their Sami background. Some children are subjected to prejudices within the Sami community, as they sometimes are not accepted as “real Samis” by other Samis.

Health in the Sami population

Overall, previous research on the Sami population presents a uniquely positive situation regarding health compared to indigenous peoples of the Arctic regions of the United States, northern Canada, Greenland, and Arctic Russia. This can largely be attributed to living conditions being largely comparable to those of the non-indigenous populations sharing the same regions (Symon & Wilson, 2009; Young & Bjerregaard, 2008). A possible interpretation of the Sami health situation could be that Sami, Kven and the majority populations in northern Norway have lived side by side in rural multiethnic communities with an almost equally high standard of living (Nystad, 2010), similarities in culture, and equal access to health care services. Indeed, “health status linked to acculturation experiences in a culturally pluralistic society is expected to be better than in culturally monistic one” (Hassler, Kvernmo, Kozlov, 2008). Also, the ‘north-south’ disparity in Scandinavia is much less marked than that of North America and Russia (Young & Bjerregaard, 2008). This may be due to the social democratic hegemony of the Nordic countries.

Meanwhile findings of this dissertation show that Sami and Kven participants report somewhat poorer self-reported health than the Norwegian majority population, and the most unsatisfactory conditions were reported by Sami females living outside the defined Sami areas (Hansen, Melhus, & Lund, 2010). In terms of mental health the findings reveal Sami and Kven males to have higher levels of psychological stress than ethnic Norwegians (Paper III), confirming similar findings from the reindeer-herding Sami males of Sweden (Kaiser, Sjolander, Liljegren, Jacobsson, & Renberg, 2010). Furthermore this dissertation reveals that social factors such as ethnic discrimination may contribute to ethnic inequality in matters of health. Respondents whom reported discrimination were more likely to report adverse self-reported health status and more psychological distress.

Ethnic discrimination and health

Overall, our dissertation suggests that increased levels of perceived discrimination are associated with increased psychological distress and poorer self-reported health status even when income, education, marital status and age are controlled for. These results are consistent with previous research showing that perceived discrimination is associated with a variety of negative physical and mental health consequences (Williams & Mohammed, 2009). However, studies into mental health continue to dominate the discrimination and health literature, and it was precisely between discrimination and psychological distress we found the strongest association. Ethnic discrimination is progressively receiving empirical attention as a class of stressors that may have consequences for health and for understanding disparities in health between minority and majority groups. This is according to the interest in the role of stress as a determinant of social health disparities (Pearlin, Schieman, Fazio, & Meersman, 2005). Psychological stress is associated to and possibly accelerates cellular ageing (Epel, 2009) and “the chronic stressors triggered by multiple environmental assaults can lead to wear and tear on the body that can dysregulate multiple biological systems and lead to premature illness and mortality” (Seeman et al., 2004).

The proper understanding of the relationship between perceived discrimination and health requires a focus on situating discrimination within the context of other health-related aspects of racism; measuring it comprehensively and accurately; assessing its stressful dimensions; and identifying the mechanisms that link discrimination to health (Williams & Mohammed, 2009). However, researchers still disagree on how to conceptualise and measure exposure to ethnicity-related (and socio-economic status-related) stressors (e.g. discrimination and bullying) in accounting for ethnic health disparities over the life course (Myers, 2009). Ethnicity-determined differences in the burden of cumulative vulnerabilities are hypothesised to contribute to differential health status over time. Suggestions are made on the role likely played by ethnicity- and SES-related processes as contributors to persistent ethnic health disparities (Myers, 2009). Research into indigenous peoples worldwide has showed a persistent disparity in health status among many ethnically native groups compared to the respective majority populations (Paradies, 2006). Health outcomes are the by-products of the complex interaction of many factors over time (Myers, 2009). In epidemiological research consensus remains, however, on the major factors that contribute to disease risk although little is known about the complex synergy between the biological, psychosocial, cultural and behavioural explanations which may account for ethnic disparities in health between, for

example, indigenous and non-indigenous populations. “Thus a major public health challenge is to identify the complex set of biopsychosocial factors that contribute to or maintain these persistent health disparities and to design innovative interventions to close the health gaps” (Myers, 2009:9).

Bjerregaard et al. indicate that discrimination and being disrespected could possibly be causally related to high suicide rates and alcohol and drug abuse in many circumpolar communities (Young & Bjerregaard, 2008). Despite the large number of studies investigating the association between discrimination and health, a great number of questions remain unanswered (Pascoe & Smart, 2009).

Design and method

Advantages

- The study was questionnaire-based, and reached a large sample of Sami and non-Sami adults. The influence of random error in the estimated associations between variables was controlled through the inclusion of a sufficiently large representative sample of participants. Therefore, the large sample and the inclusion of different geographic areas make the findings representative, particularly for the Sami adult population of northern Norway.
- Utilising a more strict definition of Sami ethnicity rather than traditional definitions from previous studies, we have had the opportunity to describe some of the heterogeneity within the Sami community. This illuminates the fact that the Sami population has never been a homogenous group in terms of religion, traditions or language.
- Well-established measures of self-reported health and psychological distress were used. This enabled the comparison of Sami and non-Sami populations and enhanced the reliability of findings.
- The study design (questionnaire) is particularly suitable in the research into discrimination, harassment and mental health as such questions may be associated with feelings of shame and guilt and thus could be difficult to answer in an interview format.

Limitations

- There is no consensus in the literature on an optimal measure of exposure to ethnic discrimination and/or harassment. Our study did not address the type of discrimination nor where it had taken place. Questions were not devoted to the identity of the source of discrimination nor whether the discrimination affected the victim. Such information may have been gained through the integration of the interview method.
- To study self-reported measures of discrimination and health is challenging. Reported experiences are subject to recall bias; they are inherently subjective; and, perhaps, not fully captured in a structured questionnaire. Self-reported experiences are unique to the individual and, as such, may not necessarily be representative of the group.
- The cross-sectional design has several weaknesses. It permits identification of important factors associated with discrimination and health and does not allow for conclusions on causality.
- Questionnaire studies are limited. Ideally, interviews or qualitative methods should be added to examine the broader meaning of discrimination, personal values and the affects on well-being and health.

Methodological challenges

Internal validity

Bias can be defined as a systematic error seen when a risk factor or a characteristic applies unequally to comparison groups and this distorts the result. It is often classified as selection bias, information bias and confounding (Bhopal, 2008). Biases should always be considered as an alternative explanation of the finding and therefore to be assessed and, if possible, eliminated. A study with high internal validity means that the data collection, analysis and interpretation are correct (Rothman, 2002). With other words, internal validity is the degrees to which the results of a study are correct from the sample of people being studied (Young, 2005).

Selection bias

Selection bias refers to a bias that arises when the study participants are sampled or recruited so that the study sample differs systematically from the population from which it was meant to represent (Brustad, 2004). The attendance rate of 60% in SAMINOR could imply a selection bias if the non-participants had a systematically different prevalence estimate and risk than the participants. Beside the selected areas of our study, the only selection criterion of our study subjects was age 30 and between 36 and 79 years. The non-respondents were more males, subjects in the younger age groups and single. Since, the SAMINOR study was announced as a cardiovascular screening study. The participants may have participated because of a high risk for disease or because they were more health conscious (the “healthy volunteer effect”) than those who did not participate (Nystad, 2010). However, a study of non-participants could clarify if selection bias is present. On the other hand, we assume that there is no reason to believe that pattern of perceived discrimination with respect to ethnicity differed between respondents and non-respondents.

Information bias

Information bias may occur if there are systematic measurement errors (continuous variable) or misclassification (categorical variable) of exposure or outcome. Information bias is usually separated into non-differential and differential. Differential misclassification occurs either when misclassification of exposure varies by outcome status or when misclassification of diseases varies by exposure status. This can bias the association on the both directions and can thus be responsible for spurious association. Non-differential information bias usually dilutes the effect of the exposure.

In our thesis, there are two features vulnerable to information bias: measuring perceived discrimination and bullying, and the classifications of ethnicity. Thus, an examination of these features is appropriate.

Measuring perceived discrimination and bullying

The main headline on the front page of the local newspaper *Tromsø* on 24 November 2007 read “Half of the Sami are bullied” with the following comment made by *Sameting* President Egil Olli: “This is frightening!”. Several high-profile Sami in Tromsø commented on the SAMINOR figures and said they never had experienced bullying based on their Sami background, although they agreed that such matters are subjectively and individually experienced. Further, it is dependent on what one means by the notion of ‘ethnic bullying’. In the article, Nils I. Hætta recalls being yelled at from the stand when playing soccer in the early 1980s. Then, he would be taunted with names such as “goddamn Lapp” (“*jævla lapp*”). However, he did not consider that to be ethnic discrimination, but rather common mockery of the opposing team, which everyone experienced. Further he says that in today’s working environment being Sami is an advantage as knowledge of several cultures is perceived positively by employers.

First, this news report illuminates the subjective nature of experienced ethnic discrimination and bullying, and that without having experienced such indignities one may find it difficult to believe that discrimination occurs at all. Social Sciences Professor at the University of Tromsø, Asle Høgmo, deals with this phenomenon in his book, *Stranger In The Norwegian House (Fremmed i det norske hus)*: “You should not believe that what you haven’t seen,

doesn't exist" (Høgmo, 1998). Second, the report highlights the issue of measuring the subjective experience of discrimination. The diagnostic tools of science are analytical notions. Using a metaphor borrowed from medicine: imprecise tools may give imprecise diagnoses, which in turn may lead to improper medication. In relation to research into the Sami people and ethnic discrimination, this means we must strive to create the best possible analytical tools so that we may accurately describe the phenomenon subject to analysis. Thus, it is important to know what we are looking for before we attempt to find it; such that not all unjust behaviour is defined as ethnic discrimination. This is where the real methodological challenges lie.

Consensus is yet to be reached on an optimal measure of ethnic discrimination. Recent studies into perceived discrimination and health have attempted to encapsulate two stressor domains: 'daily hassles' and 'life events' (Williams & Mohammed, 2009). Reliability and validity issues identified in traditional 'life events' scales (recall bias, for example) also apply to most measures of discrimination. Problems relating to recall are more severe in cases in which the recall period is extended; in our particular situation, an entire life span. However, research has revealed that 'severe' events are recalled better than 'less severe' events (Monroe, 2008). Thus, the recall issue may be considered reduced in assessment of the reporting of severe experiences of discrimination. In our study, questions addressed not only ethnic discrimination, but also other types of discrimination. In so doing, the potential phenomenon of perceived unfairness may be recorded more comprehensively. Furthermore, this contributes to reducing the measurement error that may occur when ethnic discrimination, solely, is addressed (Kressin, Raymond, & Manze, 2008). Research into *conducting* research on sensitive matters reveals that underreporting frequently occurs when participants perceive questions regarding discrimination to be socially unacceptable or undesirable (Tourangeau & Yan, 2007). Hence, as researchers, we are at the mercy of respondents, relying on their willingness and ability to recall and report these experiences. To acquire sensitive information, however, self-administered instruments (such as the questionnaire format as used in the SAMINOR study) are preferable to using an interviewer.

Creating classifications of ethnicity

The highly elusive notion — ethnicity — remains, without widely accepted definitions of what it is and how it may be ascertained. Notwithstanding, ethnicity is one of the most significant variables in epidemiology (Bhopal, 2008). “Obviously, before [it] can be used [it needs] to be defined in words that explain, simplify and clarify the underlying complexities and allow the concept to be communicated easily” (Bhopal 2008:30). However, when using ethnicity, one first needs to create population groupings. The process of taking a notion or concept into the realm of practicalities is a pragmatic one. Classifications should be developed based on sound science and logical groupings to the greatest possible extent, with a clear understanding of the purposes of classifying ethnicity. The process involves a considerable amount of subjectivity, and some difficult choices must be made (Bhopal, 2008). Usually the task of creating classifications involves using only a single or a handful of aspects of such complex notions as ethnicity. The accurate application of ethnicity is of utmost importance to improving the health of specific populations (i.e., the Sami population), to reduce inequities and to lay the foundations for good research. What defines someone as Sami has been described in recent acts passed by the Sami Parliaments of Norway (1989), Sweden (1993) and Finland (1995). In all three nations, Sami ethnicity is primarily based on self-identification and secondly on language proficiency, and, even then, direct language skills are not required from the person concerned; so-called retroactive language skills are sufficient. In Russia, by contrast, ethnicity is determined at birth. There, ethnic origin is officially announced by the child’s parents (Kulonen, Pulkkinen, & Seurujarvi-Kari, 2005).

In Norway’s Sami Act (1987) the definition of ‘Sami’ extends from a combination of linguistic and subjective criteria. To be recorded in the Sami population registry (in Norwegian: *samemanttallet*) the Act states one must expressly declare that they perceive themselves as Sami *and either* speak Sami at home *or* at least one of whose parents, grandparents or great-grandparents speaks or has spoken Sami at home *or* whom are the descendant of someone already registered in *samemanttallet*. Such a definition may be considered a language-based definition of a Sami population. Ethnic self-identification has been revealed to be an unreliable measure of ethnic background in some studies of the Sami population (Aubert, 1978; Høgmo, 1986); the problem seems to be that some individuals with Sami background are reluctant to report their Sami identity due to stigma. Others, on the other hand, may have some Sami heritage, but consider themselves distanced from Sami *culture*

due to assimilation, intermarriage and having been raised in a predominantly Ethnic Norwegian setting. These are possible weaknesses in looking exclusively at self-identification or family background. However, Sami culture is undergoing a revitalisation process, and the stigma formerly associated with ‘being Sami’ has subsided or even been reversed. The value in preserving indigenous cultures is increasing in prominence, and some have a strong sense of personal affiliation with Sami values and culture despite loose family ties. Thus, the accumulated and diverse impact in terms of history, lifestyle, assimilation and revitalisation leads to a composite image of the Sami population, in which ‘identity’ may signify vastly different things to different individuals.

As few non-Sami individuals are proficient in the Sami language, its use within a certain generation may be a reliable indicator of Sami ethnicity. However, the connection remains debatable due to the varying impact of the Norwegianisation process (Aubert 1978:61). Many families have lost their Sami language because of the stigma associated with the process, officially occurring in Norwegian society during 1850-1959. In this period, Sami language was banned from schools and Sami children were required to speak Norwegian only. Thus, particularly in coastal areas (where the Norwegianisation process was especially effective) many Sami people of today do not speak Sami (refer to figure 1 in the chapter “The Sami language”) (Jensen, 2005). As a further source of error, survey participants are uncertain about the language spoken by their grandparents. E.g. we have 6% missing data on the language of the participants’ grandmothers.

The questionnaire in SAMINOR about ethnic background is asked in three groups. The first group of questions is about the participant, parent and grandparent language. The second group is about the participants and parents ethnic background and the third group is about what the participants consider themselves as (see previous chapter: ‘*Classification of ethnicity*’)

For this study (Paper I, II and III), we used the proficiency of Sami Language as the primary marker to categorise the ethnic groups. We are aware that the ethnic classification has limitations, as we have discussed already, since it may have different validity in different geographic regions and within subgroups of the Sami population, However, we chose to use Sami language proficiency to categorise Sami ethnicity because language proficiency has a

high correlation with both self-perceived ethnicity and self-reported ethnicity. Sami I group correlate very strongly with both self-perceived ethnicity (94.4%) and self-reported ethnicity (97.8%) (Lund et al., 2007). Sami II and Sami III are more mixed, with both Kven and Norwegian ancestors, therefore reported weaker relationship to both self-perceived and self-reported Sami ethnicity (see table 3). Thus, they conceive of themselves more as Norwegian than Sami. And therefore it may be more misclassification in the Sami II/III groups. However, this ethnic classification might have led to less misclassification in the SAMI I and Ethnic Norwegian groups (Nystad, 2010).

Table V. Self-reported ethnic background and self-perceived ethnicity in different ethnic groups. Row percents add up to more than 100% due to the possibility of answering more than one category.

Ethnic groups	Sámi %	Kven %	Norwegian %	Other %	n	Missing n (%)
Self-reported ethnicity¹						
Sámi I	97.8	2.9	8.3	1.4	2,139	30 (1.4)
Sámi II	60.7	15.4	68.6	5.2	2,356	104 (4.2)
Sámi III	42.8	21.0	77.9	6.5	1,127	82 (6.9)
Kvens	-	40.5	80.6	4.2	1,140	45 (3.8)
Norwegians	-	-	98.7	2.6	8,796	269 (3.0)
Foreigners	-	-	-	100.0	272	-
Self-perceived²						
Sámi I	94.4	1.5	19.8	1.3	2,123	46 (2.1)
Sámi II	41.8	7.3	80.0	2.8	2,413	47 (1.9)
Sámi III	26.0	9.7	87.8	3.8	1,161	48 (4.0)
Kvens	-	16.6	92.6	1.5	1,163	22 (1.9)
Norwegians	-	-	99.5	1.0	8,861	204 (2.2)
Foreigners	0	0.4	24.2	87.2	265	7 (2.6)

Sámi I: Last 3 generations use Sámi as domestic language.

Sámi II: At least 2 Sámi-speaking grandparents.

Sámi III: Others with Sámi affiliation.

Kvens: Ethnic minority of immigrants from Finland.

Norwegian: No Sámi or Kven affiliation.

Foreigners: People reporting no Norwegian, Sámi or Kven affiliation and are born abroad.

1 Based on the question: "What is your ethnic background?" Norwegian/ Sámi/ Kven/ Other?

2 Based on the question: "Do you consider yourself Norwegian/ Sámi/ Kven/ Other?"

Table 3: From Lund et al. Populations-based study of health and living conditions in areas with both Sami and Norwegian population – The SAMINOR study. *Int. J. Circumpolar Health*, 2007, 66,2; p.123 (58).

Article IV on ethnic classification centers around the survey question, "What do you consider yourself to be?" — three categories were created based on responses: (i) Sami, (ii) Mixed Sami/Ethnic Norwegian and (iii) Ethnic Norwegian. (Self-identification of ethnicity was used because personal values are closely related to the subjective experience of identity.) In category (i) Sami (n=1,531) 97.1 % consider themselves Sami, 1.5% Sami/Kven and 1.4%

Sami/Other (neither Sami, Kven nor Ethnic Norwegian). In category (ii) Sami/Ethnic Norwegian (n=824) 81.1% consider themselves Sami and Norwegian, 14.1% Sami, Norwegian or Kven, 2.8% Norwegian, Sami and other, and finally 2.1% Norwegian, Sami, Kven and other. In category (iii) Ethnic Norwegian (n=10,268) 97.9% consider themselves Norwegian, 1.4% Norwegian/Kven, 0.7% Norwegian, Kven and other.

Confounding

Confounding is present when a statistically significant association between a risk factor and outcome under study is causally explained by another factor that is also associated to the risk factor under study (Bhopal, 2008). The causal factor is the confounder, and the apparent association between the risk factor and outcome under study is said to be confounded. The confounder can explain all or some of the observed association. It is not always easy to detect confounders. A practical way to achieve this is to analyze the data with and without controlling for the potential confounders. If the estimate of the association differs about 5-10% when controlling for the variable, it is a confounder and should be controlled for in the analyses. Other approaches, based on P-values including in the model variables statistically significantly associated with the dependent variables, are also used. Typical confounders in epidemiology are gender, age and ethnicity. We tried to control for possible confounding through adjustment for age, ethnicity, socio-economic status and other factors in forward stepwise inclusion of the variables in the logistic regression (Paper II and III and IV (linear regression analysis)) and through stratification by sex (Paper I (+age), II and III). We thus have employed strategies to reveal confounding, but we can never know if we have considered all potential confounders.

Sample representativity

The validity of a study refers to whether the findings can be taken as being a reasonable representation of the true situation. A prerequisite for external validity is internal validity. External validity refers to whether the general population in the defined SAMINOR areas systematically differs from the population at large in northern Norway, and whether those who participated in our study (study sample) systematically differed from those not included (Nystad, 2010).

The investigated sample in article I and II (article III and IV has the same demographic characteristics) cannot be considered representative for all Sami in Northern Norway. Only 8.1% (n=998) of the analysed cohort were from Nordland and 7.9% (n=678) from Trøndelag. As well, few of the respondents from Trøndelag reported Sami affiliation (n=49). The majority of the investigated sample was from Finnmark (60%) and Troms (25.1%). Also, it seems less valid for the population in Nordland, due to lower response rate in this area. Furthermore, Sami who live in Southern Norway or urban areas fell outside the scope of the SAMINOR sample. We therefore believe that the results of our study can be generalized to the Sami and non-Sami living in the rural areas of Finnmark, Troms and to some extent also the studied community in Nordland. Nevertheless, at present the sample we used is the best available data source to explore discrimination in a larger Sami population, due to the lack of information about ethnicity in public registers.

Transcultural validation

Cultural insensitivity could arise when researchers uncritically transfer concepts across cultures and develop translations that conform exactly to the original standardized versions without the required adaptations. This kind of approach tends to suppress, bias, and deflect cultural understanding (Vaage, 2010). To ensure semantic, content, and technical equivalence in the SAMINOR study professional translators and bicultural health professionals were involved, together with panel group discussions of the translated instrument, to sort out discrepancies. However, cultural bias could not be completely excluded. For example, as we have discussed in Paper III, lower prevalence of self-reported psychological distress (HSCL-10) among Sami I females than Norwegians females might be due to different attitude towards the diseases and because HSCL-10 is Western-based instrument. A Western instrument alone entails a risk of underestimating the Sami' mental health needs. Vaage et al suggest that it is feasible to integrate universalistic (Western-based instrument) and cultural specific approaches to detect the full range of disabling mental disorders across cultures (Vaage, 2010). Thus, the inclusion of a cultural instrument for Sami adults would have strengthened the methodology of Paper III.

Conducting research into one's own culture

When researching aspects of one's own culture (i.e., the Sami culture) one does not participate in the culture in the usual sense. It is about stepping out of a 'social role' and into a 'researcher role'. Scientists conducting research into their own society or from within their own cultural sphere are more likely to face questions demanding a rationale for one's role in the research (Paulgaard, 1997). As part of her doctorate studies, social anthropologist Vigdis Stordahl (1996) conducted field work in her Sami home town of Karasjok. The reactions she received from academia were on the one hand concerned with the purely personally challenging aspect of doing field work as an anthropologist in her home town (due to anthropological research being perceived negatively in the Sami community). On the other hand, she was warned about the dangers of 'cultural blindness' when doing research "at home". An additional aspect that was raised had to do with 'turning off the Karasjok resident' and 'turning on the researcher' — that is, transforming from 'participant' to 'spectator' (Stordahl, 1996).

The question of whether one may conduct research into one's own culture in an academically defensible manner (being 'on the inside') is a controversial one, particularly within cultural studies. It has been claimed that it is exceedingly difficult to conduct studies within one's own cultural sphere because the researcher lacks the necessary distance to the objects of study (Hastrup, 1991). As a researcher into one's own culture, one brings certain presumptions (latent beliefs) and potentially expect findings based on one's own experiences. However, this does not mean an 'outside' researcher does not have preconceived ideas. To a certain extent, every researcher harbours latent beliefs whether they are 'on the inside' or 'on the outside'. These are merely different types of latent beliefs (Paulgaard, 2000).

Others claim that it is almost impossible to conduct cultural research *without* being 'on the inside'. This statement assumes that it is impossible to understand foreign cultures (Guneriussen, 1996). All in all, the dilemma does not seem to have an immediate resolution. Someone 'on the inside' may have trouble achieving analytical distance; someone 'on the outside' may have difficulty 'getting inside' (as far as cultural understanding is concerned).

As cultural understanding always takes the starting point of the belief or opinion we are already familiar with, the risk of making "ethnocentric mistakes" is greater for researchers 'on the outside' than researchers 'on the inside' (Guneriussen, 1996). Being far removed from the

objects of study in terms of fundamental experience and knowledge may thus be regarded as an obstacle to understanding (Paulgaard, 2000; Rosaldo, 1989). From this point of view it may be argued that cultural proximity (between researchers and their study participants) is indeed an advantage for understanding and interpreting research outcomes, including quantitative research. This has, for example, surfaced within Sami political movements where cultural sensitivity has been considered an important competency in research environments (Paulgaard, 2000). In the *Plan for health- and social services to the Sami population in Norway* the point is clearly made that research into Sami issues would be important to compensate for the fact that the Sami as a minority have not been enabled to record their history, or developed scientific approaches and methods. Conducting research into Sami matters on Sami terms would be an important part of making this happen (NOU 1995:6).

The nature of quantitative data collection, on which the SAMINOR study is based, prescribes seeking answers to clearly defined questions posed to participants in questionnaires. For the researcher, this entails indirect contact with the objects of study as opposed to a qualitative approach involving field research. The hypotheses must thus be created prior to data collection. Hence, even within the quantitative tradition, familiarity with the culture one is about to study is advantageous for formulating relevant and culturally specific questions. Further, when conducting research into ethnic groups, the processing of quantitative data requires cultural sensitivity precisely because one does not have direct access to the objects of study.

Conclusions

Main findings

- Sami and Kven respondents reported more ethnic discrimination and bullying in general than Norwegian majority population.
- Males generally reported more ethnic discrimination than females, while females reported more bullying in general.
- Subject with Sami language in three generations (Sami I) living outside the Sami Language Act's district reported the highest prevalence of ethnic discrimination.
- Respondents with weak Sami affiliation, Kven and Norwegian majority population reported higher prevalence of ethnic discrimination inside the Sami Language Act's district than outside the district.
- For bullying reported in the latest year, discriminating remarks were reported highest among the Sami respondents and the most common locations were at work and in the local community.
- Sami and Kven responders reported poorer self-reported health than the Norwegian majority population.
- Females generally reported having inferior health to males.
- Sami females (especially subject in the Sami I group) living outside the Administrative Sami Area, reported the poorest health. Within the Administrative Area, Kven had the lowest score in terms of health status.
- Ethnic discrimination was associated with poor self-reported health. The findings suggest that ethnic discrimination combined with low socio-economic status contributes to inequalities in self-reported health when Sami and Norwegian majority population are compared.
- Sami and Kven males reported greater levels of psychological distress (HSCL-10) than Ethnic Norwegians. By contrast, Sami and non-Sami females reported similar stress levels.
- Ethnic discrimination was strongly associated with psychological distress.

- Sami males and females with perceived discrimination reported somewhat lower levels of distress than did Kvens and Ethnic Norwegians; however this finding was only significant for Sami females.
- Sami respondents most highly regarded values are: being in touch with nature; harnessing nature through fishing, hunting and berry picking; preserving ancestral and family traditions; preserving traditional Sami industries and preserving and developing the Sami language.
- Four dimensions associated with values were identified: “Traditional Sami Values”, “Modern Sami Values”, “Contact with Nature” and “Feeling of Marginalisation”.
- Feeling of Marginalisation was characterised by: significantly greater proportions of males; feeling themselves as Sami; of working age; living outside the Administrative Area of the Sami Language; low household income; and dissatisfaction with way of life.

Implications for future research

The effort to reduce discrimination against the Sami population primarily revolves around working to inform the populace and to influence generally held attitudes, combined with active policy-making to strengthen Sami values such as the Sami language, Sami schools and traditional Sami industries. The development of Sami institutions represents an important contribution to the visibility of Sami culture. Furthermore, the emphasis on culture and Sami media have been instrumental factors in generating interest and increasing knowledge about Sami matters; Sami culture has become a part of the ‘cultural snapshot’ of Norway. However, it remains crucial to continue the focus on research into the health and discrimination of the Sami, as pointed out in parliamentary report no. 28 (2007-2008) *Regarding Sami policies* (in Norwegian, St.meld. nr. 28 (2007-2008) *Om samepolitikken*).

To accurately assess exposure to ethnic discrimination one must include the impact of discrimination on others and the intergenerationality of racism. In this regard, the notion of ‘historical trauma’ is often used, referring to the cumulative psychological distress (in an individual or group) due to a history of genocide or other atrocities inflicted, for example, by European colonisers upon the Sami population (Williams & Mohammed, 2009)). More research is needed to gain further insight into these issues.

Scientific evidence is accumulating in support of the contention that ethnic discrimination leads to adverse health effects. However, additional research is required into useful intervention techniques (on the organisational and individual levels) to identify determinants and reduce the impact and frequency of interpersonal and institutional discrimination. Future population-based inquiries into, specifically, the Sami population are also needed to evaluate the relation between ethnic discrimination and health.

CONTRIBUTION TO THE PAPERS

- I:** Hansen KL, Melhus M, Høgmo A, Lund E. Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: The SAMINOR study. *International Journal of Circumpolar Health* 2008 Feb;67(1):97-113.

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- II:** Hansen KL, Melhus M, Lund E. Ethnicity, self-reported health, discrimination and socioeconomic status: a study of Sami and non-Sami Norwegian populations. *International Journal of Circumpolar Health* 2010

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IV: Hansen KL, Høgmo A, Melhus M, Lund E. Sami value patterns.

Full Responsibility for the integrity of the study: Hansen. *Study concept:* Høgmo. *Study design:* Hansen. *Handling ethical and legal aspects:* Hansen. *Analysis and interpretation of data:* Hansen, Melhus and Lund. *Statistical analysis:* Hansen and Melhus. *Drafting of the manuscript:* Hansen. *Critical revision of the manuscript for important intellectual content:* Hansen. *Study supervision:* Lund and Høgmo.

Reference List

- Ahmed, A. T., Mohammed, S. A., & Williams, D. R. (2007). Racial discrimination & health: pathways & evidence. *Indian J.Med.Res.*, 126, 318-327.
- Åhren, M. (2001). *Racism and racial discrimination against the indigenous people in Scandinavia and Russia - The Saami people* Copenhagen: The International Work Group for Indigenous Affaris (IWGIA) and Asian Indigenous and Tribal Peoples Network (AITPN).
- Aubert, V. (1978). *Den samiske befolkning i Nord-Norge*. (107 ed.) Oslo: Statistisk sentralbyrå.
- Bals, M., Turi, A. L., Skre, I., & Kvernmo, S. (2010). Internalization symptoms, perceived discrimination, and ethnic identity in indigenous Sami and non-Sami youth in Arctic Norway. *Ethn.Health*, 1-15.
- Barker, M. (1981). *The new racism: conservatives and the ideology of the tribe*. London: Junction Books.
- Barne- og likestillingsdepartementet (2009). *Handlingsplan for å fremme likestilling og hindre etnisk diskriminering: 2009-2012*. [Oslo]: Barne- og likestillingsdepartementet.
- Barth, F. (1982). *Ethnic groups and boundaries. The social organization of culture difference*. Oslo: Universitetsforlaget.
- Bhopal, R. S. (2007). *Ethnicity, race, and health in multicultural societies: foundations for better epidemiology, public health and health care*. Oxford: Oxford University Press.
- Bhopal, R. S. (2008). *Concepts of epidemiology: integrating the ideas, theories, principles and methods of epidemiology*. (vols. 2nd ed.) Oxford: Oxford University Press.

- Brustad, M. (2004). *Vitamin D security in Northern Norway in relation to marine food traditions*. Universitetet i Tromsø, Institutt for samfunnsmedisin, Tromsø.
- Bryn, H. (1925). *Menneskerasene og deres utviklingshistorie*. (12 ed.) Oslo: Det Norske studentersamfund.
- Craig, R. L. (2007). *Systemic discrimination in employment and the promotion of ethnic equality*. Boston: Martinus Nijhoff.
- David R Williams, Harold W Neighbors, & James S Jackson (2003). Racial/ ethnic discrimination and health: Findings from community studies. *American Journal of Public Health*, 93, pg.200.
- Edvardsen, E. (1997). *Nordlendingen*. Oslo: Pax.
- Eidheim, H. (1977). *Aspects of the Lappish minority situation*. (3rd ed ed.) Oslo: Universitetsforlaget.
- Eidheim, H. (2000). *En nasjon veks fram:Sapmi*. Tromsø: Tromsø museum, Universitetet i Tromsø.
- Epel, E. S. (2009). Psychological and metabolic stress: a recipe for accelerated cellular aging? *Hormones.(Athens.)*, 8, 7-22.
- Flemmen, A. B. & Kramvig, B. (2008). Møter: sammenstøt av verdier i samisk-norske hverdagsliv. In *Verdier* (pp. S). Oslo: Universitetsforl.
- Fugelli, P. (2000). Møteplagere mot rasisme. Universitetet i Oslo [On-line]. Available: <http://universitas.no/kommentar/363/moteplagere-mot-rasisme/>

- Gullestad, M. (2002). *Det norske sett med nye øyne: kritisk analyse av norsk innvandringsdebatt*. Oslo: Universitetsforl.
- Gullestad, M. (2006). *Plausible prejudice: everyday experiences and social images of nation, culture and race*. Oslo: Universitetsforl.
- Hansen, K. L., Melhus, M., Høgmo, A., & Lund, E. (2008). Ethnic discrimination and bullying in the Sami and non-Sami populations in Norway: The SAMINOR study. *International Journal of Circumpolar Health*, 67, 97-113.
- Hansen, K. L., Melhus, M., & Lund, E. (2010). Ethnicity, self-reported health, discrimination and socio-economic status: a study of Sami and non-Sami Norwegian populations. *Int.J.Circumpolar.Health*, 69, 111-128.
- Hansen, L. I., Minde, H., & Olsen, B. (2004). *Samenes historie*. Oslo: Cappelen akademisk forl.
- Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S., & Nazroo, J. (2006). Effects of self-reported racial discrimination and deprivation on Maori health and inequalities in New Zealand: cross-sectional study. *Lancet*, 367, 2005-2009.
- Harris, R., Tobias, M., Jeffreys, M., Waldegrave, K., Karlsen, S., & Nazroo, J. (2006). Racism and health: the relationship between experience of racial discrimination and health in New Zealand. *Soc.Sci.Med.*, 63, 1428-1441.
- Hassler, S. (2005). *The health condition in the Sami population of Sweden, 1961-2002: causes of death and incidences of cancer and cardiovascular diseases*. The University, Faculty of Medicine, Umeå.

- Høgmo, A. (1986). Det tredje alternativ: barns læring av identitetsforvaltning i samisk-norske samfunn preget av identitetsskifte. In *Tidsskrift for samfunnsforskning* (27(1986)nr 5 ed., pp. 5). [Oslo]: Universitetsforlaget.
- Høgmo, A. (1998). *Fremmed i det norske hus innvandreres møte med bygdesamfunn, småby og storby*. Oslo: Ad notam Gyldendal.
- Hollo, L. (2009). *The European Commission against Racism and Intolerance (ECRI): its first 15 years*. Strasbourg Cedex: Council of Europe.
- Hyltenstam, K. (2003). *Kvenskans status: Rapport for Kommunal- og regionaldepartementet og Kultur- og kirke departementet i Norge*. Oslo.
- ILO-convention no 169. (1990). ILO-convention no 169 concerning indigenous and tribal peoples in independent countries: ratified by Norway on 20 June 1990. 20.
Kommunaldepartementet. Link to full-text:
<http://www.ilo.org/indigenous/Conventions/no169/lang--en/index.htm>
- Jensen, E. B. (2005). *Skoleverket og de tre stammers møte*. (vols. No 7) Tromsø: Eureka.
- Jensen, E. B. (1991). *Fra fornorskningsspolitikk mot kulturelt mangfold*. [Stonglandseidet]: Nordkalott-forlaget.
- Jernsletten, N. (1993). Sami language communities and the conflict between Sami and Norwegian. In Jahr (Ed.), *Language Conflicts and Language Planning. Trends in Linguistics* (pp. 115-132). Berlin and New York: Mouton de Gruyter.

- Josefsen, E. (2006). *Selvopplevd diskriminering blant samer i Norge* Alta: Norut/NIBR Finnmark. Link to full-text:
http://www.galdu.org/govat/doc/norutfinnmarkrapport2006_3_norsk.pdf
- Kaiser, N., Sjolander, P., Liljegren, A. E., Jacobsson, L., & Renberg, E. S. (2010). Depression and anxiety in the reindeer-herding Sami population of Sweden. *Int.J.Circumpolar.Health*.
- Kressin, N. R., Raymond, K. L., & Manze, M. (2008). Perceptions of race/ethnicity-based discrimination: a review of measures and evaluation of their usefulness for the health care setting. *J.Health Care Poor Underserved*, 19, 697-730.
- Kulonen, U. M., Pulkkinen, R., & Seurujarvi-Kari, I. (2005). *The Saami: a cultural encyclopaedia*. (925 ed.) Helsinki: Seura.
- Labba, N. G. (7-6-2008). Diskrimineras som grupp och individer. Kiruna, Samisk Informationscentrum, Sametinget. 14-10-2010.
Link to full text: http://www.samer.se/GetDoc?meta_id=2328
- Landsverk, J. & wählberg, M. (2008). Myten om samenes umoralske sexliv. In *Forskerforum* (40(2008)nr. 9 ed., pp. S). Oslo: Forskerforbundet.
- Lange, A. (1998). *Samer om diskriminering en enkät- och intervjuundersökning om etnisk diskriminering på uppdrag av Diskrimineringsombudsmannen (DO)*. Stockholm: CEIFO.
- Lund, E., Melhus, M., Hansen, K. L., Nystad, T., Broderstad, A. R., Selmer, R. et al. (2007). Population based study of health and living conditions in areas with both Sami and Norwegian populations-the SAMINOR study. *Int.J.Circumpolar.Health*, 66, 113-128.

Lund, S. (15-7-2008). Historieforfalsking som politisk instrument. Klassekampen . 14-10-2010.

Link to full-text: <http://home.online.no/~sveilund/sami/edl-hist.htm>

Ministry of foreign affairs. (1999). Menneskeverdi i sentrum: handlingsplan for menneskerettigheter. Handlingsplan nr 21 (1999-2000).

Ministry of Health and Care Service (2007). *Nasjonal strategi for å utjevne sosiale helseforskjeller* Oslo: Departementet.

Ministry of Labour and Social Inclusion (2008). *Samepolitikken nr.28 (2007-2008)* (Rep. No. 28 (2007-2008)). Oslo: Det kongelige Arbeids- og inkluderingsdepartementet Link to full-text: <http://www.regjeringen.no/nb/dep/aid/dok/regpubl/stmeld/2007-2008/stmeld-nr-28-2007-2008-/5/1.html?id=512866>.

Ministry of Local Government and Regional Development (2002). *National Plan of Action to Combat Racism and Discrimination (2002-2006)*.

Monroe, S. M. (2008). Modern approaches to conceptualizing and measuring human life stress. *Annu.Rev.Clin.Psychol.*, 4, 33-52.

Myers, H. F. (2009). Ethnicity- and socio-economic status-related stresses in context: an integrative review and conceptual model. *J.Behav.Med.*, 32, 9-19.

Norwegian law (1997). *Vedtak til lov om endringer i lov av 12. juni 1987 nr 56 om Sametinget og andre samiske rettsforhold (sameloven)*. (nr. 66 (1996-97) ed.) Oslo: s.n.

- Nystad, T. A. (2010). *A population-based study on cardiovascular risk factors and self-reported type 2 diabetes mellitus in the sami population.* (nr. 107 ed.) Tromsø: Universitetet i Tromsø, Institutt for samfunnsmedisin.
- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *Int.J.Epidemiol.*, 35, 888-901.
- Pascoe, E. A. & Smart, R. L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychol.Bull.*, 135, 531-554.
- Pearlin, L. I., Schieman, S., Fazio, E. M., & Meersman, S. C. (2005). Stress, health, and the life course: some conceptual perspectives. *J.Health Soc.Behav.*, 46, 205-219.
- Pedersen, P. & Høgmo, A. (2004). *Kamp, krise og forsoning sosiale, kulturelle og økonomiske virkninger av samepolitiske tiltak* Tromsø: NORUT samfunnsforskning.
- Pikkarainen, H. & Brodin, B. (2008). *Diskriminering av samer: samers rettigheter ur ett diskrimineringsperspektiv.* Stockholm: Ombudsmannen mot etnisk diskriminering (DO).
- Rothman, K. J. (2002). *Epidemiology: an introduction.* Oxford: Oxford University Press.
- Schanche, A. (2000). *Graver i ur og berg: samisk gravskikk og religion fra forhistorisk til nyere tid.* Davvi girji, Karasjok.
- Seeman, T. E., Crimmins, E., Huang, M. H., Singer, B., Bucur, A., Gruenewald, T. et al. (2004). Cumulative biological risk and socio-economic differences in mortality: MacArthur studies of successful aging. *Soc.Sci.Med.*, 58, 1985-1997.
- Skorgen, T. (2002). *Rasenes oppfinnelse: rasetenkningens historie.* Oslo: Spartacus.

- Skorgen, T. (2004). Blant kortskaller og smalansikt: fra rasetenkningens historie. In *P2-akademiet*. [Oslo]: Transit.
- Skorgen, Torgeir (2009). Norges skitne rulleblad. *Hubro, Universitetet i Bergen*.
- Spein, A. R. (2007). *Substance use behaviour among ethnic diverse young people in north Norway: "The North Norwegian Youth Study" : a cross-cultural longitudinal study comparing smoking and drinking rates and patterns among young indigenous sami and non-indigenous peers*. Universitetet i Tromsø, Institutt for samfunnsmedisin, Tromsø.
- Statistics Norway. (2010). Samer i Norge. 14-7-2010. Link to full-text:
<http://www.ssb.no/samer/>
- Stordahl, V. (1996). *Same i den moderne verden. endring og kontinuitet i et samisk lokalsamfunn*. Karasjok: Davvi Girji O.S.
- Symon, C. & Wilson, S. J. (2009). *AMAP assessment 2009: Human health in the Arctic*. Oslo: Arctic Monitoring and Assessment Programme (AMAP).
- The Sami act (1987). *Act of 12 June 1987 No. 56 concerning the Sameting (the Sami parliament) and other Sami legal matters (the Sami Act)*. (nr. 66 (1996-97) ed.) Oslo: s.n.
- Thuen, T. (1995). *Quest for equity: Norway and the Saami challenge*. (no. 55 ed.) St. John's: The Institute.
- Tourangeau, R. & Yan, T. (2007). Sensitive questions in surveys. *Psychol.Bull.*, 133, 859-883.

- UN Committee on the Elimination of Racial Discrimination (CERD) (2007). *International Convention on the Elimination of all Forms of Racial Discrimination : 19th periodic reports of States parties due in 2007 : addendum : Finland.*
- Vaage, A. B. (2010). *Mental health of Vietnamese refugees: long-term and trans-generational perspectives.* University of Bergen.
- Wåhlberg, M. (2008). L'alterite des Lapons: une difficulte dans l'Europe des Lumieres. In *A l'ombre des Lumières : littérature et pensée françaises du XVIIIe siècle.* Oslo: L'Harmattan.
- Wåhlberg, M. (2009). Samenes annerledeshet: et problem i opplysningstidens Europa. In *Kompassrosen: orientering mot nord.* [Oslo]: Nasjonalbiblioteket.
- Williams, D. R. & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *J.Behav.Med.*, 32, 20-47.
- Young, K. T. & Bjerregaard, P. (2008). *Health Transitions on Artic Populations.* Toronto: University of Toronto Press.
- Young, T. K. (2005). *Population health: concepts and methods.* (vols. 2nd ed.) New York, N.Y.: Oxford University Press.

Paper I



Link to full-text:

<http://ijch.fi/issues/671/Hansen.pdf>

ORIGINAL ARTICLE

ETHNIC DISCRIMINATION AND BULLYING IN THE SAMI AND NON-SAMI POPULATIONS IN NORWAY: THE SAMINOR STUDY

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Received 15 August 2007; Accepted 20 November 2007

ABSTRACT

Objectives. To investigate the prevalence of self-reported experiences of ethnic discrimination and bullying among Sami and non-Sami adults.

Study Design. Cross-sectional, questionnaire-based survey.

Methods. SAMINOR is a population-based study of health and living conditions that was administered in 2003–2004 in 24 different Norwegian and Sami populated municipalities within central and northern Norway. This analysis was based on 12,265 men and women aged 36–79 years. Ethnic distribution was Sami (33.1%), Kvens (7.8%) and the ethnic Norwegian majority (59.1%).

Results. Overall, Sami and Kven respondents reported more ethnic discrimination and bullying in general than ethnic Norwegians ($p < 0.001$). The reporting was highest among the younger participants ($p < 0.001$). Men reported more ethnic discrimination than women, while women reported more bullying. Respondents with the strongest Sami affiliation reported higher levels of ethnic discrimination outside the Sami Language Act's district, while respondents with weak Sami affiliation, Kvens and ethnic Norwegians, reported higher levels inside this district. Among the respondents that reported bullying previously, the most common type was discriminating remarks and the most common location was public schools. For those who reported bullying in the past year, the most common types were gossiping and discriminating remarks, and the most common locations were at work and in the local community. Two out of three of those reporting ethnic discrimination, independent of ethnicity, also reported bullying.

Conclusions. The findings from this study show that the Sami and Kven population more often experience bullying and ethnic discrimination than ethnic Norwegians. These results are consistent with experiences from other minority and marginalized groups that experienced colonization. More research is needed to understand the role bullying and ethnic discrimination play in the well-being and health of the Sami and Kven population. (*Int J Circumpolar Health* 2008; 67(1):97-113)

Keywords: Ethnic discrimination, bullying, minority, indigenous, Sami, Kven

Paper II



Link to full-text:

http://ijch.fi/show_abstract.php?abstract_id=1013

ORIGINAL ARTICLE

Ethnicity, self-reported health, discrimination and socio-economic status: a study of Sami and non-Sami Norwegian populations

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Received 17 May 2009; Accepted 25 February 2010

ABSTRACT

Objectives. Investigate the association between ethnicity, social factors and self-reported health conditions of Sami and non-Sami Norwegian populations.

Study design. Cross-sectional questionnaire.

Methods. SAMINOR is a population-based study of health and living conditions that was conducted in 24 municipalities in northern Norway during 2003 and 2004. The present study included 12,265 individuals aged between 36 and 79, whose ethnicity was categorized as Sami (33.1%), Kven (7.8%) and Norwegian majority population (59.1%).

