

**LONGITUDINAL STUDY OF AGING DANISH TWINS**  
**2001**

**Questionnaire 1**

Us. 5442-1  
February-April 2001



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**Text 1: I would like to start by asking you about yourself and your cohabitation.**

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**1. What date were you born?**

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

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**2. How many people live in your household apart from yourself?**

Number of persons: \_\_\_\_\_

Don=t know .....8

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*Filter 1: If the respondent lives alone .....1 go to qu. 4*  
*If the respondent lives with others .....2 go to qu. 3*

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**3. Do you live together with the following:**

	Yes	No
a. Spouse .....	1	2
b. Common law wife/husband.....	1	2
c. Your 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

**Go to text 2**

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**4. For how many years have you lived by yourself?**

\_\_\_\_\_ (years)

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**5. Who was the last person you lived together with?**

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

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**6. Why did you stop living together?**

Death of cohabitant .....	1
Cohabitant moved to nursing home or institution .....	2
Divorce.....	3
Disagreement .....	4
Cohabitant went into another relationship .....	5
Respondent moved to institution.....	6
Other reasons.....	7

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**Text 2: I will now ask you about your health**

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**7. How do you consider your present health in general?**

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

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**8. Compared with other people at your age, how do you consider your health?**

Better.....	1
The same .....	2
Poorer .....	3

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**9. 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

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**10. 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

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

	No	Have had	Have now
a. Diabetes .....	3	2	1
b. Osteoarthritis.....	3	2	1
c. Rheumatoid arthritis .....	3	2	1
d. Gout (podagra) .....	3	2	1
e. Osteoporosis .....	3	2	1
f. Chronic bronchitis .....	3	2	1
g. Tuberculosis .....	3	2	1
h. Asthma .....	3	2	1
i. Cataract .....	3	2	1
j. Glaucoma .....	3	2	1
k. Sclerosis in your eye .....	3	2	1
l. Thrombosis in your eye .....	3	2	1
m. Meningitis .....	3	2	1
n. Inflammation of the brain .....	3	2	1
o. Parkinson's disease.....	3	2	1
p. Essential tremor.....	3	2	1
q. Epilepsy.....	3	2	1
r. Migraine.....	3	2	1
s. Cancer, apart from skin cancer.....	3	2	1
t. Skin cancer.....	3	2	1
u. Thrombosis, cerebral haemorrhage.....	3	2	1
v. Embolism in the leg .....	3	2	1
w. Embolism in the lung .....	3	2	1
x. Embolism in the heart .....	3	2	1
y. Angina pectoris .....	3	2	1
z. Arrhythmia of the heart .....	3	2	1
aa. Hypertension treated with prescription drugs .....	3	2	1
bb. Other heart problems (e.g. heart failure).....	3	2	1
cc. Hydrothorax.....	3	2	1
dd. Varicose veins .....	3	2	1
ee. Insufficient blood circulation in your legs .....	3	2	1
ff. Gallstone.....	3	2	1
gg. Jaundice.....	3	2	1
hh. Gastric ulcer treated with prescription drugs .....	3	2	1
ii. Gastric ulcer treated with operation.....	3	2	1
jj. Kidney disease .....	3	2	1
kk. Kidney stones.....	3	2	1
ll. Increased metabolism (Basedow=s disease).....	3	2	1
mm. Decreased metabolism (myxoedema) .....	3	2	1

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nn. Enlargement of the thyroid gland (goiter/struma).	3	2	1
oo. Other diseases of the thyroid gland.....	3	2	1
pp. Slipped disc .....	3	2	1
qq. Mental disorders.....	3	2	1
rr. Facial paralysis .....	3	2	1
ss. Fracture of cheekbone, nose or jaw .....	3	2	1
tt. Cleft lip and/or palate .....	3	2	1

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**12. Did you ever experience, or do you at present suffer from:**

	Yes	No
a. Paralysis of arms or legs? .....	1	2
b. Chronic leg sore? .....	1	2
c. Amputation of leg, crus, or foot? .....	1	2

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**13. Did you fracture a bone after the age of 40?**

Yes .....	1	
No .....	2	Go to Qu. 14

**Where did you have the fracture?**

	(more rings allowed)	Number
a. Hip .....	1	_____
b. Femur .....	1	_____
c. Wrist.....	1	_____
d. Spine (also collapse) .....	1	_____
e. Other locations .....	1	_____

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**14. Did you ever experience transitory weakness, or impairment of speech or sight, or loss of memory?**

Yes .....	1
No .....	2

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

No, never ..... 1  
Once ..... 2  
Twice ..... 3  
Three times or more ..... 4

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**16. Did you ever hit your head so seriously that you became nauseous or threw up afterwards - but without becoming unconscious?**

No, never ..... 1  
Once ..... 2  
Twice ..... 3  
Three times or more ..... 4

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**17. Have you had a cough at least 3 months per year within the last 2 years?**

Yes, during the last 2 years or more ..... 1  
Yes, only during the last year ..... 2  
No ..... 3

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**18. Have you had a cough with expectorate at least 3 months per year within the last 2 years?**

Yes, during the last 2 years or more ..... 1  
Yes, only during the last year ..... 2  
No ..... 3

