LONGITUDINAL STUDY OF AGING OF DANISH TWINS
FEBRUARY - MARCH 1995

SERIAL NO.:	
Personal identification number	
Name	
Address	
Interviewer code (The same interviewer must not interview A and B in a pair of twins).	
Name of interviewer	
Date of interview	

Result codes of interviews during visit:

01 ☐ Interview conducted
02 ☐ Interview partly conducted
03 ☐ Refusal, no interests, no time, appointment not kept
04 ☐ Illness
05 ☐ Senility/dementia
06 ☐ At hospital
07 ☐ Travelling
08 ☐ Not at home
09 ☐ Moved away
10 ☐ Cannot be interviewed due to handicap
11 ☐ Other matters

If 04 - 10, relatives or nursing staff must be interviewed.

I will now start by asking you about your cohabitation.

1. How many people live in your house apart from yourself? **If the twin is living alone, proceed to question 3. If the twin is not living alone, proceed to question 2.**	# _____
2. Who are these?	a. ☐ Spouse b. ☐ Common law wife/husband c. ☐ Twin d. ☐ Other sisters/brothers e. ☐ Child/Children f. ☐ Parents g. ☐ Other relatives h. ☐ Close friend/friends i. ☐ Nursing home j. ☐ Sheltered accomodation k. ☐ Others **Proceed to question 6.**
3. For how many years have you lived by yourself?	#_____
4. With whom did you live together before?	1. ☐ Spouse 2. ☐ Common law wife/husband 3. ☐ Twin 4. ☐ Other sisters/brothers 5. ☐ Child/children 6. ☐ Parents 7. ☐ Other relatives 8. ☐ Close friend/friends 9. ☐ Others
5. Why did you stop living together?	1. ☐ Death of common law wife/husband 2. ☐ Common law wife/husband moved to nursing home or institution 3. ☐ Divorce 4. ☐ Disagreement 5. ☐ Cohabitant went into another relationship 6. ☐ Other matters

I will now ask you about your health.

6.	Do you think that your health is generally?	1. ☐ Excellent 2. ☐ Good 3. ☐ Acceptable 4. ☐ Poor 5. ☐ Very poor
7.	Compared with other people at your age how do you consider your health?	1. ☐ Better 2. ☐ Like most people 3. ☐ Poorer
8.	Do you feel well enough to do what you like?	1. ☐ Yes, always 2. ☐ Yes, nearly always 3. ☐ Yes, now and then 4. ☐ No, hardly ever 5. ☐ No, never
9.	Are you happy and satisfied with your life at present?	1. ☐ Yes, always 2. ☐ Yes, nearly always 3. ☐ Yes, now and then 4. ☐ No, hardly ever 5. ☐ No, never

Did a doctor ever tell you that you had any of the following diseases:

10a. Diabetes?	1. ☐ Yes 2. ☐ No
10b. Osteoarthrosis?	1. ☐ Yes 2. ☐ No
10c. Rheumatoird arthritis?	1. ☐ Yes 2. ☐ No
10d. Gout (podegra)?	1. ☐ Yes 2. ☐ No
10e. Osteoporosis?	1. ☐ Yes 2. ☐ No
10f. Chronic bronchitis?	1. ☐ Yes 2. ☐ No
10g. Tuberculosis?	1. ☐ Yes 2. ☐ No

10h. Asthma?	1. ☐ Yes 2. ☐ No
10i. Cataract?	1. ☐ Yes 2. ☐ No
10j. Glaucoma?	1. ☐ Yes 2. ☐ No
10k. Sclerosis in your eye?	1. ☐ Yes 2. ☐ No
10l. Thrombosis in your eye?	1. ☐ Yes 2. ☐ No
10m. Meningitis?	1. ☐ Yes 2. ☐ No
10n. Inflammation of the brain?	1. ☐ Yes 2. ☐ No
10o. Parkinson's disease?	1. ☐ Yes 2. ☐ No
10p. Epilepsy?	1. ☐ Yes 2. ☐ No
10q. Migraine?	1. ☐ Yes 2. ☐ No
10r. Cancer?	1. ☐ Yes 2. ☐ No
10s. Stroke?	1. ☐ Yes 2. ☐ No
10t. Heart attack?	1. ☐ Yes 2. ☐ No
10u. Angina pectoris?	1. ☐ Yes 2. ☐ No
10v. Irregular heart rhythm?	1. ☐ Yes 2. ☐ No

10w. Treatment for hypertension with medicine bought on prescription?	1. ☐ Yes 2. ☐ No
10x. Other heart problems?	1. ☐ Yes 2. ☐ No
10y. Wet lungs?	1. ☐ Yes 2. ☐ No
10z. Bad blood circulation in your legs?	1. ☐ Yes 2. ☐ No
10æ. Gallstone?	1. ☐ Yes 2. ☐ No
10ø. Jaundice?	1. ☐ Yes 2. ☐ No
10å. Treatment for gastric ulcer with medicine bought on presciption?	1. ☐ Yes 2. ☐ No
10aa. Kidney's disease?	1. ☐ Yes 2. ☐ No
10bb. Kidney stones?	1. ☐ Yes 2. ☐ No
10cc. Increased metabolism?	1. ☐ Yes 2. ☐ No
10dd. Decreased metabolism?	1. ☐ Yes 2. ☐ No
10ee. Slipped disc?	1. ☐ Yes 2. ☐ No

Did you ever experience:

11a. Paralysis of arms or legs?	1. ☐ Yes 2. ☐ No
11b. Chronic leg sore?	1. ☐ Yes 2. ☐ No
11c. Amputation of leg, part of leg or foot?	1. ☐ Yes 2. ☐ No
11d. A fracture of the femur/neck of femur?	1. ☐ Yes 2. ☐ No
11e. A fracture of the spine?	1. ☐ Yes 2. ☐ No
12. On how many occasions did you fracture a bone after the age of 40? (excluding toes and fingers)	#_____
13. Did you ever hit your head so seriously that you had nausea or threw up afterwards? (without getting unconscious)?	0. ☐ No, never 1. ☐ Once 2. ☐ Twice 3. ☐ Three times or more
Did you ever hit your head so seriously that you got unconscious?	0. ☐ No, never 1. ☐ Once 2. ☐ Twice 3. ☐ Three times or more
Have you had other diseases than the ones that we already discussed?	1. ☐ Yes 2. ☐ No, proceed to question 17

16. If yes, which?

16a. _____

16b. _____

16c. _____

16d. _____

16e. _____

17. Within the last month, did you suffer from: a. Dizziness b. Fainting fits c. Pains or stiffness in neck or shoulder d. Back pains, lumbago	 1. ☐ Yes 2. ☐ No 1. ☐ Yes 2. ☐ No 1. ☐ Yes 2. ☐ No 1. ☐ Yes 2. ☐ No

I want to make a list of all the medicine you take on a regular basis, such as medicine on prescription, without prescription, and natural medicine.

18. **NAME:**	**INDICATION:**	**FREQUENCY:**

19.	Did you take Asperin or other mild analgesics for longer periods? (apart from Paracetamol/Panodil/Pinex)	1. ☐ Yes 2. ☐ No, proceed to question 21
20.	For how many years did you take Asperin or other mild analgesics at least once a week?	#_____
20a.	On an average, how many pills did you take a week during these years?	#_____
21.	Did you for longer periods take medicine for gastric acid or gastric ulcer?	1. ☐ Yes 2. ☐ No, skip question 22
22.	App. how many years have you had a weekly consumption of medicine for gastric acid or gastric ulcer?	#_____

If the respondent is - Male - proceed to question 23.
If the respondent is - Female - proceed to question 33.

Now, I want to ask, if you have any problems with urination. The questions concern the last month.

23.	How often have you had to get up during the night in order to urinate?	1. ☐ Not at all 2. ☐ Once every 8th hour 3. ☐ Once every 4th hour 4. ☐ Once every 2nd hour 5. ☐ At least once every hour
24.	How often have you had to push to begin urination?	1. ☐ Not at all 2. ☐ Less than 1 time in 5 3. ☐ Less than half the time 4. ☐ About half the time 5. ☐ More than half the time 6. ☐ Almost always
25.	How often have you had a sensation of not emptying your bladder completely after you finished urinating?	1. ☐ Not at all 2. ☐ Less than 1 time in 5 3. ☐ Less than half the time 4. ☐ About half the time 5. ☐ More than half the time 6. ☐ Almost always
26.	How often have you had to urinate again less than two hours after you finished urinating?	1. ☐ Not at all 2. ☐ Less than 1 time in 5 3. ☐ Less than half the time 4. ☐ About half the time 5. ☐ More than half the time 6. ☐ Almost always

27. How often have you found you stopped and started several times when you urinated?	1. ☐ Not at all 2. ☐ Less than 1 time in 5 3. ☐ Less than half the time 4. ☐ About half the time 5. ☐ More than half the time 6. ☐ Almost always
28. How often did you find it hard to postpone a urination?	1. ☐ Never 2. ☐ Less than 1 time in 5 3. ☐ Less than half the time 4. ☐ About half the time 5. ☐ More than half the time 6. ☐ Almost always
29. How often have you had a weak urinary stream?	1. ☐ Never 2. ☐ Less than 1 time in 5 3. ☐ Less than half the time 4. ☐ About half the time 5. ☐ More than half the time 6. ☐ Almost always
30. Did you <u>ever</u> get hormone treatment due to diseases in the prostate?	1. ☐ Yes 2. ☐ No
31. Did you ever undergo an operation due to prostata disease?	1. ☐ Yes 2. ☐ No, proceed to question 40
32. At which hospital and when? Go to question 40.	Year:_____ Hospital:_____

I will now ask you some questions about your periods and urination.

33. At what age did you experience menopause?	_____Years
34. Did you receive hormone treatment in connection with your menopause?	1. ☐ Yes 2. ☐ No
35. Did you receive hormone treatment in other connections (e.g. prevention against osteoporosis)?	1. ☐ Yes 2. ☐ No
36. Have you ever had your uterus or ovaries removed? 36a. At which hospital and when:	1. ☐ Yes 2. ☐ No Year:_____ Hospital:_____

Many women are finding it hard to restrain themselves from urination. The following questions are about this problem. The questions about urination concern the last month.

