

LONGITUDINAL STUDY OF AGING DANISH TWINS
2003

Questionnaire 1

Us. 5602-1
February-April 2003

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

1. What date were you born?

Day: _____ Month: _____ Year: _____

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

Number of persons: _____

Don't know8

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

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/senior citizen accommodation.....	1	2
k. Others	1	2

Go to text 2

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

_____ (years)

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

6. Why did you stop living together?

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

Text 2: I will now ask you about your health

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

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

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

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

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

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

10a. Do you feel in good form and sprightly?

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

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

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. Neuritis of the legs	3	2	1
uu. Dupuytren's contracture	3	2	1

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

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	_____

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

Yes	1
No	2

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
-

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
-

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
-

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
-

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
-

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, | Yes, | No |
|--|------|-----------|----|
| | | wheezy | |
| | | breathing | |
| a. Low temperature.....1 | 2 | 3 | |
| b. Smoke1 | 2 | 3 | |
| c. Strain (e.g. climbing stairs, gardening)1 | 2 | 3 | |
| d. Other things1 | 2 | 3 | |

If other things, what: _____

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.
- d.
- e.
-

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

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

Pains or stiffness in the neck or shoulders?

Yes	1	
No	2	go to Qu. 27

26. How intense was the pain in the neck or shoulders?

Stiffness but no real pain	1
Slight pain	2
Moderate pain	3
Strong pain.....	4

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

Back pain, low back pain or lumbago?

Yes	1	
No	2	go to Qu. 29

28. How intense was the back pain?

Stiffness but no real pain	1
Slight pain	2
Moderate pain	3
Strong pain.....	4

29. Within the last 12 months how long have you suffered from :

Low back trouble, write the approx. number of days: _____

Neck trouble, write the approx. number of days: _____

30. Within the last few years have you diminished or increased your physical activity because of:

Yes No

a. **Low back trouble** ☐ ☐

b. **Neck trouble** ☐ ☐

31. Within the last 12 months have you received treatment for pains in your back by:

(several marks allowed)

a. **Own doctor** ☐

b. **Specialist** ☐

c. **Hospital** ☐

d. **Chiropractor** ☐

e. **Physiotherapist** ☐

f. **Other** ☐

32. Within the last 12 months have you received treatment for pains in your neck by:

(several marks allowed)

a. **Own doctor** ☐

b. **Specialist** ☐

c. **Hospital** ☐

d. **Chiropractor** ☐

e. **Physiotherapist** ☐

f. **Other** ☐

33. Are you liable to getting large/noticeable bruises (bleedings in the skin)?

Yes No Don't know

- a. After you have had a blood sample taken?..... ☐ ☐ ☐
- b. After major blows or pushes (e.g. falls)? ☐ ☐ ☐
- c. After minor blows or pushes? ☐ ☐ ☐
- d. Spontaneously (with no blows or pushes)? ☐ ☐ ☐
-

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.

34. Do you take any kind of drugs?

Yes1

No2

34a. Name of medication?	Why do you take the drug?	Indication: Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Filter 2: If the respondent is a man 1

Go to Qu.38

If the respondent is a woman..... 2

Go to Qu.42

35. Have you been a blood donor?

Yes 1

No 2

36. How many years?

Write number: _____

37. How many drawings of blood per year on an average?

Write number: _____

Filter 2: If IP is a man go to question 38

If IP is a woman go to question 42

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

38. How often will you have 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
-

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

- Yes 1
- No 2
-

40. Did you ever undergo an operation in the prostate?

- Yes 1
- No 2 Go to question 46
-

41. When and at what hospital?

Year: _____

Hospital: _____

Go to question 46

Text 5: I will now ask you some questions pertaining especially to women. (Female respondents).

42. Did you receive hormone therapy to prevent osteoporosis?

Yes 1

No 2

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

Yes 1

No 2

43a. If yes:

Year: _____

Hospital: _____

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).

44. 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

44a. If AYes, several times@: How often?