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**19. Do you occasionally wake up in the night or early in the morning because you cough?**

Yes, at least once a week ..... 1  
Yes, at least once a month ..... 2  
Yes, at least once a year ..... 3  
No ..... 4

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**20. Have you ever had a wheezy breathing without having a cold?**

- Yes, at least once a week ..... 1
- Yes, at least once a month..... 2
- Yes, at least once a year ..... 3
- No ..... 4
- 

**21. Have you ever had a wheezy breathing and been short of breath?**

- Yes, at least once a week ..... 1
- Yes, at least once a month..... 2
- Yes, at least once a year ..... 3
- No ..... 4
- 

**22. Does any of the following make you cough or give you a wheezy breathing?**

*(One ring in every line)*

- |   | Yes,<br>cough | Yes,<br>wheezy | No<br>breathing |
|---|---------------|----------------|-----------------|
| a. Low temperature.....                           | 1             | 2              | 3               |
| b. Smoke .....                                    | 1             | 2              | 3               |
| c. Strain (e.g. climbing stairs, gardening) ..... | 1             | 2              | 3               |
| d. Other things .....                             | 1             | 2              | 3               |

If other things, what: \_\_\_\_\_

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

- Yes ..... 1
- No ..... 2      Go to Qu.24

**23a. What diseases?**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
-

**24. Within the last month, did you suffer from:**

*(One ring in every line)*

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

**Text 3: I should like to make a list of all the drugs you take on a regular basis, such as prescription drugs, drugs without prescription, and natural medicine.**

**25. Do you take any kind of drugs?**

Yes .....	1
No .....	2

25a. Name of medication?	Why do you take the drug?	Indication: Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Filter 2: If the respondent is a man ..... 1      Go to Qu.26  
 If the respondent is a woman ..... 2      Go to Qu.30

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**Text 4:** Now I want to ask if you a few questions about urination. The questions concern the last month. (Male respondedents).

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

- Never..... 1
- Once every 8 hours .....2
- Once every 4 hours .....3
- Once every 2 hours .....4
- At least once every hour.....5
- Am catheterized .....6
- Use diapers .....7
- 

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

- Yes ..... 1
- No .....2
- 

**28. Did you ever undergo an operation in the prostate?**

- Yes ..... 1
- No .....2    Go to question 36
- 

**29. At what hospital and when?**

Year:\_\_\_\_\_

Hospital:\_\_\_\_\_

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**Go to question 36**

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**Text 5: I will now ask you some questions about your periods and urination.  
(Female respondents).**

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**30. At what age did you have your first menstruation?**

Age: \_\_\_\_\_

**30a. At what age did menopause occur?**

Age: \_\_\_\_\_

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

Yes ..... 1

No ..... 2

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

Yes ..... 1

No ..... 2

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**33. Have you had your uterus and/or ovaries removed?**

Yes ..... 1

No ..... 2

**33a. If Yes: at what hospital and when:**

Year: \_\_\_\_\_

Hospital: \_\_\_\_\_

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**Text 6:** 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. (Female respondents).

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**34.** 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

Don=t know ..... 8

**34a.** If a Yes, several times@ : How often?

Less than once a week..... 1

One or several times a week, but not daily ..... 2

Daily ..... 3

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**35.** 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

Don=t know ..... 8

**35a.** If a Yes, several times@ :

Less than once a week..... 1

One or several times a week, but not daily ..... 2

Daily ..... 3

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**36. Are you able to go to the toilet?**

- Yes ..... 1
- Yes, with aids ..... 2
- Yes, with personal assistance ..... 3
- No ..... 4    Go to question 37

**36a. Do you get tired?**

- Yes ..... 1
- No ..... 2
- 

**37. What is your body weight?**

kg: \_\_\_\_\_

**37a. Is the weight: .....**

- According to IP ..... 1
- Estimated by interviewer/proxy ..... 2

**37b. 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
- Don=t know ..... 8

**37c. What was your maximum body weight ever?**  
(not including pregnancy)

kg: \_\_\_\_\_

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**38. Are you right- or left-handed?**

- Right-handed ..... 1
- Left-handed ..... 2
- Right- and left-handed ..... 3
- 

**39. How tall are you?**

Cm: \_\_\_\_\_

**39a. Is the height?**

- According to IP ..... 1
- Estimated by interviewer/proxy ..... 2
- 

*Filter 3: If the respondent was born in 1928 or earlier  
If the respondent was born in 1929 or 1930*

*Go to question 44  
Go to question 37b*

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**Text 7: I would like to ask you some questions about your family.**

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**40. 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: \_\_\_\_\_

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

Years: \_\_\_\_\_

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**42. Who had the highest birth weight?**

- The respondent ..... 1
- Twin ..... 2
- Same weight ..... 3
- Don't know ..... 8
-

**43. How much did you weigh at birth?**Grams ..... 

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Don= t know ..... 8888

**43a. How much did your twin weigh at birth?**Grams ..... 

---

Don= t know ..... 8888

**43b. Who was born first?**

Respondent..... 1

Twin ..... 2

Don= t know ..... 8

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**44. Is your twin alive?**

Yes ..... 1

No ..... 2 Go to Qu. 45

**If yes:****44a. How do you consider your health compared to the health of your twin?**

Better..... 1

The same ..... 2

Poorer ..... 3

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45. How many brothers and sisters do you have apart from your twin?

