

QUESTIONNAIRE FOR 'MOVING DENMARK'

[INTRODUCTION PAGE/INSTRUCTION FOR ALL RESPONDENTS]

Thank you for your part in creating 'Moving Denmark'!

The questionnaire is divided into six parts:

- 1) Practical work at home
- 2) Physical activity at work or during your studies
- 3) Physical activity such as transport (e.g. walking, biking and running)
- 4) Physical activity during leisure time
- 5) Opportunities for physical activity in the area where you live
- 6) Questions about you (your household, your working life and your health)

COVID-19/corona may have affected how and how often you are physically active. Therefore, we ask you to answer the questions based on an overall assessment of the past 12 months. At the end of the questionnaire, we ask how COVID-19/corona has affected your physical activity.

It takes approximately 15 minutes to answer the questionnaire.

Use the buttons at the bottom of each page to navigate back and forth in the questionnaire. You have the opportunity to take a break from filling in the questionnaire. Your answers will be saved, and you will be able to return to the questionnaire later to complete it by clicking on the link in the invitation letter. At the end of the questionnaire, it is possible to print your own answers.

Click 'Næste' (Next) to begin answering the questionnaire.

PART 1: PRACTICAL WORK AT HOME

1. How often do you perform the following types of practical work at home (indoors and outdoors)?
(please tick one box in each line)

	5 days a week or more	3-4 days a week	1-2 days a week	Less than 1 day a week	Never
Cook, clear the table and do the dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden (e.g. mow the lawn, sweep, weed, rake leaves, dig)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other practical work (e.g. maintenance and repair of home, car, bike, etc. and other 'do-it-yourself' projects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: PHYSICAL ACTIVITY AT WORK OR DURING YOUR STUDIES

The following question deals with your main occupation. If you work or study, you will afterwards be asked a question about the physical activity that is part of your work or studies.

2. What is your main occupation at the moment?

(please tick only one box)

Undergoing education/going to school (incl. apprentices and trainees)	<input type="checkbox"/>
Unskilled job (job that does not require an education), e.g. job in a factory, cleaning, childcare assistant, etc.	<input type="checkbox"/>
Vocational job, e.g. job in an office, craftsman, social and health care worker, etc.	<input type="checkbox"/>
Job following a short-cycle higher education, e.g. computer specialist, marketing economist, pharmaconomist, electrician, laboratory technician, etc.	<input type="checkbox"/>
Job following a medium-cycle higher education, e.g. nurse, midwife, physiotherapist/occupational therapist, pre-school, primary school and lower secondary school teachers, journalist, certificated engineer, social worker, etc.	<input type="checkbox"/>
Job following a long-cycle higher education, e.g. doctor, upper secondary school teacher, lawyer, civil engineer, researcher, etc.	<input type="checkbox"/>
Self-employed (you have your own company or are co-owner of a company)	<input type="checkbox"/>
Unemployed (receive unemployment benefit/labour market benefit from unemployment insurance fund)	<input type="checkbox"/>
Unemployed on social security benefits	<input type="checkbox"/>
Disability pensioner	<input type="checkbox"/>
Retirement pensioner, early retirement pensioner	<input type="checkbox"/>
On leave of absence from work/course of study (e.g. maternity leave, nursing leave, sick leave)	<input type="checkbox"/>
On leave of absence from unemployment benefits/social security benefits (e.g. maternity leave, nursing leave, sick leave)	<input type="checkbox"/>
Non-working	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

[SHOWN TO RESPONDENTS WHO WORK OR ARE UNDERGOING EDUCATION (BASED ON QUESTION 2)]

3. How often is your work or studies characterised by?

(please tick one box in each line)

	5 days a week or more	3-4 days a week	1-2 days a week	Less than 1 day a week	Never
Tasks that do not require physical exertion (e.g. sedentary or stationary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tasks with light physical exertion (e.g. repeated standing movements or walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tasks with moderate physical exertion (e.g. repeated lifting or use of tools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tasks with heavy physical exertion (e.g. repeated heavy lifting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3: PHYSICAL ACTIVITY AS TRANSPORT