Less than once a week 1

One or several times a week, but not daily 2

Daily 3

45. 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

45a. If AYes, several times@:

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

46. Are you able to go to the toilet?

- Yes 1
- Yes, with aids 2
- Yes, with personal assistance..... 3
- No 4

46a. Do you get tired?

- Yes 1
- No 2

47. What is your body weight now?

Kilos: _____

47a. Is the weight:

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

47b. What was your maximum body weight ever?
(not including pregnancy)

Kilos: _____

48. How tall are you?

Cm: _____

48a. Is the height?

According to IP 1

Estimated by interviewer/proxy 2

Text 7: Now I will ask you some questions about your family.

49. How many years did you and your twin live together?*(All the periods that you lived together)*Years: _____

50. Is your twin alive?

Yes 1

No 2

If yes:**50a. How do you consider your health compared to the health of your twin?**

Better 1

The same 2

Poorer 3

51. If you compare yourself with your co-twin, who ate the most?

	You	Twin	Equally much	Don't know
a. When you were children?	1	2	3	8
b. When you were young?	1	2	3	8
c. When you were middle-aged?	1	2	3	8
d. Now?	1	2	3	8

51a. If you compare yourself with your twin, who was the physically most active at work and in your leisure time?

	You	Twin	Equally much	Don't know
a. When you were children?	1	2	3	8
b. When you were young?	1	2	3	8
c. When you were middle-aged?	1	2	3	8
d. Now?	1	2	3	8

52. What year was your mother born?

Year of birth: _____

53. What age did your mother reach?

_____ years

Still living 1

54. What year was your father born?

Year of birth: _____

55. What age did your father reach?

_____ years

Still living 1

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 see your children?

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

59. How often do you see your family?

(Apart from your children or twin, but including grandchildren, daughters-in-law and sons-in-law)

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

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.

60. (one circle per question)

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

61. (one circle per question)

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

62. 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).

-
- 63. I will ask you to deduct 7 from 100. Then you must deduct 7 from the number you arrived at and continue to deduct 7 until you are asked to stop.**

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: _____

- 64. Can you recall the three words that I mentioned to you a little while ago.**

(Interviewer: Apple, Table, Bicycle)

Give 1 point for every correct answer: _____

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

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

Give 1 point for every correct answer: _____

- 66. I will now read a sentence aloud to you and ask you to repeat it:**

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

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

Points: _____

- 67. 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: _____

(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)

69.

(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)

70.

(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)

70a.

(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.

71. 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: _____

**72. 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	_____

73. 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 AThat's right@, and go to the 7 tests which are of different degrees of difficulty.

However, if the respondent 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 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	_____

74. 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 correctt answer.

Correct answers to missing boxes	6	3	4	2
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

[illegible]

Total points (0-50):

Yes 1

No 2

Page 2:

[illegible]

Row E:	6	9	7	8	2	4	8	3	5	6	
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

76. I will read 12 words aloud. 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.

77.

Interviewer:

77a. Was it possible to carry out the tests with the respondent?

Yes, completely 1 Go to question 77c.

No 2

77b. Why was it not possible to carry out some of the tests?

a. Visually impaired 1 *(more rings, if necessary)*

b. Hearing impaired..... 1

c. Did not understand the instructions..... 1

d. Speech impaired 1

e. Will not..... 1

f. Other reason..... 1

Remarks: _____

77c. 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

77d. Drawing of a spiral:

Carried out..... 1

Will not 2

Cannot due to trembling hands 3

Cannot for some other reason 4

78. 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/banister.....	1	2
j. Handle/handgrip.....	1	2
k. Balcony frame/beam.....	1	2
l. Special eating utensils.....	1	2
m. Diaper	1	2
n. Catheter	1	2
o. Ostomy.....	1	2
p. Other	1	2

If other, what: _____

Text 9: I will ask you some additional questions about your ability to perform daily activities.
You must answer the questions on the basis of your abilities today.

79. 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 80

79a. Do you get tired by doing that?

- Yes 1
- No 2
-

80. 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 92

80a. Do you get tired by doing that?

- Yes 1
- No 2
-

81. 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 83
-

82. 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 83

82a. Do you get tired by doing that?

