

Danish Twins Born 1931 to 1952

Danish twins born 1931 to 1952

Us. 5332

June 1998

Text 1: **I will now start by asking you about your cohabitation**

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

Number of persons: _____

If the respondent is living alone, go to question 3

2. Do you live together with:

	Yes	No
Spouse	1	2
Cohabitant wife/husband.....	1	2
Your twin	1	2
Other sisters/brothers	1	2
Child/Children.....	1	2
Parents.....	1	2
Other relatives	1	2
Close friend/friends.....	1	2
Nursing home	1	2
Sheltered accomodation	1	2
Others	1	2

Go to question 6

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

_____ (years)

4. Who was the last person you lived together with?

Spouse	1
Cohabitant wife/husband.....	1
Your twin	1
Other sisters/brothers	1
Child/Children.....	1
Parents.....	1
Other relatives	1
Close friend/friends.....	1
Others	1

5. Why do you not live together any more?

Death of cohabitant wife/husband.....	1
Divorce.....	2
Disagreements	3
Cohabitant moved out to live with somebody else	4
Other reason	5

Text 2: The next questions concern you and your twin

6. Are you and your twin:

Monozygotic twins.....	1
Dizygotic twins	2
In doubt	3
Don=t know.....	4

7. How long did you and your twin live together?

(From the birth and till you moved away from each other the first time)

_____ (years)

8. How long have you and your twin lived together in all?
(All periods in which you have lived together)

_____ (years)

9. How often do you and your twin meet?

Never	1
Seldom	2
1-2 times a month.....	3
1-2 times a week	4
3-4 times a week	5
Daily	6
More than once a day	7
Live together	8

10. How often do you talk over the telephone with your twin?

Never	1
Seldom	2
1-2 times a month.....	3
1-2 times a week	4
3-4 times a week	5
Daily	6
More than once a day	7
Live together	8

Text 3: The next questions concern your contact with family, friends and acquaintances

11. How often do you meet with or talk over the telephone with:
(One mark in every line)

	Don't have these	Live together	One or more times a week	One or more times a month	More than once a month	No contact
Parents?	1	2	3	4	5	6
In-laws?	1	2	3	4	5	6
Siblings other than twin?	1	2	3	4	5	6
Children?	1	2	3	4	5	6
Other family?	1	2	3	4	5	6
Friends or acquaintances?	1	2	3	4	5	6

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

_____ (number)

If no brothers and sisters go to question 13

We start with the eldest:

	Sex		Full siblings		Year of birth	Alive		If dead
	Male	Female	Yes	No	19____	Yes	No	Year of death
a.	1	2	1	2	19____	1	2	19____
b.	1	2	1	2	19____	1	2	19____
c.	1	2	1	2	19____	1	2	19____
d.	1	2	1	2	19____	1	2	19____
e.	1	2	1	2	19____	1	2	19____
f.	1	2	1	2	19____	1	2	19____
g.	1	2	1	2	19____	1	2	19____
h.	1	2	1	2	19____	1	2	19____
i.	1	2	1	2	19____	1	2	19____

13. Is any one of your parents, brothers or sisters or children a twin?

Yes 1

No2

If AYes@:

	Who?	Year of birth?
a.	_____	_____
b.	_____	_____
c.	_____	_____

Text 4: The next questions concern the person who was the breadwinner for the major part of your childhood

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

Respondent=s father 1

Respondent=s mother2

Respondent=s stepfather 3

Respondent=s stepmother 4

Respondent lived in an institution..... 5
(Go to text 5)

Other person 6

14.a If AOther person@, who? _____

15. 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

16. Did the breadwinner receive any vocational education?
(*If more educations, mark the highest*)

None	01
Course for semi-skilled workers	02
Training as an apprentice	03
Other vocational training (e.g. social worker, assistant nurse/paramedic, TA)	04
Short theoretic education of less than 3 years (e.g. mechanical engineer, matron)	05
Further theoretic education, 3-4 years (e.g. teacher in primary school, nurse, BSc Engineering)	06
Academic or similar education of more than 4 years (e.g. doctor, economist, lawyer, MSc Engineering)	07
Other education	08
Don=t know	88