37. Do you experience such an urge to urinate that you do not reach the toilet in time?	1. ☐ Yes 2. ☐ No, proceed to question 38
37a. If yes, how often?	1 . ☐ Less than once a week 2. ☐ One or several times a week, but 3. ☐ Daily
38. Do you experience a slight leakage of urination when you move around, exert yourself, cough or sneeze?	1. ☐ Yes 2. ☐ No, proceed to question 39
38a. If yes, how often?	1. ☐ Less than once a week 2. ☐ One or several times a week but not daily 3. ☐ Daily
39. Do you use sanitary towels due to urination problems?	1. ☐ Yes 2. ☐ No, proceed to question 40
39a. If yes, how often?	1. ☐ Less than once a week 2. ☐ One or several times a week, but not daily 3. ☐ Daily
40. Are you able to go to the toilet?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal assistance 4. ☐ No, proceed to question 41.
40a. Do you get tired?	☐ Yes ☐ No Go to question 42.
41. Do you urinate in the toilet?	☐ Yes, proceed to question 42 ☐ Some times ☐ No
41a. Do you bowel in the toilet?	☐ Yes ☐ Some times ☐ No
42. Did you experience that you lost control of urination and bowel movements?	1. ☐ No 2. ☐ Yes, now and then 3. ☐ Yes, always 4. ☐ Catheter
43. What is your body weight?	kg: _____
43a. Is your weight:	1. ☐ According to IP 2. ☐ Estimated
43b. How much did you weigh approximately at the age of 25?	kg: _____ Do not remember, however, I weighed 1. ☐ More than now 2. ☐ Less than now 3. ☐ Approx. the same 8. ☐ Do not know

43c.	What did your maximum body weight used to be? (excluding pregnancy)	kg: _____
44.	How tall are you?	cm: _____
44a.	Is your height?	1. ☐ According to IP 2. ☐ Estimated
45.	Are you right- or lefthanded?	1. ☐ Right 2. ☐ Left

I would like to ask you some questions about your family.

46.	For how many years did you and your twin live together? (from birth until you moved away from each other)	#_____
47.	For how many years did you and your twin live together? (all the periods that you lived together)	#_____
48.	Who had the highest birth weight?	1. ☐ You 2. ☐ Your twin 3. ☐ Same weight 4. ☐ Do not know
49.	How much did you weigh at birth?	_____Grammes ☐ Do not know
49a.	How much did your twin brother/sister weigh at birth?	_____Grammes ☐ Do not know
49b.	Who was born first?	1. ☐ You 2. ☐ Your twin 3. ☐ Do not know
50.	Is your twin alive?	1. ☐ Yes 2. ☐ No, proceed to question 53
	If yes,	
50a.	How do you consider your health compared to the health of your twin?	1. ☐ Better 2. ☐ The same 3. ☐ Poorer

51.	How often do you meet your twin?	1. ☐ Never 2. ☐ Seldom 3. ☐ Monthly (once or twice a month) 4. ☐ 1-2 times a week 5. ☐ 3-4 times a week 6. ☐ Daily 7. ☐ More than once daily 8. ☐ Live together
52.	How often do you talk with your twin on the phone?	1. ☐ Never 2. ☐ Seldom 3. ☐ Monthly (once or twice a month) 4. ☐ 1-2 times a week 5. ☐ 3-4 times a week 6. ☐ Daily 7. ☐ More than once daily 8. ☐ Live together Go to question 55.
53.	How was your twin brother/sister a year before he/her died - For what did he/she need help?	
53a.	To walk?	1. ☐ Yes 2. ☐ No 8. ☐ Do not know
53b.	To bathe?	1. ☐ Yes 2. ☐ No 8. ☐ Do not know
53c.	To dress?	1. ☐ Yes 2. ☐ No 8. ☐ Do not know
53d.	To eat?	1. ☐ Yes 2. ☐ No 8. ☐ Do not know
54.	Did he/she live in a nursing home or sheltered housing before he/she died?	1. ☐ Yes 2. ☐ No 8. ☐ Do not know
54a.	Was your twin brother/sister senile or demented a year before he/she died?	1. ☐ Yes, to a high degree 2. ☐ Yes, to some degree 3. ☐ Yes, to a slight degree 4. ☐ No 8. ☐ Do not know
54b.	Did your twin brother/sister ever suffer from a serious depression of long duration?	1. ☐ Yes 2. ☐ No

55.	How old did your mother become?	_____years
55a.	How old did your father become?	_____years
56.	How many children do you have? By children is meant biological children, adopted children, and children who died early in life. I **do not** think of your spouse's own children, unless they were adopted by you. (This is not a test. You may help IP, if needed)	#_____(biological) #_____(adopted)

If IP has biological children or adopted children, proceed to questions 57.
If IP does not have any children, proceed to question 59.

57. First, I will ask you some questions about your first biological child and continue with the same questions about the second-oldest child etc. (This is not a test. You may assist IP)

Birthday	*Name of Birth* (First- and surname)	*Native Town*	*Native Parish*	*Alive*	*Date of Death*
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____

57a. Now, I will ask you some questions about your eldest adopted child and continue with questions about the second-eldest child etc. (This is not a test. You may assist IP)

Birthday	*Name of Birth* (First- and surname)	*Native Town*	*Native Parish*	*Alive*	*Date of Death*
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____
____	_____	_____	_____	☐ Yes ☐ No	_____

58. How often do you meet your children?	1. ☐ Never 2. ☐ Seldom 3. ☐ Monthly 4. ☐ Weekly 5. ☐ Daily 6. ☐ More than once daily
59. How often do you meet your family? (apart from your children, twin, grandchildren and children-in-law)	1. ☐ Never 2. ☐ Seldom 3. ☐ Monthly 4. ☐ Weekly 5. ☐ Daily 6. ☐ More than once daily

Now, I am going to ask you some questions and to perform some small tests. You may think that they are very simple or very difficult.