[SHOWN TO RESPONDENTS WHO WORK OR ARE UNDERGOING EDUCATION (BASED ON QUESTION 2)]

4. How often do you use the following modes of transport on the way to and from your work or place of study (the entire trip or large parts of it)?
(please tick one box in each line)

	5 days a week or more	3-4 days a week	1-2 days a week	Less than 1 day a week	Never
Biking (incl. electric bicycle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running (incl. roller skates, skateboards and scooters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you use the following modes of transport to and from shopping, institutions, leisure activities, visiting friends and family and the like (the entire trip or large parts of it)?
(please tick one box in each line)

	5 days a week or more	3-4 days a week	1-2 days a week	Less than 1 day a week	Never
Biking (incl. electric bicycle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running (incl. roller skates, skateboards and scooters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHOWN TO RESPONDENTS WHO HAVE TICKED AT LEAST ONE BOX FOR 1-2 DAYS A WEEK, 3-4 DAYS A WEEK OR 5 DAYS A WEEK OR MORE (QUESTIONS 4 AND 5)]

The next question deals with the reasons why you walk, bike or run as transport.

6. How much do you agree or disagree with the following statements about why you walk, bike or run as transport?

(please tick one box in each line)

I walk, bike or run...	Completely agree	Partly agree	Neither nor	Partly disagree	Completely disagree
To maintain or improve my health (e.g. physical fitness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To spend time with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To do something nice for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To maintain or improve my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because others in my social circle encourage me to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I like to walk, bike or run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I feel good afterwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is the cheapest mode of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is the fastest or easiest mode of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it is good for the environment and the climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Whether you often, rarely or never bike, walk and run as transport, there may be good reasons why you choose to transport yourself in other ways.

7. What keeps you from walking, biking or running (more often) as transport?

(it is possible to tick multiple boxes)

Nothing – I am not interested in walking, biking or running (more often) when transporting myself	<input type="checkbox"/>
That it takes too long and/or the distances are too great	<input type="checkbox"/>
That I feel unsafe on the road (e.g. due to traffic, lack of pavement, bike path or lighting)	<input type="checkbox"/>
That I often run errands on the way or drive others (e.g. colleagues, children)	<input type="checkbox"/>
That I feel embarrassed when I walk, bike or run	<input type="checkbox"/>
That I do not like to be hot and sweaty	<input type="checkbox"/>
That I do not feel presentable after walking, biking or running	<input type="checkbox"/>
That I lack the necessary skills	<input type="checkbox"/>
That I do not have anyone to walk, bike or run with	<input type="checkbox"/>
That others in my social circle do not encourage me to walk, bike or run	<input type="checkbox"/>
That I am often too exhausted or tired	<input type="checkbox"/>
That I prioritise time at my job or with my family	<input type="checkbox"/>
That I am in need of or have poor equipment (e.g. bike)	<input type="checkbox"/>
That I have a disability or a chronic disease	<input type="checkbox"/>
That I am in bad shape	<input type="checkbox"/>
That I am injured	<input type="checkbox"/>
That I am worried about getting injured	<input type="checkbox"/>
That it is often bad weather (e.g. rain or wind)	<input type="checkbox"/>
That I like driving	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

PART 4: PHYSICAL ACTIVITY DURING LEISURE TIME

The first questions deal with what activities you do in your leisure time and how often. In this connection, you must include exercise and training at the workplace as well as training and playing at home (indoors and outdoors).

8. Which of the following physical activities have you performed within the last 12 months?

(please tick one box in each line)