17. What occupation did the breadwinner have during the longest period of your childhood?

(Till you were 16)

Self-employed in farming, gardening, or fishing.....	01	Go to Qu.19
Self-employed in the professions (doctor, lawyer, auditor etc.)	02	Go to Qu.19
Self-employed, other categories.....	03	Go to Qu.19
Assisting spouse.....	04	Go to Qu.20
Skilled worker.....	05	
Unskilled worker.....	06	
Salaried worker/public servant.....	07	
Unemployed.....	08	Go to Text 5
Old-age pensioner	09	Go to Text 5
Housewife/working at home	10	Go to Text 5
Don=t know.....	88	Go to Text 5

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

Publicly employed.....	1
Privately employed	2

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

_____ (write number)

20. What exactly was the breadwinner's occupation during the major part of your childhood?

(E.g. primary school teacher, plate smith, shop assistant, truck driver, nurse)

Text 5: The following questions concern your conditions such as where did you live when you grew up, your education and your married life.

21. Where did you live when you attended primary school?

The capital (Copenhagen)	1
Major provincial towns	2
Minor provincial towns	3
Villages/market towns with more than 500 inhabitants	4
Villages/country side.....	5
Don=t remember	8

21.a Which part of the country?

Zeeland.....	1
Lolland, Falster, Bornholm	2
Funen.....	3
South Jutland.....	4
North Jutland.....	5

22. Where did you live when you were 15 years old?

The capital (Copenhagen)	1
Major provincial towns	2
Minor provincial towns	3
Villages/market towns with more than 500 inhabitants	4
Villages/country side.....	5
Don=t remember	8

22.a Which part of the country?

Zeeland.....	1
Lolland, Falster, Bornholm	2
Funen.....	3
South Jutland.....	4
North Jutland.....	5

23. What type of school education do you have?*(If more, mark the highest)*

7th form.....	01
7th - 8th form without final examination	02
9th form with final examination.....	03
10th form without final examination	04
10th form with final examination.....	05
Upper secondary education/high school without final examination	06
GCE, A-level/high school certificate etc.	07
Other school education, also foreign.....	08
Don=t know.....	88

24. What is your vocational education?*(If more educations, mark the highest)*

None	01
Course for semi-skilled workers	02
Training as an apprentice	03
Other vocational training (e.g. social worker, assistant nurse/paramedic, TA)	04
Short theoretic education of less than 3 years (e.g. mechanical engineer, matron)	05
Further theoretic education, 3-4 years (e.g. teacher in primary school, nurse, BSc Engineering)	06
Academic or similar education of more than 4 years (e.g. doctor, economist, lawyer, MSc Engineering).....	07
Other education	08
Don=t know.....	88

25. What occupation have you had during the major part of your life?

Self-employed in farming, gardening, or fishing	01	Go to Qu.27
Self-employed in the professions (doctor, lawyer, auditor etc.)	02	Go to Qu.27
Self-employed, other categories.....	03	Go to Qu.27
Assisting spouse	04	Go to Qu.28
Skilled worker	05	
Unskilled worker	06	
Salaried worker/public servant.....	07	
Unemployed	08	Go to Qu.29
Old-age pensioner	09	Go to Qu.29
Housewife/working at home	10	Go to Qu.29
Don=t know	88	Go to Qu.29

26. Are/were you publicly or privately employed?

Publicly employed.....	1
Privately employed	2

27. How many subordinates/employees do/did you have in that employment?

_____ (write number)

28. Do you still work?

- Yes, full time (37 hours a week) 1
- Yes, part time (less than 37 hours a week) 2
- No, taken early retirement..... 3 19__
- No, early retirement pension, transitional allowance..... 4 19__
- No, retirement pension 5 19__
- No, unemployed 6 19__
- No, rehabilitation 7 19__
- No, absent owing to illness 8 19__
- Other reason 9

If other reason, what?