**46. What age did your mother reach? .....**

\_\_\_\_\_ years

Still living ..... 1

\_\_\_\_\_ year of birth

**46a. What age did your father reach? .....**

\_\_\_\_\_ years

Still living ..... 1

\_\_\_\_\_ year of birth

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**47. Who was the breadwinner of the family for the major part of your childhood?**

Respondent= s father ..... 1

Respondent= s mother..... 2

Respondent= s stepfather ..... 3

Respondent= s stepmother ..... 4

Respondent lived in an institution..... 5      Go to Qu. 53

Other person..... 6

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**48. What type of school education did the breadwinner receive?**  
(*Education which has been finished*)

Less than 7th grade ..... 1

7th - 8th grade ..... 2

9th - 10th grade ..... 3

11th grade or above..... 4

Other types ..... 5

Don= t know ..... 8

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**49. Did the breadwinner receive any vocational education?**

- None .....1
- Course for semi-skilled workers .....2
- Training as an apprentice .....3
- Short theoretic education of less than 3 years.....4
- Further theoretic education, 3-4 years .....5
- Academic or similar education of more than 4 years...6
- Other education .....7

**If a Other education, which:**

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**50. What was the breadwinner's occupation during the major part of your childhood? (Till you were 16 years old. E.g. primary school teacher, plate smith, shop assistant, farmer)**

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**51. Was the breadwinner publicly or privately employed for the major part of your childhood?**

- Publicly employed.....1
- Privately employed .....2

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**52. How many subordinates/employees did the breadwinner have in that employment?**

Number: \_\_\_\_\_

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[illegible]

**54a. Let us take your oldest adopted child first:**

Has no adopted children ..... 1    Go to question 55

Boy	Sex?		Year of birth	Alive?		Year of death
	Girl			Yes	No	
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__
1	2		19__	1	2	19__

**55. Did you breastfeed any of your children?**

Yes ..... 1

No ..... 2    Go to question 56

Have only adopted children ..... 3    Go to question 56

The respondent is a man..... 4    Go to question 56

**If a Yes@ :**

**55a. What is the total amount of time you have been breastfeeding your children?**  
(The nursing periods of all children put together)

Number of years:                      and/or number of months: \_\_\_\_\_

**56. How often do you meet with 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
  - The twin is dead ..... 9    Go to Question 58
- 

**57. 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
- 

**58. How often do you meet your children?**

- Never ..... 1
  - Seldom ..... 2
  - Monthly ..... 3
  - Every Fortnight ..... 4
  - Weekly ..... 5
  - Daily ..... 6
  - Do not have any children ..... 7
-



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**59. How often do you meet your family?**

*(Apart from your children or twin)*

Never .....	1
Seldom .....	2
Monthly .....	3
Every Fortnight .....	4
Weekly .....	4
Daily .....	5
Have no family .....	6

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**60. We should very much like to know how you know which things are important to you and how you achieve what you want in life.**

**In the following I will give examples of two different ways to act. Please try to imagine that two people discuss how they would act in a given situation. I will ask you to consider which person comes closest to act like you would have acted.**

**60a.1 Person A:** I always work on several things at a time..... 1

**Person B:** I am quite focused in my work and take one thing at a time ..... 2

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**60a.2 Person A:** When things don=t go as I expected, I still try to achieve all my goals ..... 1

**Person B:** When things don=t go as I expected, I concentrate my efforts on achieving a few of them ..... 2

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**60a.3 Person A:** I have committed myself to one or two goals, which are important for me to reach..... 1

**Person B:** Even when I really consider what I want in life, I don=t commit myself to definite goals - I wait and see what happens ..... 2

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**60a.4 Person A:** Even if something matters to me, I find it difficult to put my mind to it..... 1

**Person B:** If something matters to me, I put all my energy into it ..... 2

---

**60a.5 Person A:** When there is something that I am no longer able to do, I find myself some new enterprises ..... 1

**Person B:** When I have to give up some of the things that are important to me, I concentrate more on those that I still can ..... 2

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**60a.6 Person A:** When something in my life does not function as well as it used to, I ask other people for help and advise ..... 1

**Person B:** When something in my life does not function as well as it used to, I decide what I will do about it without consulting other people ..... 2

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**60a.7 Person A:** When I get something into my head, I try in all ways I can to achieve it ..... 1

**Person B:** If I cannot make a success of things immediately, I don't use more of my skills on them ..... 2

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**60a.8 Person A:** When it becomes harder for me to do the things I used to, I keep trying harder to do them ..... 1

**Person B:** When it becomes harder for me to do the things I used to, I accept that ..... 2

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**Text 8:**    **Now I am going to ask you to perform some small tests.**  
**You may think that they are difficult, or you may think that they are very simple.**

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**61.**

(one circle per question)

Right    Wrong

- |   |          |          |
|---|----------|----------|
| <b>a. What day of the week is it today.....</b> | <b>1</b> | <b>2</b> |
| <b>b. What date is it today.....</b>            | <b>1</b> | <b>2</b> |
| <b>c. What is the name of this month.....</b>   | <b>1</b> | <b>2</b> |
| <b>d. What year do we have .....</b>            | <b>1</b> | <b>2</b> |
| <b>e. What season is it.....</b>                | <b>1</b> | <b>2</b> |

March = Winter or Spring  
 September = Summer or Autumn

May = Spring or Summer  
 November = Autumn or Winter

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**62.**

(one circle per question)

Right    Wrong

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

- 63. I will now mention three objects. When I have mentioned all three, I will ask you to repeat them.**

*(Interviewer instruction:)*

*Mention the following three objects slowly - 1 second per object:*

**Apple** (In Danish: Æble)  
**Table** (In Danish: Bord)  
**Bicycle** (In Danish: Cykel)

*Then ask the respondent to repeat*

*Note the number of correct answers in the 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).*

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- 64. 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 answers are: 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)***

*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: \_\_\_\_\_

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- 65. Please repeat the three words that I mentioned to you a little while ago.**

*(Interviewer: Apple, Table, Bicycle)*

Give 1 point for every correct answer: \_\_\_\_\_

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- 66. I am going to show you some things and ask you to tell me what they are:**

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

Give 1 point for every correct answer: \_\_\_\_\_

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

*(Interviewer read: "No one above, below or next to me". In Danish: Ingen over, under eller ved siden af).*

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

Points: \_\_\_\_\_

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**68. 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. Give one point for every correct movement).*

1. Take the paper using your right hand
2. Fold with both hands
3. Place the paper in your lap

Number of correct movements: \_\_\_\_\_

---

**69.**

*(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)

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**70.**

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

1 point, if the sentence makes sense: \_\_\_\_\_

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

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**71.**

*(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 points, if not)

**71a.**

*(Interviewer: Give the respondent the drawing of a spiral and ask him/her to draw a spiral following this instruction. No points for this question).*

**I will now ask you to draw a spiral inside the spiral which has already been drawn on this card. Please start at the point in the middle and draw between the lines till you reach the opening of the spiral.**

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**72. Could you please mention as many animals as you can recall. You have one minute to mention as many as you can. Please start.**

Number of correct answers: \_\_\_\_\_

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**73. I am going to read some numbers aloud.  
Listen carefully, and when I am through please repeat them.**

*Interviewer:*

*Say the digits in the 1st test (5-8-2) at the rate of one per second. Let the respondent try to repeat them. Then say the digits in 2th test (6-9-4) og let the respondent try to repeat them. If the respondent passes both tests the score is 2 points. If the respondent passes only one test the score is 1 point. If the respondent fails both tests 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 tests of any item*

Item	Test 1.	Test 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	_____

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**74. 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 respondent answers correctly (9-1-7), say "That's right", and go to the 7 tests which are of different degrees of difficulty.*

*However, if the respondent fails the example, say: "No, 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 respondent succeeds or fails with the second example, go to the 7 examples. If the respondent passes both tests of an item, the score is 2 points, if the respondent succeeds only with 1 item, the score is 1 point and if the respondent fails both, the score is 0 points. The order must be the correct one.*

*Discontinue after failure on both tests of any item*

Item	Test 1	Test 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	_____

**75. In this test I will ask you to replace symbols with numbers.**

**Please take a look at the card. You may notice that every box has a number at the bottom, and a symbol at the top. Every number between 1 and 9 has its own symbol.**

**In this test I will only show you the symbols at the top of each box and ask you to tell me the number which belongs to each symbol.**

**Now I will ask you to tell me the numbers in the rest of the rows. Try to do it without skipping any of the boxes.**

*Interviewer: Show the test card. Go over the first three symbols and make sure that the respondent understands why these match the numbers 7, 8, and 4.*

*If the respondent makes a mistake, you must tell him the right answer.*

*Give 1 point for every right answer.*

<b>Correct answers to missing boxes</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>2</b>
Respondent gives the right answer	1	1	1	1
Respondent gives the wrong answer	2	2	2	2
Not carried out	3	3	3	3

**If the respondent achieves 0 points go to Qu. 81**

**76. On this page there are 5 rows of boxes. In every row there is a symbol while the bottom ends of the boxes are empty. I will ask you to start with the first row and tell me what number belongs to what symbol, like you did a moment ago. Try to take them in the right order and without skipping any boxes. Start with the first row. When you have completed a row, please tell me that and go on with the next row. Try to carry out the test as quickly as possible. Do you have any questions before we start?**

*To the interviewer: Interrupt the respondent after **45 seconds**. Make a note if you were interrupted by the phone, knockings on the door, etc. Go on with p. 2 and follow the same procedure.*

**You may stop now. I have another sheet with similar exercises.**

**Before we start, do you have any questions?**



**Page 1:**

<b>Row A:</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>6</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row B:</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>2</b>	<b>5</b>	<b>8</b>	<b>4</b>	<b>7</b>	<b>6</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row C:</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>7</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row D:</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>9</b>	<b>1</b>	<b>5</b>	<b>8</b>	<b>7</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row E:</b>	<b>7</b>	<b>1</b>	<b>9</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>9</b>	<b>3</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Total points (0-50):

**Was the test interrupted?**

Yes ..... 1

No ..... 2

**If the respondent achieves 0 points go to Qu. 81.**

**Page 2:**

<b>Row A:</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row B:</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>2</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row C:</b>	<b>1</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>9</b>	<b>4</b>	<b>3</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row D:</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>9</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

<b>Row E:</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>6</b>	
Right answer:	1	1	1	1	1	1	1	1	1	1	
Wrong answer:	2	2	2	2	2	2	2	2	2	2	
Not carried out:	3	3	3	3	3	3	3	3	3	3	Points:

Total points (0-50):

**Was the test interrupted?**

Yes ..... 1

No ..... 2

---

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

- 1. FARVE (COLOUR)**
- 2. HUS (HOUSE)**
- 3. FLOD (RIVER)**
- 4. HØNS (CHICKENS)**
- 5. NÆSE (NOSE)**
- 6. GARTNER (GARDENER)**
- 7. HAT (HAT)**
- 8. SKOLE (SCHOOL)**
- 9. MARK (FIELD)**
- 10. FORÆLDRE (PARENTS)**
- 11. KAFFE (COFFEE)**
- 12. KLOKKE (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.**

---

**78.**

Interviewer:

**78a. Was it possible to carry out the tests with the respondent?**

Yes, completely ..... 1      Go to question 78c.

No ..... 2

**78b. Why was it not possible to carry out some of the tests?**

Visually impaired ..... 1

Hearing impaired..... 2

Did not understand the instructions ..... 3

Speech impaired ..... 4

Will not ..... 5

Other reason ..... 6

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**78c. 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 tests..... 4

---

---

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

*(One ring in every line)*

	Yes	No
a. Glasses/contact lenses .....	1	2
b. Magnifying glass .....	1	2
c. Cane .....	1	2
d. Crutches.....	1	2
e. Walker/walking aid .....	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. Balcony frame/beam.....	1	2
l. Special eating utensils.....	1	2
m. Diaper .....	1	2
o. Ostomy.....	1	2
p. Other .....	1	2

**If other, what:**

---



---



---

**Text 9:** 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.

---

**80. Can you get up from a chair and a bed?**

- Yes ..... 1  
Yes, with aids ..... 2  
Yes, with the help of a person ..... 3  
No ..... 4    Go to question 81

**80a. Do you get tired by doing that?**

- Yes ..... 1  
No ..... 2
- 

**81. Are you able to walk around in the house?**

- Yes ..... 1  
Yes, with aids ..... 2  
Yes, with the help of a person ..... 3  
No ..... 4    Go to question 93

**81a. Do you get tired by doing that?**

- Yes ..... 1  
No ..... 2
- 

**82. 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    Go to question 84
-

---

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

- Yes ..... 1  
Yes, with aids ..... 2  
Yes, with the help of a person ..... 3  
No ..... 4    Go to question 84

**83a. Do you get tired by doing that?**

- Yes ..... 1  
No ..... 2
- 

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

- Yes ..... 1  
Yes, with aids ..... 2  
Yes, with the help of a person ..... 3  
No ..... 4    Go to question 93

**84a. Do you get tired by doing that?**

- Yes ..... 1  
No ..... 2
- 

**85. 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
-

**86. How far can you walk without resting?**

- |                              |   |                   |
|------------------------------|---|-------------------|
| Cannot walk .....            | 1 | Go to question 93 |
| A few steps.....             | 2 | Go to question 93 |
| 10-100 metres.....           | 3 |                   |
| 100-500 metres.....          | 4 |                   |
| 0.5-1 km .....               | 5 |                   |
| 1-5 km. ....                 | 6 |                   |
| More than 5 kilometres ..... | 7 |                   |
- 

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

- |           |   |                   |
|-----------|---|-------------------|
| Yes ..... | 1 |                   |
| No .....  | 2 | Go to question 89 |

**87a. 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 |
- 

**88. 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 | Go to question 89 |

**88a. 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 |
-



---

**89. Can you go for an outdoors walk in fine weather for 1/2 to 1 hour?**

- Yes ..... 1
- Yes, with aids ..... 2
- Yes, with the help of a person ..... 3
- No ..... 4    Go to question 92

**89a. Do you get tired by doing that?**

- Yes ..... 1
- No ..... 2
- 

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

- Yes ..... 1
- Yes, with aids ..... 2
- Yes, with the help of a person ..... 3
- No ..... 4    Go to question 92

**90a. Do you get tired by doing that?**

- Yes ..... 1
- No ..... 2
- 

**91. Have you run 10 meters within the last year?**

- Yes 1
- No 2

**91a. How far can you run without resting?**

- Cannot run ..... 1
- A few steps ..... 2
- 10-100 metres ..... 3
- 100-500 metres ..... 4
- 0.5-1 km ..... 5
- 1-5 km. .... 6
- More than 5 kilometres ..... 7
-

**92. Have you cycled more than 100 metres or more within the last year?**

Yes 1

No 2

**92a. How far can you ride on your bicycle without resting?**

Cannot cycle..... 1

Less than 0.5 km. .... 2

0.5-1 km ..... 3

1-5 km. .... 4

5-10 km. .... 5

More than 10 kilometres ..... 6

---

**93. How do you judge your physical form compared to that of your contemporaries?****a. Condition (ability to exercise without losing your breath)**

Better ..... 1

The same ..... 2

Poorer ..... 3

**b. Muscular strength**

Better ..... 1

The same ..... 2

Poorer ..... 3

---

---

**94. How do you judge your physical form compared to that of your twin?**

**a. Condition (ability to exercise without losing your breath)**

Better .....	1
The same .....	2
Poorer .....	3
Twin dead .....	4

**b. Muscular strength**

Better .....	1
The same .....	2
Poorer .....	3
Twin dead .....	4

---

**95. Can you carry 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

---

**96. 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

---

**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    Go to question 98c

**98a. Do you have a hearing aid?**

- Yes ..... 1
- No ..... 2    Go to question 98c

**98b. Do you use your hearing aid?**

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

**98c. Are you able to follow a normal conversation between 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

**98d. Are you suffering from a buzzing sound in your ears?**

- Yes ..... 1
- No ..... 2
- Perhaps/Don't know ..... 8

**98e. In your working life, have you been exposed to loud noise in periods of at least 3 months?**

(Mark the appropriate category)

- No, never ..... 1
- Yes, less than 5 hours/week ..... 2
- Yes, 5-15 hours/week ..... 3
- Yes, more than 15 hours/week ..... 4

State the length of the period: \_\_\_\_\_ years    \_\_\_\_\_ months

---

**98f. Have you, more often than most people, been exposed to impulse noise, i.e. explosions, shots, etc.?**

Yes ..... 1

No ..... 2

Perhaps/Don't know ..... 8

**98g. Do you often experience that your hands, arms, or voice trembles or shakes without your being able to control them?**

Yes ..... 1

No ..... 2

**98h. Do you often experience that your head trembles or shakes without your being able to control it?**

Yes ..... 1

No ..... 2

**98i. Does it happen often that other people tell you that you are shaking?**

Yes ..... 1

No ..... 2

**98j. Do you have the problem that your hands shake when you are drinking from a cup or a glass, or when you pour?**

Yes ..... 1

No ..... 2

**98k. Do your hands shake when you button your shirt or blouse?**

Yes ..... 1

No ..... 2

**98l. Did the respondent answer >yes= to any of the questions 98g-98h(?) about tremors?**

Yes ..... 1

No ..... 2      Go to question 99

**98m. Have any members of your family had the same kind of tremor?**

	Yes	No
a. Child/children.....	1	2
b. Brothers/sisters.....	1	2
c. Parents.....	1	2
d. Others.....	1	2

---

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

Yes ..... 1

No ..... 2

---

- If other types, which:** \_\_\_\_\_  
 \_\_\_\_\_

*Filter 7:*If the respondent was born in 1928 or earlier..... 1      Go to question 109  
If the respondent was born in 1929 or 1930 ..... 2      Go to question 105



---

**105. 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**106. Did your spouse receive any education after elementary school?**

- None ..... 1
- Course for semi-skilled workers ..... 2
- Training as an apprentice ..... 3
- Short theoretic education of less than 3 years ..... 4
- Further theoretic education of 3-4 years ..... 5
- Academic or similar education  
(more than 4 years) ..... 6
- Other education ..... 7

**If other types, which:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

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

\_\_\_\_\_

\_\_\_\_\_

---

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

Number of subordinates: \_\_\_\_\_

---

**109. Have you lost any close relatives or close friends during the last 5 years?**

Yes ..... 1

No ..... 2

**109a. Whom did you lose?**

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

---

---

**Text 11: The next questions concern the last month.**

---

**110. 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 a week (1-4 days per week).....	2
Less than once a week.....	3
Not at all.....	4
Don=t know .....	8

---

**111. How often did 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
Not at all.....	4
Don=t know .....	8

---

**112. 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
Not at all.....	4
Don=t know .....	8

---

**113. How often did you speak on the telephone with friends or 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
Not at all.....	4
Don= t know .....	8

---

**114. 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
Not at all.....	4
Don= t know .....	8

---

**115. How often did you participate in an outing, go to the theatre or the cinema or other events?**

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
Not at all.....	4
Don= t know .....	8

---

**116. How often did you read a newspaper, a weekly magazine or a book, alternatively a book or newspaper on tape?**

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
Not at all.....	4
Don= t know .....	8

---

---

**117. 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
- Not at all..... 4
- Don=t know ..... 8
- 

**118. On a normal day how many hours of television do you watch?**  
(Actively watching television - not just having the television on while the respondent does other things)

- Less than 1 hour ..... 1
- 1 - 3 hours ..... 2
- 4 - 6 hours ..... 3
- More than 6 hours ..... 4
- Don=t know ..... 8
- 

**119. If you get ill and need help for practical problems, can you then expect to get help from family or friends?**

- Yes, definitely ..... 1
- Yes, perhaps ..... 2
- No ..... 3
-

**120. If you get sad, sorry or worried, can you then expect to get help and support from friends or family?**

Yes, definitely ..... 1  
Yes, perhaps ..... 2  
No ..... 3

---

**121. How often are you visited by a visiting nurse/nurse in a nursing home?**

Daily ..... 1  
2 - 3 times a week ..... 2  
Weekly ..... 3  
More seldom ..... 4  
Never ..... 5