	Yes	No
Walking and hiking (not as transport)	<input type="checkbox"/>	<input type="checkbox"/>
Running (not as transport)	<input type="checkbox"/>	<input type="checkbox"/>
Biking (not as transport)	<input type="checkbox"/>	<input type="checkbox"/>
Fitness and physical training (e.g. strength exercises/weight training, cardio workout, team training)	<input type="checkbox"/>	<input type="checkbox"/>
Mental training and flexibility/stability training (e.g. yoga, Pilates, meditation/mindfulness)	<input type="checkbox"/>	<input type="checkbox"/>
Team ball games (e.g. football, handball, volleyball, beach volley, floorball)	<input type="checkbox"/>	<input type="checkbox"/>
Other ball games (e.g. golf, badminton, table tennis, tennis, squash)	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics (e.g. spring gymnastics, rhythmic gymnastics, apparatus work, keep-fit exercises)	<input type="checkbox"/>	<input type="checkbox"/>
Dance (e.g. partner dance, fitness dance, modern dance, creative dance, street dance)	<input type="checkbox"/>	<input type="checkbox"/>
Activities in water (e.g. swimming, diving, winter swimming)	<input type="checkbox"/>	<input type="checkbox"/>
Activities on the water (e.g. canoeing/ kayaking, rowing, sailing, surfing, stand up paddle)	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor activities (e.g. outdoor life, fishing, hunting, scouts, role-playing)	<input type="checkbox"/>	<input type="checkbox"/>
Rolling and street activities/street sports (e.g. roller skating, scooters, skateboarding, parkour, street basketball)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation (e.g. in hospital, at municipal level, private, at home)	<input type="checkbox"/>	<input type="checkbox"/>
Physically active games (e.g. playing with children, croquet, rounders, dodge ball, hide and seek)	<input type="checkbox"/>	<input type="checkbox"/>
Other sporting activities (e.g. athletics, bowling, martial arts, pétanque, horseback riding, roller skiing, skiing, shooting, triathlon)	<input type="checkbox"/>	<input type="checkbox"/>
Other physically active leisure activities (e.g. handicrafts, arts and crafts, food and gastronomy, theatre, music)	<input type="checkbox"/>	<input type="checkbox"/>

[SHOWN TO RESPONDENTS WHO HAVE CHOSEN AT LEAST ONE TYPE OF ACTIVITY (IN QUESTION 8). ONLY THE SELECTED TYPES OF ACTIVITY ARE SHOWN]

In the previous question, you ticked selected types of activity. In this question, we ask that for each of the selected types of activity you tick the activities you have performed within the last 12 months.

9. Which activities have you performed within the last 12 months?

(it is possible to tick multiple boxes)

Walking and hiking (not as transport)	
Walking at a fast pace (e.g. Power Walking, Speed Walking)	<input type="checkbox"/>
Walking/hiking at a moderate pace	<input type="checkbox"/>
Walking with a dog	<input type="checkbox"/>
Other types of walking and hiking (please specify)	<input type="checkbox"/>

Running (not as transport)	
Jogging	<input type="checkbox"/>
Orienteering	<input type="checkbox"/>
Cross-country running (e.g. trail running)	<input type="checkbox"/>
Other types of running (please specify)	<input type="checkbox"/>

Biking (not as transport)	
Road cycling (on a racing bike)	<input type="checkbox"/>
Mountain biking	<input type="checkbox"/>
Biking (on 'everyday bike')	<input type="checkbox"/>
Other forms of biking (please specify)	<input type="checkbox"/>

Fitness and physical exercise	
Strength exercises/weight training (e.g. with weights, on machines, functional training)	<input type="checkbox"/>
Cardio workout (e.g. on a treadmill, exercise bike or rowing machine)	<input type="checkbox"/>
Aerobics/step aerobics	<input type="checkbox"/>
Crossfit	<input type="checkbox"/>
Spinning	<input type="checkbox"/>
Other forms of team training (e.g. body pump, body attack, body balance, circuit training, TRX, tighten up, stretching, fitness boxing)	<input type="checkbox"/>
Other forms of fitness and physical training (please specify)	<input type="checkbox"/>

Mental training and flexibility/stability training	
Yoga	<input type="checkbox"/>
Pilates	<input type="checkbox"/>
Meditation/mindfulness	<input type="checkbox"/>
Tai chi, qi gong	<input type="checkbox"/>
Other forms of mental training and flexibility/stability training (please specify)	<input type="checkbox"/>

Team ball games	
Basketball	<input type="checkbox"/>
Football	<input type="checkbox"/>
Hockey/floorball	<input type="checkbox"/>
Handball	<input type="checkbox"/>
Volleyball/beach volley	<input type="checkbox"/>
Other team ball games (please specify)	<input type="checkbox"/>