Yes 1
No 2

83. 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 92

83a. Do you get tired by doing that?

Yes 1
No 2

84. 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

85. How far can you walk without resting?

Cannot walk 1 Go to question 92
A few steps 2 Go to question 92
10-100 metres 3
100-500 metres 4
0.5-1 km 5
1-5 km. 6
More than 5 kilometres 7

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

Yes 1
No 2 Go to question 88

86a. 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
-

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

- Yes 1
- No2 Go to question 88

87a. How often?

- Every day or almost every day..... 1
- Several times a week.....2
- Approx. once a week.....3
- Approx. 2-3 times a month4
- Approx. once a month.....5
-

88. Can you take an outdoors walk in fine weather for 1/2 to 1 hour?

- Yes 1
- Yes, with aids.....2
- Yes, with the help of a person3
- No4 Go to question 91

88a. Do you get tired by doing that?

- Yes 1
- No2
-

89. Can you take a walk in bad weather for 1/2 to 1 hour?

- Yes 1
- Yes, with aids.....2
- Yes, with the help of a person3
- No4 Go to question 91

89a. Do you get tired by doing that?

Yes 1

No 2

90. Have you run 10 meters or more within the last year?

Yes 1

No 2

90a. 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

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

Yes 1

No 2

91a. How far can you ride on your bicycle without resting?

Cannot cycle..... 1

Less than 0.5 km. 2

0.5-1 km 5

1-5 km. 6

5-10 km. 6

More than 10 kilometres 7

92. How do you judge your physical form compared to that of your contemporaries?

a. Condition (ability to exercise without loosing your breath)

Better 1

The same 2

Poorer 3

b. Muscular strength

Better 1

The same 2

Poorer 3

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

a. Condition (ability to exercise without loosing 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

94. 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

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

95a. How many teeth did you roughly have:

When you were 15: _____ (If don't know write 88)

When you were 30: _____ (If don't know write 88)

When you were 50: _____ (If don't know write 88)

When you were 90: _____ (If don't know write 88)

96. 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

97. Do you have a reduced hearing ability?

Yes 1

No 2 Go to question 97c

97a. Do you have a hearing aid?

Yes 1

No 2 Go to question 97c

97b. Do you use your hearing aid?

Yes, always 1

Yes, often 2

Yes, now and then 3

No 4

97c. 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

97d. Are you suffering from a buzzing sound in your ears?

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

Text 10 I am now going to ask you about your personal affairs.

98. What is the total annual gross income of your household? I.e. the joint income before taxes of all members of the household from the following sources:

(If don't know write 88888888. If refuses to answer write 77777777)

- a. Old age pension, private pension (labour market pension, wage earner's supplementary pension, capital pension or the like) _____
- b. Wages _____
- c. Own firm or farm _____
- d. Social benefits such as grants for heating expenses, housing benefits etc. _____
- e. Savings, investments, property, and insurances _____
- f. Other sources of income _____
-

99. What was the total annual gross income of your household, when you were 50? If you do not know the exact figure, we should like to have your closest estimate.

Write the total annual gross income of your household: _____

100. What is the total value of the capital of your household? We are thinking of your deposits in the bank, the contents of your safe-deposit box, shares, bonds, investment associations (member owned) etc.

Total value: _____

101. Do you own your present dwelling?

- Rent an apartment 1
- Rent a house/row house 2
- Own a flat 3
- Own a house/row house 4
- Live in a nursing home/sheltered accommodation 5
- Other 6
-

102. What is your monthly rent?

Amount in DKK: _____

103. What is the value of your present dwelling? In other words, what would it fetch if you decided to sell it now?

Value in DKK: _____

104. What is your marital status now?

(When there are more possibilities, code the lowest number. E.g. a person who is divorced, but cohabiting is coded 2)

- Married..... 1
- Cohabiting..... 2
- Divorced..... 3
- Separated..... 4
- Widow/widower..... 5
- Never cohabited 6
- Never married 7

104a. How many times have you been married?