---

---

**122. How often are you visited by a home care assistant?**

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

---

**122a. 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

---

---

**123. Do you have a calling device?**

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

**124. I will now ask you to recall as many as you can of the 12 words that we talked about earlier on.**

*(Do not read the words aloud)*

- 1. FARVE (COLOUR)**
- 2. HUS (HOUSE)**
- 3. FLOD (RIVER)**
- 4. HØNS (CHICKENS)**
- 5. NÆSE (NOSE)**
- 6. GARTNER (GARDENER)**
- 7. HAT (HAT)**
- 8. SKOLE (SCHOOL)**
- 9. MARK (FIELD)**
- 10. FORÆLDRE (PARENTS)**
- 11. KAFFE (COFFEE)**
- 12. KLOKKE (BELL)**

Give 1 point for every recalled word (regardless of the order)

Words: \_\_\_\_\_ points

---

---

**Text 12: I will now ask you to perform some small exercises**


---

**125. In the first exercise I will ask you to rise from your chair five times in a row without making any pauses, and as quickly as you can. Keep your arms folded across your chest. I will measure the time you take by using a stop watch. Please don't start till I tell you to.**

- |   |         |
|---|---------|
| 1. Pulse at start, number of beats per 30 seconds | 999     |
| 2. Number of seconds used to perform the test     | 999, 99 |
| 3. Puls at stop, number of beats per 30 seconds   | 999     |

**(Stop the test after 60 seconds)**

**125a. Was the respondent able to complete the test?**

- Yes ..... 1
- No, not at all..... 2
- No, had to stop after 1-4 attempts ..... 3
- Number of completed tests \_\_\_\_\_

**129b The test had to be stopped, because:**

- The respondent used more than one minute..... 1
- The respondent used his/her arms ..... 2
- The interviewer felt the situation to be unsafe..... 3
- The respondent did not understand the instructions ..... 4
- The respondent did not want to participate ..... 5
- Other reason ..... 6

**If other reason, which:** \_\_\_\_\_

---



**126. The next exercise will test your lung function. Take a deep breath, as deep as possible, and then exhale as strongly as possible into the pulmonary function monitor. Keep blowing as long as you possibly can, pressing your lips tightly round the mouth piece.**

Number in the pulmonary function monitor: \_\_\_\_\_

	First test	Second test	Third test	Fourth test	Fifth test
PEF	_____	_____	_____	_____	_____
FEV 1	____,____	____,____	____,____	____,____	____,____
FVC	____,____	____,____	____,____	____,____	____,____

*The test was carried out:*

Standing ..... 1

Sitting ..... 2

The respondent accomplished the test ..... 1

Go to question 126a

The respondent accomplished less  
than 3 blows ..... 2

The respondent did not accomplish the test .... 3

*The test was not carried out because the respondent is:*

Visually impaired ..... 1

Hearing impaired..... 2

Paralyzed..... 3

Could not understand the instructions ..... 4

Confined to the bed ..... 5

Will not ..... 6

The interviewer felt the situation to  
be unsafe ..... 7

Other reason ..... 8

If other reason, which: \_\_\_\_\_

**126a. The next exercise will test the strength of your forearms and hands. I will ask you to squeeze the hand grip (hand dynamometer) as hard as possible.**

Right hand:     \_\_\_\_\_ kg.     \_\_\_\_\_ kg.     \_\_\_\_\_ kg.

Left hand:     \_\_\_\_\_ kg.     \_\_\_\_\_ kg.     \_\_\_\_\_ kg.

*The test was carried out:*

Standing ..... 1

Sitting ..... 2

The respondent accomplished the test ..... 1

The respondent accomplished less  
than 3 squeezes..... 2

The respondent did not accomplish the test .... 3

*The test was not carried out because the respondent is:*

Visually impaired ..... 1

Hearing impaired..... 2

Paralyzed..... 3

Could not understand the instructions  
due to missing contact..... 4

Confined to the bed ..... 5

Will not ..... 6

Other reason ..... 7

If other reason, which: \_\_\_\_\_

**126b. Now I will ask your permission to measure your waist.**

1. measurement in cm. \_\_\_\_\_ 2. measurement in cm. \_\_\_\_\_

Test carried out standing ..... 1

Test carried out sitting ..... 2

Test not carried out ..... 3

---

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**Text 13:** In each singular cell of the body lies our genetic material. Health and sickness may be genetic. We would therefore like to ask your permission to take a sample of your cells. If you choose to participate you will take the sample yourself either by a prick in your finger or by using a cheek swab.

---

**127. May we take such a sample?**

Yes, from the finger ..... 1

Yes, from the cheek ..... 2

No ..... 3

---

**128. 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    Go to text 14

---

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

\_\_\_\_\_ (number of times)

---

**Text 14:** Now, I will ask you about your present state of mind compared to your state of mind six months to one year ago.