Other ball games	
Badminton	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>
Golf	<input type="checkbox"/>
Padel	<input type="checkbox"/>
Squash	<input type="checkbox"/>
Tennis	<input type="checkbox"/>
Other ball games (please specify)	<input type="checkbox"/>

Gymnastics	
Spring gymnastics and/or rhythmic gymnastics (e.g. team gym, tumbling, grand prix, acro)	<input type="checkbox"/>
Apparatus work (e.g. parallel bars, floor, rings, vaulting horse)	<input type="checkbox"/>
Keep-fit exercises	<input type="checkbox"/>
Trampoline	<input type="checkbox"/>
Other forms of gymnastics (please specify)	<input type="checkbox"/>

Dance	
Partner dance (e.g. folk dance, ballroom, sports dance, salsa, tango, swing)	<input type="checkbox"/>
Ballet, flamenco, modern dance and the like	<input type="checkbox"/>
Fitness dance (e.g. Zumba)	<input type="checkbox"/>
Creative dance (e.g. project-oriented dance with professional dancer)	<input type="checkbox"/>
Street dance (e.g. hip hop, house, breakdance, shuffle, dancehall)	<input type="checkbox"/>
Other types of dancing (please specify)	<input type="checkbox"/>

Activities in water	
Swimming in a swimming facility/pool	<input type="checkbox"/>
Open Water Swimming	<input type="checkbox"/>
Diving/free diving/underwater hunting	<input type="checkbox"/>
Pool training (e.g. water aerobics, strength training in water, hot water training)	<input type="checkbox"/>
Winter swimming	<input type="checkbox"/>
Other activities in water (please specify)	<input type="checkbox"/>

Activities on water	
Canoe/kayak	<input type="checkbox"/>
Rowing	<input type="checkbox"/>
Sailing	<input type="checkbox"/>
Windsurfing, kitesurfing	<input type="checkbox"/>
Surfing, stand up paddle	<input type="checkbox"/>
Other activities on water (please specify)	<input type="checkbox"/>

Outdoor activities	
Outdoor life	<input type="checkbox"/>
Hunting	<input type="checkbox"/>
Fishing	<input type="checkbox"/>
Scouts	<input type="checkbox"/>
Role-playing (outdoors)	<input type="checkbox"/>
Other outdoor activities (please specify)	<input type="checkbox"/>

Rolling and street activities/street sports	
Callisthenics, street workout	<input type="checkbox"/>
Scooter, BMX	<input type="checkbox"/>
Parkour, free running, tricking	<input type="checkbox"/>
Roller skating	<input type="checkbox"/>
Skateboard, longboard, carver board	<input type="checkbox"/>
Street basketball, street soccer, panna	<input type="checkbox"/>
Other rolling and street activities/street sports (please specify)	<input type="checkbox"/>

Rehabilitation	
Rehabilitation in a hospital	<input type="checkbox"/>
Municipal level rehabilitation	<input type="checkbox"/>
Private rehabilitation (e.g. with a physiotherapist or occupational therapist)	<input type="checkbox"/>
Rehabilitation at home	<input type="checkbox"/>
Other forms of rehabilitation (please specify)	<input type="checkbox"/>

Other sports activities	
Athletics	<input type="checkbox"/>
Billiards, pool, snooker	<input type="checkbox"/>
Bowling, skittles	<input type="checkbox"/>
Archery	<input type="checkbox"/>
Martial arts (e.g. boxing, karate, aikido, taekwondo, judo, wrestling, fencing)	<input type="checkbox"/>
Pétanque	<input type="checkbox"/>
Horseback riding	<input type="checkbox"/>
Roller skiing	<input type="checkbox"/>
Skiing (e.g. alpine skiing, cross-country skiing, snowboarding, telemark)	<input type="checkbox"/>
Shooting	<input type="checkbox"/>
Triathlon/duathlon	<input type="checkbox"/>
Other sports activities (please specify)	<input type="checkbox"/>

Other physically active leisure activities	
Crafts (e.g. handicraft, upholstery, 'do-it-yourself')	<input type="checkbox"/>
Arts and crafts (e.g. ceramics, crochet, knitting, sewing, embroidery)	<input type="checkbox"/>
Food and gastronomy	<input type="checkbox"/>
Theatre and performing arts (e.g. amateur theatre, dilettante, acting)	<input type="checkbox"/>
Musical performance (e.g. playing an instrument, playing in an orchestra, singing in a choir)	<input type="checkbox"/>
Other physically active leisure activities (please specify)	<input type="checkbox"/>

[SHOWN TO RESPONDENTS WHO HAVE CHOSEN AT LEAST ONE TYPE OF ACTIVITY (IN QUESTION 9). ONLY THE SELECTED ACTIVITIES ARE SHOWN]

In the previous question, you ticked selected activities. In this question, we ask that for each of the selected activities you indicate how often you have performed them within the last 12 months.

10. How often have you performed the following activities within the last 12 months? If there are large fluctuations in how often you performed the activities during the year, please indicate an average for the period in which you performed the activities.

(please tick one box in each line)

	5 days a week or more	4 days a week	3 days a week	2 days a week	1 day a week	1-3 days a month	Less often than 1 day a month
Activity 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHOWN FOR ALL ACTIVITIES WHICH THE RESPONDENTS HAVE CARRIED OUT AT LEAST ONCE A WEEK FOR THE PAST 12 MONTHS (BASED ON THE RESPONSE TO QUESTION 10). ONLY THESE ACTIVITIES ARE SHOWN]

The following questions are about the activities that you – according to your response to the previous question – have performed at least once a week for the past 12 months.

11. With whom have you done the following activities in the past 12 months?

(it is possible to tick multiple boxes)

	Spouse/partner/boyfriend/girl friend	Child/children	Other family (e.g. siblings, parents)	Friends/acquaintances	Colleagues/fellow students	Other people	Alone
Activity 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHOWN FOR ALL ACTIVITIES WHICH THE RESPONDENTS HAVE CARRIED OUT AT LEAST ONCE A WEEK FOR THE PAST 12 MONTHS (BASED ON THE RESPONSE TO QUESTION 10). ONLY THESE ACTIVITIES ARE SHOWN]

12. In what contexts have you performed the following activities in the last 12 months?

(it is possible to tick multiple boxes)

	Association/club	Commercial centre (e.g. fitness centre or dance institute)	Evening school	Company sports/at the workplace	Organised via social media (e.g. Facebook groups)	Self-organised/on your own (alone or with others)	Other context
Activity 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHOWN FOR THE TYPES OF ACTIVITY TICKED BY THE RESPONDENTS (IN QUESTION 8). WITH THE ADDITION THAT THEY MUST HAVE SUBSEQUENTLY INDICATED TO HAVE PERFORMED ONE ACTIVITY WITHIN THE CATEGORY AT LEAST ONCE A WEEK FOR THE PAST 12 MONTHS (IN QUESTION 10)]

13. How much do you agree or disagree with the following statements about why you are physically active in/by [ACTIVITY TYPE] ?

(please tick one box in each line)

I perform the activity...	Completely agree	Partly agree	Neither nor	Partly disagree	Completely disagree
To get better at the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To maintain or improve my health (e.g. physical fitness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To spend time with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To do something nice for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To maintain or improve my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because others in my social circle encourage me to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I am good at the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I like the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To compete with myself or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because the activity fits in well with my everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because I can participate, even though I do not have much experience with the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No matter the amount of physical activities you do in your leisure time, there may be good reasons why you are less active than you want, or why you drop some types of activity.

14. What keeps you from being (more) physically active in your leisure time?
(it is possible to tick multiple boxes)

Nothing – I am not interested in being (more) physically active in my leisure time	<input type="checkbox"/>
That it takes too long	<input type="checkbox"/>
That I feel embarrassed when I am physically active	<input type="checkbox"/>
That I do not like to be hot and sweaty	<input type="checkbox"/>
That I lack the necessary skills	<input type="checkbox"/>
That I am in need of someone to be physically active with	<input type="checkbox"/>
That others in my social circle do not encourage me to be physically active	<input type="checkbox"/>
That I am often too exhausted or tired	<input type="checkbox"/>
That I prioritise time at my job or with my family	<input type="checkbox"/>
That I prioritise other leisure activities	<input type="checkbox"/>
That I lack facilities or suitable places to be physically active	<input type="checkbox"/>
That I am in need of or have poor equipment (e.g. bike)	<input type="checkbox"/>
That I have a disability or a chronic disease	<input type="checkbox"/>
That I am in bad shape	<input type="checkbox"/>
That I am injured	<input type="checkbox"/>
That I am worried about getting injured	<input type="checkbox"/>
That I have not been able to find an activity that suits me	<input type="checkbox"/>
That the activities I would like to do are too expensive	<input type="checkbox"/>
That I am worried about not fitting in	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

16. How often were you physically active in your leisure time when you attended primary/lower secondary school (first 10 years of school)? If there were large fluctuations in how physically active you were, please select the statement that best describes the majority of your school life.
(please tick only one box)

I was usually physically active in my leisure time every day	<input type="checkbox"/>
I was usually physically active in my leisure time several times a week	<input type="checkbox"/>
I was usually physically active in my leisure time once a week or less	<input type="checkbox"/>
I was usually not physically active in my leisure time	<input type="checkbox"/>
Do not know/cannot remember	<input type="checkbox"/>

17. Which of the following people in your immediate social circle are regularly physically active in their leisure time?

(please tick one box in each line)

	Yes	No	Not relevant	Do not know
Spouse/partner/boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or both of my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one of my siblings (incl. any 'bonus siblings')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one of my children (incl. any 'bonus children')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5: OPPORTUNITIES FOR PHYSICAL ACTIVITY

The following questions concern the area you live in and your assessment of the opportunities to be physically active in the area.

18. How much do you agree or disagree with the following statements about the area you live in?

(please tick one box in each line)

	Completely agree	Partly agree	Neither nor	Partly disagree	Completely disagree	Do not know/not relevant
It is possible to go grocery shopping close by (e.g. grocer's, bakery, supermarket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are green areas close by (e.g. park, forest, nature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are pavement or bike paths by most of the busy roads in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are several paths in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The traffic is hectic in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People often walk, run or bike in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good opportunities for public transport in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving around the area feels safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The area is beautiful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are various organised activities in the area (e.g. in associations, clubs, centres or Facebook groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How much do you agree or disagree with the following statements about the opportunities for physical activity in the area where you live?

(please tick one box in each line)

I have good opportunities to be physically active...	Completely agree	Partly agree	Neither nor	Partly disagree	Completely disagree	Do not know/not relevant
In indoor sports facilities (e.g. sports centres, swimming facilities, gymnasiums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In outdoor sports facilities (e.g. football fields, tennis courts, riding arenas, golf courses, skating rinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In commercial sports facilities (e.g. fitness centres, bowling alleys, dance schools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In green areas (e.g. park, forest, nature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On or in water (e.g. lake, river, sea, fjord)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home (inside or outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my place of study or my workplace (e.g. gym)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On roads, paths and pavements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ITEM 'AT MY PLACE OF STUDY OR MY WORKPLACE (E.G. GYM)' IS SHOWN TO RESPONDENTS WHO WORK (BASED ON QUESTION 2)'

PART 6: QUESTIONS ABOUT YOU

The last questions concern you, including your household, your working life and your health.

20. Who lives in your household (besides you)?

(it is possible to tick multiple boxes)

Spouse/partner/boyfriend/girlfriend	<input type="checkbox"/>
My child/children (incl. any 'bonus children')	<input type="checkbox"/>
One or both of my parents	<input type="checkbox"/>
My brother/sister/siblings (incl. any 'bonus siblings')	<input type="checkbox"/>
Other family members (e.g. my grandparents)	<input type="checkbox"/>
Other non-family members (e.g. my friends, fellow students)	<input type="checkbox"/>
No one, I live alone	<input type="checkbox"/>

[SHOWN FOR RESPONDENTS WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD (QUESTION 20)]

21. How old is the youngest child in your household?

(select age from drop-down menu)

Age	
-----	--

[SHOWN TO RESPONDENTS WHO WORK (BASED ON QUESTION 2)]