ORIENTATION		SCORE
60a. What day of the week is it today?	1. ☐ correct 2. ☐ wrong	
60b. What date is it today?	1. ☐ correct 2. ☐ wrong	
60c. What is the name of this month?	1. ☐ correct 2. ☐ wrong	
60d. What year do we have?	1. ☐ correct 2. ☐ wrong	(5) _____
60e. What time of year is it?	1. ☐ correct 2. ☐ wrong	
March = Winter or Spring September = Summer or Autumn	May = Spring or Summer November = Autumn or Winter	
61a. What is the name of this county?	1. ☐ correct 2. ☐ wrong	
61b. What is the name of this? city?	1. ☐ correct 2. ☐ wrong	
61c. What is the name of the two closest and biggest streets?	1. ☐ correct 2. ☐ wrong	
61d. What floor are we on now?	1. ☐ correct 1. ☐ wrong	
61e. What is the name of this place or the address?	1. ☐ correct 2. ☐ wrong	(5) _____

REGISTRATION	SCORE
62. *I am now going to test your memory. I will mention three objects.* Mention the following three objects. You must only use one second at maximum to mention each object: **apple, table, bicycle.** Please repeat these three objects. 62a. Note the correct answer and write the total number of correct answers in <u>the first attempt</u> below scores. ☐ apple ☐ table ☐ bicycle If failures or faults occur in first attempt, you must repeat the names of all objects, until the respondent is able to mention all three obects (6 attempts at maximum). Write the number of attempts (write "0", if the repetition of all three objects is correct in first attempt) 62b. #_____ (attempts)	(3) _____

	ATTENTION AND CALCULATION	
63.	*I will ask you to deduct 7 from 100. Then you must deduct 7 from the number you arrived at and continue to deduct 7 until you are asked to stop.* Write the answers. Give one point each time the difference is 7 - even if a former answer was wrong. Maximum score = 5 points. 93☐ 86☐ 79☐ 72☐ 65☐ If IP "cannot calculate", *I will ask you to spell "SCHOOL" backwards. (5 letters in Danish: SKOLE)* L☐ O☐ O☐ H☐ C☐ S☐	_____ (5)
	RECALL	
64.	*Please repeat the the three words that I told you to repeat a little while ago.* Write all the correct answers and write the total number of answers under scores. apple table bicycle	_____ (3)

	LANGUAGE	SCORE
65.	Point at a pencil and then watch and ask what it is (1 point for each correct answer)	_____ (2)
66.	I will now ask you to repeat the following sentence: "No one above, below or next to me". (1 point if repeated in the first attempt)	_____ (1)
67.	Read aloud the text below and hand out a piece of paper to the respondent. Hand out the paper right in the middle of the respondent. *I will give you a piece of paper. Your must take the paper using your right hand, fold it in the middle using both hands, and place the paper in your lap.* Do not repeat the instructions and do not offer any help. Note every movement as correct, if it is made in the correct order. Maximum score = 3 points. Right hand Folding In the lap	_____ (3)
68.	Ask IP to read card A and to do what it says. (1 point, if the sentence gives meaning) (0 point, if the sentence does not give any meaning)	_____ (1)
69.	Ask the patient to write a sentence according to own choice. (The sentence must contain a subject and a verb and have a meaning. Spelling errors and grammar to be ignored). (1 point, if the sentence gives meaning) (0 point, if the sentence does not give any meaning)	_____ (1)
70.	Ask the patient to draw the figure on Card B. (1 point, if all the sides and angles are correct, and if the figure in the middle is a quadrangle). (0 point, if not) 0. ☐ wrong 1. ☐ correct	_____ (1)

71a. Was it possible to carry out the tests?

☐ Yes, proceed to question 72
☐ Yes partly
☐ No

71b. Why was it not possible to carry out some of the tests?

1. Visually handicapped	1. ☐
2. Hearing-handicapped	2. ☐
3. Paralyzed	3. ☐
4. Do not wish to participate	4. ☐
5. Other reasons	5. ☐

Remarks:

_____

_____

_____

_____

72. On which date were you born?

_____ _____
Day Month Year

73. *Could you please mention as many animals as you can recall. You will get one minute to mention as many as you can. Please start.*

Number of correct answers ----------

74. **DIGIT SPAN**

The two parts of Digit Span - Digits Forward and Digits Backward - are administered separately. Administer Digits Backward even if the twin scores 0 on Digits Forward.

DIGITS FORWARD

DIRECTIONS Start with Item 1. Say,

I am going to say some numbers. Listen carefully, and when I am through say them right after me.

The digits should be given at the rate of one per second. Let the pitch of voice drop on the last digit of each trial. Administer both trials of each item, even if the twin passes Trial 1.

DISCONTINUE After failure on both trials of any item.

SCORING Each item is scored 2, 1, or 0, as follows:

2 points, if the twin passes both tests.
1 point, if the twin passes only one trial.
0 point, if the twin fails both trials.

Maximum Score on Digits Forward: 14 points

Item	**Trial 1.**	**Trial 2.**	**Score**
1.	5-8-2	6-9-4	
2.	6-4-3-9	7-2-8-6	
3.	4-2-7-3-1	7-5-8-3-6	
4.	6-1-9-4-7-3	3-9-2-4-8-7	
5.	5-9-1-7-4-2-8	4-1-7-9-2-8-6	
6.	5-8-1-9-2-6-4-7	3-8-2-9-5-1-7-4	
7.	2-7-5-8-6-2-5-8-4	7-1-3-9-4-2-5-6-8	

75. **DIGITS BACKWARD**

DIRECTIONS Start with Item 1. Say,

Now, I am going to say some more numbers, but this time when I stop I want you to say them backwards. For example, if I say 7-1-9, what would you say?

Pause for the twin to respond.

If the twin responds correctly (9-1-7), say
That's right,
and proceed to Item 1. As with Digits Forward, read the digits at the rate of one per second and administer both trials of each item, even if the twin passes Trial 1.

However, if the twin fails the example, say,
No, you would say 9-1-7. I said 7-1-9, so to say it backwards you would say 9-1-7. Now, try these numbers. Remember, you are to say them backwards. 3-4-8.

Whether the twin succeeds or fails with the second example (3-4-8), proceed to Item 1. Give no help on this second example or on any of the items that follow.

DISCONTINUE After failure on bith trials of any item.

SCORING Each item is scored 2,1 or 0, as follows:

2 points, if the twin passes both trials.
1 point, if the twin passes only one trail.
0 point, if the twin fails on both trials.

Maximum Score on Digits Backward: 14 points

Item	Trial 1	Trial 2	Score
1.	**2-4**	**5-8**	
2.	**6-2-9**	**4-1-5**	
3.	**3-2-7-9**	**4-9-6-8**	
4.	**1-5-2-8-6**	**6-1-8-4-3**	
5.	**5-3-9-4-1-8**	**7-2-4-8-5-6**	
6.	**8-1-2-9-3-6-5**	**4-7-3-9-1-2-8**	
7.	**9-4-3-7-6-2-5-8**	**7-2-8-1-9-6-5-3**	

Total score for Digit Span Test: Sum of scores on Digits Forward and Digits Backward.

Maximum score: 28 points

76. **DELAYED RECALL**

I will read aloud 12 words to you. Afterwards, you must try to mention as many of the words as you can recall.

As soon as you cannot recall more words, I will read the words aloud to you again, and I will do that four times (all together).

COLOUR

HOUSE

RIVER

HEN

NOSE

GARDENER

HAT

SCHOOL

FIELD

PARENTS

COFFEE

BELL

Give 1 point for every recalled word (the order is irrelevant)

After 1st reading _____ point

After 2nd reading _____ point

After 3rd reading _____ point

After 4th reading _____ point

In approx. 10 min., I will ask you how many words you can recall.
(Read the list of words aloud once. Let IP repeat as many words as he/she remembers. Repeat this, so IP will be tested four times in total)

I will ask you additional questions about your ability to perform daily activities. You must answer the questions on the basis of your present abilities today.

77. Can you get up from a chair and a bed?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal help 4. ☐ No, proceed to question 78
77a. Do you get tired?	☐ Yes ☐ No

78. Are you able to walk around in the house? 78a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal help 4. ☐ No, proceed to question 88 ☐ Yes ☐ No
79. Are you able to walk up and down the stairs from one floor to the next without resting?	1. ☐ Yes 2. ☐ Yes, with minor difficulty 3. ☐ Yes, with major difficulty 4. ☐ No, proceed to question 81
80. Are you able to walk up the stairs to the 2nd floor? 80a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal help 4. ☐ No, proceed to question 81 ☐ Yes ☐ No
81. Are you able to get outdoors (e.g. in the garden)? 81a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal help 4. ☐ No, proceed to question 88 ☐ Yes ☐ No
82. Are you able to walk 400 m without resting?	1. ☐ Yes 2. ☐ Yes, with minor difficulty 3. ☐ Yes, with major difficulty 4. ☐ No, proceed to question 88
83. Do you do any kind of <u>light</u> excercise at present (e.g. gardening, short walks or bicycle rides)?	☐ Yes ☐ No, proceed to question 85

83a. How often?	1. ☐ Every day or almost every day 2. ☐ Several times a week 3. ☐ Approx. one a week 4. ☐ 2-3 times a month 5. ☐ Approx. once a month
84. Do you do any kind of <u>hard</u> excercise (e.g. heavy gardening, long walks or bicycle rides, sports, gymnastics or dances?) 84a. How often?	☐ Yes ☐ No, proceed to question 85 1. ☐ Every day or almost every day 2. ☐ Several times a week 3. ☐ Approx. one a week 4. ☐ 2-3 times a month 5. ☐ Approx. once a month
85. Can you go for a walk outdoors in nice weather for 1/2 to 1 hour? 85a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal help 4. ☐ No, proceed to question 88 ☐ Yes ☐ No
86. Can you go for a walk in bad weather for 1/2 to 1 hour? 86a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ Yes, with personal help 4. ☐ No, proceed to question 88 ☐ Yes ☐ No
87. Can you run 100 meter?	1. ☐ Yes 2. ☐ Yes, with minor difficulty

	3. ☐ Yes, with major difficulty 4. ☐ No, not able to
88. Can you carry an object of 5 kilos? (such as a heavy bag of groceries)	1. ☐ Yes 2. ☐ Yes, with minor difficulty 3. ☐ Yes, with major difficulty 4. ☐ No, not able to
89. Can you wash the upper part of your body? 89a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ No, proceed to question 90 ☐ Yes ☐ No
90. Can you wash the lower part of your body? 90a. Do you get tired?	1. ☐ Yes 2. ☐ Yes, with aids 3. ☐ No, proceed to question 91 ☐ Yes ☐ No
91. Can you wash your hair? 91a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 92 3. ☐ No, proceed to question 92 ☐ Yes ☐ No
92. Can you dress the upper part of your body? 92a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 93 ☐ Yes ☐ No
93. Can you dress the lower part of your body? 93a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 94 ☐ Yes ☐ No
94. Can you take your socks and shoes on and off? 94a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 95 ☐ Yes ☐ No

95. Can you comb your hair? 95a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 96 3. ☐ Not relevant, proceed to question 96 ☐ Yes ☐ No
96. Can you cut your toenails? 96a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 97 ☐ Yes ☐ No
97. Can you cut your fingernails? 97a. Do you get tired?	1. ☐ Yes 2. ☐ No, proceed to question 98 ☐ Yes ☐ No
98. Can you chew or bite hard foodstuffs?	1. ☐ Yes, without difficulty 2. ☐ Yes, with minor difficulty 3. ☐ Yes, with major difficulty 4. ☐ No, not able to
99. How many of your own teeth have you got left?	1. ☐ 0 2. ☐ 1-9 3. ☐ 10-19 4. ☐ 20 or more 5. ☐ All teeth
100. Can you eat without help?	1. ☐ Yes 2. ☐ Yes, but get help to cut meat or butter a slice of bread 3. ☐ No, get help to eat
101. Can you read an ordinary newspaper text (with glasses, if they are usually worn)	1. ☐ Yes, without difficulty 2. ☐ Yes, with minor difficulty 3. ☐ Yes, with major difficulty 4. ☐ No, not able to
102. Do you have a reduced hearing ability? 102a. Do you have a hearing aid?	1. ☐ Yes 2. ☐ No, proceed to question 102c 1. ☐ Yes 2. ☐ No, proceed to question 102c

102b. Do you use the hearing aid?	1. ☐ Yes, always 2. ☐ Yes, often 3. ☐ Yes, now and then 4. ☐ No
102c. Are you able to hear what is being said during a normal conversation with several persons? (with hearing aid, if used)	1. ☐ Yes, without difficulty 2. ☐ Yes, with minor difficulty 3. ☐ Yes, with major difficulty 4. ☐ No

103. Do you normally use some of the following aids:	a. ☐ Glasses/contact lenses b. ☐ Magnifying glass c. ☐ Cane d. ☐ Crutches e. ☐ Walker f. ☐ Wheel chair g. ☐ Bath chair h. ☐ Heightened toilet seat i. ☐ Banister j. ☐ Handle k. ☐ Hanger, Balkan frame l. ☐ Special eating tools m. ☐ Other aids Such as_____ _____ _____ _____ _____

LAWTON'S IADL

For the interviewer:
For every area, you must mark the best description.

104. ABILITY TO USE TELEPHONE

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operates telephone on own initiative - looks up and dials numbers, etc.	Dials a few well-known numbers.	Answers telephone but does not	Does not use telephone at all.	Not relevant (no phone)

105. SHOPPING

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Takes care of all shopping needs independently.	Shops independently for small purchases.	Needs to be accompanied on any shopping trip.	Completely unable to shop.	Not relevant (does not need to shop)

106. FOOD PREPARATION

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Plans, prepares and serves adequate meals independently.	Prepares adequate meals if supplied with ingredients.	Heats and serves prepared meals, or prepares small meals.	Need to have all meals prepared and served.	Not relevant

107. HOUSEKEEPING

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Maintains house alone or with occasional assistance (e.g. "heavy work-domestic help").	Performs light daily tasks such as dishwashing, bedmaking.	Performs light daily tasks but cannot maintain acceptable level of cleanliness.	Needs help with all home maintenance tasks. Does not participate in any housekeeping tasks.	Not relevant

108. LAUNDRY

1 ☐	2☐	3 ☐		5 ☐
Does personal laundry completely.	Launders small itemsrinses socks, stockings, etc.	All laundry must be done by others.		Not relevant

109. MODE OF TRANSPORTATION				
1 ☐ Travels independently on public transportation or drives own car.	2 ☐ Arranges own travel via taxi but does not use public transportation.	3 ☐ Travel limited to taxi or automobile with assistance of another.	4 ☐ Travels only with special means of transport or does not travel at all	5 ☐ Not relevant
110. RESPONSIBILITY FOR OWN MEDICATIONS				
1 ☐ Is responsible for taking medication in correct dosages at correct time.	2 ☐ Takes responsibility if medication is prepared in advance in separate dosages.	3 ☐ Is not capable of dispensing own medica		5 ☐ Not relevant
111. ABILITY TO HANDLE FINANCES				
1 ☐ Manages financial matter independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income.	2 ☐ Manages day-to-day purchases but needs help with banking, major purchases, etc.	3 ☐ Incapable of handling money.		5 ☐ Not relevant

I am now going to ask you about your background, your life circumstances and about your general condition.

112.	What type of elementary school education did you receive?	1. ☐ Less than 7th grade 2. ☐ 7th - 8th grade 3. ☐ 9th - 10th grade 4. ☐ 11th grade or above 5. ☐ Other types If yes, which:_____
113.	Did you get any education after elementary school?	1. ☐ None 2. ☐ Course for semi-skilled workers 3. ☐ Course for skilled workers 4. ☐ Theoretic education (less than 3 years) 5. ☐ Theoretic education (3-4 years) 6. ☐ Academic education or similar education (more than 4 years) 7. ☐ Other education If yes, which:_____
114.	What type of jobs did you have during the greater part of your life?	_____ _____
115.	How many subordinates do you have or did you have, when you stopped working?	#_____
116.	Are you or have you been married?	1. ☐ Never married. If not, proceed to question 121 2. ☐ Married 3. ☐ Divorced 4. ☐ Separated 5. ☐ Widower/widow
117.	What type of elementary school education did your spouse receive?	1. ☐ Less than 7th grade 2. ☐ 7th - 8th grade 3. ☐ 9th - 10th grade 4. ☐ 11th grade or above 5. ☐ Other types If yes, which:_____

118.	Did your spouse get any education after elementary school?	1. ☐ None 2. ☐ Course for semi-skilled workers 3. ☐ Course for skilled workers 4. ☐ Theoretic education (less than 3 years) 5. ☐ Theoretic education (3-4 years) 6. ☐ Academic education or similar education (more than 4 years) 7. ☐ Other education If yes, which:_____
119.	What type of job did your spouse have in his/her greater part of life?	_____ _____
120.	How many subordinates did he/she have in this job?	#_____
121.	Have you lost any relatives or close friends during the last 5 years?	1. ☐ Yes 2. ☐ No, proceed to question 123
122.	Who did you lose?	a. ☐ Spouse/cohabitant b. ☐ Child/children c. ☐ Your twin d. ☐ Brothers/sisters e. ☐ Other relatives f. ☐ Close friend(s)
123.	How often do you meet friends or acquintances?	1. ☐ Never 2. ☐ Seldom 3. ☐ Once or twice a month 4. ☐ Once or twice a week 5. ☐ 3-4 times a week 6. ☐ Daily 7. ☐ More than once a day
124.	If you got ill and needed help for practical problems, could you then expect to get help from friends?	1. ☐ Yes, definitely 2. ☐ Yes, perhaps 3. ☐ No

125. How often do you get visits from a visiting nurse?	1. ☐ At nursing home 2. ☐ Daily 3. ☐ 2 - 3 times a week 4. ☐ Weekly 5. ☐ More seldom 6. ☐ Never
126. How often do you get visits from a home care service?	1. ☐ At nursing home 2. ☐ Daily 3. ☐ 2 - 3 times a week 4. ☐ Weekly 5. ☐ More seldom 6. ☐ Never
126a. How often do you get private cleaning assistance?	1. ☐ At nursing home 2. ☐ Daily 3. ☐ 2 - 3 times a week 4. ☐ Weekly 5. ☐ More seldom 6. ☐ Never
127. Do you have a calling device installed in your home?	1. ☐ Yes, on body 2. ☐ Yes, in home 3. ☐ No
128. Do you participate in joint activities (e.g. bingo, sewing club, lectures, etc.)	1. ☐ Yes 2 ☐ No

129. DELAYED RECALL

I will now ask you to recall as many of those 12 words that we talked about earlier on. (do not read aloud the words)

COLOUR

HOUSE

RIVER

HEN

NOSE

GARDENER

HAT

SCHOOL

FIELD

PARENTS

COFFEE

BELL

Give one point for every word remembered. #_____ (correct answers)

Now, I will ask you about your state of mind.

130. Have you ever been so sad that you had to consult a doctor, who told you that you were suffering from a depression?	1. ☐ Yes 2. ☐ No, proceed to question 135
131. How many times have you been depressed for more than 3 weeks?	#_____ (depressions)
132. At what age did you suffer from your first depression? 132a. At what age did you suffer from your last depression?	Age at first episode _____ Age at last episode _____
133. Do you get medical treatment for depression?	1. ☐ At present 2. ☐ Previously 3. ☐ No treatment
134. Have you ever received shock therapy or convulsive treatments for depression?	1. ☐ Yes 2. ☐ No **If yes,** #_____ (treatments in total)

Now, I will ask you about your present state of mind compared to your state of mind a half to one year ago.

135.	Do you wake up early in the morning without being able to fall asleep again?	1. ☐ Most nights 2. ☐ Some times 3. ☐ No
136.	Do you have an extraordinarily long sleep?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
137.	Do you have less appetite or are you often more hungry than usually?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
138.	Within the last 6 months have you lost or gained weight to a substantial degree?	1. ☐ Major change 2. ☐ Some change 3. ☐ No
139.	Do you find it more difficult to cope with things than before?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
140.	Do you find it more difficult to make decisions than you used to?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
141.	Have you lost pleasure or interest in doing things you usually cared about or enjoyed?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
142.	Do you find you have lost energy recently and is it harder to get things done?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
143.	Have you preferred to be more on your own recent-ly?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
144.	Do you find it more difficult to concentrate than usually?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
145.	Do you speak more slowly than usually?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
146.	Do you sometimes feel that you think more slowly than usually?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No

147.	How often do you feel happy?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ Never or hardly ever
148.	Do you feel lonely lately?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
149.	Do you feel tense and do you worry more than usually about matters of minor importance?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
150.	Do you consider yourself a nervous person?	1. ☐ Yes 2. ☐ No
151.	Have you ever had an emotional or nervous illness requiring treatment?	1. ☐ Yes 2. ☐ No, proceed to question 152
151a.	If yes, how many episodes?	#_____
152.	Do you feel sad, depressed or miserable?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No, proceed to question 160
153.	For how many months have you felt like this?	#_____
154.	Is there any reason why you have become depressed?	☐ Yes ☐ No, proceed to question 156
155.	What is the reason for this?	a. ☐ Near relative has died b. ☐ Close friends have died c. ☐ Own illness d. ☐ Illness within close family e. ☐ Friend's illness f. ☐ Financial problems g. ☐ Other reason, **If yes**, which:_____
156.	Is this feeling different from a usual feeling of sadness?	1. ☐ Yes 2. ☐ No
157.	When you feel depressed, it there anything which is able to cheer you up?	1. ☐ Yes 2. ☐ No
158.	Is there a special time of day, when you feel most depressed?	1. ☐ Yes, in the morning 2. ☐ Yes, other time of day 3. ☐ No
159.	Do you feel that other people are to be blamed for your unhappiness?	1. ☐ Yes 2. ☐ No

160. Do you feel worthless, or do you blame yourself for mistakes that you have made a long time ago?	1. ☐ Most of the time 2. ☐ Some times 3. ☐ No
161. How do you feel about your own future?	1. ☐ Optimistic 2. ☐ Neutral 3. ☐ Pessimistic
162. Do you sometimes feel that life is not worth living?	1. ☐ Yes 2. ☐ No, proceed to question 164
163. Have you ever been so depressed that you thought about ending life?(suicide)	1. ☐ Attempt(s) of suicide 2. ☐ Have considered suicide often 3. ☐ Have considered suicide sometimes 4. ☐ No
I am now going to ask you about your habits.	
164. Do you smoke?	1. ☐ Yes, more than 1 cigarette, cigar or 1 pipe of tobacco a day Proceed to question 166 2. ☐ Yes, but less than 1 cigarette, cigar or one pipe of tobacco a day. Proceed to question 166 3. ☐ No
165. Being a non-smoker, have you smoked previously? 165a. If yes, when did you stop?	1. ☐ Yes, more than 1 cigarette, cigar or 1 pipe of tobacco a day 2. ☐ Yes, but less than 1 cigarette, cigar or 1 pipe of tobacco a day 3. ☐ No, proceed to question 170 Year _____
166. Do you inhale now or did you inhale at the time you were smoking?	1. ☐ Yes 2. ☐ No
167. How much do you smoke or did you usually smoke a day on average? (state number and what types)	a._____filtertipped cigarettes (daily) b._____ cigarettes without filtertip (daily) c._____cheroots (daily) d._____cigars (daily) e._____ tobacco (how many pipes a week)
168. What is the greatest number of cigarettes, etc. that you have smoked daily during one year?	a._____filtertipped cigarettes (daily) b._____ cigarettes without filtertip (daily) c._____cheroots (daily) d._____cigars (daily) e._____ tobacco (how many pipes a week)

169.	How many years have you smoked on a regular basis?	# of years_____
170.	Do you ever drink alcohol?	1. ☐ Yes 2. ☐ No, proceed to question 172
171.	If yes, how much do you drink per week?	1. ☐ < 1 drink per week 2. ☐ 1-5 drinks per week 3. ☐ 6-10 drinks per week 4. ☐ 11-20 drinks a week 5. ☐ > 20 drinks per week
172.	How is your present consumption of alcohol compared to your previous consumption?	1. ☐ Bigger than before 2. ☐ The same now as earlier on 3. ☐ Less now than earlier on
173.	Have you ever had a daily alcohol use of more than 3 drinks for a longer period?	1. ☐ Yes 2. ☐ No, proceed to question 174.
173a.	For how many months or years?	#_____(months) #_____ (years)
173b.	How many drinks on average per week?	#_____

174.	May we look at your hospital record after this interview?	1. ☐ Yes 2. ☐ No
IF ON FUNEN		
175.	May we also look at your pharmacy record?	1. ☐ Yes 2. ☐ No

For all respondents

176.	Finally, I want to thank you for participating in the investigation. May we contact you again in the future?	1. ☐ Yes 2. ☐ No

For the interviewer

177.	Did the respondent show any sign of confusion at any time during the interview, such as difficulty in remembering dates, places or other things?	1. ☐ Yes 2. ☐ No

If yes, state the signs:

_____

_____

_____

_____

_____

178.	What is the housing situation of the twin?	1. ☐ House including town house 2. ☐ Apartment 3. ☐ Special dwelling for elderly people 4. ☐ Nursing home 5. ☐ Other type, such as _____
179.	Is the respondent so severely handicapped that it was difficult to make the interview or to fulfil the tasks?	1. ☐ Yes 2. ☐ No **If yes, what kind of handicap** a. ☐ Reduced hearing b. ☐ Reduced vision c. ☐ Speak difficulties d. ☐ Paralysis e. ☐ Amputation f. ☐ Shaky hands g. ☐ Dementia or senility h. ☐ If other kinds of handicap, state the type: _____ _____ _____ _____

180. The interview was made with:

1 ☐ IP alone
2 ☐ IP and proxy

180a. How is the proxy related to the twin?

1 ☐ Spouse
2 ☐ Child
3 ☐ Grand child
4 ☐ Twin
5 ☐ Brother/sister
6 ☐ Other relatives
7 ☐ Nursing staff
8 ☐ Home care
9 ☐ Friend/girlfriend/aquintance
10 ☐ Other

180b. How often does the proxy meet the twin?

1 ☐ daily
2 ☐ weekly
3 ☐ monthly
4 ☐ More seldom

181. Interviewer's evaluation of the interview?	1 ☐ Easy to perform 2 ☐ Sometimes difficult 3 ☐ Difficult to perform