

ADDITIONAL QUESTIONS TO THE HEALTH- AND LIVING CONDITIONS SURVEY

Thank you for participating in our survey on 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 will 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 an impact on cardiovascular and other diseases.

Please post the completed questionnaire in the enclosed envelope. Postage is paid. Thank you in advance for your help!

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

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

Date of filling in questionnaire:

1. SYMPTOMS

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

Have you had such a 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 feel sad and depressed for longer periods (> 14 days)? 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 as best you can.

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

How often does your dinner include the following:

	Never/ rarely	1 per month	2-3 per month	1 per week	2 per week	3 per week	4 per week	5+ per week
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"/>
No 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	1 per month	2-3 per month	1 per week	2 per week	3+ per week
Cod (e.g. fresh, cured, smoked, dried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coalfish (e.g. fresh, dried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you eat other poached fish for dinner?

	Never	1-5 per year	6-11 per year	1 per month	2-3 per month	1 per week	2+ per week
Fatty fish (e.g. 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	1-5 per year	6-11 per year	1 per month	2-3 per month	1 per week	2+ per week
Fatty fish (e.g. 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	1-5 per year	6-11 per year	1 per month	2-3 per month	1 per week	2+ per week
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 the following fish on bread?

	Never	1-11 per year	1 per month	2-3 per week	1-2 per week	3-4 per week	5+ per week
Cured/salted fish	<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"/>
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"/>
Pickled herring	<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"/>
Other fish spreads	<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	1-5 per year	6-11 per year	1 per month	2-3 per month	1 per week	2+ per week
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)

	Never	1-5 per year	6-11 per year	1 per month	2-3 per month	1 per week	2+ per week
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	1 per month	2-3 per month	1 per week	2 per week	3+ per week
Boiled reindeer meat (bouillon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried reindeer meat (whole, scraped, minced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked reindeer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried reindeer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you eat other reindeer products?

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

How often do you eat berries?

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

Cloudberries

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

Cranberries

Fresh, frozen, stirred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked/purchased jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bilberries

Fresh, frozen, stirred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked/purchased jam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syrup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crowberries

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 get hold of the following foods for private use? (Tick one or more boxes)

	Never/rarely eaten	Self sufficient Completely	Partly	Buy it in shops	Buy it from private salesman	Get it for free or in exchange
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						
Cloudberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild cranberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you hunt, fish or pick berries?

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

How often during the past year did you eat a main meal from your household's hunting/fishing?

	Never	1-5 per year	6-11 per year	1 per month	2-3 per month	1 per week	2+ per week
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 ate at home before you moved out. If you stayed most of the time at boarding school, think of the food you ate there.

Did you attend boarding school (public or private) in primary school (grades 1-6) or lower secondary school (grades 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, at each grade?

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

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

	Never	1-11 per year	1 per month	2-3 per month	1-2 per week	3-4 per week	5+ per week
Boiled/fried fish	<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"/>

How often did you eat the following in your childhood?

	Never	1-11 per year	1 per month	2-3 per month	1 per week	2 per week	3+ per week
Blood products	<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"/>
Meatballs and sausages	<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"/>
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"/>
Porridge and pancakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Never	1-5 per year	6-11 per year	1 per month	2-3 per month	1-2 per week	3+ per week
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 your food intake after 8 o'clock in the evening? Yes No

Do other members of your family eat at night? Yes No Don't know

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

5. FAMILY AND FRIENDS

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

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

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

Do you live with a spouse/partner? Yes No
 Do you have shared or daily care for the following?
 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 an 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 harnessing of nature through fishing, hunting and berry-picking important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is maintenance of family traditions important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Many times Sometimes Rarely Never

Do you think discrimination against ethnic minorities can have a 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 Sami 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 to you to have more modern work places in Sami communities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Sami media (radio, TV, newspapers, books) important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is modern Sami art important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What do you think of the stronger international contact the Sami society and culture have obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Sami Parliament important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider pollution/interference with nature a threat to your Sami way of life?

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

Do you feel that modern development displaces Sami 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!