22. How many hours do you work in an average week (incl. any overtime and homework)?
(select number of hours in drop-down menu)

Hours	
-------	--

[SHOWN TO RESPONDENTS WHO WORK (BASED ON QUESTION 2)]

23. To what degree do you have the opportunity to plan when to work during the day?
(please tick only one box)

To a very high degree	<input type="checkbox"/>
To a high degree	<input type="checkbox"/>
To some degree	<input type="checkbox"/>
To a lesser degree	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

[SHOWN TO RESPONDENTS WHO WORK OR ARE UNDERGOING EDUCATION (BASED ON QUESTION 2)]

24. How far away from your job or place of study do you live?
(select the number of kilometres in the drop-down menu)

Kilometre	
-----------	--

25. The next questions concern whether your health makes it difficult to perform certain activities.
(please tick one box in each line)

	No – not at all	Yes – somewhat difficult	Yes – very difficult	I cannot do that at all
Do you have difficulty seeing (even if you wear glasses)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty hearing (even if you use a hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty walking or walking the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty remembering things or concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty managing self-care such as washing yourself or getting dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty communicating in your preferred language, e.g. to understand others or to be understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Do you have any long-term health problems or disabilities?

(it is possible to tick multiple boxes)

Yes, a chronic disease (e.g. asthma, diabetes, sclerosis, cardiovascular disease, cancer, etc.)	<input type="checkbox"/>
Yes, a mental disorder/behavioural disorder (e.g. anxiety, autism, ADHD, depression, concentration problems, etc.)	<input type="checkbox"/>
Yes, a visual impairment (despite glasses or contact lenses)	<input type="checkbox"/>
Yes, a hearing impairment (despite hearing aid or Cochlear Implant)	<input type="checkbox"/>
Yes, a physical disability/handicap (e.g. amputation, cerebral palsy, rheumatoid disease, paralysis, etc.)	<input type="checkbox"/>
Yes, a cognitive impairment (e.g. mental deficiency, speech impediment, etc.)	<input type="checkbox"/>
Yes, another long-term health problem or disability (please specify)	<input type="checkbox"/>
No	<input type="checkbox"/>

[SHOWN ONLY TO RESPONDENTS WITH AT LEAST ONE LONG-TERM HEALTH PROBLEM OR DISABILITY (QUESTION 26). ONLY THE CATEGORY/CATEGORIES CHOSEN BY THE RESPONDENT ARE SHOWN]

In the previous question, you ticked one or more types of long-term health problems or disabilities. In this question, we ask you to indicate your specific health problems or disabilities.

27. What long-term health problems or disabilities do you have?

(it is possible to tick multiple boxes)

Chronic disease	
Allergy	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Rheumatoid disease	<input type="checkbox"/>
HIV	<input type="checkbox"/>
Skin disorder	<input type="checkbox"/>
COPD	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>
Problems with your heart, blood pressure or circulation	<input type="checkbox"/>
Problems with your stomach, liver, kidneys or digestion	<input type="checkbox"/>
Sclerosis	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Difficulty in breathing	<input type="checkbox"/>
Other chronic disease (please specify)	<input type="checkbox"/>

Mental disorder/behavioural disorder	
ADHD, ADD	<input type="checkbox"/>
Anxiety, phobia	<input type="checkbox"/>
Autism, Asperger's disorder	<input type="checkbox"/>
Depression, mania and bipolar disorder (manic-depressive)	<input type="checkbox"/>
OCD	<input type="checkbox"/>
Personality disorder, including Borderline	<input type="checkbox"/>
PTSD (post-traumatic stress disorder)	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>
Hearing voices, schizophrenia and psychosis	<input type="checkbox"/>
Stress, chronic fatigue syndrome, burnout	<input type="checkbox"/>
Other mental/behavioural disorder (please specify)	<input type="checkbox"/>

Visual impairment	
Blindness	<input type="checkbox"/>
Weak-sighted (despite glasses or contact lenses)	<input type="checkbox"/>
Severe weak-sightedness (despite glasses or contact lenses)	<input type="checkbox"/>
Other visual impairment (please specify)	<input type="checkbox"/>

Hearing impairment	
Deafness	<input type="checkbox"/>
Reduced hearing (despite hearing aid or Cochlear Implant)	<input type="checkbox"/>
Other hearing impairment (please specify)	<input type="checkbox"/>

Physical disability/handicap	
Amputation	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>
Cystic fibrosis	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Acquired brain injury	<input type="checkbox"/>
Fibromyalgia	<input type="checkbox"/>
Rheumatoid disease	<input type="checkbox"/>
Muscular dystrophy	<input type="checkbox"/>
Osteoporosis (brittle-bone disease)	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>
Spina bifida	<input type="checkbox"/>
Spinal cord injury	<input type="checkbox"/>
Long-term side effects of polio	<input type="checkbox"/>
Sclerosis	<input type="checkbox"/>
Other physical disability (please specify)	<input type="checkbox"/>

Cognitive impairment	
Acquired brain injury	<input type="checkbox"/>
Speech impediment	<input type="checkbox"/>
Mental deficiency (e.g. Down syndrome)	<input type="checkbox"/>
Other cognitive impairment (please specify)	<input type="checkbox"/>

[SHOWN ONLY TO RESPONDENTS WITH AT LEAST ONE LONG-TERM HEALTH PROBLEM OR DISABILITY (QUESTION 26)]

28. To what degree do your long-term health problems or disabilities hinder your ability to be physically active in your leisure time?

(please tick only one box)

To a very high degree	<input type="checkbox"/>
To a high degree	<input type="checkbox"/>
To some degree	<input type="checkbox"/>
To a lesser degree	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

29. How would you rate your current physical health in general?

(please tick only one box)

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>

30. How would you rate your current mental health in general?

(please tick only one box)

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>

31. Which of the following do you own or have daily access to?

(please tick one box in each line)

	Yes	No
Garden (incl. communal garden/courtyard)	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>

32. Has COVID-19/corona affected how often you have been physically active during the past 12 months? Indicate whether you have been more active, less active or if your level of activity is unchanged within each of the areas below.

(please tick one box in each line)

	Much more active	Slightly more active	Unchanged	Slightly less active	Much less active	Do not know/not relevant
Practical work at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity at work or during your studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity such as transport (e.g. walking, biking and running)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity during leisure time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ITEM 'PHYSICAL ACTIVITY AT WORK OR DURING YOUR STUDIES' SHOWN TO RESPONDENTS WHO WORK (BASED ON QUESTION 2)'

33. If you have detailed information, suggestions and/or comments for the survey, please write them below.

[LARGE COMMENT FIELD]

[RECRUITMENT PAGE-1]

Thank you for completing the questionnaire. You have made a valuable contribution to 'Moving Denmark'.

We are going to conduct follow-up surveys in the near future, and we hope that we may contact you again. If you are interested in participating in one or more of the surveys, please indicate so below. You will have the opportunity to say no at a later time.

I would like to be contacted regarding possible participation in:
(please tick one box in each line)

	Yes	No
An interview about my exercise habits	<input type="checkbox"/>	<input type="checkbox"/>
A measurement of my daily exercise for a week with an activity meter	<input type="checkbox"/>	<input type="checkbox"/>
A map-based questionnaire about the places I am physically active	<input type="checkbox"/>	<input type="checkbox"/>
A panel that will receive a questionnaire about exercise habits every 4-5 years	<input type="checkbox"/>	<input type="checkbox"/>

[SHOWN ONLY TO RESPONDENTS WHO HAVE ANSWERED 'YES' TO BE CONTACTED FOR AT LEAST ONE MEASUREMENT]

[RECRUITMENT PAGE-2]

If you are selected to participate in the follow-up surveys, we will contact you by email. For this we need your email address.

(write your email below)

If you do not have an email address, please provide a telephone number instead where we can reach you.

(write your phone number below)

[END PAGE]

Thanks again for participating in the survey.

If you would like to print your answers, please click the printer icon below.

When you click 'Afslut' (Finish), you will be taken to the website for 'Moving Denmark'. Here you can read more about the project. Results from the survey will also be published there.