Results. Sami respondents reported inferior health conditions in comparison to the Norwegian majority population. The most unsatisfactory conditions were reported by Sami females living outside the defined Sami area (with greater integration and assimilation) ($p < 0.05$). Females typically reported less favourable health conditions than did males. Health inequalities varied by age and were more apparent in persons aged in their mid-50s or above. Across ethnic groups, respondents with the highest education and household income were healthier than others. Furthermore, those reporting to have been frequently discriminated against were more likely to report poorer health than those who did not; the odds ratios (95% CI) was found to be 2.88 (1.92-4.32) for women and 1.61 (1.08-2.42) for men. When discrimination was included in the logistical model, the increased risk of poor self-reported health decreased to non-significance for Sami respondents. The estimated risk decreased further when the socio-economic status was taken into account.

Conclusions. The findings of this study suggest that self-reported ethnic discrimination combined with low socio-economic status contributes to inequalities in self-reported health when Sami and Norwegian majority population are compared.

(Int J Circumpolar Health 2010; 69(2):111-128)

Keywords: ethnic discrimination, socio-economic status, self-reported health, ethnicity, indigenous, Sami, SAMINOR

Paper III



Forthcoming:
Transcultural Psychiatry. McGill, Canada
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Ethnicity, ethnic discrimination and psychological distress: a study of Sami and non-Sami populations in Norway

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Abstract

The prevalence of psychological distress and the association between ethnic discrimination and psychological distress was examined among 13,703 participants (36 to 79 years of age) in a population-based study of health and living condition in areas with indigenous Sami, Kven (descendants of Finnish immigrants) and Ethnic Norwegian populations (the SAMINOR study). Sami and Kven males reported greater levels of stress than Ethnic Norwegians. Ethnic discrimination was strongly associated with elevated levels of psychological distress. Given this substantiation, ethnic discrimination is a major potential risk factor regarding mental health which may contribute to ethnicity-related inequalities in mental health between Sami and non-Sami populations.

Keywords: Ethnic discrimination, mental health, psychological distress, Sami, SAMINOR

Paper IV



Forthcoming

SAMI VALUE PATTERNS

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Objectives: To study and contrast personal values in ethnic minority (Sami) and ethnic majority (Ethnic Norwegian) populations in Norway.

Study design: A population-based, cross-sectional study called the SAMINOR study was carried out in 2003-04 in areas of populations with mixed ethnicity.

Method: From 24 municipalities, a total of 12,623 subjects between the ages of 36 and 79 were included in the analysis of personal values. The survey instrument consisted of a 19-item questionnaire and the analysis was based on responses from 10,268 Ethnic Norwegian and 2,355 Sami participants. Associations between personal value variables were assessed using principal component analysis.

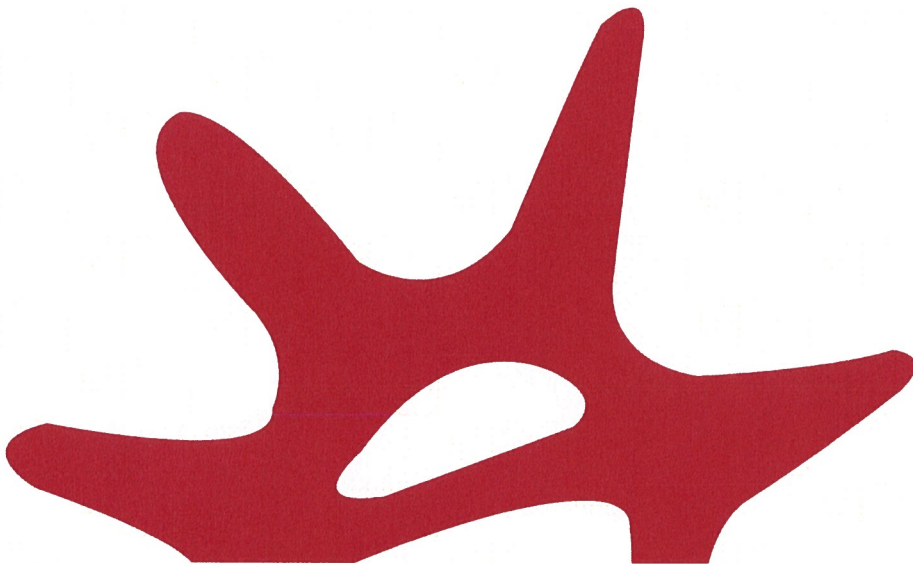
Results: From the 19 values, Sami respondents held the following five personal values in the highest regard: being in touch with nature; harnessing nature through fishing, hunting and berry-picking; preserving ancestral and family traditions; preserving traditional Sami industries and preserving and developing the Sami language. On the other hand, Sami respondents' least important values included modern Sami art and the Sami Parliament (*Sametinget*). Four *dimensions associated with values* were identified: "Traditional Sami Values", "Modern Sami Values", "Contact with Nature" and "Feeling of Marginalisation". Traditional and Modern values were both characterised by significantly higher scores among females, the lowest age bracket and those who considered themselves Sami (not including those who considered themselves to be of mixed Sami/Ethnic Norwegian background). Within the Traditional Sami Values dimension, higher scores were also recorded in participants who were married or cohabiting, living within the Administrative Area of the Sami Language, satisfied with 'way of life' and members of the Laestadian Church. The Modern Sami Values dimension was also characterised by higher scores among participants with high household incomes. The Contact with Nature dimension was characterised by significantly higher proportions of Sami (excluding participants of mixed Ethnic Norwegian/Sami background), married or cohabitants, and participants content with their way of life; age, living area and household income was found to be insignificant variables within this dimension. Feeling of Marginalisation was characterised by: significantly greater proportions of males; of working age; living outside the Administrative Area of the Sami Language; considering oneself to be Sami (excluding mixed ethnic background); low household income; and dissatisfaction with way of life.

Conclusion: Four distinct value patterns were identified in the Sami population. The four dimensions reflect important aspects of today's Sami society.

Keywords: Value patterns, social indicators, ethnicity, indigenous, Sami, SAMINOR

Appendix A

THE LAPPISH POPULATION IN NORTHERN NORWAY Av Vilhelm Aubert Båk'te



SAMMENDRAG

I forbindelse med folketellingen i 1970 ble følgende spørsmål stilt til befolkningen i utvalgte tellingskretser i de tre nordligste fylker:

1. Var samisk det første språk som personen selv snakket? (Sett kryss i ruten foran riktig svar.) Ja/Nei. For barn som ennå ikke har lært å snakke, skal det settes kryss for Ja dersom samisk antas å bli det første talespråket. I motsatt fall sett kryss for Nei.
2. Var samisk det første språk som minst én av personens foreldre snakket? (Sett kryss.) Ja/Nei/Vet ikke.
3. Var samisk det første språk som minst én av personens besteforeldre snakket? (Sett kryss.) Ja/Nei/Vet ikke.
4. Regner personen seg selv som same? (Sett kryss.) Ja/Nei/Usikker/Ønsker ikke å svare. Foreldre eller andre foresatte avgjør om barn under 15 år skal regnes som same.

**THE LAPPISH POPULATION
IN NORTHERN NORWAY**

Av Vilhelm Aubert Bæk'te

**DEN SAMISKE BEFOLKNING
I NORD-NORGE**

SÁMI ÁLBMUT DAVVI-NORGAS

(I Finnmark omfatter tellingen 89,7 prosent av befolkningen. I Troms omfatter den 22,9 prosent og i Nordland 6,1 prosent av befolkningen. Tellingskretsene ble valgt ut på grunnlag av tilgjengelige opplysninger om hvor en kunne vente å finne et samisk innslag i befolkningen. Samer som bor sørpå eller i byer i Troms og Nordland, falt utenfor tellingen. Utenfor falt også en del grender i de midtre og sørlige deler av Nordland. En viktigere feilkilde er at det i enkelte strøk har skjedd en underrapportering av samiske kjennetegn, til dels nok av betydelig omfang. Alle tall må derfor tolkes med varsomhet. En må også være merksam på at det har skjedd en del endringer i de årene som er gått siden 1970.)

I tellingen ble det registrert 10 535 personer med samisk som første språk og 9 175 som oppgav at de (eller de familiemedlemmer de uttalte seg på vegne av) regnet seg som same. I alt 27 646 personer ble registrert med en samisk tilknytning, når den defineres så vidt at den også omfatter personer som svarer vet ikke om besteforeldrenes språk og/eller svarer usikker eller ønsker ikke å svare på spørsmålet om vedkommende regner seg som same. Det siste tallet ville nok ha økt betraktelig om tellingen også hadde omfattet bybefolkningen. Antakelig er det i Norge minst 40 000 personer hvis livsvilkår på et eller annet vis er noe preget av at de har et innslag av det samiske i sin bakgrunn. Hvor mange samer det bor i Norge, er et spørsmål som ingen folketelling kan avgjøre.

Uansett hvordan begrepet "same" blir definert, dreier det seg om en typisk utkanthbefolkning, ikke bare i nasjonal målestokk, men også på det kommunale og lokale nivå. Samenes livsvilkår varierer en god del

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mellom de geografiske områdene. Vi har skilt ut 8 slike områder. Det indre samiske kjerneområdet (Indre Finnmark), Det ytre samiske kjerneområdet (Nedre Tana, Nesseby og Porsanger); Resten av Finnmark; Storfjord, Kvenangen og Ytre Kåfjord; Indre Kåfjord; Skånland; Resten av Troms; (de utvalgte tellekretsene) Nordland.

En del trekk er felles for den samiske befolkning i alle disse områdene: Bosetning i utkantbygder, konsentrasjon om primærnæringsene (jordbruk, fiske og reindrift), relativt høy prosent pensjonister, relativt få personer med høyere utdanning. I alle områdene er det en tendens til at voksne personer med samiske kjennetegn også har en ektefelle med samiske kjennetegn. I alle områdene er det slik at når en av ektefellene er norsetalende, pleier barna å vokse opp med norsk som første språk. I alle områdene er samisk morsmål vanligvis en forutsetning for samisk subjektiv identitet.

På en del punkter finner vi større eller mindre ulikheter mellom de geografiske områdene. I det indre kjerneområdet i Finnmark, og til dels i det ytre, dominerer samene tallmessig i kommunene. Områdene Indre Kåfjord og markebygdene i Skånland i Troms ble skilt ut med sikte på å isolere samiske lokalsamfunn. Likevel finner vi ikke den samme klare samiske dominans som i Indre Finnmark, særlig ikke hvis vi oppfatter kommunen som lokalsamfunnet. I de øvrige områdene i Finnmark, Troms og Nordland utgjør samene et mindretall, ofte en meget liten minoritet av kommunens befolkning. Til dels gjelder dette helt ned på tellingskretsnivå.

Fornorskingprosessen, målt som overgang fra samisk til norsk språk fra en generasjon til den neste, henger nøye sammen med bosetningsmønsteret. I det indre kjerneområdet finner vi bare meget svake tegn på at det foregår en slik prosess. I det ytre kjerneområdet er det tegn på at en slik prosess foregår idet en finner en betydelig økning i ja-svarene når en går fra spørsmål 1 til 2 og til dels videre til spørsmål 3 om besteforeldrenes språk. I resten av Finnmark, et meget uensartet og usammenhengende område, er økningen i ja-svar kraftig fra 1 til 2 og også videre til 3, et tegn på at fornorskingen har foregått over et lengre tidsrom. Disse tendensene er enda mer markert i Troms i området Storfjord, Kvenangen og Ytre Kåfjord. Det samme gjelder Indre Kåfjord og resten av Troms. Skånland og de utvalgte områdene i Nordland viser imidlertid et annet mønster med relativt beskjedne ulikheter i språktilnærning mellom generasjonene. Fornorskingprosessen synes her å ha kommet igang seinere og med mindre styrke enn i de andre områdene i Troms. Det kommer også til uttrykk ved at det her er flere som bekrefter at de har samisk identitet enn samisk morsmål. I alle de øvrige områdene er det færre ja-svar på spørsmål 4 enn på spørsmål 1.

Når det gjelder aldersfordeling, skiller det indre kjerneområdet seg ut fra de andre områdene ved at samene her er en ung befolkning med hele 37 prosent under 15 år. Indre Kåfjord har også en høy prosent, 33, under 15 år. Derimot er det få barn i Storfjord, Kvenangen, Ytre Kåfjord og i Resten av Troms, med henholdsvis 17 prosent og 18 prosent under 15 år. I de øvrige områdene ligger antallet personer under 15 år mellom disse ytterpunktene. Andelen av den samiske befolkningen som er over 60 år, varierer også fra 11 prosent i Indre Finnmark til 25 prosent i Resten av Troms.

Aldersfordelingen blant personer med samisk som første språk, avviker en god del fra det mønster som er skissert foran. Det er et felles trekk ved alle områdene at de samisktalende utgjør en forholdsvis gammel befolkning, men dette er ikke særlig markert i Indre Finnmark der også de fleste barn og unge er registrert med samisk som første språk. I deler av det ytre kjerneområdet lærer en god del barn fortsatt samisk slik de også gjør i Tysfjord, men ellers hører det, ifølge tellingen, til unntakene at barn i samiske familier lærer samisk som første språk.

Språkblandete ekteskap forekommer sjelden i det indre kjerneområdet. Også i Skånland er det vanlig å finne ektepar som begge har samisk morsmål. Mønsteret er omtrent det samme i de utvalgte distriktene i Nordland, men i resten av materialet er de homogent samiskspråklige ektepar i mindretall.

Forholdet mellom svarene på spørsmål 1 og spørsmål 4 varierer sterkt fra område til område. I de to kjerneområdene i Finnmark er det noen få av de som har samisk morsmål, som ikke svarer ja på spørsmål 4. I Skånland og Nordland er det flere ja-svar på 4 enn på 1. I området Storfjord, Kvenangen, Ytre Kåfjord svarer bare hver femte person med samisk morsmål ja på identitetsspørsmålet. Også i de øvrige områdene er det et klart, om ikke fullt så stort, fall i antallet ja-svar fra spørsmål 1 til 4.

Blant samene i vårt materiale er det et betydelig mannsverskott, spesielt i Troms. Særlig blant mennene, men også blant kvinnene, er det flere ugifte enn i den øvrige befolkning. Forskjellene er størst i de yngre aldersgruppene. Familietypene er da også preget av at det forekommer relativt mange enlige i vårt materiale. Blant de familier som består av ektefeller med hjemmeverende barn, forekommer et sterkt innslag av store barnekull.

Utdanningsnivået i den samiske befolkningen er lavt, til dels som følge av at det er en forholdsvis gammel befolkning. Den er mer knyttet til primærnæringene enn den øvrige befolkning. I det indre kjernsområdet er det oppstått en polarisering med samer knyttet til primærnæringene og med relativt lavt utdanningsnivå på den ene siden og en mindre gruppe av innflyttede, velutdannede norsktalende funksjonærer på den andre siden. Den samiske befolkning bor i en familiehus, men den bor stort sett noe trangere enn resten av befolkningen. WC, bad og telefon forekommer noe sjeldnere her enn ellers.

I folketellingen ble det registrert 1 604 personer med tilknytning til reindriften, derav 858 i Kautokeino og 455 i Karasjok. Med et unntak for de ikke-samiske familiene i Sør-Varanger, har nesten alle personer med tilknytning til reindriften samisk som første språk. Barnetallet er meget høyt i reindriftsbefolkningen, som derfor også er en ung befolkning og med få personer registrert som enslige. Reindriften utøvere bodde i 1970 meget trangt, men boligaksjonen i 70-årene har medført visse endringer i dette.

SUMMARY IN ENGLISH

In the course of the 1970 population and housing census the following questions were asked in preselected census tracts in the three northernmost counties.

1. Was Lappish the first language spoken by the person? (Put a mark in front of the right answer.) Yes/No. For children who have not yet learned how to speak, mark "yes" if Lappish is assumed to be its first spoken language. If not mark "no".
2. Was Lappish the first language spoken by one of the person's parents? (Mark with a cross.) Yes/No/Do not know.
3. Was Lappish the first language spoken by one of the person's grandparents? (Mark with a cross.) Yes/No/Do not know.
4. Does the person consider himself to be a Lapp? (Mark with a cross.) Yes/No/Uncertain/Does not wish to answer. Parents or others in parents' place decide whether children below the age of 15 are to be considered as Lapps.

In Finnmark the census covers 89.7 per cent of the population, in Troms 22.9 per cent and in Nordland 6.1 per cent of the population. The census tracts were selected on the basis of available information on where one might expect to find persons with Lappish language or ancestry. Lapps who live in Southern Norway or in cities in Troms and Nordland, fall outside the scope of the census. This is also true of some districts in the middle and southern parts of Nordland. A more important source of error is that in certain districts Lappish characteristics have been under-reported, sometimes significantly so. All figures must, therefore, be interpreted with care. One should also note that some changes have taken place after the census was taken, in 1970.

In the census, 10 535 persons were registered with Lappish as their first language. 9 175 said that they (or those members of the family on behalf of whom they spoke) considered themselves to be Lapps. Altogether 27 646 persons were registered with some Lappish affinity, when this is so broadly defined as to comprise also persons who answer do not know to the question about grandparents' language and/or who respond that they are uncertain or do not want to answer when asked about whether they consider themselves to be Lapps. This last figure would probably have been considerably higher if the census had covered the cities. There are in Norway probably some 40 000 persons whose life is

in one way or another affected by their Lappish ancestry. But how many Lapps there are in Norway, poses a problem which no census can decide.

Regardless of how the concept of "Lapp" is defined, it covers a peripherally located segment of the population, not only on a national scale, but also on the municipal and local level. The living conditions of the Lapps vary a great deal from district to district. We have singled out 8 such areas: The inner Lappish kernel area (the interior of Finnmark); the outer Lappish kernel area (Lower Tana, Nesseby and Porsanger); the rest of Finnmark; Storffjord, Kvænangen and Outer Kåfjord; Inner Kåfjord; Skånland; the rest of Troms; the selected census tracts of Nordland.

Some characteristics are shared by the Lappish population in all these areas: Settlements on the geographical periphery, concentration in the primary sector of the economy (agriculture, fishery and reindeer-herding), a relatively high percentage of pensioners, relatively low educational level. In all the areas there is a strong tendency for persons with Lappish characteristics to have a spouse with similar traits. In all areas, if one of the parents speaks Norwegian, the children usually grow up speaking Norwegian. In all areas Lappish language seems usually to be a precondition of Lappish identity.

In certain respects we find differences between the geographical districts. In the inner kernel area in Finnmark, and in parts of the outer kernel area, the Lapps dominate the municipalities in numbers. Inner Kåfjord and the selected districts of Skånland in Troms were singled out in order to isolate Lappish local communities. Nevertheless, we do not find the same clear pattern of Lappish dominance as in the interior of Finnmark. In the remaining areas of Finnmark, Troms and Nordland, the Lapps constitute no more than fractions and often tiny fractions, of the municipal population, or even of census tracts.

The degree of Norwegianization, gauged as a shift from Lappish to Norwegian language, is strongly associated with the settlement patterns. In the inner kernel area we can discern only slight symptoms that this process is underway. In the outer kernel area there are more signs that this process is going on. There is a considerable increase in yes-answers when moving from question 1 to 2 and, in parts of the area, also from 2 to 3, the latter dealing with the language of the grand-parents. The rest of Finnmark is a disconnected and heterogeneous area. Here the increase in yes-answers was very marked from question 1 to 2, continuing from 2 to 3, a symptom that the process of Norwegianization has been going on for a long time. This tendency is even more marked in Troms in the area Storffjord, Kvænangen and Outer Kåfjord. The same is

true of Inner Kåfjord and the rest of Troms. Skånland and the selected districts of Nordland exhibit a different pattern, characterized by relatively modest linguistic differences between the generations. The process of Norwegianization seems to have started later here and has gained less momentum than in the other areas of Troms. This is expressed also in the fact that there are more people in Skånland and Nordland, who affirm Lappish identity than Lappish language. In all other areas there are fewer yes-answers to question 4 than to question 1.

In terms of age distribution the inner kernel area deviates from all the other areas. It has a young population, with as many as 37 per cent under 15 years. Inner Kåfjord has also a high percentage of children, 33 per cent below 15. Contrary to this, there are relatively few children in Storffjord, Kvænangen, Outer Kåfjord and the rest of Troms, with 17 per cent and 18 per cent, respectively, below 15. In the remaining areas the percentage of the population under 15 years lies between these two extremes. The percentage of the population above the age of 60, varies from 11 per cent in Inner Finnmark to 25 per cent in the rest of Troms.

The age distribution of those who spoke Lappish as their first language, deviates a good deal from the pattern sketched above. It is a characteristic shared by all the areas that the Lappish speaking population is relatively old. This is not, however, such a marked tendency in Inner Finnmark, where also the majority of the children and the young people are registered with Lappish as their first language. In parts of the outer kernel district a fair proportion of the children are still taught Lappish, as the case is also in Tysfjord, Nordland. Outside of these areas, however, it is more an exception than a rule that children in Lappish families learn Lappish as their first language.

Linguistically mixed marriages rarely occur in the inner kernel area. Also in Skånland it is common for both spouses to speak Lappish if one of them does, which is also true of the selected districts of Nordland. But throughout the remaining areas the homogeneous Lappish speaking couples constitute a minority.

The relationship between the answers to questions 1 and 4 vary a great deal between the areas. In the two kernel areas of Finnmark, where the majority of the Lappish speaking population in the census material live, only few Lappish-speaking people deny Lappish identity. In Skånland and Nordland there are more yes-answers to 4 than to 1. However, in Storffjord, Kvænangen, Outer Kåfjord only every fifth Lappish-speaking person affirms Lappish identity in response to question 4. Also in the remaining areas there is a marked decrease in positive answers from 1 to 4, albeit not of the same magnitude as in Storffjord, Kvænangen, Outer Kåfjord.

Among the Lapps in the census material there is a considerable male surplus, especially in Troms. Among the men in particular, but also among the women, there are more single persons than in the rest of the population. The differences are most noticeable in the younger age groups. In terms of family types there are relatively many single person households in the census material. On the other hand, when families are composed of couples with children living at home, there are many children.

The educational level in the Lappish population is relatively low, in part as a consequence of its being an old population. It is more frequently occupied in the primary sector of the economy than is the population at large. In the inner kernel area a polarization has arisen. We find on the one hand the Lapps in the primary sector, characterized by a low level of education, and on the other hand a small group of immigrants, well educated, Norwegian-speaking functionaries. The Lappish population live in one-family houses, but with less space available than in the rest of the population. Water closet, bath and telephone occur with less frequency than is otherwise the case.

In the census 1 604 people were registered as belonging to reindeer-herding families, of these 858 in Kautokeino and 455 in Karasjok. With an exception for the non-Lappish families in Sør-Varanger, almost all persons associated with reindeer-herding had Lappish as their mother tongue. The number of children is high in the reindeer-herding population. It is a young population and with few single persons among the adults. The reindeer-herders had rather cramped living quarters, but the housing-action of the 1970s has improved upon this situation.

Som skjøtselstestamentar hadde holl'ns
(Stipendium med samisk talent på neste side)

Statistisk Sentralbyrå
Oslo-Dep.

Tilleggs skjema
Konfidensielt

Folke- og boligteiling 1. november 1970

Finansdepartementets bestemmelse av 12. februar 1970 (sist med hjemmel i: 1) lov nr. 2 av 25. april 1907 § 5, jfr. Stortingets vedtak av 14. november 1969 og 2) lov nr. 1 av 16. januar 1970 § 5, jfr. kgl. res. av samme dato.