Write down the number of times: _____

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
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

Text 11: The next questions concern the last month.**106. 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

107. 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

108. How often did you meet with 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

109. 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
Not at all.....	4
Don=t know	8

110. 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

111. 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

112. 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

113. 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

114. 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

115. 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

116. 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

117. 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

118. 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

118a. 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

119. Do you have a calling device?

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

120. 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

121. 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.

Pulse at start, number of beats per 30 seconds 999

Number of seconds used to perform the test 99, 99

Pulse at stop, number of beats per 30 seconds 999

(Stop the test after 60 seconds)

121a. 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 _____

121b 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: _____

- 122. 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 122a

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: _____

122a. 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: _____

122b. 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

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.

123. May we have such a sample?

Yes, from the finger 1

Yes, from the cheek 2

No 3

124. As you know, the hair changes with time. We would like to explore if in the hair there may be explanations why we change differently, so we ask you to give us a few hairs from your scalp. If you agree to participate, we ask you to pull out 1-3 hairs.

Collection of hair made..... 1

No, has no hair 2

No, cannot/will not..... 3

125. Do you colour your hair?

Yes 1

No 2

126. 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

127. 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 a half to one year ago.

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

Most mornings 1

Sometimes 2

No 3

129. Do you have an extraordinarily long sleep?

Most nights 1

Sometimes 2

No 3

130. 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

131. 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

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

Yes, most of the time 1

Yes, sometimes 2

No 3

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

Yes, most of the time 1

Yes, sometimes 2

No 3

134. 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

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

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

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

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

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

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

138. Do you speak more slowly than usually?

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

139. Do you feel that you think more slowly than usually?

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

140. How often do you feel happy?

Most of the time 1

Sometimes 2

Never or hardly ever 3

141. Have you felt lonely lately?

Yes, most of the time 1

Yes, sometimes 2

No 3

142. 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

143. Do you consider yourself a nervous person?

Yes 1

No 2

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

Yes, most of the time 1

Yes, sometimes 2

No 3

145. 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

146. How do you look upon your own future?

Are you optimistic 1

Are you neutral..... 2

Are you pessimistic..... 3

147. 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.

148. Do you ever drink some kind of alcohol?

Yes 1
No 2
Did never drink alcohol..... 3

149. 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

149a. 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

149b. 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

149c. 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

149d. For how many years have you drunk wine on a regular basis?

Years: _____

149e. What is your average number of drinks per week?

Years: _____

150. 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
-

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

- Yes 1
- No 2

151a. How long a period did your daily alcohol consumption exceed 3 drinks?

Months: _____ Years: _____

151b. How many drinks did you then have on average per week?

Drinks per week: _____

152. Do you smoke?

- 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
-

153. 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

153a. If yes:

When did you quit smoking?

Year: _____

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

Yes 1

No 2

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

a. Number of filter tipped cigarettes _____

b. Number of cigarettes without filter tip _____

c. Number of cheroots _____

d. Number of cigars _____

e. Number of pipes per day _____

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

a. Number of filter tipped cigarettes _____

b. Number of cigarettes without filter tip _____

c. Number of cheroots _____

d. Number of cigars _____

e. Number of pipes per day _____

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

Years: _____

-
- 158. 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: _____

- 158a. Did the respondent allow the photos to be taken?**

Yes 1

No 2

- 158b. If yes, what pictures?** (several marks allowed)

Face 1

Full-length portrait 1

-
- 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

- 160. 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: _____

- 161. What is the housing situation of the respondent?**

House, row house, farm, etc. 1

Apartment..... 2

Sheltered accommodation/senior
citizen accomodation..... 3

Nursing home 4

Other type..... 5

If other type, what: _____

162. 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: _____

163. With whom was the interview made?

IP alone	1
IP and proxy, but IP alone answered.....	2
IP and proxy, and proxy interfered	3

163a. 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/acquaintance	08
Other.....	09

163b. How often does the proxy meet with the respondent?

Daily 1
Weekly 2
Monthly 3
More seldom 4

164. Was the interview:

Easy to perform 1
Sometimes difficult 2
Difficult to perform 3

165. Remarks: