

LONGITUDINAL STUDY OF AGING DANISH TWINS

1997

I will now start by asking you about your cohabitation.

0. What date were you born?

Day: _____ Month: _____ Year: _____

1. How many people live in your house apart from yourself?

Number of persons: _____

If the twin is living alone 1 proceed to question 3.

If the twin is not living alone 2 proceed to question 2.

2. Who are they?

	Yes	No
a. Spouse.....	1	2
b. Common law wife/husband.....	1	2
c. Twin.....	1	2
d. Other sisters/brothers.....	1	2
e. Child/Children	1	2
f. Parents	1	2
g. Other relatives	1	2
h. Close friend/friends	1	2
i. Nursing home	1	2
j. Sheltered accommodation	1	2
k. Others	1	2

Proceed to question 6

3. For how many years have you lived by yourself?

_____ (years)

4. With whom did you live together before?

Spouse.....	01
Common law wife/husband.....	02
Twin.....	03
Other sisters/brothers.....	04
Child/Children	05
Parents	06
Other relatives	07
Close friend/friends	08
Others	09

5. Why did you stop living together?

Death of co-habitant	1
Co-habitant moved to nursing home or institution.....	2
Divorce	3
Disagreement.....	4
Cohabitant went into another relationship.....	5
You moved to institution	6
Other matters	7

I will now ask you about your health.

6. How do you consider your health in general?

Excellent	1
Good	2
Acceptable	3
Poor.....	4
Very poor.....	5

7. Compared with other people at your age how do you consider your health?

Better 1
Like most people 2
Poorer 3

8. Do you feel well enough to do what you like?

Yes, always 1
Yes, nearly always 2
Yes, now and then 3
No, hardly ever 4
No, never 5

9. Are you happy and satisfied with your life at present?

Yes, always 1
Yes, nearly always 2
Yes, now and then 3
No, hardly ever 4
No, never 5

10. Did a doctor ever tell you that you have/had any of the following diseases:

	Yes	No
a. Diabetes	1	2
b. Osteoarthritis	1	2
c. Rheumatoid arthritis	1	2
d. Gout (podagra).....	1	2
e. Osteoporosis	1	2
f. Chronic bronchitis	1	2
g. Tuberculosis	1	2
h. Asthma.....	1	2
i. Cataract.....	1	2
j. Glaucoma.....	1	2
k. Sclerosis in your eye.....	1	2
l. Thrombosis in your eye	1	2
m. Meningitis.....	1	2
n. Inflammation of the brain	1	2
o. Parkinson's disease	1	2
p. Epilepsy	1	2
q. Migraine	1	2
r. Cancer	1	2
s. Stroke	1	2
t. Heart attack.....	1	2
u. Angina pectoris.....	1	2
v. Irregular heart rhythm.....	1	2
w. Treatment for hypertension with medicine bought on prescription	1	2
x. Other heart problems	1	2
y. Wet lungs.....	1	2
z. Bad blood circulation in your legs.....	1	2
æ. Gallstone	1	2
ø. Jaundice	1	2
å. Treatment for gastric ulcer with medicine bought on prescription.....	1	2
aa. Treatment of gastric ulcer with operation	1	2
bb. Kidney's disease.....	1	2
cc. Kidney stones	1	2
dd. Increased metabolism (Basedow's disease)....	1	2
ee. Decreased metabolism (myxødema)	1	2
ff. Enlargement of the thyroid gland (goiter/struma)	1	2
gg. Other diseases in the thyroid gland	1	2
hh. Slipped disc	1	2

11. Did you ever experience:

	Yes	No
a. Paralysis of arms or legs?.....	1	2
b. Chronic leg sore?	1	2
c. Amputation of leg, part of leg or foot?	1	2
d. A fracture of the femur/neck of femur?	1	2
e. A fracture of the spine.....	1	2

12. On how many occasions did you fracture a bone after the age of 40? (*excluding toes and fingers*)

Number of fractures: _____

13. Did you ever hit your head so seriously that you became unconscious?

No, never.....0
 Once1
 Twice.....2
 Three times or more3

14. Did you ever hit your head so seriously that you had nausea or threw up afterwards - but without becoming unconscious?

No, never 0

Once 1

Twice 2

Three times or more 3

15. Have you had other diseases than the ones that we already discussed?

Yes 1

No 2 (Proceed to question 17)

16. If yes, which diseases?

a. _____

b. _____

c. _____

d. _____

e. _____

17. Within the last month, did you suffer from:

	Yes	No
a. Dizziness	1	2
b. Fainting fits	1	2
c. Pains or stiffness in neck or shoulder.....	1	2
d. Back pains, lumbago	1	2

[illegible]

1 proceed to question 19.

2..... proceed to question29.

Instruction about obtaining medicine-information.

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

19. How often have you had to get up during the night in order to urinate?

- Use diapers0 proceed to question 26
- Not at all 1
- Once every 8 hours 2
- Once every 4 hours 3
- Once every 2 hours 4
- At least once every hour..... 5
- Is catheterized 6 proceed to question 26
-

20. How often have you had to push to begin urination?

- Not at all 1
- Less than 1 time in 5 2
- Less than half the time 3
- About half the time 4
- More than half the time 5
- Almost always 6
-

21. How often have you had a sensation of not emptying your bladder completely after you finished urinating?

- Not at all 1
- Less than 1 time in 5 2
- Less than half the time 3
- About half the time 4
- More than half the time 5
- Almost always 6
-

22. How often have you had to urinate again less than two hours after you finished urinating?

- Not at all..... 1
- Less than 1 time in 5 2
- Less than half the time 3
- About half the time 4
- More than half the time 5
- Almost always..... 6
-

23. How often have you found you stopped and started several times when you urinated?

- Not at all..... 1
- Less than 1 time in 5 2
- Less than half the time 3
- About half the time 4
- More than half the time 5
- Almost always..... 6
-

24. How often did you find it hard to postpone a urination?

- Not at all..... 1
- Less than 1 time in 5 2
- Less than half the time 3
- About half the time 4
- More than half the time 5
- Almost always..... 6
-

25. How often have you had a weak urinary stream?

- Not at all..... 1
Less than 1 time in 5 2
Less than half the time 3
About half the time 4
More than half the time 5
Almost always..... 6
-

26. Did you ever receive hormone therapy due to diseases in the prostate?

- Yes 1
No 2
-

27. Did you ever undergo an operation due to prostata disease?

- Yes 1
No 2 proceed to question 37
-

28. At which hospital and when?

Year:_____

Hospital:_____

Proceed to question 37.

If female respondent was born before 1920 1 proceed to question 33.

If female respondent was born in 1920 or after 2 proceed to question 29.

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

29. At what age did you experience menopause?

Age: _____

30. Did you receive hormone therapy in connection with your menopause?

Yes 1

No 2

31. Did you receive hormone therapy in other connections (e.g. for the prevention of osteoporosis)?

Yes 1

No 2

32. Have you ever had your uterus and/or ovaries removed?

Yes 1

No 2

a. If Yes:, at which hospital and when:

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.

33. During the last month did you experience a slight leakage of urine when exerting yourself, e.g. when coughing, lifting, sneezing or laughing?

- No 1
- Yes, once 2
- Yes, several times 3
- Do not know 8

33a. If AYes, several times@: How often?

- Less than once a week 1
- One or several times a week, but not daily 2
- Daily 3

34. During the last month did you experience such a strong urge to urinate that you had difficulty in reaching the toilet in time?

- No 1
- Yes, once 2
- Yes, several times 3
- Do not know 8

34a. If AYes, several times@:

- Less than once a week 1
- One or several times a week, but not daily 2
- Daily 3
-

- 35. During the last month did you experience an involuntary discharge of urine in connection with a sudden urge to urinate e.g., during the night at the sound of running water or in situations where you were approaching the toilet, but did not reach it in time?**

No 1
Yes, once 2
Yes, several times 3
Do not know 8

- 36. During the last month did you experience an involuntary discharge of urine for any other reason?**

Yes, once 1
Yes, several times 2
No 3 Proceed to question 36b.
Do not know 8 Proceed to question 36b.

- 36a. What was the cause/causes?**

-
- 36b. During the last month did you receive treatment for an infection of the bladder?**

Yes 1
No 2
Do not know 8

37. Are you able to go to the toilet?

Yes 1

Yes, with aids 2

Yes, with personal assistance 3

No 4

Proceed to question 38

37a. Do you get tired?

Yes 1

No 2

Proceed to question 39.

38. Do you urinate in the toilet?

Yes 1

Proceed to question 39

Some times 2

No 3

Is cetheterized 4

38a. Do you bowel in the toilet?

Yes 1

Some times 2

No 3

Is colestomized 4

39. What is your body weight?

kg: _____

39a. Is the weight:

According to IP 1

Estimated by interviewer/proxy 2

If the respondent was born before 1920 1..... proceed to question 40.**If the respondent was born in 1920 or after** 2..... proceed to question 39b.

39b. How much did you weigh approximately at the age of 25?

kg: _____

If the respondent does not remember, then ask:

Was it: More than now 1

Less than now 2

The same 3

Do not know 8

39c. What was your maximum body weight ever?
(excluding pregnancy)kg: _____

40. How tall are you?

Cm: _____

40a. Is your height?

According to IP 1

Estimated by interviewer/proxy 2

If the respondent was born before 1920..... 1 proceed to question 46.

If the respondent was born in 1920 or after 2 proceed to question 41.

41. Are you right- or left-handed?

Right-handed 1

Left-handed 2

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

42. For how many years did you and your twin live together?
(From birth until you moved away from each other for the first time)

Years: _____

43. For how many years did you and your twin live together?
(All the periods that you lived together)

Years: _____

44. Who had the highest birth weight?

You 1

Your twin 2

Same weight 3

Do not know 8

45. How much did you weigh at birth?Grams

Do not know8888

45a. How much did your twin brother/sister weigh at birth?Grams

Do not know8888

45b. Who was born first?

You 1

Your twin 2

Do not know 8

46. Is your twin alive?

Yes 1

No 2 proceed to question 49

If yes:**46a. How do you consider your health compared to the health of your twin?**

Better 1

The same 2

Poorer 3

47. How often do you meet your twin?

- Never 1
Seldom 2
Monthly (once or twice a month)..... 3
1-2 times a week 4
3-4 times a week 5
Daily 6
More than once daily..... 7
Live together 8
-

48. How often do you talk with your twin on the phone?

- Never 1
Seldom 2
Monthly (once or twice a month)..... 3
1-2 times a week 4
3-4 times a week 5
Daily 6
More than once daily..... 7
Live together 8

Proceed to question 51

49. Did your twin die within the last 2 years?

- Yes 1
No 2 Proceed to question 51
-

**49a. How was your twin brother/sister a year before he/she died -
With what did he/she need help?**

(Please circle one answer
per question)

	Yes	No	Do not know
a. To walk	1	2	8
b. To bath	1	2	8
c. To dress	1	2	8
d. To eat.....	1	2	8

50. Did he/she live in a nursing home or sheltered housing before he/she died?

Yes 1
 No 2
 Do not know 8

50a. Was your twin brother/sister senile or demented a year before he/she died?

Yes, to a high degree 1
 Yes, to some degree 2
 Yes, to a slight degree 3
 No 4
 Do not know 8

50b. Did your twin brother/sister ever suffer from a serious depression of long duration?

Yes 1
 No 2

51. What age did your mother reach? _____ years

Still living, born in..... _____ year of birth

51a. What age did your father reach? _____ years

Still living, born in..... _____ year of birth

If the respondent was born before 1920 1..... proceed to question 54.

If the respondent was born in 1920 or after 2..... proceed to question 52.

52. How many children do you have? By children are 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)

Number of biological children: _____

Number of adopted children _____

If the respondent has any biological or adopted children proceed to question 53.

If the respondent does not have any children proceed to question 55.

54. How often do you meet your children?

Never	1
Seldom	2
Monthly	3
Weekly	4
Daily	5
More than once a day	6
Do not have any children	7

55. How often do you meet your family?

(Apart from your children, twin, grandchildren and sons/daughters-in-law)

Never	1
Seldom	2
Monthly	3
Weekly	4
Daily	5
More than once a day	6

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

56.	Right	Wrong
a. What day of the week is it today.....	1	2
b. What date is it today	1	2
c. What is the name of this month	1	2
d. What year do we have.....	1	2
e. What season is it	1	2

March = Winter or Spring
September = Summer or Autumn

May = Spring or Summer
November = Autumn or Winter

57.	Right	Wrong
a. What is the name of this county.....	1	2
b. What is the name of this city/town/village	1	2
c. What is the name of the two closest and biggest streets	1	2
d. What floor are we on now	1	2
e. What is the name of this place. What is the address	1	2

58. I am now going to test your memory. I will mention three objects.

Mention slowly the following three objects. You must only take maximum one second to mention each object:

**Apple
Table
Bicycle**

Then ask IP to repeat.

Note the number of correct answers in first attempt: _____

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 objects (5 attempts at maximum). Write the number of attempts (write "0", if the repetition of all three objects is correct in first attempt)

Note the number of attempts: _____

59. 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.

The correct answer is: 93, 86, 79, 72, 65

If the respondent says: "I cannot calculate", say:

I will ask you to spell "SCHOOL" backwards. (5 letters in Danish: SKOLE)

The correct answer is: L O O H C S

Give 1 point each time the answer is correct, even if a former answer was wrong.
By spelling: 1 point for each letter placed correctly.

Points: _____

60. Please repeat the three words that I told you to repeat a little while ago.

(Interviewer: Apple, Table, Bicycle)

Give 1 point each time the answer is correct: _____

61. I am going to show you some things and ask you to tell me what it is:

(Interviewer: Point at a pencil and a watch. Then ask what it is while pointing)

Give 1 point each time the answer is correct: _____

62. I will now ask you to repeat the following sentence:

(Interviewer read: "No one above, below or next to me".

(1 point, if repeated in the first attempt or 0 if not repeated correctly)

Points: _____

- 63. I will now give you a piece of paper. You must take the paper using your right hand, fold it in the middle using both hands, and place the paper in your lap.**

*(Interviewer: Hand out the paper towards the midline of the respondent.
Do not repeat the instructions and do not offer any help.
Note every movement as correct, if it is made in the correct order.)*

Take the paper using right hand
Fold with both hands
Place the paper in the lap

Number of correct movements: _____

- 64.**

(Interviewer: Ask the respondent to read card A and do what it says.)

1 point, if done correctly: _____

(0 point, if the respondent cannot do it)

- 65.**

(Interviewer: Ask the respondent to write a sentence according to own choice. (The sentence must contain a subject and a verb and make sense. Spelling errors and grammar to be ignored).)

1 point, if the sentence makes sense: _____

(0 point, if the sentence does not make sense)

66.

(Interviewer: Ask the respondent 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)

67.

Interviewer:

67a. Was it possible to carry out the tests with the respondent?

Yes, completely 1 proceed to question 67.c

Yes, partly 2

No 3

67b. Why was it not possible to carry out some of the tests?

Visually impaired 1

Hearing impaired 2

Paralyzed 3

Speech impaired 4

Did not wish to participate 5

Other reason 6

Remarks: _____

67c. Was the respondent nervous or worried about carrying out the tests?

Not at all..... 1

A little 2

Rather much 3

So much that it restrained the respondent
or made the respondent stop the test 4

68. 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: _____

**69. I am going to say some numbers.
Listen carefully, and when I am through say them right after me.***Interviewer:**Say the digits in the 1st test (5-8-2) at the rate of one per second. Let the respondent try to repeat. Then say the digits in 2th test (6-9-4) og let the respondent try to repeat.**If the respondent passes both tests the score is 2 points. If the respondent passes only one trial the score is 1 point. If the respondent fails both trials the score is 0 point .**Only make one try per test. The order of the numbers must be correct.**Continue in the same way with test 2 through 7.**Discontinue after failure on both trials of any item*

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	_____

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

Interviewer:

If the twin responds correctly (9-1-7), say AThat's right@, and proceed to Item 1.

However, if the twin fails the example, say: ANo, I said 7-1-9, so you would say 9-1-7". Now, try these numbers: 3-4-8 and remember, you are to say them backwards.

Whether the twin succeeds or fails with the second example (3-4-8), proceed to Item 1.

If the respondent passes both trials in an item, the score is 2 points

If the respondent succeeds only with 1 item, the score is 1 point

If none of the two trials is passed, the score is 0 point.

The order of questions must be correct.

Discontinue after failure on both trials of any item

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	_____

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

COLOUR

HOUSE

RIVER

HEN

NOSE

GARDENER

HAT

SCHOOL

FIELD

PARENTS

COFFEE

BELL

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

Words: _____ points

Now I will read the words once more, and in approximately 10 minutes I will ask you how many words that you can recall.

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

72. Ordinarily, do you use any of the following aids?

	Yes	No
a. Glasses/contact lenses	1	2
b. Magnifying glass	1	2
c. Cane	1	2
d. Crutches	1	2
e. Walker/walkingaid	1	2
f. Wheel chair.....	1	2
g. Bath chair.....	1	2
h. Elevated toilet seat.....	1	2
i. Railing/bannister.....	1	2
j. Handle/handgrip	1	2
k. Balkon frame/beam.....	1	2
l. Special eating utensils	1	2
m. Other	1	2

If othert, what: _____

73. Can you get up from a chair and a bed?

Yes 1

Yes, with aids 2

Yes, with personal help 3

No 4 proceed to question 74

73a. Do you get tired by doing that?

Yes 1

No 2

74. Are you able to walk around in the house?

- Yes 1
- Yes, with aids 2
- Yes, with personal help 3
- No 4 proceed to question 84

74a. Do you get tired by doing that?

- Yes 1
- No 2

75. Are you able to walk up and down the stairs from one floor to the next without resting?

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4 proceed to question 77

76. Are you able to walk up the stairs to the 2nd floor?

- Yes 1
- Yes, with aids 2
- Yes, with personal help 3
- No 4 proceed to question 77

76a. Do you get tired by doing that?

- Yes 1
- No 2
-

77. Are you able to get outdoors e.g. in the garden?

- Yes 1
- Yes, with aids 2
- Yes, with personal help 3
- No 4 proceed to question 84

77a. Do you get tired by doing that?

- Yes 1
- No 2

78. Are you able to walk 400 m without resting?

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4 proceed to question 84

79. Do you do any kind of light exercise at present (e.g. gardening, short walks or bicycle rides)?

- Yes 1
- No 2 proceed to question 81

79a. How often?

- Every day or almost every day 1
- Several times a week 2
- Approx. once a week 3
- 2-3 times a month 4
- Approx. once a month 5
-

80. Do you do any kind of hard exercise (e.g. heavy gardening, long walks or bicycle rides, sports, gymnastics or dances?)

Yes 1
 No 2 proceed to question 81

80a. How often?

Every day or almost every day 1
 Several times a week 2
 Approx. once a week 3
 Approx. 2-3 times a month 4
 Approx. once a month 5

81. Can you go for a walk outdoors in fine weather for 1/2 to 1 hour?

Yes 1
 Yes, with aids 2
 Yes, with personal help 3
 No 4 proceed to question 84

81a. Do you get tired by doing that?

Yes 1
 No 2

82. Can you go for a walk in bad weather for 1/2 to 1 hour?

Yes 1
 Yes, with aids 2
 Yes, with personal help 3
 No 4 proceed to question 84

82a. Do you get tired by doing that?

Yes 1
 No 2

83. Can you run 100 meters?

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4
-

**84. Can you carry an object of 5 kilos?
(such as a heavy bag of groceries)**

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4
-

85. Can you wash the upper part of your body?

- Yes 1
- Yes, with aids 2
- No 3 proceed to question 86

85a. Do you get tired by doing that?

- Yes 1
- No 2
-

86. Can you wash the lower part of your body?

- Yes 1
- Yes, with aids 2
- No 3 proceed to question 87

86a. Do you get tired by doing that?

- Yes 1
- No 2
-

87. Can you wash your hair?

- Yes 1
- No 2 proceed to question 88
- Not relevant..... 3 proceed to question 88

87a. Do you get tired by doing that?

- Yes 1
- No 2

88. Can you dress the upper part of your body?

- Yes 1
- No 2 proceed to question 89

88a. Do you get tired by doing that?

- Yes 1
- No 2

89. Can you dress the lower part of your body?

- Yes 1
- No 2 proceed to question 90

89a. Do you get tired by doing that?

- Yes 1
- No 2

90. Can you put on and take off your socks and shoes?

- Yes 1
- No 2 proceed to question 91

90a. Do you get tired?

Yes 1
No 2

91. Can you comb your hair?

Yes 1
No 2 proceed to question 92
Not relevant..... 3 proceed to question 92

91a. Do you get tired?

Yes 1
No 2

92. Can you cut your toenails?

Yes 1
No 2 proceed to question 93

92a. Do you get tired?

Yes 1
No 2

93. Can you cut your fingernails?

Yes 1
No 2 proceed to question 94

93a. Do you get tired?

Yes 1
No 2

94. Can you chew or bite hard foodstuffs?

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4
-

95. How many of your own teeth have you got left?

- None 0
- 1-9 1
- 10-19 2
- 20 or more 3
- All teeth..... 4
-

96. Can you eat without help?

- Yes, without help 1
- Yes, but get help to cut meat
or butter a slice of bread..... 2
- No, get help to eat 3
-

97. Can you read an ordinary newspaper text?
(with glasses, if they are usually worn)

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4
-

98. Do you have a reduced hearing ability?

- Yes 1
- No 2 proceed to question 98c

98a. Do you have a hearing aid?

- Yes 1
- No 2 proceed to question 98c

98b. Do you use the hearing aid?

- Yes, always 1
- Yes, often 2
- Yes, now and then 3
- No 4

98c. Are you able to hear what is being said during a normal conversation with 3 or more persons?

(With hearing aid, if used)

- Yes, without difficulty 1
- Yes, with minor difficulty 2
- Yes, with major difficulty 3
- No 4

99. If you think about using a telephone, which of the following descriptions fits you best?

- Operate the telephone on own initiative -
look up and dial numbers, etc. 1
- Dial a few well-known numbers
(incl. codenumbers)..... 2
- Answer the telephone but cannot make a call 3
- Do not use the telephone at all 4
- Not relevant (no phone) 5
-

100.If you think about shopping, which description fits you best?

- Take care of all shopping needs
independently 1
- Make small purchases independently 2
- Need to be accompanied on any shopping trip 3
- Completely unable to shop..... 4
- Not relevant (do not need to shop)..... 5
-

101. With regard to cooking, which description fits best?

- Plan, prepare and serve adequate
meals independently..... 1
- Prepare adequate meals, if supplied
with ingredients 2
- Heat and serve prepared meals,
or prepare small meals 3
- Need to have all meals prepared and served 4
- Not relevant..... 5
-

102. With regard to house work, which description fits best?

- Maintain house alone or with occasional
assistance (e.g. "Domestic help for heavy work") ... 1
- Perform light daily tasks such as
dishwashing, bedmaking 2
- Perform light daily tasks but cannot
maintain acceptable level of cleanliness 3
- Need help with all home maintenance tasks 4
- Not relevant..... 5
-

103. With regard to washing, which description fits you best?

- Do your own washing 1
- Wash small items, rinse socks, stockings, etc..... 2
- Completely unable to wash clothes..... 4
- Not relevant..... 5
-

104. With regard to transportation, which description fits best?

- Travel independently on public transportation or drive own car 1
- Arrange own travel via taxi but do not use public transportation 2
- Travel limited to taxi or automobile with assistance of another person..... 3
- Travel only with special means of transportation or do not travel at all 4
- Not relevant..... 5
-

105. How about medicine?

- Are responsible for taking medicine in correct dosages at correct time..... 1
- Take responsibility, if medicine is prepared in advance in separate dosages..... 2
- Is not capable of taking own medication..... 3
- Not relevant..... 5
-

106. With regard to managing your finances, which description fits you best?

- Manage financial matter independently 1
- Manage day-to-day purchases but need help with banking, major purchases, etc. 2
- Incapable of handling money 3
- Not relevant..... 5
-

107. Except for your old age pension do you have any other income?

- Yes 1
- No 2
-

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

If the respondent was born before 1920 1..... proceed to question 112.

If the respondent was born in 1920 or after 2..... proceed to question 108.

108. What type of elementary school education did you receive?

Less than 7th grade 1

7th - 8th grade 2

9th - 10th grade 3

11th grade or above 4

Other types 5

If other types, which: _____

109. Did you get any education after elementary school?

- None1
- Course for semi-skilled workers.....2
- Course for skilled workers3
- Theoretic education (less than 3 years)4
- Theoretic education (3-4 years).....5
- Academic education or similar
education (more than 4 years)6
- Other education7

If other education, which: _____

110. What type of job did you have during the longest period of your working life?

111. How many subordinates did you have when you stopped working?

Number of subordinates: _____

112. Are you or have you been married?

- Never married.....1 proceed to question 117
- Married2
- Divorced3
- Separated4
- Widower/widow5

If the respondent was born before 1920..... 1 proceed to question 117.

If the respondent was born in 1920 or after 2 proceed to question 113.

113. What type of elementary school education did your spouse receive?

Less than 7th grade 1

7th - 8th grade 2

9th - 10th grade 3

11th grade or above..... 4

Other types 5

If other types, which: _____

114. Did your spouse get any education after elementary school?

None 1

Course for semi-skilled workers 2

Course for skilled workers 3

Theoretic education (less than 3 years)..... 4

Theoretic education (3-4 years) 5

Academic education or similar
education (more than 4 years)..... 6

Other education 7

If other education, which: _____

115. What type of job did your spouse have during the longest period of his/her working life?

116. How many subordinates did your spouse have when he/she stopped working?

Number of subordinates: _____

117. Have you lost any close relative or close friend during the last 5 years?

Yes 1

No 2 proceed to question 118

117a. Who did you lose?

	Yes	No
a. Spouse/cohabitant.....	1	2
b. Child/children.....	1	2
c. Your twin.....	1	2
d. Brothers/sisters.....	1	2
e. Other relatives	1	2
f. Close friend(s)	1	2

The next questions concern the last month.

118. How often did you spend a whole day alone?

(i.e., the respondent lives alone and did not have contact with other people - shopping does not count)

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

119. How often do you leave home?

(i.e., leave the house and the garden to take a walk, shop, or visit somebody etc.)

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

120. How often did you meet friends or family?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

121. How often did you speak on the telephone with friends and family?
(Other than those with whom the respondent lives)

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

122. How often did you participate in a party or a get-together?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

123. How often did you participate in some kind of voluntary work?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

124. How often did you participate in an outing, go to the theatre or in the cinema or to other events/functions?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

125. How often did you read in a newspaper, a weekly magazine or a book?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

126. How often did you participate in a game such as chess, cards or something like that?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

127. How often did you do crosswords or other puzzles?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

128. How often did you engage in a hobby such as needlework, wood-carving or the like?

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

129. How often did you play with small children? (10 years old or younger)

Every day or almost every day (5-7 days per week).....	1
At least once per week (1-4 days per week)	2
Less than once a week.....	3
Never.....	4
Do not know	8

130. In average how many hours did you watch television per day?
(Actively watching of television - not just having the television on while the respondent did other things)

Less than 1 hour	1
1 - 3 hours	2
4 - 6 hours	3
More than 6 hours	4
Do not know	8

131. If you got ill and needed help for practical problems, could you then expect to get help from family or friends?

Yes, definitely	1
Yes, perhaps	2
No	3

132. If you got sad, sorry or worried, could you then expect to get help and support from friends or family?

Yes, definitely	1
Yes, perhaps	2
No	3

133. How often do you get visits from a visiting nurse?

Live at nursing home.....	1
Daily.....	2
2 - 3 times a week	3
Weekly	4
More seldom	5
Never.....	6

134. How often do you get visits from a home care service?

Live at nursing home.....	1
Daily.....	2
2 - 3 times a week	3
Weekly	4
More seldom	5
Never.....	6

134a. How often do you get private cleaning assistance?

Live at nursing home.....	1
Daily.....	2
2 - 3 times a week	3
Weekly	4
More seldom	5
Never.....	6

135. Do you have a calling device?

Yes, on body	1
Yes, in home	2
No	3

136. 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

(Interviewer:

Give one point for each word remembered, regardless of the order.)

Points: _____

137. Have you ever been so sad that you had to consult a doctor, who told you that you were suffering from a depression?

Yes 1

No 2 Proceed to question 142

138. How many times have you been depressed for more than 3 weeks?

How many: _____

139. At what age did you suffer from your first depression?

Age: _____

139a. At what age did you suffer from your last depression?

Age: _____

140. Did you get medical treatment for depression?

Yes, currently 1

Yes, previously..... 2

No 3

141. Have you ever received shock therapy or convulsive shock therapy?

Yes 1

No 2

If yes

How many 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.

142. Do you wake up early in the morning without being able to fall asleep again?

Most mornings 1

Sometimes 2

No 3

143. Do you have an extraordinarily long sleep?

Most nights..... 1

Some times 2

No 3

144. At the moment do you have less appetite or are you often more hungry than usual?

Yes, most of the time 1

Yes, some times 2

No 3

145. Within the last 6 months have you lost or gained weight to a substantial degree?

Yes, major change 1

Yes, some change..... 2

No 3

146. Do you find it more difficult to cope with things than before?

Yes, most of the time 1

Yes, sometimes 2

No 3

147. Do you find it more difficult to make decisions than you used to?

Yes, most of the time 1

Yes, sometimes 2

No 3

148. Have you lost pleasure or interest in doing things you usually cared about or enjoyed?

Yes, most of the time 1

Yes, some times 2

No 3

149. Do you find you have lost energy recently and is it harder to get things done?

Yes, most of the time 1

Yes, sometimes 2

No 3

150. Have you preferred to be more on your own recently?

Yes, most of the time 1

Yes, some times 2

No 3

151. Do you find it more difficult to concentrate than usual?

Yes, most of the time 1

Yes, some times 2

No 3

152. Do you speak more slowly than usual?

Yes, most of the time 1

Yes, some times 2

No 3

153. Do you feel that you think more slowly than usual?

Yes, most of the time 1

Yes, some times 2

No 3

154. How often do you feel happy?

Most of the time 1

Some times 2

Never or hardly ever 3

155. Did you feel lonely lately?

Yes, most of the time 1

Yes, some times 2

No 3

156. Do you feel tense and do you worry more than usual about matters of minor importance?

Yes, most of the time 1

Yes, some times 2

No 3

157. Do you consider yourself a nervous person?

Yes 1

No 2

158. Have you ever had an emotional or nervous illness requiring treatment (except from depression)?

Yes 1

No 2 proceed to question 159

158a. If yes, how many episodes: _____(episodes)

159. Do you at the moment feel sad, depressed or miserable?

Yes, most of the time 1

Yes, some times 2

No 3 proceed to question 167

160. For how long have you felt like this?Months: _____

161. Is there any reason why you have become depressed?

Yes 1

No 2 proceed to question 163

162. What is the reason:

	Yes	No
a. Near relative has died.....	1	2
b. Close friend has died.....	1	2
c. Own illness.....	1	2
d. Illness within close family	1	2
e. Friend's illness.....	1	2
f. Financial problems.....	1	2
g. Other reason	1	2

If other reason, what: _____

163. Is this feeling different from a usual feeling of sadness?

Yes 1

No 2

164. When you feel depressed, is there anything which is able to cheer you up?

Yes 1

No 2

165. Is there a special time of the day, when you feel most depressed?

- Yes, in the morning 1
Yes, other time of day 2
No 3
-

166. Do you feel that other people are to be blamed for your unhappiness?

- Yes 1
No 2
-

167. Do you feel worthless, or do you blame yourself for mistakes that you have made a long time ago?

- Yes, most of the time 1
Yes, sometimes 2
No 3
-

168. How do you feel about your own future?

- Are you optimistic..... 1
Are you neutral..... 2
Are you pessimistic 3
-

169. Do you sometimes feel that life is not worth living?

- Yes 1
No 2 proceed to question 171
-

170. Have you ever been so depressed that you thought about ending life?(suicide)

- Yes, have attempted suicide..... 1
Yes, have often considered suicide 2
Yes, have sometimes considered suicide 3
No 4
-

I am now going to ask you about your habits.

171. Do you smoke?

- Yes, more than 1 cigarette, cigar or 1 pipe
of tobacco a day 1 proceed to question 173
- Yes, but less than 1 cigarette, cigar or one
pipe of tobacco a day. 2 Proceed to question 173
- No 3
-

172. Being a non-smoker, have you smoked previously?

- Yes, more than 1 cigarette, cigar
or 1 pipe of tobacco a day 1
- Yes, but less than 1 cigarette, cigar
or 1 pipe of tobacco a day 2
- No 3 proceed to question 177
-

172a. If yes:

When did you stop smoking?

Year 19_____

173. Do you inhale now or did you inhale at the time you were smoking?

- Yes 1
- No 2
-

174. How much do you smoke or did you usually smoke a day on average?

- a. Amount of filtertipped cigarettes _____
- b. Amount of cigarettes without filtertip..... _____
- c. Amount of cheroots..... _____
- d. Amount of cigars..... _____
- e. Tobacco (how many pipes a day)..... _____
-

175. What is the greatest amount of tobacco that you have smoked daily during one year?

- a. Number of filtertipped cigarettes _____
 - b. Number of cigarettes without filtertip..... _____
 - c. Number of cheroots _____
 - d. Number of cigars..... _____
 - e. Tobacco (number of pipes a day) _____
-

176. How many years have you smoked on a regular basis?

Years: _____

177. Do you ever drink any kind of alcohol?

- Yes 1
 - No 2 proceed to question 179
 - Did never drink alcohol..... 3 proceed to question 181
-

178. How many beers do you drink per week?

- Less than 1 1
- 1-5 2
- 6-10 3
- 11-20 4
- More than 20 5

178a. How many number of drinks of strong alcohol do you drink per week?

- Less than 1 1
- 1-5 2
- 6-10 3
- 11-20 4
- More than 20 5

178b. How many glasses of redwine do you drink per week?

- Less than 1 1
- 1-5 2
- 6-10 3
- 11-20 4
- More than 20 5

178c. How many glasses of whitewine do you drink per week?

- Less than 1 1
- 1-5 2
- 6-10 3
- 11-20 4
- More than 20 5

178d. For how many years did you drink wine regularly?

Years: _____

179. How is your present consumption of alcohol compared to your previous consumption?

- Larger than before 1
- The same now as earlier on 2
- Less now than earlier on 3

180. Have you ever had a daily alcohol consumption of more than 3 drinks in average for a longer period?

- Yes 1
- No 2 proceed to question 181

180a. For how long a period did your daily alcohol consumption exceed 3 drinks?

Months: _____ Years: _____

180b. How many drinks did you have on average per week?

Drinks per week: _____

**181. Finally, I want to thank you for participating in the investigation.
May we contact you again in the future?**

Yes 1

No 2

For the interviewer

182. Did the respondent show any sign of confusion at any time during the interview, such as difficulty in remembering dates, places or other things?

Yes 1

No 2

If yes, state the signs: _____

183. What is the housing situation of the twin?

House including town house 1

Apartment..... 2

Special dwelling for elderly people 3

Nursing home 4

Other type..... 5

If other type, what: _____

184. Is the respondent so severely handicapped that it was difficult to make the interview or to fulfil the tasks?

	Yes	No
a. Hearing impaired.....	1	2
b. Visually impaired.....	1	2
c. Speech impaired	1	2
d. Paralyzed.....	1	2
e. Amputation.....	1	2
f. Shaky hands.....	1	2
g. Dementia/senility	1	2
h. Other kinds of handicap	1	2

If other kinds, what: _____

185. With whom was the interview made?

IP alone	1	proceed to question 186
IP and proxy	2	

185a. How is the proxy related to the twin?

Spouse	01
Child	02
Grandchild	03
Twin	04
Brother/sister	05
Other relatives	06
Nursing staff	07
Home care assistant	08
Friend/girlfriend/aquaintance	09
Other	10

185b. How often does the proxy meet the twin?

Daily	1
Weekly	2
Monthly	3
More seldom	4

186. Was the interview:

Easy to perform	1
Sometimes difficult	2
Difficult to perform	3

11 - 106:
Questions only found in proxy-questionnaires.

11. Does he/she suffer from dementia or senility?

- Yes, to a very high degree..... 1
- Yes, to a small degree 2
- Yes, periodically 3
- No 4
-

12. Is he/she unable to speak?

- Yes, always 1
- Yes, periodically 2
- No 3
-

13. Is he/she unable to understand speech?

- Yes, always 1
- Yes, periodically 2
- No 3
-

21. During the last month has the respondent used sanitary napkins/diapers on account of problems with constraining him-/herself?

- Never..... 1
- Seldom 2
- Most often 3
- Always 4
- Do not know 8

-
-
- 40. Does he/she remember just as well as before, which day of the week or month it is?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 41. If he/she leaves home, is he/she able to find his/her way as well as before?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 42. Has a change occurred in his/her ability to remember own address and own telephone number?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 43. Does he/she remember as well as before the placing of different things in his/her home?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 44. If a thing is not in its usual place, compared to before how does he/she then manage to find it?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 45. Has his/her ability to dress/undress changed?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 46. Has a change occurred in his/her level of activity, apart from what may be attributed to illness?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 47. How well does he/she remember a conversation with you a few days ago?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

-
- 48. If you remind him/her of the conversation, how is the ability to remember what it was about?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 49. Compared to age 55, how is his/her tendency, in the middle of a conversation, to forget what he/she wants to say?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 50. Compared with 5 years ago, how is his/her ability to find the right words in a conversation?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

- 51. Compared to before, how well does he/she recognize otherwise well-known faces?**

Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4

52. How well does he/she recall the names of these people?

- Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4
-

53. Compared to age 55, how well does he/she remember details about these persons, e.g. where they live, what they do and his/her connection with them?

- Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4
-

54. Compared to 10 years ago, how is his/her ability to remember things which have happened recently?

- Better 1
Unchanged 2
Somewhat poorer 3
Much poorer 4
-

101. How often do you meet with friends?

- Never 1
Seldom 2
1 - 2 times a month 3
1 - 2 times a week 4
3 - 4 times a week 5

Daily 6

More than once a day 7

106. Does the respondent participate in any community activities, e.g. bingo, sewing, club, lectures etc.?

Yes 1

No 2