Hovedpersonen i ligheten (eller hovedpersonen stedforføder) må sørge for at dette skjemaet blir fylt ut for hver person i tillegg til personskjemaet. Skjemaet må være klart for avlevering sammen med de andre skjemaene mandag 2. november.

Oppgavens vil bli behandlet strengt konfidensielt. Tallene har taushetsplikt. De som ønsker det, kan levere utfylt skjema i lukket konvolutt.

Etternavn, fornavn, mellomnavn		Fødselsdato og -år		Skriver ikke her		Personnr.	
Gate/vei, nr. eller bostedets navn				Kretsen.			
Poststed		Kommune		Lelighetsnr.			
<p>1. Var samisk det første språk som personen selv snakket? 1 <input type="checkbox"/> Ja 2 <input type="checkbox"/> Nei</p> <p>For barn som ennå ikke har lært å snakke, skal det settes kryss for 'Ja' dersom samisk antas å bli det første taleprøvet. I motsatt fall settes kryss for 'Nei'.</p>							
<p>2. Var samisk det første språk som minst én av personens foreldre snakket? (Sett kryss)</p> <p>1 <input type="checkbox"/> Ja 2 <input type="checkbox"/> Nei 3 <input type="checkbox"/> Vet ikke</p>							
<p>3. Var samisk det første språk som minst én av personens beste-foreldre snakket? (Sett kryss)</p> <p>1 <input type="checkbox"/> Ja 2 <input type="checkbox"/> Nei 3 <input type="checkbox"/> Vet ikke</p>							
<p>4. Regner personen seg selv som samisk? (Sett kryss)</p> <p>Foreldre eller andre foresatte avgjør om barn under 16 år skal regnes som samisk.</p> <p>1 <input type="checkbox"/> Ja 2 <input type="checkbox"/> Nei 3 <input type="checkbox"/> Usikker 4 <input type="checkbox"/> Ønsker ikke å svare</p>							

Merke: Bare én av sidene skal fylles ut.

Grønndahl & Sun, Oslo.

Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets *Persons with answer to questions about Lappish connections by municipality and census tract*

Kommune (svarprosent)	Antall kretser 1) Number of tracts	Spørsmål 1 Question 1		Spørsmål 2 Question 2			Spørsmål 3 Question 3			Spørsmål 4 Question 4			Ønsker ikke å svare Does not wish to answer
		Ja Yes	Nei No	Ja Yes	Nei No	Vet ikke Do not know	Ja Yes	Nei No	Vet ikke Do not know	Ja Yes	Nei No	Usikker Uncertain	
NORDLAND													
Fauske (nær 100)	1/6	:	224	4	220	:	4	220	:	:	225	-	-
Skjerstad (nær 100) .	1/9	:	245	2	241	:	5	240	-	:	241	3	-
Sjørfold (98)	2/12	8	229	15	221	1	19	218	-	11	225	1	-
Hamarøy (6)	3/16	29	16	34	11	-	34	11	-	30	12	1	4
Strømsnes (220) ..		20	11	20	11	-	20	11	-	18	11	-	2
Tysfjord (48)	12/13	213	1 081	243	1 045	8	253	1 023	20	234	1 037	15	11
Hulløy (60)		25	4	29	-	-	29	-	-	28	-	1	-
Hellemo (158)		149	8	155	2	-	155	2	-	155	2	-	-
Evenes (95)	8/8	101	1 583	189	1 472	25	219	1 411	57	154	1 452	34	44
Evenesmark (240) ..		67	158	117	103	5	122	91	13	86	100	20	20
Lenvik/Lenvikmark (191)		27	121	50	97	4	58	83	10	48	90	3	6
Ballangen (77)	7/10	70	1 892	129	1 786	33	147	1 722	76	110	1 789	32	78
Ballangsmark (341)		26	89	47	64	13	48	52	25	34	86	8	34
Kjeldebotn (703) ..		36	469	67	431	8	73	416	17	59	420	13	42
Ankenes (21)	13/19	85	1 120	160	1 026	27	179	989	44	128	1 034	24	22
Vassdal (157)		63	59	113	8	7	121	1	6	99	8	10	3

1) Antall kretser som var med i tilleggundersøkelsen i forhold til antall kretser i kommunen i alt.
1) Number of tracts in the additional survey in relation to the total number of tracts in the municipality.

Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets (forts.)

Kommune (svarprosent) Krets (folketall)	Antall kretser ¹⁾	Spørsmål 1		Spørsmål 2			Spørsmål 3			Spørsmål 4			Ønsker ikke å svare
		Ja	Nei	Ja	Nei	Vet ikke	Ja	Nei	Vet ikke	Ja	Nei	Usikker	
TROMS													
Tromsø (99)	8/62	135	1 754	357	1 492	42	521	1 192	177	21	1 857	5	4
Lakselvbukt (286)		44	234	112	164	2	136	140	2	2	276	-	-
Lakselvdalen (194)		25	165	92	92	7	151	29	11	1	186	1	1
Sørstrøm/Stordal (258) ...		30	227	75	178	4	101	126	30	1	256	-	-
Kvæfjord (under 5)	1/12	:	:	:	:	:	:	:	:	:	:	:	:
Skånland (66)	6/15	359	321	562	95	25	572	58	52	433	103	60	86
Tovik (220)		73	22	94	-	-	94	-	-	81	1	-	13
Kjønnå (130)		46	49	84	9	2	84	8	3	68	14	7	6
Trossemark (269)		110	94	164	29	13	165	19	22	130	27	19	30
Boltås (166)		42	75	70	41	6	75	21	21	50	46	8	13
Saltvatn (179)		58	31	85	4	-	85	-	4	60	4	12	13
Løberg (142)		30	50	65	12	4	69	10	2	44	11	14	11
Gratangen (93)	3/10	24	512	43	468	26	53	438	46	24	485	14	14
Fjellidal (81)		19	49	25	39	4	29	30	9	16	45	5	2
Salangen (99)	13/19	157	2 151	292	1 993	23	318	1 917	73	212	2 031	40	26
Spannsdalen (281)		93	188	174	94	13	181	82	18	114	118	27	22
Målselv (95)	3/26	:	606	:	605	:	:	590	15	:	604	:	6
Sørreisa (99)	4/15	4	996	18	979	3	28	958	14	6	977	15	2
Dyrøy (nær 100)	2/8	2	378	10	363	7	19	331	30	1	376	3	-
Tranøy (98)	1/11	9	192	18	178	5	19	163	19	9	170	20	2
Berg (100)	1/8	4	159	6	146	11	9	134	20	3	159	1	-
Lenvik (90)	4/33	4	1 049	6	1 034	13	12	1 018	23	4	1 037	2	10
Balsfjord (88)	8/31	16	1 420	29	1 378	27	52	1 279	103	14	1 387	10	31
Karlsøy (84)	1/20	1	93	3	91	-	5	89	-	1	90	3	-
Lyngen (98)	16/19	68	3 323	195	3 059	139	295	2 568	530	15	3 286	44	48
Furuflaten (339)		49	289	125	176	37	170	87	81	12	310	11	5

1) Antall kretser som var med i tilleggsundersøkelsen i forhold til antall kretser i kommunen i alt.
1) Number of tracts in the additional survey in relation to the total number of tracts in the municipality.

Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets (forts.)

Kommune (svarprosent) Krets (folketall)	Antall kretser ¹⁾	Spørsmål 1		Spørsmål 2			Spørsmål 3			Spørsmål 4			Ønsker ikke å svare
		Ja	Nei	Ja	Nei	Vet ikke	Ja	Nei	Vet ikke	Ja	Nei	Usikker	
TROMS (forts.)													
Storfjord (99)	8/9	79	1 636	228	1 411	74	468	1 012	233	15	1 690	6	10
Skibotn (425)		25	398	77	337	7	199	165	57	15	405	:	:
Oteren (267)		23	243	56	200	10	92	137	37	-	266	-	-
Elvevoll/Stubbeng (211) ...		23	188	64	105	42	85	38	88	-	211	-	-
Kåfjord (100)	13/13	457	2 812	1 342	1 805	124	1 886	1 153	233	153	2 676	418	25
Storslett (236)		18	217	40	177	18	49	165	21	5	223	:	4
Trollvik (199)		48	151	100	90	9	113	72	14	28	149	19	:
Birtavarre (339)		54	282	157	154	25	236	51	49	24	276	34	:
Kåfjorddalen (325)		55	270	169	130	26	206	77	42	4	314	:	5
Skardal/Løkvoll (156)		39	117	96	59	:	131	23	:	28	48	80	-
Nedre Mandalen (489)		118	370	359	118	11	432	26	30	44	221	216	7
Øvre Mandalen (135)		49	86	99	34	:	121	8	6	4	92	36	3
Samuelsberg (289)		40	249	158	128	:	244	39	6	6	261	22	-
Olderdalen (320)		17	298	58	239	20	84	194	40	8	307	:	:
Skjervøy (97)	16/16	18	4 746	75	4 575	114	147	4 163	454	7	4 694	33	40
Nordreisa (77)	2/11	:	230	9	209	13	14	165	52	:	214	2	15
Kvænangen (100)	10/10	107	1 978	279	1 657	150	387	1 201	498	24	1 978	69	14
Seglvik/Reinfjord (197) ...		16	181	48	141	8	71	95	31	7	164	26	-
Burfjord (492)		46	442	78	366	44	98	287	103	11	464	9	4
FINNMARK													
Hammerfest (85)	7/7	53	5 844	149	5 662	97	209	5 297	393	31	5 790	35	57
Fuglenes (2011)		22	1 612	75	1 540	32	107	1 419	117	15	1 605	16	12
Vadsø (98)	15/15	150	5 272	394	4 957	75	497	4 740	188	121	5 189	58	80
Vadsø IV (626)		15	596	37	568	8	54	537	21	14	582	5	16
Vadsø VI (843)		20	801	65	745	11	84	708	29	17	792	5	7
Vadsø VII (220)		17	201	36	178	5	40	167	12	16	196	:	:

1) Antall kretser som var med i tilleggsundersøkelsen i forhold til antall kretser i kommunen i alt.
1) Number of tracts in the additional survey in relation to the total number of tracts in the municipality.

Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets (forts.)

Kommune (svarprosent) Krets (folketall)	Antall kretser ¹⁾	Spørsmål 1		Spørsmål 2			Spørsmål 3			Spørsmål 4			
		Ja	Nei	Ja	Nei	Vet ikke	Ja	Nei	Vet ikke	Ja	Nei	Usikker	Ønsker ikke å svare
FINNMARK (forts.)													
Kautokeino (93)	7/7	1 965	524	2 086	393	11	2 101	362	27	1 899	426	107	57
Kautokeino (1100)		590	468	688	363	8	702	339	18	567	386	64	42
Galanito (75)		75	-	75	-	-	75	-	-	75	-	-	-
Siebe (94)		93	1	94	-	-	94	-	-	89	1	4	-
Mieronjavre (465)		454	8	459	3	-	459	3	-	420	8	29	5
Soattefielbma (114)		90	23	94	17	2	94	10	9	86	20	6	1
Lappoluobbal (249)		249	-	249	-	-	249	-	-	249	-	-	-
Masi (413)		380	23	393	10	-	393	10	-	379	10	4	9
Alta (95)	32/32	303	10 355	554	9 784	303	728	8 953	960	210	10 149	156	164
Rafsbotn (316)		15	300	34	231	50	49	161	105	3	293	8	11
Transfarelv (325)		33	286	43	275	1	44	266	9	27	279	7	6
Tverrelvdalen (589)		23	556	37	540	2	45	527	7	19	556	2	2
Midtbakken (1161)		18	1 028	40	978	20	58	907	74	14	996	16	10
Bossekop (1205)		40	1 103	52	1 061	27	54	1 004	81	31	1 094	8	7
Aronnes/Elvestrand (585) ..		31	514	57	477	10	62	444	38	29	491	8	46
Rognsund/Stjernesund (156)		22	127	44	85	11	47	68	25	6	127	6	:
Lille Lerresfjord (158) ...		37	102	60	62	17	71	30	38	12	101	17	9
Loppa (99)	10/10	27	2 099	116	1 942	67	224	1 559	342	11	2 099	9	6
Hasvik (97)	10/10	48	1 473	149	1 343	30	206	1 198	115	16	1 455	46	5
Hasvåg (423)		19	391	60	343	8	79	313	17	6	382	22	1
Sørøysund (98)	9/9	68	2 118	163	1 913	126	247	1 579	376	39	2 083	32	34
Indrefjord (1082)		17	1 055	52	987	33	89	842	141	12	1 021	20	21
Eidvågeidet (128)		15	111	32	86	8	39	51	36	:	125	-	-
Kårhamn (248)		20	223	46	161	36	67	115	61	15	213	10	5

1) Antall kretser som var med i tilleggundersøkelsen i forhold til antall kretser i kommunen i alt.

1) Number of tracts in the additional survey in relation to the total number of tracts in the municipality.

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Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets (forts.)

Kommune (svarprosent) Krets (folketall)	Antall kretser ¹⁾	Spørsmål 1		Spørsmål 2			Spørsmål 3			Spørsmål 4			
		Ja	Nei	Ja	Nei	Vet ikke	Ja	Nei	Vet ikke	Ja	Nei	Usikker	Ønsker ikke å svare
FINNMARK (forts.)													
Kvalsund (99)	9/9	276	1 467	566	1 134	43	667	924	152	201	1 262	185	97
Neverfjord (241)		19	221	52	175	13	63	120	57	11	178	44	7
Stallogargo (219)		21	195	43	172	:	52	159	5	12	192	5	8
Kvalsund (458)		33	419	61	377	14	105	304	43	24	424	4	-
Indre Repparfjord (251) ...		25	224	39	197	13	47	168	34	27	177	37	8
Klubben/Erdal (157)		39	117	105	49	:	129	17	10	19	97	35	5
Kokelv (247)		123	123	226	20	-	228	18	-	101	29	55	61
Måsøy (99)	11/11	122	2 742	346	2 372	148	472	1 948	445	52	2 709	58	47
Havøysund (1527)		28	1 481	78	1 370	63	132	1 154	224	15	1 451	22	23
Snøfjord/Burstadhamm/Bak- fjord (183)		38	142	86	82	12	112	47	21	21	139	12	8
Slåtten (77)		27	50	64	10	3	65	9	3	7	58	3	9
Littlefjord (130)		23	108	85	43	3	105	24	2	3	114	12	2
Nordkapp (88)	8/8	117	4 437	323	4 152	80	421	3 807	326	58	4 435	50	41
Honningsvåg (3767)		64	3 420	211	3 220	54	285	2 966	233	29	3 421	27	36
Nordvågen (714)		20	383	45	354	4	63	305	35	7	381	12	4
Sarnes/Laholmen/Kåfjord (98)		14	83	24	68	5	25	59	13	14	82	1	-
Porsanger (99)	14/14	859	2 968	1 427	2 281	118	1 538	1 970	318	813	2 600	276	137
Kjås/Brenna (120)		95	25	114	6	-	115	5	-	73	35	11	1
Leirpollen (121)		42	79	77	44	-	82	37	2	29	69	20	3
Børselv/Surbukt (345)		49	288	106	222	9	129	172	35	36	243	41	17
Østerbotn/Skogende (143) ..		5	137	10	131	1	12	126	4	4	129	6	3
Lakselv (803)		35	765	108	665	27	139	578	83	32	711	35	21
Brennelv/Ildskog (628)		43	575	108	487	22	115	450	53	28	526	38	26
Øvre Lakselv (183)		18	165	47	127	9	51	113	19	9	141	28	5
Skoganvarre (335)		123	210	151	181	1	157	167	9	130	185	13	5

1) Antall kretser som var med i tilleggundersøkelsen i forhold til antall kretser i kommunen i alt.

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Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets (forts.)

Kommune (svarprosent) Krets (folketall)	Antall kretser ¹⁾	Spørsmål 1		Spørsmål 2			Spørsmål 3			Spørsmål 4			Ønsker ikke å svare
		Ja	Nei	Ja	Nei	Vet ikke	Ja	Nei	Vet ikke	Ja	Nei	Usikker	
FINNMARK (forts.)													
Valdak/Igeldas (220)		173	47	210	5	5	210	5	5	197	13	1	9
Jonsnes/Trollholmsund (140)		87	53	132	8	-	132	8	-	120	15	3	2
Polmasjok/Sandvik (328) ...		83	244	161	157	9	171	139	17	88	207	29	3
Treviknes/Polmasjok (135) .		40	95	62	68	5	70	52	13	27	78	16	14
Olderfjord (224)		29	194	63	139	21	73	96	54	20	168	16	19
Smørfjord/Normanset (128) .		37	91	78	41	9	82	22	24	20	80	19	9
Karasjok (97)	6/6	1 838	625	2 011	440	13	2 026	403	35	1 708	518	113	128
Tanadalen (122)		117	2	118	1	-	118	1	-	115	1	2	1
Anarjokka (44)		42	-	42	-	-	42	-	-	42	-	-	-
Karasjok (1090)		542	517	658	394	8	670	366	24	505	443	66	46
Karasjok (1003)		879	102	933	44	4	936	35	10	785	73	45	81
Karasjokdalen (82)		82	-	82	-	-	82	-	-	82	-	-	-
Jesjok (179)		174	4	176	1	1	176	1	1	177	1	-	-
Lebesby (100)	14/14	247	1 980	483	1 703	41	548	1 566	113	196	1 894	96	44
Kjøllefjord (1533)		67	1 459	163	1 337	26	198	1 246	82	39	1 428	31	32
Dyfjord (87)		15	72	39	46	2	41	40	6	9	70	8	-
Kifjord/Normanset (32)		21	10	22	9	-	22	9	-	20	11	-	-
Lebesby (175)		29	146	48	119	8	54	105	16	32	133	10	-
Ifjord (65)		21	44	45	19	1	49	15	1	31	26	7	1
Friarfjord/Adamsfjord (119)		29	90	44	72	3	51	65	3	15	95	4	4
Kunes (62)		27	34	52	9	-	54	7	-	20	25	14	2
Veidnesklubben (93)		25	67	56	36	-	65	26	1	20	47	20	5
Gamvik (93)	7/7	63	1 468	154	1 316	66	181	1 195	160	75	1 375	52	36
Mehamn (909)		22	812	71	724	44	84	651	104	21	774	25	19
Langfjorden (87)		33	52	58	22	5	58	18	9	47	27	10	3

1) Antall kretser som var med i tilleggsundersøkelsen i forhold til antall kretser i kommunen i alt.

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Personer med svar på spørsmålene om samisk tilknytning etter kommune og krets (forts.)

Kommune (svarprosent) Krets (folketall)	Antall kretser ¹⁾	Spørsmål 1		Spørsmål 2			Spørsmål 3			Spørsmål 4			Ønsker ikke å svare
		Ja	Nei	Ja	Nei	Vet ikke	Ja	Nei	Vet ikke	Ja	Nei	Usikker	
FINNMARK (forts.)													
Berlevåg (100)	3/3	66	1 751	142	1 647	28	172	1 563	82	58	1 703	46	10
Berlevåg (1626)		50	1 565	121	1 470	24	141	1 404	70	44	1 519	42	10
Tana (93)	13/13	1 262	1 576	1 709	1 081	50	1 760	1 011	69	1 152	1 318	251	131
Austertana (350)		82	256	109	218	11	117	206	15	70	230	35	4
Vidjenes (183)		42	118	80	76	4	87	68	5	33	98	25	4
Østre Seida (266)		52	196	101	143	4	114	130	4	44	179	18	7
Vestre Seida (295)		58	214	88	180	4	88	179	5	39	199	25	9
Boftsa/Rustekjos (172)		35	124	59	100	-	66	90	3	30	103	16	10
Bonakas (304)		59	221	119	157	4	121	153	6	70	185	16	9
Langnes (53)		12	29	11	26	6	11	24	8	9	31	2	1
Smalfjord (113)		32	68	57	36	7	59	34	7	30	52	9	14
Vestertana (157)		108	40	137	10	1	139	7	2	70	40	15	25
Skipagurra (442)		227	197	318	97	9	326	87	11	197	143	50	34
Alleknjarg (350)		249	81	304	26	-	306	22	2	263	30	30	7
Båteing (142)		120	19	133	6	-	133	6	-	111	23	2	3
Sirma (208)		185	12	191	6	-	191	5	1	184	5	8	4
Nesseby (96)	6/6	690	444	904	224	7	922	194	19	625	355	96	92
Nesseby (275)		179	94	240	30	3	241	24	8	176	65	20	12
Meskelv (200)		148	52	183	17	-	187	13	-	146	37	16	1
Vesterelv/Nyborg (321)		147	162	219	88	3	232	72	6	129	133	24	27
Karlebotn (219)		151	40	164	27	-	164	24	3	118	42	17	42
Åpenvil/Advik (107)		61	44	86	18	1	86	18	1	53	27	17	10
Sør-Varanger (89)	17/18	428	8 606	882	8 021	130	1 049	7 608	376	298	8 482	109	155
Bugøyfjord (245)		69	175	134	106	4	149	78	17	52	171	17	4
Neiden (252)		30	216	64	178	5	72	164	11	21	194	16	16
Korsfjord (357)		74	263	118	215	4	121	204	12	39	278	9	11
Ropelv (42)		8	31	15	23	1	16	22	1	10	28	1	-
Jakobsnes (280)		19	162	30	147	4	30	125	26	19	155	1	11
Kirkenes (4412)		104	4 106	207	3 959	43	266	3 787	157	80	4 077	23	36
Bjørnevatn (1991)		79	1 716	183	1 577	34	236	1 472	85	47	1 687	25	34

1) Antall kretser som var med i tilleggsundersøkelsen i forhold til antall kretser i kommunen i alt.

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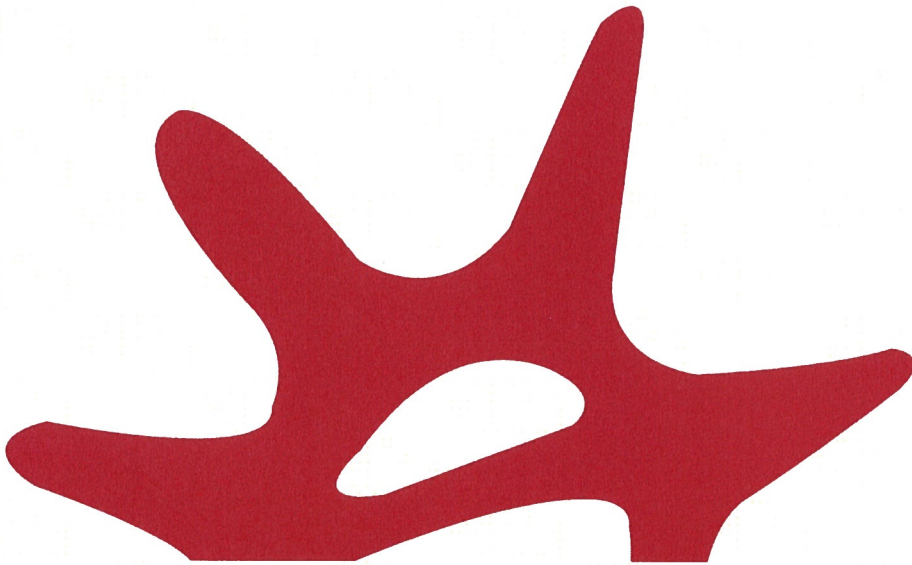
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Appendix B

Invitation letter and questionnaire

applied in the SAMINOR study
2003-2004

**Original Norwegian and Sami version
and English translation**





Nå skal vi sette fokus på helsen i kommunen din.
Hvordan står det egentlig til? Hvordan fungerer helsetjenesten?
Er det store helseforskjeller i de ulike delene av fylket eller mellom de ulike etniske
gruppene? Er kvinner friskere enn menn?
Hvorfor øker sukkersyke her i landet?

Dál áigut giddet fuomášumi dearvvasvuhtii din gielddas. Mo dat duodas lea?
Mo doaimá dearvvasvuodabálvalus? Leatgo stuorra dearvvasvuodaerohusat fylkka
iešgudet osiin dahje iešgudet čearddalaš joavkkuid gaskkas?
Leatgo nissonat dearvasat go albmát?
Manne lassána sohkardávda dán riikkas?

Helseundersøkelsen har tre formål:

- Du som deltar i helseundersøkelsen får sjekket om du har bestemte sykdommer, eller om det er fare for at du kan få dem.
- Å få ny kunnskap om helse, sykdom og levekår i områder med samisk og norsk bosetting.
- Å lage en oversikt over folks helse – en «helseprofil» for fylket. Dette er viktig for å gi fylket og de enkelte kommunene et bedre grunnlag for å planlegge helsetjenesten i framtida.

Hvem kan delta?

Alle født 1925–1967 og i 1973 fra områder med samisk og norsk bosetting. Det er 9 kommuner i Finnmark, 6 i Troms, 4 i Nordland og 2 i Nord-Trøndelag med i undersøkelsen.

Hvordan får du time til helseundersøkelsen?

Du får tilsendt et spørreskjema sammen med innkallingen. Vi ber om at du fyller ut skjemaet hjemme og tar det med når du møter fram til helseundersøkelsen. Helseundersøkelsen vil foregå enten i buss eller i et fast lokale i kommunen. Hvis den oppsatte timen ikke passer, kan du møte når du vil innenfor åpningstiden vår. Undersøkelsen er gratis.

Hvordan foregår helseundersøkelsen?

Det gjøres målinger av blodtrykk, høyde, vekt og livvidde, og det taes en blodprøve. Blodprøven kan senere bli analysert på fettstoffer i blodet, blodsukker, markører for betennelsesreaksjoner, kosthold, hormoner, lever- og nyrefunksjon samt beinmarkører. Genetiske analyser av blodet kan også bli aktuelt.

Omtrent fire uker etter helseundersøkelsen får du et brev i posten med opplysninger om

Dearvvasvuodaiskkadeami dieđuin leat golbma ulbmila:

- Dus gii searvvat iskkadeapmái iskat leatgo dus dihto dávdđat, dahje leago dus várra daid oažžut.
- Oažžut odđa máhtu dearvvasvuoda, dávdđaid ja eallindili birra sámi ja dáža ássanguovlluin.
- Ráhkadit várdosa olbmuid dearvvasvuodas – fylkka «dearvvasvuodaprofiilla». Dát lea dehálaš vai fylkkas ja juohke gielddas lea buoret vuodđu plánet boahttevaš dearvvasvuodabálvalusa.

Gii sáhtta searvat?

Juohkehaš riegádan 1925–1967 ja 1973 guovlluin gos ássat sápmelaččat ja dážat. 9 gieldda Finnmarkkus, 6 Tromssas, 4 Nordlánddas ja 2 Davvi-Trøndelagas leat iskkadeamis mielde.

Mo oaččut diimmu dearvvasvuodaiskkadeapmái?

Oaččut gažadanskovi oktan rávkamiin. Bivdit du deavdit skovi ruovttus ja váldit dan mielde go boadát iskkadeapmái. Iskadeapmi lea juogo busses dahje dihto lanjas gielddas. Jus bidjon áigi ii heive, de sáhtát boahit vaikke goas min rahpanáiggis. Iskadeapmi lea nuvtá.

Mo iskkjuvvot?

Varradeaddu, allodat, lossodat ja seakkáš mihtiduvvojit, ja váldo varraiskkus. Varraiskosis sáhtta mañnil iskat vara buoideávdnasiid, varrasohkkara, infekšunreakšuvnnaid mearkkaid, biepmu, hormonaid, vuoivvas- ja monimušdoaimma ja dákte mearkkaid. Vara genetaláš analysat maid soitet šaddat áigejuvvot.

Sullii njeallje vahku mañnil dearvvasvuodaiskkadeami oaččut poasttas reivve iežat kolestrola, varradeattu ja varrasohkkara birra, ja mo dat leat rávvejuvvon meriid ektui.

ditt kolesterol, blodtrykk og blodsukker, og hvordan du ligger an i forhold til anbefalte verdier. De som har særlig høy risiko for å få hjerte- og kar sykdommer og sukkersyke, vil bli bedt om å ta kontakt med sin egen lege for videre oppfølging.

Alle som møter fram til helseundersøkelsen, får et tilleggsskjema, med spørsmål om blant annet kosthold og levekår.

De som fullfører hele helse- og levekårsundersøkelsen vil være med i trekningen av 3 reisegavekort hver verdt kr. 10 000,-. Vi regner med en deltakelse på ca. 15 000 personer.

Vi trenger din tillatelse

Når du møter fram til helseundersøkelsen, ber vi deg om å undertegne et samtykke der du sier deg enig i et eller flere av de fire punktene nedenfor. (Du vil få kopi av samtykke erklæringen).

- 1) At du kan bli kontaktet med anbefaling om oppfølging, behandling eller for å forebygge sykdom.
- 2) At opplysningene dine kan brukes til medisinsk forskning etter vurdering og tilråding fra *Regional komité for medisinsk forskningsetikk i Nord-Norge* og *Datatilsynet*.
- 3) At resultatene dine (etter godkjenning fra *Datatilsynet*) kan settes sammen med opplysninger om deg i andre registre for forskningsformål slik som *Kreftregisteret*, *Dødsårsaksregisteret* og folketellingene. I alle disse tilfellene vil navn og personnummer bli fjernet. Forsikringsselskaper får ikke tilgang til dataene.
- 4) At blodprøven din kan lagres og brukes til medisinsk forskning og genetiske analyser for å finne årsak til sykdom. All bruk av denne prøven vil bare skje i samsvar med godkjenning fra *Datatilsynet* og etter at *Regional komité for medisinsk forskningsetikk i Nord-Norge* har vurdert og tilrådd prosjektet.

Bivdit sin geain lea hui alla váibmo- ja suotna-dávddavárra ja sohkardávda, váldit oktavuoda iežaset doaktáriin joatkka čuovvoleapmái.

Juohkehaš gii boahdá iskkadeapmái, oažžu lassiskovi, gažaldagaiguin ee. biepmu ja eal-lindili birra.

Sii geat čađahit olles dearvvasvuoda- ja eal-lindilleisikkadeami leat mielde vuorbádeamen 3 mátkeskeanjakoartta man árvu lea 10 000,- ru. guđesge. Doaivut ahte su. 15 000 olbmo servet.

Mii dárbbášat du lobi

Go boadát iskkadeapmái, de bivdit du čállit vuollái miehtama, mas logat iežat leat ovttamielas ovttahje moatti dán njeallje čuoggás vulobealde (Miehtamis oáččut mángosa).

- 1) Ahte duinna sáhttá váldit oktavuoda go áigu rávvat čuovvoleami, dálkkodit dahje eastadit dávddaid.
- 2) Ahte visot du dieđut sáhttet adnot mediisiinnalaš dutkamii *Regional komite for medisinsk forskningsetikk i Nord-Norge* ja *Datatilsynet* árvvoštallama ja rávvaga mielde.
- 3) Ahte du bohtosiid (*Datatilsynet* dohkkeheami mielde) sáhttá čohkket dieđuiguin du birra eará registariin dutkandoaimmaide nugo *Kreftregistret*, *Dødsårsaksregistret* ja olmmošlohkamat. Visot dáid oktavuodain sihkkonamma ja personnummar. Dáhkádušfitnodagat eai beasa dáid dieđuid oaidnit.
- 4) Ahte du varraisikkus sáhttá ráddjot ja adnot mediisiinnalaš dutkamii ja genetalaš analysaide gávnnahtit dávddaid árttaid. Dán iskosu juohke geavaheapmi geavvá dušše *Datatilsynet* dohkkeheami mielde ja maŋŋil go *Regional komite for medisinsk forskningsetikk i Nord-Norge* lea árvvoštallan ja rávven prošeavtta.

Selv om du sier ja til dette nå, kan du senere ombestemme deg og be om å bli slettet fra undersøkelsen uten at du må oppgi noen grunn for det. Dette gjøres ved skriftlig beskjed til **Institutt for samfunnsmedisin, UiTø, 9037 Tromsø**. Blodprøven din vil da bli tilintetgjort.

Vi ønsker å følge alle som møter til helseundersøkelsen i lang tid framover med hensyn til hjerteinfarkt, hjerneslag og andre aktuelle sykdommer. Derfor ønsker vi å lagre opplysningene du har gitt, frem til fylte 100 år, for å sammenholde disse med opplysninger fra sentrale registre slik som *Kreft- og Dødsårsaksregisteret*.

Resultatene vil bli publisert i massemedia, og det utformes en rapport fra helse- og levekårsundersøkelsen når den er avsluttet.

Datatilsynet har gitt konsesjon for lagring av opplysninger fra undersøkelsen og forskningsprosjektet er tilrådd av *Regional komite for medisinsk forskningsetikk i Nord-Norge*.

Velkommen til helseundersøkelsen

Selv om du nettopp har vært hos lege eller selv om du føler deg frisk, kan du likevel delta i undersøkelsen. Da hjelper du oss til bedre kunnskap og riktigere oversikt over helsen i kommunen og fylket ditt.

Vaikke dása dál miedat, de sáhtát manñil molsut oaivila ja bivdit sihkkot iskkadeamis dieđitkeahttá makkárge ákka dasa. Dán dagat čálalaččat Institutt for samfunnsmedisinii; **Institutt for samfunnsmedisin, UiTø, 9037 Tromsø**. Du varraiskkus dalle bálkestuvvo.

Mii dáhtošeimmet guhkit áiggi čuovvut juohkehačča gii boahťa dearvvasvuodáiskkadeapmái váibmodohppehaga, vuoiññašgáldnavigi ja eará vejolaš dávddaid hárrái. Danne dáhtošeimmet rádjat du addán dieđuid, gitta devdon 100 jahkái, vai daid beassá sulastahttit guovddáš registariid dieđuiguin, nugo *Kreft- ja Dødsårsaksregisteret*.

Bohtosiid almmuhat mediain, ja čállo raporta dearvvasvuoda- ja eallindilleiskkadeamis go dat lea loahpahuvvon.

Datatilsynet lea addán sierralobi rádjat iskkadeami dieđuid ja dutkanprošeavtta lea rávven *Regional komite for medisinsk forskningsetikk i Nord-Norge*.

Bures boahťin dearvvasvuodáiskkadeapmái

Vaikke leatge aiddo leamaš doaktára luhte dahje dovddat iežat dearvvasin, de sáhtát liikká searvat iskkadeapmái. Dalle veahkehat min oažžut eanet máhtu ja riektasat dieđuid du gieldda ja fylkka dearvvasvuodas.

Dearvvuodaiguin / Med hilsen

Anne Kirsten Anti

Sámi dearvvašvuodadutkama guovddáš,
Senter for samisk helseforskning
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E-post: helseus@fagmed.uit.no

Jus dárbbášat eambbo dieđuid; čuojahaste 78 46 89 04, Sámi dearvvašvuodadutkama guovddášii,
Karášjohka. E-poasta: helseus@fagmed.uit.no

Helse- og levekårs- undersøkelsen

Personlig innbydelse

1. EGEN HELSE

Hvordan er helsen din nå? (Sett bare ett kryss)

- Dårlig Ikke helt god God Svært god

Har du, eller har du hatt?

	JA	NEI	Alder første gang
Astma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Kronisk bronkitt/emfysem/KOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes (sukkersyke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fibromyalgi/kronisk smertesyndrom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Psykiske plager som du har søkt hjelp for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hjerteinfarkt (sår på hjertet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Angina pectoris (hjertekrampe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hjerneslag/hjerneblødning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Multipel sklerose (MS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ulcerøs kolitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Får du smerter eller ubehag i brystet når du går i bakker, trapper eller fort på flatmark? JA NEI

Kan slike smerter opptre selv om du er i ro? JA NEI

2. MUSKEL OG SKJELETTPLAGER

Har du i løpet av det siste året vært plaget med smerter og/eller stivhet i muskler og ledd som har vart i minst 3 måneder sammenhengende?

JA NEI

Har du noen gang hatt:

	JA	NEI	Alder siste gang
Brudd i håndledd/underarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lårhalsbrudd?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3. MAGE OG TARM SYMPTOMER

Har du hatt sure oppstøt, halsbrann eller brystbrann nesten daglig i minst en uke? JA NEI

Har du noen gang hatt smerter eller verk i magen som har vart i minst 2 uker? JA NEI

Hvis JA, hvor i magen sitter smertene? (Sett ett kryss)

- Øvre del Nedre del Hele magen

Er smertene eller «verken» jevnt over tilstede? (Sett ett kryss)

- I perioder av ukers varighet
- I perioder av måneders varighet
- Beständig

Er du ofte plaget av oppblåsthet, rumling i magen eller rikelig luftavgang? JA NEI

3. MAGE OG TARM SYMPTOMER (fortsettelse)

Er avføringen din vanligvis: (Sett ett eller flere kryss)

- Normal Løs Hard og perlete
- Vekslede hard og løs Illeluktende

Har du i perioder tre eller flere avføringer daglig? JA NEI

Har du hatt plager i mage/tarm etter inntak av melk? JA NEI

Er det andre i familien som har de samme magesymptomene?

- Mor Far Søsknen Barn Ingen

4. ANDRE PLAGER

Under finner du en liste over ulike problemer. Har du opplevd noe av dette den siste uken (til og med i dag)?

(Sett ett kryss for hver plage)

	Ikke plaget	Litt plaget	Ganske mye	Veldig mye
Plutselig frykt uten grunn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Føler deg redd eller engstelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matthet eller svimmelhet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Føler deg anspent eller oppjaget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lett for å klandre deg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Søvnproblemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nedtrykt, tungsindig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Følelse av å være unyttig, lite verd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Følelse av at alt er et slit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Følelse av håpløshet mht. framtida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenkt på å gjøre slutt på livet ditt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. SYKDOM I FAMILIEN

Har en eller flere av dine foreldre eller søsken hatt hjerteinfarkt eller angina pectoris? VET JA NEI IKKE

Kryss av for de slektningene som har eller har hatt noen av sykdommene og angi deres alder for når de fikk sykdommene. (Hvis flere søsken, før opp den som fikk det tidligst i livet)

	Mor	Far	Søster	Bror	Barn	Ingen	Alder første gang
Hjerteinfarkt før 60-års alder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hjerteinfarkt etter 60 års-alder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hjerneslag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Astma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tykktaarmkreft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brystkreft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Eggstokkreft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Hvor mange søsken har du? Brødre Søstre

6. BRUK AV MEDISINER

Med medisiner mener vi her medisiner kjøpt på apotek. Kosttilskudd og vitaminer regnes ikke med her.

Bruker du?

	Nå	Før, men ikke nå	Aldri brukt
Medisin mot høyt blodtrykk ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kolesterolsenkende medisin ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tabletter mot sukkersyke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte har du i løpet av de siste 4 ukene brukt følgende medisiner? (Sett ett kryss pr. linje)

	Ikke brukt siste 4 uker	Sjeldnere enn hver uke	Hver uke, men ikke daglig	Daglig
Smertestillende uten resept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smertestillende på resept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sovemedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beroligende medikamenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medisiner mot depresjon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annen medisin på resept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For de medisinerne du har krysset av for i de to punktene ovenfor og som du har brukt i løpet av de siste 4 ukene:

Angi navnet og hvilken grunn det er til at du tar/har tatt disse (sykdom eller symptom): (Kryss av for hvor lenge du har brukt medisinen)

Navn på medisinen: (sett ett navn pr. linje)	Grunn til bruk av medisinen:	Hvor lenge?	
		Inntil 1 år	1 år eller mer
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Dersom det ikke er nok plass her, kan du fortsette på eget ark som du legger ved.

7. MAT OG DRIKKE (fortsettelse)

Hva slags fett bruker du oftest? (Sett ett kryss pr. linje)

	Bruker ikke	Meieri-smør	Hard margarin	Myk/lett margarin	Oljer	Annet
På brødet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I matlagingen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bruker du følgende kosttilskudd:

	Ja, daglig	Iblant	Nei
Tran, trankapsler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiskeoljekapsler (omega 3)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin- og/eller mineraltilskudd?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mye drikker du vanligvis av følgende? (Sett ett kryss pr. linje)

	Sjelden/aldri	1-6 glass pr. uke	1 glass pr. dag	2-3 glass pr. dag	4 glass el. mer pr. dag
Helmelk, kefir, yoghurt ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettmelk, cultura, lett yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skummet melk (sur, søt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ekstra lettmelk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruktjuice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brus/Cola med sukker ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brus/Cola uten sukker ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange kopper kaffe og te drikker du daglig?

(Sett 0 for de typene du ikke drikker daglig)

	Antall kopper
Filterkaffe	<input type="text"/>
Kokekaffe/trykkanne	<input type="text"/>
Annen kaffe	<input type="text"/>
Te	<input type="text"/>

Omtrent hvor ofte har du i løpet av det siste året drukket alkohol? (Lettøl og alkoholfritt øl regnes ikke med)

Har aldri drukket alkohol	Har ikke drukket siste år	Noen få ganger siste år	Omtrent 1 gang i måneden
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2-3 ganger pr. måned	Ca. 1 gang i uka	2-3 ganger i uka	4-7 ganger i uka
<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Til dem som har drukket siste år:

Når du har drukket, hvor mange glass eller drinker har du vanligvis drukket?

Antall

Omtrent hvor mange ganger det siste året har du drukket så mye som minst 5 glass eller drinker i løpet av ett døgn?

Antall

Når du drikker, drikker du da vanligvis: (Sett ett eller flere kryss)

Øl Vin Brennevin

7. MAT OG DRIKKE

Hvor ofte spiser du vanligvis disse matvarene?

(Sett ett kryss pr. linje)

	Sjelden/aldri	1-3 g. pr. mnd	1-3 g. pr. uke	4-6 g. pr. uke	1-2 g. pr. dag	3 g. el. mer pr. dag
Frukt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bær	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ost (alle typer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kokte grønnsaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rå grønnsaker/salat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊥

BRUK AV HELSETJENESTER

Hvor mange ganger de siste 12 måneder har du selv brukt:
(sett ett kryss for hver linje)

	Ingen	1-3 ganger	4 eller flere
Kommunelege/fastlege	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spesialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legevakt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sykehus innleggelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hjemmesykepleie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kommunal hjemmehjelp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fysioterapeut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiropraktor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tannlege	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternativ behandler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange leger har du selv vært hos de siste 12 måneder?

(angi antall)

Har du fått tildelt navngitt fastlege? Ja Nei

Når du er til undersøkelse, hvilket språk kommuniserer du og legen på? (sett ett eller flere kryss)

Norsk Samisk Bruker tolk Annet språk

Tror du det skjer noen gang at du og legen misforstår hverandre p.g.a. språklige problemer?

Aldri Sjelden Av og til Ofte Usikker

Dersom det er behov for tolk, synes du at legen er flink nok til å be om det?

Ja, alltid Ja, som regel Nei, ikke alltid
 Nei, aldri Jeg liker ikke å bruke tolk

Hvor fornøyd eller misfornøyd er du med følgende sider ved den kommunale legetjenesten i din bostedskommune?
(sett ett kryss per linje)

	Meget fornøyd	Fornøyd	Misfornøyd	Meget misfornøyd	Vet ikke
Avstand til legen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legens tilgjengelighet på telefon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventetid på legetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tid inne hos legen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mulighetene for å få fortalt om dine plager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legens forståelse av din kulturelle bakgrunn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legens informasjon om dine helseplager, undersøkelse og behandlingsopplegg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRUK AV HELSETJENESTER (fortsettelse)

	Meget fornøyd	Fornøyd	Misfornøyd	Meget misfornøyd	Vet ikke
Legens språkbeherskelse (samisk eller norsk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totalt sett, hvor fornøyd eller misfornøyd er du med den kommunale legetjenesten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor lenge er det siden du var hos lege sist? (angi i hele tall)

(år) (måneder)

Dersom du noen gang har benyttet alternative behandlere, hvilke har du brukt? (sett ett eller flere kryss)

Helbreder (guvllár, leser, blåser, håndspålegger)
 Healer
 Akupunktør
 Soneterapeut, homeopat, kinesiolog osv.

Dersom du har benyttet en alternativ behandler, hvor lenge er det siden sist? (angi i hele tall)

(år) (måneder)

Tenk deg at du i dag skulle få behov for hjelp/bistand fra den kommunale helse- og sosialtjenesten (hjemmesykepleie, hjemmehjelp, sosiale tjenester, fysioterapi o.s.v.)

Vet du hvor du skal henvende deg?

Ja Nei Usikker

Er du trygg på at du får hjelp hvis du trenger det?

Ja Nei Usikker

Dersom du i dag får hjelp fra den kommunale helse- og sosialtjenesten, er du fornøyd med tilbudet?

Ja Nei Usikker

SKADER/ULYKKER

Har du vært utsatt for noen ulykker som medførte behandling hos lege og/eller sykehusinnleggelse?

Lege Ja Nei antall ganger

Sykehus innleggelse Ja Nei antall ganger

SKADER/ULYKKER (fortsettelse)

Hvis ja, hva slags ulykke(r) er du blitt behandlet for?
(sett ett eller flere kryss pr. linje)

	Arbeid	Hjem	Fritid	Ingen
Bil.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorsykel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snøscooter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firehjulssykkkel....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traktor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fallulykke.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kuttskade.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Har ulykken(e) ført til nedsatt arbeidsevne?

- Helt Delvis Ikke i det hele tatt

FAMILIE OG SPRÅKBAGGRUNN

I Nord-Norge bor det folk med ulik etnisk bakgrunn. Det vil si at de snakker ulike språk og har forskjellige kulturer. Eksempler på etnisk bakgrunn, eller etnisk gruppe er norsk, samisk og kvensk.

Hvilket hjemmespråk har/hadde du, dine foreldre og besteforeldre? (sett ett eller flere kryss)

	Norsk	Samisk	Kvensk	Annet, beskriv
Morfar:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mormor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farfar:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Far:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg selv:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hva er din, din fars og din mors etniske bakgrunn?
(sett ett eller flere kryss)

	Norsk	Samisk	Kvensk	Annet, beskriv
Min etniske bakgrunn er:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fars etniske bakgrunn er:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mors etniske bakgrunn er:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hva regner du deg selv som? (sett ett eller flere kryss)

Norsk	Samisk	Kvensk	Annet, beskriv
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARBEIDSLIV/ØKONOMI

Hvilken type arbeid/livsopphold har du? (sett ett eller flere kryss)

- Fastlønnnet, heltid Fastlønnnet, deltid
 Sesongarbeid Selvstendig næringsdrivende
 Arbeidsledig Hjemmeværende
 Alderstrygd Uføretrygd
 Annet (beskriv)

ARBEIDSLIV/ØKONOMI (fortsettelse)

Kunne du tenke deg å flytte fra din bostedskommune dersom du fikk tilbud om arbeid et annet sted?

- Ja Nei Deler av året Usikker

Dersom du er arbeidsledig, angi hvor lenge du har vært arbeidssøker: (angi i hele tall)

(år) (måned)

Dersom du er selvstendig næringsdrivende, hvilken type næring jobber du i? (sett ett eller flere kryss)

- Reindrift Fiske Jordbruk Skogbruk
 Forretningsvirksomhet Annet (spesifiser)

Hvor mange personer bor det i din husstand?

(antall personer)

Hvor stor er familiens/husstandens bruttoinntekt per år?

- Under kr. 150 000 Kr. 150 000–300 000
 Kr. 301 000–450 000 Kr. 451 000–600 000
 Kr. 601 000–750 000 Over kr. 750 000

Hvor ofte spiller du på ulike pengespill slik som lotto, tipping, spilleautomater og lignende?

- Aldri/sjelden 1-3 ganger i mnd.
 1 gang i uka 2-6 ganger i uka Hver dag

Hvor mye spiller du for ukentlig i gjennomsnitt?

- Under kr. 100 i uka Kr. 100-500 i uka
 Kr. 501-1000 i uka Over kr. 1000 i uka

MOBBING

Med mobbing mener vi når en eller flere personer gjentatte ganger sier eller gjør vonde ting mot deg, og du har vanskeligheter med å forsvare deg.

Har du vært utsatt for mobbing?

- Ja, de siste 12 mnd. Ja, før Nei

Dersom du har vært utsatt for mobbing, hvilken type mobbing er du blitt utsatt for? (sett ett eller flere kryss)

- Baksnakking Ignorering
 Diskriminerende bemerkninger Annet

Kan du angi hvor dette foregår/foregikk?
(sett ett eller flere kryss)

- På skolen På skoleinternat I yrkeslivet
 I lokalsamfunnet Annet

8. RØYKING OG BRUK AV SNUS

Hvor lenge er du vanligvis daglig i et røykfylt rom? Antall hele timer

Røykte noen av de voksne hjemme da du vokste opp? JA NEI

Bor du, eller har du bodd, sammen med noen dagligrøykere etter at du fylte 20 år? JA NEI

Har du røykt/røyker du daglig? Ja, nå Ja, før Aldri

Hvis du røyker daglig nå, røyker du: JA NEI

Sigaretter?

Sigarer/sigarillos/pipe?

Rulletobakk/rullings?

Hvis du har røykt daglig tidligere, hvor lenge er det siden du sluttet? Antall år

Hvis du røyker daglig nå, eller har røykt tidligere: Hvor mange sigaretter røyker/røykte du vanligvis daglig? Antall sigaretter

Hvor gammel var du da du begynte å røyke daglig? Alder i år

Hvor mange år til sammen har du røykt daglig? Antall år

Har du brukt/bruker du snus daglig? Ja, nå Ja, før Aldri

Hvis du bruker/har brukt snus, hvor mange år til sammen har du brukt snus? Antall år

9. MOSJON OG FYSISK AKTIVITET

Hvordan har din fysiske aktivitet i fritiden vært det siste året? (Tenk deg et ukentlig gjennomsnitt for året. Arbeidsvei regnes som fritid. Besvar begge spørsmålene)

Timer pr. uke:

Lett aktivitet Ingen Under 1 1-2 3 og mer
 (Ikke svett/andpusten)

Hard fysisk aktivitet 1 2 3 4
 (Svett/andpusten)

Angi bevegelse og kroppslig anstrengelse i din fritid. Hvis aktiviteten varierer meget f. eks. mellom sommer og vinter, så ta et gjennomsnitt. Spørsmålet gjelder bare det siste året. (Sett kryss i den ruta som passer best)

Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse? 1

Spaserer, sykler eller beveger deg på annen måte minst 4 timer i uka? 2
 (Regn også med gang eller sykling til arbeidsstedet, søndagsturer m.m.)

Driver mosjonsidrett, tyngre hagearbeid e.l.? 3
 (Merk at aktiviteten skal vare minst 4 timer i uka)

Trener hardt eller driver konkurranseidrett regelmessig og flere ganger i uka? 4

10. UTDANNING OG ARBEID

Hvor mange års skolegang har du gjennomført? (Ta med alle år du har gått på skole eller studert) Antall år

Hvordan trives du i din jobb? 1 Svært godt 2 Godt 3 Dårlig 4 Veldig dårlig

Mener du at du står i fare for å miste ditt nåværende arbeid eller inntekt de nærmeste 2 årene? JA NEI

Mottar du noen av følgende ytelser? JA NEI

Sykepengene

Attføring

Sosialhjelp/-stønad

Overgangsstønad for enslige forsørgere

11. RESTEN AV SKJEMAET SKAL BARE BESVARES AV KVINNER

Hvor gammel var du da du fikk menstruasjon aller første gang? Alder i år

Hvis du ikke lenger får menstruasjon, hvor gammel var du da den sluttet? Alder i år

Er du gravid nå? Over fruktbar Ja Nei Usikker alder
 1 2 3 4

Hvor mange barn har du født? Antall barn

Hvis du har født barn, fyll ut hvert barns fødselsår, og hvor mange måneder du ammet etter fødselen. (Hvis du ikke ammet, skriv 0)

Barn: Fødselsår: Ammet antall mnd.:

1. barn

2. barn

3. barn

4. barn

5. barn

(Hvis flere barn, bruk ekstra ark)

Bruker du, eller har du brukt? (Sett ett kryss for hver linje)

Nå Før, men ikke nå Aldri

P-pille/minipille/p-sprøyte

Hormonspiral (ikke vanlig spiral)

Østrogen (tabletter eller plaster)

Østrogen (krem eller stikkpiller)

Hvis du bruker/har brukt reseptpliktig østrogen: Hvor lenge har du brukt dette? Antall år

Hvis du bruker p-pille, minipille, p-sprøyte, hormonspiral eller østrogen; hvilket merke bruker du?

Spesifiser:

Ikke skriv her

3. KOSTHOLD I OPPVEKSTEN

Tenk på maten du fikk hjemme før du flyttet for deg selv. Hvis du bodde mesteparten av året på skoleinternat, tenk på maten du fikk der.

Bodde du på internat (statsinternat eller privat) da du gikk på barne- og ungdomsskolen?

- Ja, ungdomsskolen
 Ja, barneskolen
 Ja, både barne- og ungdomsskolen
 Nei, ingen av delene

Hvis ja, hvor mange klassetrinn?

Hvor lenge var du på internat i snitt for hvert klassetrinn?

- 1-3 mnd. 4-6 mnd. 7-9 mnd.

Hvor ofte spiste du fisk og reinkjøtt i oppveksten?

	Aldri	1-11 pr. år	1 pr. mnd.	2-3 pr. mnd.	1-2 pr. uke	3-4 pr. uke	5+ pr. uke
Kokt/stekt fisk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reinkjøtt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte spiste du andre matvarer i oppveksten?

	Aldri	1-11 pr. år	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2 pr. uke	3+ pr. uke
Blodmat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauerkjøtt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kjøttkaker, pølser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiskemat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiskelever og rogn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grøt, pannekaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fikk du medisinsk tran i oppveksten?

JA NEI

Fikk du servert tran til for eksempel fisk (i stedet for annet fett)?

Hvor ofte spiste du ville bær og planter i oppveksten?

	Aldri	1-5 pr. år	6-11 pr. år	1 pr. mnd.	2-3 pr. mnd.	1-2 pr. uke	3+ pr. uke
Ville bær	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syregress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kvann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Er maten du spiser nå, forskjellig fra det du fikk i oppveksten?

- Nei
 Litt forskjellig
 Ganske forskjellig
 Veldig forskjellig

4. NATTSPISING

Våkner du ofte opp for å spise etter at du har lagt deg om kvelden?

JA NEI

Hvis «ja», besvar de neste 4 spørsmålene:

Når har du oftest plagene? (Sett ett eller flere kryss)

- Hele året Vår Sommer Høst Vinter

Hva spiser du om natten? (Sett ett eller flere kryss)

- Kjøtt Brødmatt Godteri Annet

Spiser du mer enn halvparten av døgnets matmengde etter kl. 20 om kvelden?

JA NEI

Er andre i familien plaget med nattspising?

JA NEI VET IKKE

Har du skiftarbeid, nattarbeid eller går vakter?

JA NEI

5. OPPVEKST, FAMILIE OG VENNER

I hvilken kommune har du bodd lengre enn ett år?

Kommune:

- Fødested: fra 0 år til år
- fra år til år
- fra år til år
- fra år til år
- fra år til år

(Hvis du har bodd i flere kommuner, bruk eget ark.)

Bor du sammen med ektefelle/samboer?

JA NEI

Har du delt eller daglig omsorg for

JA NEI

Barn?

Foreldre/andre?

Hvor mange gode venner har du?

(De som du kan snakke fortrolig med og som kan gi deg hjelp dersom du trenger det.

Tell ikke med de du bor sammen med.) Antall venner

Er du tilknyttet noen av de følgende menigheter/trossamfunn: (Sett ett eller flere kryss)

- Medlem i statskirka
 Den Læstadianske menighet
 Annen menighet
 Ikke medlem av noen menighet

Føler du at du kan påvirke det som skjer i lokalsamfunnet der du bor? (Sett bare ett kryss)

- Ja, i stor grad
 Ja, en del
 Ja, i liten grad
 Nei
 Har ikke forsøkt

6. VERDITILKNYTNING

TIL ALLE:

⊥

Er det viktig for deg å ha kontakt med naturen?

Meget viktig Viktig Lite viktig Helt uviktig

Er utnytting av naturen gjennom fiske, jakt og bærplukking viktig for deg?

Meget viktig Viktig Lite viktig Helt uviktig

Er bevaring av slekts- og familietradisjoner viktig for deg?

Meget viktig Viktig Lite viktig Helt uviktig

Har du opplevd at du er blitt mobbet eller diskriminert på grunn av din etniske (*samisk, kvensk, russisk, tamilsk, norsk, etc.*) bakgrunn?

Svært mange ganger Noen ganger En sjelden gang Aldri

Tror du at diskriminering av etniske minoriteter kan ha negative helsemessige konsekvenser?

I stor grad I noen grad I liten grad Absolutt ikke

Føler du deg presset ut av næringen din?

I stor grad I noen grad I liten grad Absolutt ikke

⊥

7. TIL DEM MED SAMISK BAKGRUNN:

Er samiske klestradisjoner viktige for deg?

Meget viktig Viktig Lite viktig Helt uviktig

Hvilken betydning har duodji for deg?

Meget stor betydning Stor betydning Liten betydning Ingen betydning

Hva betyr bevaring og utvikling av det samiske språket for deg?

Meget stor betydning Stor betydning Liten betydning Ingen betydning

Er det viktig for deg å bo i et lokalsamfunn der du daglig kan møte andre samer?

Meget viktig Viktig Lite viktig Helt uviktig

Synes du at bevaring av typiske samiske næringer er viktig?

Meget viktig Viktig Lite viktig Helt uviktig

Er utviklingen av det moderne samiske skoleverket viktig for deg?

Meget viktig Viktig Lite viktig Helt uviktig

Er det viktig for deg at samiske lokalsamfunn bør få et større innslag av moderne arbeidsplasser?

Meget viktig Viktig Lite viktig Helt uviktig

Hva betyr samiske media (radio, TV, aviser, bøker) for deg?

Meget stor betydning Stor betydning Liten betydning Ingen betydning

Hva betyr moderne samisk kunst (billedkunst, musikk, film og teater) for deg?

Meget stor betydning Stor betydning Liten betydning Ingen betydning

Hvordan ser du på at samisk samfunn og kultur med årene har fått en sterkere internasjonal kontakt?

Meget viktig Viktig Lite viktig Helt uviktig

Hva betyr Sametinget for deg?

Meget stor betydning Stor betydning Liten betydning Ingen betydning

Opplever du forurensning av eller inngrep i naturen som en trussel mot din samiske tilværelse?

I stor grad I noen grad I liten grad Absolutt ikke

Føler du at den moderne utviklingen fortrenger den samiske kulturen?

I stor grad I noen grad I liten grad Absolutt ikke

TAKK FOR HJELPEN!
HUSK Å POSTLEGGJE SKJEMAET I DAG!

⊥

T

**DEARVVASVUOĐA -
JA EALLINDILLE-
ISKKADEAPMI**

Bovdehus

└

1. DU DEARVVASVUOHTA

Mo lea du dearvvasvuohhta dál? (Russe dušše oktii)

Heittot li nu buorre Buorre Hirbmat buorre
1 2 3 4

Leago dus, dahje leago dus leamaš?

	JUO	II	Ahki vuosttas geardde
Astma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bistevaš bronkihtta/emfysema/KOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (sohkardávda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia/bistevaš bávččassyndroma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psykalaš váttut maida leat jearran veahki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Váibmodohppehat (váibmohávvi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris (váibmogeasáhat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuoŋŋašgáldnanvihki/vuoŋŋašvardin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multipel sklerose (MS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcerøs kolitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bávččagastágo dahje unohastágo rattis go:

Goarknut milliid, ráhpáid dahje váccát
jođánit dulbohagas? JUO II

Sáhttágo ná bávččastit vaikke it lihkat?

2. DEAHKKE- JA DÁKTERIGGEGIVSSIT

Leatgo manimus jagi váivašuvvan bákčasiiguin
ja/dahje stirdun dehkiiguin ja laddasiiguin mii
lea bistán uhcimusat 3 mánu oktiláččat? JUO IN

Leago dus goassige leamaš: JUO II Ahki manimus háve

Doddjon giehtaladás/giehtadieiggus?

Doddjon noras?

3. ČOAVJE- JA ČOALLEDÁVDAMEARKKAT

Leago dus leamaš čáhceolohagat,
čottaboalddáhat dahje raddeboalddáhat
masá beaivválaččat uhcimusat vahku? JUO II

Leatgo dus goassige leamaš čovjjis bákčasat
dahje várka mii lea bistán uhcimusat 2 vahku?

Jus JUO, gokko čovjjis dovdojit bákčasat? (Russe oktii)
 Bajit oasis Vuolit oasis Miehtá čovjjis

Dovdojitgo bákčasat dahje «várka» jámmat? (Russe oktii)
 Bistá ain vahkuid Bistá ain mánuid Čadat

Giksašvatgo dávjá baggamiin, čovješñoarra-
miin dahje hirbmat buoskkuhemiin? JUO IN

Leago du baika dábálaččat: (Russe oktii dahje moddii)
 Dábálaš Njárbat Garas ja gágirlágan
 Vuohagaid garas ja njárbat Guohca

Baikkátgo soames áiggiid golmma dahje eanet
geardde beaivái? JUO IN

Leatgo giksašuvvan čovjjiin/čoliiguin go
mielkki jugat? JUO IN

Leago earáin bearrašis seamma dávdamearkkat?
Eatnis Áhčis Oappás/vieljas Mánáin li ovttagse

4. EARÁ GIVSSIT

Vulobealde lea listu iešgudet váttisvuodain. Leatgo manimus
vahku dáin ovttagse dovdan (otnás rádjai)?

(Russe juohke givssi buohhta)

	li giksa- šuvvan	Veahás giksa- šuvvan	Olu	Hirbmat olu
Fáhka ballu ákka haga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dovdan balu dahje árgodaga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skurvvas dahje oaivejorran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dovdan iežat čavgen dahje huššas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Álki iežat sivahallat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oaddinváttisvuodat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurvvas, lossamiella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dovdan leat ávkemeahtun, unnán árvvus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dovdan ahte visot lea lossat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dovdan eahpedoaivvu boahhteáiggi ektui	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jurddašan loahpahit eallima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. BEARRAŠIS DÁVDDAT

Leago ovttas dahje mángasis du váhnemiin
dahje oappáin/vieljain leamaš váibmo-
dohppehat dahje angina pectoris? JUO II DIEĐE

Russe daid fulkkiid buohhta geain lea dahje lea leamaš muh-
tun dáid dávdain ja almmut sin agi goas ožžo dávdaid.
(Jus eanet oappát/vieljat, čále su gii áramusat eallimis dan
oaččui)

	Eadni	Áhčči	Oabbá	Viellja	Máná	li oktage	Ahki vuosttas geardde
Váibmo- dohppehat ovdal 60-jagi agi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Váibmo- dohppehat manjil 60-jagi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuoŋŋas- gáldnanvihki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gassačoalle- borasdávda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Čižžeborasdávda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mannerák- borasdávda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Galle oappá/vielja leat dus? Vielja Oappá

6. DÁLKASIID GEAVAHEAPMI

Dáلكasiiguin oaivvildat dás apotehkas oston dáلكasiid.
Biebمولasáhusat ja vitaminnat eai lohko dás mielde.

Geavahatgo?

	Dál	Ovdal, muhto in dál	In goassige
Dáلكasa alla varradeddui	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kolesterolgeahpedeaddji dáلكasa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insuliinna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablehtaid sohkar dávdii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá leat **manimus 4 vahku** geavahan dáid dáلكasiid?

(Russe oktii juohke linnjás)

	In atnán manimus 4 vahku	Hárvebut go juohke vahku	Juohke vahku, muhto in beaivvá- laččat	Beaivvá- laččat
Bávččasvuogiheaddji reseptta haga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bávččasvuogiheaddji resepttain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oaddendáلكasiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ráfohandáلكasiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dáلكasiid hurvvi vuostá	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eará dáلكasiid resepttain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Daid dáلكasiidda maid leat russen bajábeal guovtti čuoggás ja maid leat atnán **manimus 4 vahku**:

Bija nama ja manne daid geavahat/leat geavahan (dávda dahje dávdamearka): (Russe dasa man guhká leat dáلكasa geavahan)

Dáلكasa namma: (Ovta nama juohke linnjái)	Manne geavahan dáلكasa:	Man guhká?	
		Gitta 1 jagi	Jagi dahje guhkit
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Jus dás ii leat doarvá sadji, de sáhtát joatkit eará báhpárii, maid de bijat mielde.

7. BORRAMUŠ JA JUHKAMUŠ

Man dávjá borat dáبálaččat dáid borramušaid?

(Russe oktii juohke linnjás)

	Hárve/ in goassige	1-3 g. mánnu	1-3 g. vahkkui	4-6 g. vahkkui	1-2 g. beaivái	3 g. dahje eanet beaivái
Šattuid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murjiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuosttá (buot šlájaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budehiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuššon ruotnasiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varas ruotnasiid/ saláhta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Makkár vuoja anát dávjimusat? (Russe oktii juohke linnjás)

	In geavat	Mejeri- vuoja	Garra margariinna	Dipma/geahppa margariinna	Olijuid	Eará
Láibbi alde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borramuš- ráhkadeamis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Geavahatgo dáid biebmolasáhusaid:

	Juo, beaivválaččat	Soames háve	In
Trána, tránatablehtaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guollevuodjatablehtaid (omega 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamiidna/minerálasáhusaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man olu jugat dáبálaččat dáin: (Russe oktii juohke linnjás)

	Hárve/ in goassige	1-6 glása vahkkui	1 glása beaivái	2-3 glása beaivái	4 gl. dahje eanet beaivái
Ollesmielkki, kefira, yoghurta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geahppamielkki, cultura geahppa yoghurta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skummamielkki (suvrra, čielga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liigegeahppamielkki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Šaddomáihlli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Čázi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bruvssa/Cola sohkkariin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sohkkarhis bruvssa/Cola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Galle gohpa gáfe dahje deaja jugat beaivái?

(Bija 0 daid šlájaid maid it juga beaivválaččat)

	Galle gohpa
Filtargáfe	<input type="checkbox"/>
Vuoššangáfe/deattagievnni	<input type="checkbox"/>
Eará gáfe	<input type="checkbox"/>
Deaja	<input type="checkbox"/>

Sullii man dávjá leat manimus jagi juhkan alkohola?

(Geahppavuolla ja alkoholahis vuolla ii lohko)

In goassige juhkan alkohola	In juhkan manimus jagi	Hui moatti háve manimus jagi	Sullii oktii mánnu
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2-3 geardde mánnu	Su. oktii vahkkui	2-3 geardde vahkkui	4-7 geardde vahkkui
<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Sidjiide geat leat juhkan manimus jagi:

Go leat juhkan, galle glása dahje drinkka leat dáبálaččat juhkan? Galle

Sullii gallii manimus jagi leat juhkan nu olu go uhci musat 5 glása dahje drinkka jándoris? Gallii

Go jugat, jugatgo dalle dáبálaččat? (Russe oktii dahje moddii)

Vuola Viinni Buolliviinni

DEARVVASVUODABÁLVALUSAID GEAVAHEAPMI

Gallii leat *manimus 12 mánu* ieš geavahan:
(russe oktii juohke linnjás)

	In oktiige	1-3 geardde	4 dahje eanet
Gielddadoaktára/fástadoaktára	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spesialista	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doavttervávtta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buohccevissui sisačállima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruovttubohccedivššu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gieldda ruovttuveahki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fysioterapevttá	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiropraktora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bátnedoaktára	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molssaevttolaš dálkkodeaddji	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Galle doaktára luhtte leat ieš leamaš *manimus 12 mánu*?

(almmut galle)

Leatgo ožžon namahuvvot fástadoaktára? Juo In

Go leat iskadeamis, makkár gillii gulahallabeahtti doaktáriin?
(russe oktii dahje mángii)

- Dárogillii Sámegillii Gevahan dulkka
 Eará gillii

**Jáhkátgo ahte doai doaktáriin eahppi áddehala giella-
válttisvuodaid geažil?**

- Ean goassige Hárve Duollet dálle Dávjá
 Eahpesihkar

**Jus dárbbášuvvo dulka, leago doavttir du mielas doarvái
čeahppi dan bivdit?**

- Juo, álohii Juo, dábálaččat Ii álohii
 Ii goassige In liiko dulkka geavahit

**Man duhtavaš dahje duhtameahttun leat don gieldda
doavtterbálvalusa čuovvovaš beliin du ássangielddas?**
(russe oktii juohke linnjás)

	Hirbmat duhtavaš	Duhtavaš	Duhta- meahttun	Hirbmat duhtameahttun	In diede
Doaktára lusa gaska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doaktára fidnet telefonnas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuordináigi doaktára lusa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Áigi doaktára luhtte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beasat mitalit du válttuid birra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doaktára áddejupmi du kulturduogáži	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doaktára diediheapmi du dearvvasvuoda- válttuid, iskadeami ja dálkkodeami birra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEARVVASVUODABÁLVALUSAID GEAVAHEAPMI (joatka)

	Hirbmat duhtavaš	Duhtavaš	Duhta- meahttun	Hirbmat duhtameahttun	In diede
Doaktára giellamáhttu (sámegiella dahje dárogiella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppalohká, man duhtavaš dahje duhtameahttun leat don gieldda doavtter- bálvalusain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man guhká lea dassá go *manimus fitnet doaktára luhtte*?
(almmut olles loguin)

(jagi) (mánu)

**Jus goassige leat geavahan molssaevttolaš dálkkodeaddji,
geaid leat geavahan? (russe oktii dahje moddii)**

- Guvllára (lohkki, bossu, giehtadálkkodeaddji)
 Healera
 Akupunktora
 Soneterapevttá, homeopata, kinesiologa jna.

**Jus leat geavahan molssaevttolaš dálkkodeaddji, de goas lei
manimus? (almmut olles loguin)**

(jagi) (mánu)

**Jurddaš mat ahte dál dárbbášat veahki gieldda dearvvas-
vuoda- ja sosiálbálvalusas (ruovttubohccedivššus, ruovt-
tuveahkis, sosiála bálvalusain, fysioterapias jna.)**

Diedátgo gainna galggat váldit oktavuoda?

- Juo In Eahpesihkar

Leatgo oadjebas ahte oaččut veahki jus dan dárbbášat?

- Juo In Eahpesihkar

**Jus dál oaččut veahki gieldda dearvvasvuoda- ja sosiálbál-
valusas, leatgo duhtavaš dainna?**

- Juo In Eahpesihkar

VAHÁGAT/LIHKOHISVUODAT

**Leat go leamaš lihkohisvuodas man geažil fertejit doaktára
lusa ja/dahje buohccivissui čálihuuvot?**

Doaktára lusa Juo In Gallii

Buohccevissui čálihuuvot Juo In Gallii

VAHÁGAT/LIHKOHISVUODAT (joatkka)

Jus juo, de makkár lihkohisvuodas(ide) leat dálkkoduvvon?
(russe oktii dahje moddii juohke linnjái)

	Bargu	Ruoktu	Astoáigi	In makkárge
Biila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mohtorsikkel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muohtaskohter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Njealjejuvllatsihkkel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traktor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gahččanlihkohisvuodas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Čuohpadanvaháogat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eará	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lea(t)go lihkohisvuohhta(đat) geahpedan bargonávccaid?

- Áibbas Belohakkii Ii/eai oppanassiige

BEARAŠ JA GIELLADUOGÁŠ

Davvi-Norggas ášset mángga čearddaduogáš olbmot. Dát mearkkaša ahte hállat mánggalágan giela ja leat iešgudet kultuvrrat. Ovdamearkkat čearddalaš duogášii, dahje čerdii leat dáža, sámi ja kveana.

Makkár ruovttugiella lea/lei dus, du váhnemiin ja áhkuin/ádjáin? (russe oktii dahje mángii)

	Dárogiella	Sámegiella	Kveanagiella	Eará, čilge
Eatniáhčis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eatnieatnis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Áhčičiáhčis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Áhčieatnis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Áhčis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eatnis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mus:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mii lea du, áhččát ja eadnat čearddaduogáš?

(russe oktii dahje moddii)

	Dáru	Sámi	Kveana	Eará, čilge
Mu čearddaduogáš lea:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Áhči čearddaduogáš lea:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eatni čearddaduogáš lea:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maid logat iežat leat? (russe oktii dahje moddii)

	Dáža	Sámi	Kveana	Eará, čilge
⊥	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BARGOEALLIN/RUHTADILLI

Makkár bargu/eallinbirgejupmi lea dus? (russe oktii dahje moddii)

- Fástabáلكá, ollesáigi Fástabáلكá, oasseáigi
 Áigodatbargu Iešbirgejeddji ealáhusdoalli
 Bargguheapme Ruovttus
 Boarrásiidoajus Bargonávccahisvuodaruhta
 Eará (čilge)

BARGOEALLIN/RUHTADILLI (joatkka)

Sáhtášitgo jurddašit fárret ássangiiddastat jus fállu dutnje bargu eará báikkis?

- Juo In Muhtun ráje jagis Eahpesihkar

Jus leat bargguheapme, mital man guhká leat barggu ohcan: (almmut olles loguin)

(jagi) (mánu)

Jus leat iešbirgejeddji ealáhusdoalli, makkár ealáhusas barggat? (russe oktii dahje moddii)

- Boazodilis Guolásteamis Eanadoalus
 Vuovdedoalus Gávpedoaimmas
 Eará (čilge)

Gallis ášset du bearašgottis?

(galle olbmo) T

Man stuoris lea bearraša/bearašgotti bruttosisabohtu jahkái?

- Vuollet 150 000 ru. Ru. 150 000–300 000
 Ru. 301 000–450 000 Ru. 451 000–600 000
 Ru. 601 000–750 000 Badjel 750 000 ru.

Man dávjá spealat makkárnu ruhtaspealuin nugo lotto, tihp-pen, speallanautomáhtat ja sullasaččain?

- In goassige/hárve 1–3 geardde mánnui
 Oktii vahkkui 2–6 geardde vahkkui
 Juohke beaivvi

Man olu spealat gaskamearálaččat vahkkui?

- Vuollet 100 ru. vahkkui 100–500 ru. vahkkui
 501–1000 ru. vahkkui Badjel 1000 ru. vahkkui

GIVSSIDEAPMI

Givssidemiin oaivvildat go okta dahje moattis dutnje baháid mánggii dadjet dahje dahket, ja dus lea váttis iežat bealuštit.

Leatgo goassige givssiduvvon?

- Juo, manjimus 12 mánu Juo, ovdal In

Jus leat givssiduvvon, de mo leat givssiduvvon?

(russe oktii dahje moddii)

- Bostalemiin Badjelgeahččamiin
 Vealaheadji mearkkašumiiguin Eará

Sáhtášitgo mitalit gos dát geavvá/geavvai?

(russe oktii dahje moddii)

- Skuvllas Skuvlainternáhtas Fidnoeallimis
 Báikegottis Eará

8. BORGGUHEAPMI JA SNUVSSEN

Man guhká leat beaivái dábálaččat suovvalanjas? Galle olles diimmu

Borgguhiigo oktage rávisolmmoš ruovttus go bajásšaddet? JUO II

Ásatgo, dahje leatgo ássan, ovttas beaiválaš borgguheaddjiiguin manñil go devdet 20 jagi? JUO IN

Leatgo borgguhan/borgguhatgo beaiválaččat? Juo, dál Juo, ovdal In

Jus borgguhat beaiválaččat dál, borgguhatgo: JUO IN

Sigareahaid?

Sigáraid/sigarillos/biippu?

Geassanduhpáha/rullings?

Jus beaiválaččat leat borgguhan ovdal, man guhká lea dassá go heitet? Galle jagi

Jus borgguhat beaiválaččat dál, dahje leat borgguhan ovdal:

Galle sigareahtha borgguhat/borgguhit dábálaččat beaivái? Galle sigareahtha

Man boaris ledjet go borgguhišgohtet beaiválaččat? Ahki

Galle jagi leat oktiibuot borgguhan beaiválaččat? Galle jagi

Leatgo snuvssen/snuvssetgo beaiválaččat? Juo, dál Juo, ovdal In

Jus snuvsset/leat snuvssen, galle jagi leat oktiibuot snuvssen? Galle jagi

9. LÁŠMMOHALLAN JA RUMAŠLAŠ LIHKADEAPMI

Mo lea du rumašlaš lihkadeapmi astoáiggis leamaš manñimus jagi? (Jurddaš gaskameari vahkus jahkái. Mátki bargui lohkká astoáigin. Vástit goappašiid gažaldagaid)

Diimmuid vahkkui:

li ovttaga Vuollet 1 1-2 3 dahje eanet

Gehppes lihkadeapmi

(li bivastuvvo/siedđaluvvo).....

Garra rumašlaš bargu

(Bivastuvvo/siedđaluvvo).....

1 2 3 4

Almmut lihkadeami ja rumašlaš rahčamušaid du astoáiggis.

Jus lea hui mánggalágan lihkadeamit omd. gaskal geasi ja dálvvi, de bija gaskameari. Gažaldat guoská dušše manñimus jahkái. (Russe ruvtvui mii buoremusat heive)

Logat, geahčat tv dahje eará jaskačohkká buđaldus? 1

Váccát, sihkelasttát dahje lihkadat earáláhkai ainjuo 4 diimmu vahkkui? (Loga maid vázzima dahje sihkelastima bargui, sotnabeaimátkkiid jna.) 2

Lášmmohalat, barggat losit bealdbarggu js.? (Merke ahte lihkadeapmi galgá leat ainjuo 4 diimmu vahkkui) 3

Hárjehalat garrasit dahje gilvvohalat jeavddalaččat ja mánñii vahkkui? 4

10. OAHPPU JA BARGU

Galle jagi leat skuvllaid vázzán? (Bija buot jagiid go leat skuvllaid vázzán dahje studeren) Galle jagi

Mo loavttát barggus?

1 Hirbmat bures

2 Bures

3 Heittogit

4 Hirbmat heittogit

Oaivildatgo ahte orut massimin dálá barggut dahje sisaboadut lagamus 2 jagi? JUO IN

Oaččutgo ovttage dáid doarjagiin? JUO IN

Buohcceruda

Barguimáhcahandoarjaga

Sosiálveahki/-doarjaga

Gaskaboddosašdoarjaga ovttaskas fuolaheaddjiide

11. DUŠŠE NISSONOLBMOT GALGET VÁSTIDIT DÁS RÁJES SKOVIS

Man boaris ledjet go vuosttas geardde ožžot mánnodávddaid? Ahki

Jus eai šat leat mánnodávddat, man boaris ledjet go dat nohke? Ahki

Leatgo dál áhpeheapme?

Juo In Eahpesihkkar Badjel sahikkoagi

1 2 3 4

Galle máná leat riegádahtán? Galle máná

Jus leat máná riegádahtán, deavdde juohke máná riegádan-jagi, ja galle mánu njamahit manñil riegádahttima?

(Jus it njamahan, čále 0)

Máná: Riegádanjahki: Galle mánu njamahan:

1. máná

2. máná

3. máná

4. máná

5. máná

(Jus eanet mánát, čále sierra árkii)

Geavahatgo, dahje leatgo geavahan? (Russe oktii juohke linnjás)

Dál Ovdal, muhto In

in dál goassige

P-pilla/minipilla/p-cirgganasa

Hormonspirála (ii dábálaš spirála)

Østrogena (tableahaid dahje plastera)

Østrogena (vuoidasa dahje čuggestatpillaid)

Jus geavahat/leat geavahan reseptageatnegas østrogena: Man guhká leat dan geavahan? Galle jagi

Jus geavahat p-pilla, minipilla, p-cirgganasa, hormonspirála dahje østrogena: makkár mearkka geavahat?

Almmut:

T

Ále čále dáikko

LASSIGAŽALDAGAT DEARVVASVUODA- JA EALLIN-DILLEISKKADEAPMÁI

Giitu go bohtet dearvvastvuodaiskkadeapmái. Dán láhkai leat veahkehan háhkat odđa dieđuid dearvvastvuoda ja eallindili birra guovlluin gos ássat sápmelaččat ja dážat. Iskkadeami váldoulbmil lea leamaš háhkat odđa dieđuid váibmovarrasuotnadávddaid birra, vai daid sáhtášii eastadit. Iskkademiin galgat dasa lassin oažžut máhtu eará dávddaid ja givssiid birra, nu ahte sáhttit olbmuid dearvvastvuodas fylkkas bidjat várdosa. Danne bivdit du vástidit soames gažaldaga diliin mat sáhttet leat mávssolaččat dáid ja eará dávddaide.

Devdon skovvi sáddejuvvo čuovvu vástidankonfaluhtas. Porto lea mákson. Giitu ovddalgihitii veahki ovddas!

Ustitlaš dearvvuodaiguin
Sámi dearvvašvuodadutkama guovddáš ja
Nasjonalt folkehelseinstitutt

Beaivi goas deavddát:

Beaivi	Mánnu	Jahki
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. DÁVDAMEARKKAT

Gosatgo masá beaivválaččat soames áiggiid jagis? JUO IN

Leatgo ná gossan nu guhká go 3 mánu guokte manjimus jagi?

Dáhpáhuvvágo ahte giksašuvat nagirgeahtesvuodas?

Jus juo, goas giksašuvat eanemus nagirgeahtesvuodas?

(Russe oktii dahje modtii)

Miehtá jagi Giddat Geassit
 Čakčat Dálvit

Leatgo manjimus jagi giksašuvvon nagirgeahtesvuodas nu ahte lea čuočcan bargonávccaide? JUO IN

Leatgo eanaš duhtavaš iežat eallindiliin?

Hirbmat duhtavaš Hui duhtavaš
 Veaháš duhtameahttun Hirbmat duhtameahttun

Geavvágo ahte guhkát áiggi – ainjuo 14 beaivi – leat váivvis ja šlunddas? JUO IN

Leatgo manjimus 14 beaivi dovdan ahte it nákke čovdit váttisvuodaidat?

In Muhtumin Dávjá Masá oppa áigge

Dovddatgo goassige iežat okto?

In Muhtumin Dávjá

2. BORRAMUŠ DÁL

Áiggošeimmet dus jearrat ahte man dávjá lávet muhtun borramušsorttaid borrat. Jurddas manjimus jagi gaskameari. Russe juohke linnjái galle geardde. Jus ii muihte justa, de deavdde nu bures go sáhtát.

Gallii vahkus lávet mállásiid borrat?

Gallii

Man dávjá lea mállásiin:

	li goassige/ hárvve	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2 g. vahkkui	3 g. vahkkui	4 g. vahkkui	5+ vahkkui
Guolli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biergu (obba, ferdnejuvvon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
li guolli iige biergu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá borat vuššon dorski ja sáiddi mállásiidda?

	In goassige 1-11 g.	1 g. jahkái	2-3 g. mánnu	1 g. mánnu	2 g. vahkkui	3+ g. vahkkui
Dorski (omd. varas, veaháš sáltejuvvon, suovas, boahkis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sáiddi (omd. varas, boahkis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá borat eará vuššon guoli mállásiidda?

	In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Buoiddes guollesorttaid (omd. luosa, báldá, háhká, rávddu, dápmoa, čuovžža)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruoidna guolle- sorttaid (omd. divssu/juvssu, vuskona, hávgga, hárru)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá borat báiston guoli mállásiidda?

	In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Buoiddes guollesorttaid (omd. báiston luosa, sallida, rávddu, dápmoa, čuovžža)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruoidna guollesorttaid (omd. báiston sáiddi, dorski, vuskona, hávgga, hárru)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. BORRAMUŠ DÁL (joatkka)

Man dájvá borat guolleborramuša mállásiidda?

In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Guollegáhkuid/ bulláid/deartna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guollegra- tiinna/ guollerutta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guollesákkuid/ skávuhuvvon guoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dájvá borat guollesuvlli?

In goassige	1-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1-2 g. vahkkui	3-4 g. vahkkui	5+ g. vahkkui
Spihke-/ sálteguoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suovasguoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makrealla tomáhtas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sallitsuvlli (omd. suvrrasallit, tomáhtasallit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meaddennjuvddus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eará guollesuvlli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Galle geardde jagis borat guollesiskkožiid?

	0	1-3	4-6	7-9	10+
Guolleuvuoivasa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meaddemiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dájvá borat čuovvovaš borramušaid?

In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spagetti, pastaborramušaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamburgera láibbis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biergogáhkuid/ karbonádaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Márffiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ruitoborramuša	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dájvá borat obba bierggu mállásiidda (omd. čielgečaskásiid, čoarbeali, ruitobierggu, biffa, deahki)?

In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Vuoncáčivgga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiinni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuoksá/šibiha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sávzza/lábbá	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ealgga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fállá	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dájvá borat bohccobierggu?

In goassige	1-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2 g. vahkkui	3+ g. vahkkui
Vuššon bohcco- bierggu/liema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Báiston bohcco- bierggu (Olles, cáhpon, fierdnejuvvon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suovasbierggu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goikebierggu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dájvá borat eará borramuša bohccos?

In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Bohccovarra- borramuša	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adđamiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bohcconjuokčama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bohccovuovasa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Galle mearraloddemani borat jahkái?

	0	1-3	4-6	7-9	10+
Galle mani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dájvá borat murjjid?

Oktii vástida 1 láibevejahas muorjemeasttuin, joñaid 1 máleslihtái, 1 bajálušlihtái, 1 glása máihlli, dahje ovttá mátkkis goas borret varas murjjiid.

In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1-2 g. vahkkui	3+ g. vahkkui
Luopmániid:						

Varas, galmmiuvvon, firrojuvvon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuššon/oston meastu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jonaid:

Varas, galmmiuvvon, firrojuvvon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuššon/oston meastu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sarridiid:

Varas, galmmiuvvon, firrojuvvon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vuššon/oston meastu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Máihlli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Čáhppesmurjjiid:

Varas, galmmiuvvon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Máihlli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mo lávet don/láve du dálloodoallu háhkat čuovvovaš vuoddoávdnasiid iežat/iežas atnui? (Russe oktii dahje moddii)

In bora goassige/ háve	Visot háhkat ieža	Beloháhkii háhkat ieža	Oastit buvddas	Oastit priváhta	Lonuhat dahje oažžut
Bierggu:					
Bohcco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sávzza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ealgga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	In bora goassige/ hárvve	Visot háhkát ieža	Belohakkii háhkát ieža	Oastit buvddas	Oastit priváhta	Lonuhát dahje oažžu
Guoli:						
Sáivaguoli ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mearraguoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murjiid:						
Luopmániid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jonaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá lávet bivdit, guolástit ja murjet?

	In goassige	Hárvve	Muhtumin	Olu ástoáiggis
Bivdit rievssahiid/ fuđožiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bivdit fuodđuid ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guolástit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Murjet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá leat borran váldomállása iežat dállođu sállešis manimus jagi?

	In goassige	1-5 g. jahkái	6-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2+ g. vahkkui
Váldomállása bivddus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Váldomállása guolásteamis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. BORRAMUŠ BAJÁŠŠADDAMIS

Jurddaš ruovttu borramuša birra ovdal go fárrerit sierra. Jus ášset eanaš oasi jagis internáhtas, de jurddaš borramuša birra doppe.

Ášsetgo internáhtas (stáhtainternáhtas dahje priváhta) go vázzet mánáid- ja nuoraidskuvlla?

- Juo, nuoraidskuvllas
- Juo, mánáidskuvllas
- Juo, sihke mánáid- ja nuoraidskuvllas
- In goappáge

Jus juo, galle luohká?

Man guhká ledjet internáhtas gaskamearálaččat juohke luohkás?

- 1-3 mánu 4-6 mánu 7-9 mánu

Man dávjá borret guoli ja bohccobierggu bajásšaddamis?

	In goassige	1-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1-2 g. vahkkui	3-4 g. vahkkui	5+ g. vahkkui
Vuššon/báiston guoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bohccobierggu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Man dávjá borret eará borramušaid bajásšaddamis?

	In goassige	1-11 g. jahkái	1 g. mánnu	2-3 g. mánnu	1 g. vahkkui	2 g. vahkkui	3+ g. vahkkui
Varraborramuša	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sávzabierggu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biergogáhkuid, márffiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guolleborramuša ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guollevuoivasa ja meadđemiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suohkada, bánnogáhkuid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ožžotgo medisiinnalaš trána bajásšaddamis? JUO IN

Ožžotgo trána omd. guollái (eará vuoja sadjái)?

Man dávjá borret meahccemurjiid ja šattuid bajásšaddamis?

	In goassige	1-5 g. jahkái	6-11 g. mánnu	1 g. mánnu	2-3 g. vahkkui	1-2 g. vahkkui	3+ g. vahkkui
Meahccemurjiid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jupmuid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borranrási	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leago borramuš maid dál borat earalágan go maid borret bajásšaddamis?

- Ii Veaháš earalágan
- Hui earalágan Hirbmat earalágan

4. IDJABORRAN

Morihatgo dávjá boradit manjil go eahkedis leat velledan? JUO IN

Jus "juo", vástit boahhte 4 gažaldaga:

Goas leat dus dávjimusat givssit? (Bija ovttá dahje moadde ruossa)

- Miehtá jagi Gidđat Geassit
- Čakčat Dálvit

Maid borat ihkku? (Russe oktii dahje modii)

- Bierggu Láibeborramuša Njálgáid Eará

Boratgo eanet go beali jándora borramušas manjil di. 20 eahkedis? JUO IN

Givssiduvvojitgo earát bearrašis idjaborramiin? JUO EAI IN DIEDE

Leago dus bargovuorru, idjargu dahje vuoruid váccát? JUO IN

5. BAJÁŠŠADDAN, BEARAŠ JA USTIBAT

Man gielddas leat ássan guhkitgo ovttá jagi?

Gielda:

1. Riegádanbáiki: 0 jagi rájes jahkái

2. jagi rájes jahkái

3. jagi rájes jahkái

4. jagi rájes jahkái

5. jagi rájes jahkái

Ásatgo ovttas náittosguimmiin/elošteaddjiin? JUO IN

Leago dus beaivválaš dahje juhkkon fuolahus: JUO II

Mánái/mánáide?

Váhnemiidda/earáide?

Galle buori ustiba leat dus? T

(Geaiguin sáhtát oadjebasat hállat ja geat sáhttet du veahkehit jus dan dárbašat.

Ále loga sin geaiguin ovttas ásat, muhto eará fulkkiid gal)

Galle ustiba

Gulatto ovttaga dáid searvegottiide/oskkuide?

(Russe oktii dahje moddii)

- Stáhtagirku miellahttu
 Lestadiánalaš searvegoddái
 Eará searvegoddái
 In miellahttu ovttaga searvegottis

Dovddatgo ahte sáhtát váikkuhit dan mii dáhpáhuvvá báikegottis gos ásat? (Russe dušše oktii)

- Juo, hui olu Juo, muhtun muddui
 Juo, unnán In In leat geahččalan

6. ÁRVOČATNAŠUPMI

BUOHKAIDE:

Leago dutnje dehálaš leat luonddus?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Leago luonddu ávkástallan nugo guolásteapmi, bivdu ja murjen dutnje dehálaš?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Leatgo sohka- ja bearašárbevierut dutnje dehálaččat bisuhit?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Leatgo vásihan ahte leat givssiduvvon dahje vealahuvvon du čearddalaš duogáža (sámi, kveana, ruošša, tamila, dáža jna.) geažil?

- Hui mángii Muhtumin Hárve In oppanassiige

Jáhkátgo ahte čearddalaš unnitloguid vealaheapmi sáhttá dearvvasvuhtii čuočcat heajos guvlui?

- Hui olu Muhtun láhkai Unnán li oppanassiige

Dovddatgo ahte ealáhusastis leat duvduojuvvomin eret?

- Hui olu Muhtun láhkai Unnán li oppanassiige

7. SIDJIIDE GEAIN LEA SÁMI DUOGÁŠ:

Leatgo sámi bivttasvierut dutnje dehálaččat?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Maid mearkkaša dutnje duodji?

- Hirbmat stuorra mearkkašupmi Stuorra mearkkašupmi Unnán mearkkašupmi li makkárga mearkkašupmi

Maid mearkkaša dutnje sámegeiela seailuheapmi ja ovddideapmi?

- Hirbmat stuorra mearkkašupmi Stuorra mearkkašupmi Unnán mearkkašupmi li makkárga mearkkašupmi

Leago dutnje dehálaš ássat báikegottis gos beaivválaččat sáhtát deaivvadit eará sámiiguin?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Leago du mielas dehálaš ahte mihtilmas sámi ealáhusat bisuhuvvojit?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Leago dehálaš dutnje ahte ovddiduvvo odđáiigásaš sámi skuvla?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Leago dutnje dehálaš ahte sámi báikegottit berrešit oazžut eanet odđáiigásaš bargosajiid?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Maid mearkkašit dutnje sámi mediat (TV, aviissat, girjjit)?

- Hirbmat stuorra mearkkašupmi Stuorra mearkkašupmi Unnán mearkkašupmi li makkárga mearkkašupmi

Maid mearkkaša dutnje odđái sámi dáidda (govvadáidda, musihkka, filbma ja teáhter)?

- Hirbmat stuorra mearkkašupmi Stuorra mearkkašupmi Unnán mearkkašupmi li makkárga mearkkašupmi

Mo du mielas lea go sámi servodat ja kultuvra jagiid mielde lea ožžon lagat riikkaidgaskasaš oktavuodaid?

- Hirbmat dehálaš Dehálaš Unnán dehálaš Áibbas deattoheapme

Maid mearkkaša dutnje Sámediggi?

- Hirbmat stuorra mearkkašupmi Stuorra mearkkašupmi Unnán mearkkašupmi li makkárga mearkkašupmi

Dovddatgo ahte nuoskkideapmi luonddus dahje sisabahkken lundui áitá du sámi eallima?

- Hui olu Muhtun láhkai Unnán li oppanassiige

Dovddatgo ahte odđáiigásaš ovdáneapmi duvdá eret sámi kultuvrra?

- Hui olu Muhtun láhkai Unnán li oppanassiige

GIITU VEAHKI OVDDAS!
MUITTE SKOVI OTNE POSTET!

1. YOUR OWN HEALTH

What is your current state of health? (Mark only one)
 Poor Not so good Good Very good

Do you have or have you had?	Yes	No	Age first time
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chronic bronchitis, emphysema, COPD.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fibromyalgia/chronic pain syndrome.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Psychological problems for which you have sought help.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Myocardial infarction (heart attack).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Angina pectoris (heart cramp).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cerebral stroke/brain haemorrhage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Multiple sclerosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ulcerous colitis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Do you get pain or discomfort in the chest when walking up hills or stairs, or walking fast on level ground?..... Yes No
 Do you get such pain or discomfort even if you are resting?..... Yes No

2. MUSCULO AND SKELETAL PAIN

Have you during the last year suffered from pain and/or stiffness in muscles or joints that has lasted for at least 3 months?..... Yes No

Have you ever had:	Yes	No	Age last time
a wrist/forearm fracture?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
a hip fracture?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3. STOMACH AND INTESTINAL SYMPTOMS

Have you experienced pyrosis/heartburn almost daily for at least a week?..... Yes No
 Have you ever had pains/aches in the stomach lasting for at least 2 weeks?..... Yes No

If yes, where in the stomach are the pains situated? (Mark only one)
 Upper part Lower part The whole stomach

Normally, for how long time are the stomach pains present? (Mark one)
 For periods of weeks length.....
 For periods of months length.....
 Always.....

Do you often suffer from flatulence, rumbling in the stomach or much wind?..... Yes No

Is your stool usually:
 Normal Loose Hard and lumpy
 Alternating hard and loose Smelly

Do you for some periods of time have three stools per day or more?..... Yes No

Have you had stomach/intestinal problems after consuming milk?..... Yes No

Are there others in your family with similar stomach symptoms?
 Mother Father Siblings Child None

4. OTHER PAINS/PROBLEMS

Listed below are some symptoms or problems. Have you experienced any of these during the last week (including today)? (Tick one box for each item)

	Not affected	Slightly affected	Affected quite a lot	Severely affected
Sudden unfounded fears.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt frightened or anxious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faintness or dizziness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt tense or upset.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a tendency to easily blame yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia/sleeplessness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt dejected or melancholic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a feeling of being useless/of little value.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that everything is a struggle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of hopelessness regarding the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had thoughts of ending your life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ILLNESS IN THE FAMILY

Have one or more of your parents or siblings had a heart attack or angina (heart cramp)?..... Yes No Don't know

Tick off relatives who have, or have ever had, any of the following conditions, and report the age of when they got the illnesses. (If several siblings, report the one who got the illness at the youngest age)

	Mother	Father	Sister	Brother	Child	None	Age first time
Myocardial infarction before age 60.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Myocardial infarction after age 60.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cerebral stroke or brain haemorrhage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Colon cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Breast cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ovarian cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

How many siblings do you have?..... Brothers Sisters

6. USE OF MEDICATION

Medicines, in this context, means medicines bought at a pharmacy. Food supplements and vitamins are not included here.

Do you take?	Currently	Previously, but not now	Never used
Medications for high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol reducing medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablets for diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often during the last 4 weeks have you used the following medications? (Tick one box for each line)

	Less frequently			Daily
	Not used for the last 4 weeks	for the last than every week	Every week, but not daily	
Pain killers without prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers with prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other prescribed medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For those medicines you have ticked off in the last two items, and you have taken during the last 4 weeks:

State the name of the medicines and your reason for taking/having taken them (disease, symptom): (Tick one box for each line)

Brand name of medicine (one name per line)	Reason for use of medicine	For how long time?	
		Up to one year	One year or more
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

If there is not enough space here, continue on a separate page and enclose it with the form.

7. FOOD AND BEVERAGES

How often do you usually eat the following foods?

	Rarely/ never	1-3 t. p. month	1-3 t. p. week	4-6 t. p. week	1-2 t. p. day	3 t. or more p. day
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (all types)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables/salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What type of fat do you usually use? (Tick one box for each line)

	Do not use	Butter	Hard margarine	Soft/light margarine	Oils	Other
On bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use the following food supplements?

	Yes, daily	Sometimes	No
Cod liver oil or cod liver oil capsules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish oil capsules (omega 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins and/or mineral supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you normally drink of the following?

(Tick one box for each line)

	Rarely/ never	1-6 glasses per week	1 glass per day	2-3 glasses per day	4 glasses a day or more
Full milk, full-fat curdled milk and yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-skimmed milk, semi-skimmed curdled milk and low-fat yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimmed milk and skimmed curdled milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-skimmed milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruitjuice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft-drinks/cola-drinks with sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft-drinks/cola-drinks without sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many cups of coffee and tea do you usually drink per day?

(Write 0 for the types you do not drink daily)

	Number of cups
Filtered coffee	<input type="text"/>
Boiled coffee (coarsely ground coffee for brewing)	<input type="text"/>
Other coffee	<input type="text"/>
Tea	<input type="text"/>

How often during the last year have you consumed alcohol?

(Low alcohol beer and non-alcoholic beer are not included)

Never consumed alcohol	<input type="checkbox"/>
Not during the last year	<input type="checkbox"/>
A few times during the last year	<input type="checkbox"/>
1 time per month	<input type="checkbox"/>
2-3 times per month	<input type="checkbox"/>
1 time per week	<input type="checkbox"/>
2-3 times per week	<input type="checkbox"/>
4-7 times per week	<input type="checkbox"/>

To those who have consumed alcohol during the past year:

When you drink alcohol, how many glasses or drinks do you normally drink?

Approximately how many times during the last year have you consumed alcohol equivalent to 5 glasses or drinks within 24 hours?

When you drink alcohol, do you normally drink:

(Tick one or more boxes)

Beer Wine Spirits

8. SMOKING AND SNUFF USE

How many hours a day do you normally spend in smoke-filled rooms? Number of whole hours

Did any of the adults smoke at home while you were growing up? Yes No

Do you currently, or did you previously live together with a daily smoker after your 20th birthday?

Are you currently, or were you preciously a daily smoker? Yes, currently Yes, previously Never

If current daily smoker, do you smoke
 Cigarettes..... Yes No
 Cigars/cigarillos/pipe.....
 Rolling tobacco.....

If you previously smoked daily, how many years is it since you stopped smoking?..... Number of years

If you currently smoke, or have smoked before, how many cigarettes do/did you smoke per day?..... Number of cigarettes

If you currently smoke, or have smoked before, how old were you when you began smoking daily?..... Age in years

If you currently smoke, or have smoked before, how many years in all have you smoked daily?..... Number of years

Do you take or have you been taking snuff daily?..... Yes, currently Yes, previously Never

If you have been taking snuff, for how many years in all have you been taking snuff?..... Number of years

9. EXERCISE AND PHYSICAL ACTIVITY

How has your physical activity in leisure time been during this last year? (Think of your weekly average for the year. Time spent going to work count as leisure time. Answer both questions)

	Hours per week			
	None	Less than 1 hour	1-2 hours	3 hours or more
Light activity (not sweating or out of breath).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard physical activity (sweating/out of breath).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe your exercise and physical exertion in leisure time. If your activity varies much, for example between summer and winter, then give an average. The question refers only to the last twelve months. (Tick the box that is most appropriate)

- Reading, watching TV, or other sedentary activity.....
- Walking, cycling, or other forms of exercise at least 4 hours a week (This should include walking or cycling to work, Sunday stroll/walk, etc.).....
- Participation in recreational sports, heavy gardening, etc. (note: duration of activity at least 4 hours a week).....
- Participation in hard training or sports competitions regularly and several times a week.....

10. EDUCATION AND WORK

How many years of schooling/education have you completed? (Count all years you have attended school or been studying)..... Number of years

How content are you with your job?
 Very content Content Discontent Very discontent

Do you believe that you are in danger of losing your current work or income within the next 2 years?..... Yes No

Do you receive any of the following benefits? Yes No

- Sickness benefit/Sick pay.....
- Rehabilitation benefit.....
- Social welfare benefits.....
- Transition benefit for single parents.....

11. THE REST OF THE QUESTIONNAIRE IS TO BE ANSWERED BY WOMEN ONLY

How old were you when you started menstruating?..... Age in years

If you no longer menstruate, how old were you when you stopped menstruating?..... Age in years

Are you pregnant at the moment?
 Yes No Uncertain Above fertile age

How many children have you given birth to?..... Number of children

If you have given birth, enter what year each child was born and how many months you did breastfeed after the birth? (If you didn't breastfeed, write 0)

Children	Year of birth	Breastfed number of months
1. child.....	<input type="text"/>	<input type="text"/>
2. child.....	<input type="text"/>	<input type="text"/>
3. child.....	<input type="text"/>	<input type="text"/>
4. child.....	<input type="text"/>	<input type="text"/>
5. child.....	<input type="text"/>	<input type="text"/>

(If more children, use an extra sheet of paper)

Do you use or have you ever used? (Tick one box for each line)

	Currently	Previously, but not now	Never used
Contraceptive pills/minipill/contraceptive injection?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal intrauterine device?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estrogen (tablets or patches)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estrogen (cream or suppositories)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you use/have used prescription obliged estrogen, for how many years have you used it?..... Number of years

If you use contraceptive pills, hormonal intrauterine device, or estrogen, what brand do you currently use? Specify

USE OF HEALTH SERVICES

How many times during the past year have you personally used? (Tick one box for each line)

	None	1-3 times	4+
GP (general practitioner).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical specialist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency GP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission to a hospital.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home nursing care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	1-3 times	4+
Home aid, organised by the municipality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative medical practitioner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many doctors have you been seeing for the last 12 months?.....(Number)

Have you been given a regular GP, whose name you know?..... Yes No

When you are being examined, which language do you and your doctor communicate in? (Tick one or more boxes)

Norwegian Sami Use an interpreter
 Other language

Do you think it happens that you and your doctor misunderstand each other due to linguistic problems?
 Never Rarely Sometimes Often Not sure

If an interpreter is needed, is your doctor good enough to request it?
 Yes, always Yes, most of the time No, not always
 No, never Don't like to use interpreter

How satisfied/dissatisfied are you with the following aspects with the municipal health service in your municipality?
 (Tick one box for each line)

	Very satisfied	Satisfied	Dis-satisfied	Don't know
The distance to your doctor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your doctor's availability on telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How soon you can get an appointment with your doctor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long time you are allowed with your doctor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your possibility to explain about you pains and problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your doctor's understanding of your cultural background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information your doctor gives about your health and the examination and treatment you get?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your doctor's language skills (Sami or Norwegian)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local health services in your municipality totally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the whole, how satisfied/dissatisfied are you with the local health services in your municipality? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long is it since you last went to see a doctor?..... (Report whole numbers) Years Months

If you have ever used an alternative practitioner, which did you use? (Tick one or more boxes)

A traditional healer (guvllar, reader, "blåser", laying on of hands)
 A (modern) healer.....

An acupuncture practitioner.....
 A zone therapist, homeopath, kinesiologist etc.....

How long is it since you last used an alternative practitioner? (Report whole numbers) Years Months

Suppose that you would get the need for help/assistance from the local health- and social services (home nursing care, home assistance services, social services, physiotherapy etc.).

Do you know where to approach?..... Yes No Uncertain
 Do you feel confident that you will receive help if you need it?..... Yes No Uncertain
 If you today receive help from the local health and social services, are you satisfied with the help they offer?..... Yes No Uncertain

INJURIES/ACCIDENTS

Have you been in accidents that resulted in treatment by a doctor and/or hospital admission?

	Yes	No	Number of times
Doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

If yes, what kind of accidents have you been treated for?

	At work	At home	During leisure time	No
Car accident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor cycle accident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowmobile accident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-wheel motor cycle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tractor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident by falling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutting injury.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has/have the accident(s) lead to reduced ability to work?
 Completely Partly Not at all

FAMILY AND LINGUISTIC BACKGROUND

In Northern Norway there live people of different ethnic background. That is, they speak different languages and have different cultures. Examples of ethnic background, or ethnic group, is Norwegian, Sami and Kven.

Which language did/do you, your parents and grand parents speak at home? (Tick one or more boxes)

	Norwegian	Sami	Kven	Other, specify
Mother's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mother's mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Father's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Father's mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	Norwegian	Sami	Kven	Other, specify
Father.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your, your father's, and your mother's ethnic background? (Tick one or more boxes)

	Norwegian	Sami	Kven	Other, specify
My ethnic background ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ethnic background ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ethnic background ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider yourself to be? (Tick one or more boxes)

Norwegian Sami Kven
 Other, specify:

EMPLOYMENT/ECONOMY

What type of work/livelihood do you have? (Tick one or more boxes)

Full time job with a fixed salary
 Part time job with a fixed salary
 Seasonal work Self-employed
 Unemployed Homemaker (fulltime housework)
 Old-age pension Disability pension
 Other, specify:

Would you be willing to move if you were offered work somewhere else?

Yes No Parts of the year Uncertain
Years Months

If you are out of work, for how long have you been seeking employment? (Report whole numbers)

If you are self-employed, what do you work with?

(Tick one or more boxes)
 Reindeer herding? Fishing? Farming?
 Forestry? Business?
 Other, specify:

How many persons are living in your household? (Number of persons)

How large is your family's/household's gross income each year?

Less than 150 000 NOK 150 000–300 000 NOK
 301 000–450 000 NOK 451 000–600 000 NOK
 601 000–750 000 NOK More than 750 000 NOK

How often do you participate in gambling (national lottery, football betting, gambling machines etc.)?

Never/rarely 1–3 times a month Once a week
 2–6 times a week Daily

For how much money do you on average gamble per week?

Less than 100 NOK 100–500 NOK
 501–1000 NOK More than 1000 NOK

BULLYING

By bullying we mean when one or more persons systematically and over time say or do bad things against you, and you have difficulty in defending yourself against them.

Have you experienced bullying?

Yes, for the last 12 months Yes, previously No

If you have been bullied, what kind of bullying did you experience?

(Tick one or more boxes)
 Talking behind your back/gossip Being ignored
 Discriminating remarks
 Other, specify:

Can you state where the bullying takes/took place?

At school At boarding school/dormitory
 At work In local community
 Other, specify:

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? Yes No

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/ 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	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"/>	<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"/>	<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 (e.g. 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 (e.g. 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"/>	<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"/>	<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"/>	<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"/>	<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	1-2	3+
Dishes with reindeer blood	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Reindeer tongue	<input type="checkbox"/>	<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"/>	<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.

Cloudberry	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"/>	

Cranberry	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"/>	

Bilberry	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"/>	

Crowberry	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	
Meat						
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"/>
Fish						
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"/>
Berries						
Cloudberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild cranberry	<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 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?

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	5+		
Boiled/fried 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"/>
Reindeer 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 did you eat the following in your childhood?	Never	1-11 per year		Per month		Per week		
		1	2-3	1	2	3+		
Blood products	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No
 Were you given medical cod liver oil during childhood?
 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			Per month		Per week	
		1-5	6-11	1	2-3	1-2	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)

Yes No
 Do you live with a spouse/partner?
 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 ethnical (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 import- ant	Import- ant	Less import- ant	Insignifi- 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!

Appendix C

Informed consent applied in the SAMINOR study
2003-2004

Original Norwegian and Sami version
and English translation



INFORMERT SAMTYKKE

Jeg har lest informasjonen om undersøkelsen og samtykker i at (stryk det / de avsnitt du reserverer deg mot):

1. Jeg kan bli kontaktet med anbefaling om oppfølging, behandling eller for å forebygge sykdom.
2. Opplysningene mine kan brukes i medisinsk forskning til å kartlegge og finne årsaker til helse, sykdom og levekår. All bruk av opplysningene i eventuell framtidig medisinsk forskning vil bare bli brukt dersom Regional komité for medisinsk forskningsetikk og Datatilsynet ikke har noen innvendinger mot dette.
3. Etter godkjenning fra Datatilsynet kan opplysningene mine settes sammen med opplysninger om meg i andre registre for forskningsformål. I alle disse tilfellene blir navnet og personnummeret mitt fjernet. Det kan være registre om trygd, sykdom, inntekt, utdanning, yrke, og opplysninger fra de tidligere hjerte- og kar undersøkelsene. Eksempler på slike registre er Kreftregistret, Dødsårsaksregistret og folketellingene. Forsikringsselskaper vil ikke få tilgang til dataene.
4. Blodprøven min kan lagres og brukes til medisinsk forskning og genetiske analyser for å finne årsak til sykdom. All bruk av denne prøven vil bare skje i samsvar med godkjenning fra Datatilsynet og etter at Regional komite for medisinsk forskningsetikk i Nord- Norge har vurdert de etiske sidene ved gjennomføring av prosjektet.

.....
sted og dato

.....
underskrift

DIËÐIHUVVON MIEHTAN

Lean lohkan dieđuid iskkadeami birra ja mieđan ahte (sihko dan. / daid osiid maidda várašat):

1. Sáhtta muinna váldit oktavuoda go áigu rávvet čuovvoleami, dálkkodit dahje eastadit dávdmaid.
2. Mu dieđuid sáhtta atnit medisiinnalaš dutkamii kártet ja gávdat dearvvasvuoda, dávdmaid ja eallindili árttaid. Visot dieđuid geavaheapmi soaiti boahttevaš medisiinnalaš dutkamii, adno dušše jus Regional komite for medisinsk forskningsetikk ja Datatilsynet eai vuosttal dan.
3. Datatilsynet dohkkeheami vuodul, sáhtta mu dieđuid čohkket mu dieđuiguin eará registariin dutkandoaimmaide. Visot dáid oktavuodain sihko mu namma ja personnummar. Sáhttet leat oaju, dávdmaid, sisaboadu, oahpu ja fidnu birra registarat ja dieđut ovddeš váibmo- ja suotnaiskkademiin. Dákkár registariid ovdamearkkat leat Kreftregistret, Dødsårsaksregistret ja olmmošlohkamat. Dáhkádušfitnodagat eai beasa dáid dieđuid oaidnit.
4. Mu varraiskkus sáhtta ráddjot ja adnot medisiinnalaš dutkamii ja genetalaš analysaide gávnnaht dávdmaid árttaid. Dán iskosa juohke geavaheapmi geavvá dušše Datatilsynet dohkkeheami mielde ja manjil go Regional komite for medisinsk forskningsetikk i Nord- Norge lea árvoštallan proševtta čadaheami ehtalaš beliid.

.....
báiki ja beaivi

.....
vuolláičála

DECLARATION OF INFORMED CONSENT

I have read the information on the survey and consent to the following: (delete the paragraph/paragraphs to which you reserve yourself)

1. I may be contacted for recommendations on follow-ups, treatment, or for the prevention of disease.
2. My information may be used in medical research to gain knowledge on health, disease and living conditions. All use of the information in future research must be in accordance with recommendations from the Regional committee for medical research ethics and the Data Inspectorate.
3. After approval from the Data Inspectorate, my information may, for research aims, be compared with other information in other registers. In these cases, my name and National Insurance number will be removed. The registers may be in social security, health, income, education, occupation and information from previous cardiovascular health studies. Examples are the National register for cancer, causes of death register and census register. Insurance companies will not have accessed to this data.
4. Blood samples may be stored and used for medical research and genetic analyses to find reasons for disease. All use of these samples must only occur in cooperation with, and with the approval of the Data Inspectorate and after the Regional committee for medical research ethics in northern Norway has judged the ethical aspects of the project.

.....

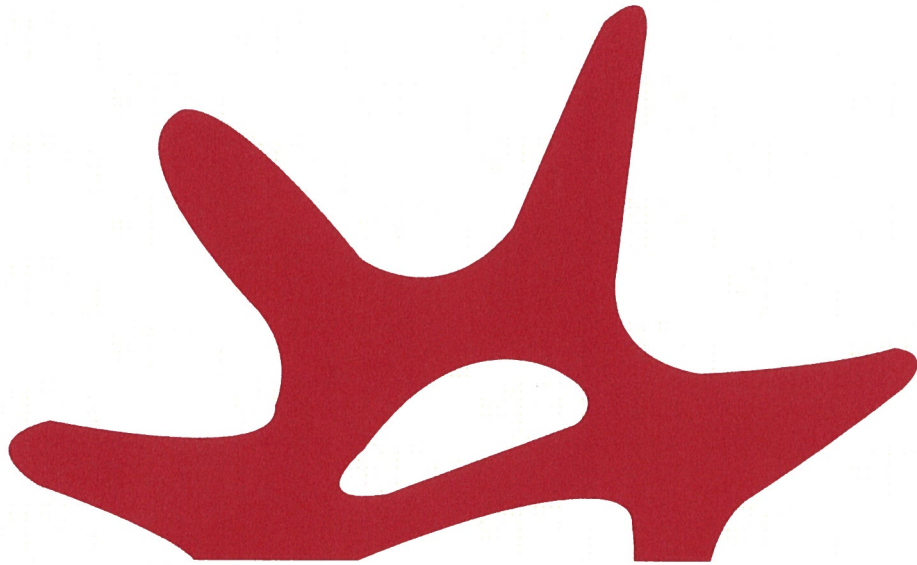
Place and date

.....

Signature

Appendix D

List of municipalities that participated in the  SAMINOR study
2003-2004



Inland areas; municipalities and smaller districts

Røros (Brekken district)

Snåsa (Vinje district)

Røyrvik

Namskogan (Trones og Furuly districts)

Narvik (Vassdalen district)

Grane (Majavatn district)

Hattfjelldal (Hattfjelldal district)

Kautokeino

Karasjok

Tana (Sirma, Polmak, Tana Bru og Alleknjarg districts)

Coast areas; municipalities and smaller districts

Tysfjord

Evenes

Skånland

Lavangen

Lyngen

Storfjord

Kåfjord

Kvænangen

Alta

Loppa

Kvalsund

Porsanger

Lebesby

Nesseby

Tana (Austre Tana og Boftsa districts)



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