---

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

Most mornings ..... 1

Sometimes ..... 2

No ..... 3

---

**131. Do you have an extraordinarily long sleep?**

Most nights..... 1

Sometimes ..... 2

No ..... 3

---

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

Yes, most of the time ..... 1

Yes, sometimes ..... 2

No ..... 3

---

**133. 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

---

**134. Do you find it more difficult to cope with things now than before?**

Yes, most of the time ..... 1

Yes, sometimes ..... 2

No ..... 3

---

---

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

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

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

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

**137. Have you lost energy recently, and do you feel that it is harder to make an effort?**

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

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

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

**139. Do you find it more difficult to concentrate than usually?**

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

**140. Do you speak more slowly than usually?**

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

**141. Do you feel that you think more slowly than usually?**

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

---

**142. How often do you feel happy?**

Most of the time ..... 1  
Sometimes ..... 2  
Never or hardly ever ..... 3

---

**143. Have you felt lonely lately?**

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

---

**144. Do you feel tense and do you worry more than usually about matters of minor importance?**

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

---

**145. Do you consider yourself a nervous person?**

Yes ..... 1  
No ..... 2

---

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

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

---

---

**147. 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

---

**148. How do you look upon your own future?**

Are you optimistic ..... 1

Are you neutral..... 2

Are you pessimistic..... 3

---

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

Yes ..... 1

No ..... 2

---

**Text 15: I am now going to ask you about your habits.**

---

**150. Do you ever drink some kind of alcohol?**

- Yes ..... 1
- No ..... 2    Go to question 152
- Did never drink alcohol..... 3    Go to question 154
- 

**151. 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

**151a. How many glasses 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

**151b. How many glasses of red wine do you drink per week?**

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



---

**151c. How many glasses of white wine do you drink per week?**

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

**151d. For how many years have you drunk wine on a regular basis?**

Years: \_\_\_\_\_

**151e. What is your average number of drinks per week?**

Years: \_\_\_\_\_

---

**152. 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

---

**153. Have you ever had a daily alcohol consumption of more than 3 drinks on average for a longer period?**

- Yes ..... 1  
No ..... 2    Go to question 154

**153a. For how long a period did your daily alcohol consumption exceed 3 drinks?**

Months: \_\_\_\_\_      Years: \_\_\_\_\_

**153b. How many drinks did you then have on average per week?**

Drinks per week: \_\_\_\_\_

---

**154. Do you smoke?**

- Yes, more than 1 cigarette, 1 cheroot or 1 pipe  
of tobacco a day ..... 1    Go to question 156
- Yes, but less than 1 cigarette, 1 cheroot or  
1 pipe of tobacco a day. .... 2    Go to question 156
- No ..... 3
- 

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

- Yes, more than 1 cigarette, 1 cheroot  
or 1 pipe of tobacco a day ..... 1
- Yes, but less than 1 cigarette, 1 cheroot  
or 1 pipe of tobacco a day ..... 2
- No ..... 3    Go to question 160
- 

**155a. If yes:**

**When did you quit smoking?**

Year:

---

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

- Yes ..... 1
- No ..... 2
- 

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

- a. Number of filtertipped cigarettes ..... \_\_\_\_\_
- b. Number of cigarettes without filtertip ..... \_\_\_\_\_
- c. Number of cheroots ..... \_\_\_\_\_
- d. Number of cigars ..... \_\_\_\_\_
- e. Number of pipes per day ..... \_\_\_\_\_
-

---

**158. What is the greatest amount of tobacco that you have smoked daily on average in a one year period?**

- a. Number of filtertipped cigarettes ..... \_\_\_\_\_
  - b. Number of cigarettes without filtertip ..... \_\_\_\_\_
  - c. Number of cheroots ..... \_\_\_\_\_
  - d. Number of cigars ..... \_\_\_\_\_
  - e. Number of pipes per day ..... \_\_\_\_\_
- 

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

Years: \_\_\_\_\_

---

**160. One=s appearance changes with time, but differently for each of us. We would like to explore this phenomenon, so I ask your permission to take some photos of you. I would like a photo of your hands and face and the top of your head (*top of head - only if the respondent is a man*).**

Number of camera: \_\_\_\_\_

**160a. Did the respondent allow the photos to be taken?**

- Yes ..... 1
- No ..... 2

**160b. If yes, what pictures?** *(several marks allowed)*

- Face ..... 1
- Hands ..... 2
- Top of head ..... 3

**160c. Is the photo of the respondent=s head taken with the respondent in:**

- a sitting position ..... 1
  - a reclining position..... 2
- 

**161. 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**

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

Yes ..... 1

No ..... 2

**If yes, how:**

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**163. What is the housing situation of the respondent?**

House, row house, farm, etc. .... 1

Apartment..... 2

Special dwelling for elderly people ..... 3

Nursing home ..... 4

Other type..... 5

**If other type, what:**

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**164. Is the respondent so severely handicapped that it was difficult to make the interview?**

	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. Trembling hands.....	1	2
g. Dementia/senility .....	1	2
h. Other kinds of handicap .....	1	2

**If other kinds, what:**

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**165. With whom was the interview made?**

IP alone .....	1	Go to question 166
IP and proxy, but IP alone answered.....	2	
IP and proxy, and proxy interfered .....	2	

**165a. How is the proxy related to the respondent?**

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

**165b. How often does the proxy meet the respondent?**

Daily ..... 1  
Weekly ..... 2  
Monthly ..... 3  
More seldom ..... 4

---

**166. Was the interview:**

Easy to perform ..... 1  
Sometimes difficult ..... 2  
Difficult to perform ..... 3

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**167. Remarks:**