29. What exactly was your (latest) occupation?

(E.g. primary school teacher, plate smith, shop assistant, truck driver, nurse)

30. What is your marital status now?

(If several options fit, choose the one with the lowest number, e.g. a person who is divorced and cohabiting with a new partner is coded 2)

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

30.a How many times have you been married?

_____ (number of times)

31. What type of school education does/did your spouse (cohabitant) have?
(If more than one option fits, mark the highest)
(If the respondent has had several spouses, the question concerns the latest)

7th form.....	01
7th - 8th form without final examination	02
9th form with final examination.....	03
10th form without final examination	04
10th form with final examination.....	05
Upper secondary education/high school without final examination	06
GCE, A-level/high school certificate etc.	07
Other school education, also foreign.....	08
Don=t know.....	88

32. What is your spouse=s (cohabitant=s) vocational education?
(If more educations, mark the longest)
(If the respondent has had several spouses, the question concerns the latest)

None	01
Course for semi-skilled workers	02
Training as an apprentice	03
Other vocational training (e.g. social worker, assistant nurse/paramedic, TA)	04
Short theoretic education of less than 3 years (e.g. mechanical engineer, matron)	05
Further theoretic education, 3-4 years (e.g. teacher in primary school, nurse, BSc Engineering)	06
Academic or similar education of more than 4 years (e.g. doctor, economist, lawyer, MSc Engineering).....	07
Other education	08
Don=t know.....	88

33. What occupation did your spouse (cohabitant) have during the major part of his/her life?

(If the respondent has had several spouses, the question concerns the latest)

Self-employed in farming, gardening, or fishing.....	01	Go to Qu.35
Self-employed in the professions (doctor, lawyer, auditor etc.)	02	Go to Qu.35
Self-employed, other categories.....	03	Go to Qu.35
Assisting spouse.....	04	Go to Qu.36
Skilled worker.....	05	
Unskilled worker.....	06	
Salaried worker/public servant.....	07	
Unemployed.....	08	Go to Qu.37
Old-age pensioner	09	Go to Qu.37
Housewife/working at home	10	Go to Qu.37
Don=t know.....	88	Go to Qu.38

34. Is/was your spouse (cohabitant) publicly or privately employed?

(If the respondent has had several spouses, the question concerns the latest)

Publicly employed.....	1
Privately employed	2

35. How many subordinates/employees does/did your spouse (cohabitant) have in that employment?

(If the respondent has had several spouses, the question concerns the latest)

_____ (write number)

36. Does your spouse (cohabitant) still work?*(If the respondent has had several spouses, the question concerns the latest)*

- Spouse/cohabitant dead..... 0
- Yes, full time (37 hours a week) 1
- Yes, part time (less than 37 hours a week) 2
- No, taken early retirement..... 3 19__
- No, early retirement pension, transitional allowance..... 4 19__
- No, retirement pension 5 19__
- No, unemployed 6 19__
- No, rehabilitation 7 19__
- No, absent owing to illness 8 19__
- Other reason 9

If other reason, what?

37. What exactly was your spouse=s (cohabitant=s) (latest) occupation?*(E.g. primary school teacher, plate smith, shop assistant, truck driver, nurse)*

Text 6: I will now ask you about your health

38. How do you consider your health in general?

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

39. How do you consider your health compared to that of your twin?

- Better 1
The same 2
Poorer 3
-

40. How do you consider your health compared to that of your contemporaries?

- Better 1
The same 2
Poorer 3
-

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

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

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

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

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

	No	Have had	Have now	Year
a. Diabetes	3	2	1	19__
b. Osteoarthritis	3	2	1	19__
c. Rheumatoid arthritis	3	2	1	19__
d. Osteoporosis	3	2	1	19__
e. Chronic bronchitis	3	2	1	19__
f. Tuberculosis	3	2	1	19__
g. Asthma	3	2	1	19__
h. Meningitis	3	2	1	19__
i. Inflammation of the brain (encephalitis)	3	2	1	19__
j. Parkinson's disease	3	2	1	19__
k. Epilepsy	3	2	1	19__
l. Cancer, apart from skin cancer	3	2	1	19__
m. Skin cancer	3	2	1	19__
n. Cerebral infarct or cerebral haemorrhage	3	2	1	19__
o. Embolus in the leg	3	2	1	19__
p. Embolus in the lung	3	2	1	19__
q. Cardial infarct	3	2	1	19__
r. Angina pectoris	3	2	1	19__
s. Irregular heart rhythm	3	2	1	19__
t.Treatment for hypertension with prescribed medication	3	2	1	19__
u.Other heart problems	3	2	1	19__
v. Pulmonary oedema	3	2	1	19__
x. Gallstone	3	2	1	19__
y. Jaundice	3	2	1	19__
z. Treatment for gastric ulcer with prescribed medication	3	2	1	19__
æ. Treatment of gastric ulcer with operation	3	2	1	19__
ø. Kidney disease	3	2	1	19__

å. Kidney stones	3	2	1	19__
aa. Increased metabolism (Basedow=s disease)	3	2	1	19__
bb. Decreased metabolism (myxødema)	3	2	1	19__
cc. Enlargement of the thyroid gland (goitre/struma)	3	2	1	19__
dd. Other diseases in the thyroid gland	3	2	1	19__
ee. Slipped disc	3	2	1	19__

44. Did you have any chronic diseases as a child?

Yes 1
 No 2

If yes, which?

44a. Have you been coughing for at least 3 months per year?

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

44b. Have you had a cough with expectorate for at least 3 months per year?

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

44c. 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

44d. Have you ever had 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

44e. Have you ever had 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

44f. Does any of the following make you cough or give you a wheeze?*(One ring in every line)*

	Yes, cough	Yes, wheezy breathing	No
a. Cold weather	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:

44g. Have you ever suffered from migraine?

- Yes 1
- No 2

If AYes@:**Have you suffered from migraine during the last year?**

- Yes 1
- No 2

44h. Have you ever had visual disturbances of 5 to 60 minutes= duration followed by headaches?

Yes 1
 No 2

If AYes@:

Have you had this condition during the last year?

Yes 1
 No 2

45. Did you ever experience, or do you at present have:

	Yes	No
a. Paralysis of arms or legs?	1	2
b. Chronic leg sore?	1	2
c. Amputation of leg, part of leg or foot?	1	2
d. Femur or hip fracture?	1	2
c. Fracture of the column?	1	2

46. How many fractures have you had after the age of 40?
(Fractures of the toes and fingers are not included)

_____ (number of fractures)

If the respondent has had one or more fractures:

46a. Did you break your arm or wrist?
(Not your hands and fingers)

Yes 1
 No 2

46b. If AYes@:

Number of times	Age at the first fracture	Year when first fracture occurred
_____	_____	19____

47. Have you ever hit your head so seriously that you were knocked unconscious?

No, never 0

Once 1

Twice..... 2

Three times or more 3

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

No, never 0

Once 1

Twice..... 2

Three times or more 3

49. Have you had other diseases than the ones that we already discussed?
(Not children=s diseases and ordinary, temporary diseases such as colds, flu etc.)

Yes 1

No 2

50. If yes, what diseases?

a. _____

b. _____

c. _____

d. _____

e. _____

Text 7: I should like to make a list of the medicine you take on a regular basis, both prescription-drugs, over-the-counter drugs and nature medicine.

51. Name of medication?	Why do you take the medication? ...	Indication: Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

52. What is your body weight?

kg: _____

52a. Is the weight:

According to scales1

Estimated by interviewer/proxy2

52b. How much did you approximately weigh at age 25?

kg: _____

If the respondent does not remember, then ask:

Was it: More than now1

Less than now2

The same3

Don=t know8

52c. What was your maximum body weight ever?
(Not including pregnancy)

kg: _____

53. How tall are you?

Cm: _____

53a. Is the height?

According to the respondent1

Estimated by interviewer/proxy2

54. Are you right- or left-handed?

Right-handed1

Left-handed2

*Filter1: If the respondent is a woman go to text 8 (question 55)
If the respondent is a man go to text 14 (question 94)*

Text 8: Questions for female respondents

55. How old were you when you had your first period?

Age ____years ____ mths

Never had a period77

Don=t remember88

56. Have you ever used the Pill as a contraceptive?

Yes1

No2 Go to question 60

57. How old were you when you first started to take the Pill?

Age: _____ years

58. How old were you when you stopped taking the Pill?

Have not stopped yet.....1

Have stopped.....2

58b. If AHave stopped@:

Age when stopped : _____ years

59. How many years in all have you used the Pill as a contraceptive?

Years: _____

60. Do you still have your periods?

(We are thinking of your Aown@ periods, not periods due to hormone therapy in connection with menopause)

Yes1

No2

61. Are your periods regular now?

Almost always regular1

Regular and irregular by terms.....2

Almost always irregular3

Regular because of hormone therapy4

62. Did your periods stop naturally or because you had your uterus or your ovaries surgically removed, or for another reason?

(One ring in every line)

Yes No Year

- a. Stopped naturally 1 2 19__
- b. Uterus removed 1 2 19__
- c. Ovaries removed 1 2 19__
- d. Stopped due to other reasons 1 2 19__

If other reasons, which:

Text 9: The following questions are about hormone therapy with oestrogen up till and after menopause (female respondents).

63. Have you ever received hormone therapy with oestrogen?

Yes 1

No 2

64. How old were you the first time you received hormone therapy with oestrogen?

_____ years old

65. How many years in all have you received oestrogen therapy?

_____ years

66. Do you still receive hormone therapy with oestrogen?

Yes 1

No 2

66.a If ANo@:

Age when therapy stopped: _____ years old

Text 10: Many women are find it difficult to control their urination. The following questions are about this problem. The questions about urination concern the last month (female respondents).

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

- No 1
- Yes, once 2
- Yes, several times 3
- Don=t know 8

67.a If AYes, several times@, is it:

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

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

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

68.a If AYes, several times@, is it:

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

69. Incontinence in connection with a sudden urge to urinate may, for instance, happen during the night. It may happen at the sound of running water or in situations where you are dashing for the toilet, but do not reach it in time. Have you had that experience during the last month?

- No 1
Yes, once 2
Yes, several times 3
Don=t know 8
-

70. During the last month did you experience a strong urge to urinate for other reasons?

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

70.a If yes, what was the reason/reasons?

71. Have you been treated for inflammation of the bladder during the last month?

- Yes 1
No 2
Don=t know 8
-

Text 11: The following questions are about your pregnancies, births, and fertility problems, if any (female respondents).

72. Have you had any diseases or problems which made it difficult for you to become pregnant?

Yes 1

No 2

**72.a If AYes@:
What disease/problem?**

Year

a. _____ 19__

b. _____ 19__

c. _____ 19__

73. Have you ever had an operation which made it difficult for you to become pregnant?

Yes 1

No 2

**73.a If AYes@:
What operation?**

Year

a. _____ 19__

b. _____ 19__

c. _____ 19__

74. Did a doctor ever tell you that you suffered from one of the following diseases?

(One ring in every line)

	Yes	No	Don=t know	Year (first time)
a. Pelvic infection	1	2	8	19____
b. Salpingitis	1	2	8	19____
c. Cyst on the ovaries	1	2	8	19____
d. Chlamydia infection	1	2	8	19____
e. Gonorrhea	1	2	8	19____
f. Endometriosis (uterus tissue outside uterus)	1	2	8	19____
g. Appendicitis with burst appendix	1	2	8	19____

75. Have you ever been pregnant or tried to become pregnant?
(We are thinking of births, abortions, miscarriages, and extra-uterine (ectopic) pregnancies)

Yes 1
 No 2 go to Qu. 125

76. Have you ever tried to become pregnant for more than a year, but without success?
(Had regular sexual intercourse with no use of contraceptives for one year without becoming pregnant)

Yes 1
 No 2

Text 12: The following questions concern the first time you had to wait more than one year to become pregnant (female respondents).

77. When was the first time you experienced such a period?

From the year 19____ Till the year 19____

77.a Did this period end with your becoming pregnant?

Yes 1

No 2 Go to Qu.79

78. How long did you try to become pregnant before you succeeded?

_____ months and/or _____ years Go to Qu.80

79. How long did you try to become pregnant before you gave up?

Gave up after _____ months and/or _____ years

80. Now I will ask you some questions about your pregnancies. How many times have you:

(One number in every line)

a. Given birth to a liveborn baby?..... _____

b. Given birth to twins or triplets? _____

c. Given birth to a stillborn baby?..... _____

d. Had miscarriages? _____

e. Had an abortion (provoked)? _____

f. Had an extrauterine pregnancy?..... _____

84. Do you have any adopted children?

Yes 1

No 2

84.a If AYes@:

Number: _____

	Boy	Girl	Year of birth
a. Adopted child 1	1	2	19____
b. Adopted child 2	1	2	19____
c. Adopted child 3	1	2	19____
d. Adopted child 4	1	2	19____

*Filter3: If the respondent never has been pregnant or has only adopted children or has only had extra-uterine pregnancies or has only had abortions go to qu. 125
Else go to qu. 85*

Text 13: Now I have an overview of your pregnancies and the number of children you have.

I will now ask you in more detail about the first of your pregnancies which did not end in an abortion or an extrauterine pregnancy.

The questions concern the pregnancy ending in 19____ when you

a. gave birth to a living baby

b. gave birth to twins or triplets

c. gave birth to a stillborn baby

(female respondents)

85. How many weeks and/or months were you pregnant?

_____ months and _____ weeks

86. How old were your partner at the time?

_____ years old

87. Did you and/or your partner try to avoid becoming pregnant at the time when you became pregnant?

Yes 1

No 2

88. How many months did it last before you became pregnant? I mean, how many months did you have sexual intercourse without using contraceptives before you became pregnant?

_____ years and _____ months

89. Had you taken the Pill within the last 12 months before you tried to become pregnant?

Yes 1

No 2

90. How long before trying to become pregnant did you stop taking the Pill?

_____ months

91. What was your body weight before you became pregnant?

_____ kilos

92. How much weight did you put on during your pregnancy?

_____ kilos

93. Did you smoke during your pregnancy?

Yes 1

No 2

93.a If AYes@: Have much did you smoke per day during your pregnancy:

Number of cigarettes: _____

Number of cheroots/cigars: _____

Number of pipes of tobacco: _____

Go to question 125

Text 14: The following questions are about reproduction (male respondents).

94. Are both your testicles in your scrotum?

- Yes 1
No, only one 2
No, none 3
-

95. Has you received treatment for an undescended testicle?

- Yes, had an operation 1
Yes, had hormone therapy 2
No 3
Don=t know 8
-

96. Did you have mumps during adulthood?

- Yes 1
No 2
Don=t know 8
-

97. How old were you when you had mumps in adulthood?

_____ years old

98. Were your testicles affected?

- Yes 1
No 2
Don=t know 8
-

99. Have you ever had an operation for inguinal hernia, varicocele or a disease in the scrotum, penis or urethra?

Yes 1

No 2

99.a If AYes@:

Age at the operation _____

Name of disease: _____

100. Did a doctor ever tell you that you suffered from one of the following diseases?

(One ring in every line)

	Yes	No	Don=t know	Year (first time)
a. Inflammation of the epididymis	1	2	8	19____
b. Inflammation of the bladder	1	2	8	19____
c. Gonorrhoea	1	2	8	19____
d. Chlamydia infection	1	2	8	19____

Text 15: The following questions are about your urinary habits. The questions concern the last month (male respondents).

101. How often do you have to get up during the night to urinate?

Never or almost never 1

Approx. every 8 hours..... 2

Approx. every 4 hours..... 3

Approx. every 2 hours..... 4

At least once an hour..... 5

102. How often do you have to press during urination?

- Never or almost never 1
Less than 1 out of 5 times 2
Less than half the times..... 3
Approx. half the times..... 4
More than half the times 5
Almost always..... 6
-

103. How often do you have the feeling that your bladder is not completely empty after urination?

- Never..... 1
Less than 1 out of 5 times 2
Less than half the times..... 3
Approx. half the times..... 4
More than half the times 5
Almost always..... 6
-

104. How often do you have to urinate again less than 2 hours after the last time?

- Never..... 1
Less than 1 out of 5 times 2
Less than half the times..... 3
Approx. half the times..... 4
More than half the times 5
Almost always..... 6
-

105. How often do you have to stop and start again during urination?

- Never..... 1
Less than 1 out of 5 times 2
Less than half the times..... 3
Approx. half the times..... 4
More than half the times 5
Almost always..... 6

106. How often do you find it difficult to postpone urination?

- Never..... 1
Less than 1 out of 5 times 2
Less than half the times..... 3
Approx. half the times..... 4
More than half the times 5
Almost always..... 6
-

107. How often when you urinate do you get only a weak urinary stream?

- Never..... 1
Less than 1 out of 5 times 2
Less than half the times..... 3
Approx. half the times..... 4
More than half the times 5
Almost always..... 6
-

108. Have you ever received hormone therapy because of diseases of the prostate gland?

- Yes 1
No 2
-

109. Have you ever had an operation for problems connected with the prostate gland?

- Yes 1
No 2

109.a If AYes@:

Year of the operation: 19____

Name of hospital: _____

Text 16: The following questions are about your children and fertility problems, if any (male respondents).

110. Have you had any diseases or problems which made it difficult for you to become pregnant?

Yes 1

No 2

**110.a If AYes@:
What disease/problem?**

	Year
a. _____	19__
b. _____	19__
c. _____	19__

111. Have you ever had an operation which made it difficult for you to have children?

Yes 1

No 2

**111.a If AYes@:
What operation?**

	Year
1. _____	19__
2. _____	19__
3. _____	19__

112. Do you have any children or have you ever tried to have children?

Yes 1

No 2

go to Qu. 125

-
- 113. Have you ever tried to have children for more than a year, but without your partner becoming pregnant?**
(Had regular sexual intercourse with no use of contraceptives for one year without your partner becoming pregnant)

Yes 1
 No 2 go to qu. 117

<p>Text 17: The following questions concern the first time you and your partner had to wait more than one year to become pregnant (male respondents).</p>
--

- 114. When was the first time you experienced such a period?**

From the year 19____ Till the year 19____

- 115. Did this period end with your partner becoming pregnant?**

Yes 1
 No 2 Go to Qu.116.a

- 116. How long did you try to become pregnant before you succeeded?**

_____ months and/or _____ years Go to Qu.117

- 116.a How long did you try to become pregnant before you gave up?**

Gave up after _____ years

117. Now I will ask you some questions about the pregnancies of you and your partner. How many:

(One number in every line)

1. Liveborn babies did you have? _____
 2. Twins or triplets did you have?..... _____
 3. How many stillborn babies did you have? _____
 4. How many miscarriages
did your partner have?..... _____
 5. How many abortions (provoked)
did your partner have?..... _____
 6. How many extrauterine pregnancies
did your partner have?..... _____
-

118. Have you had any children who died within 7 days after the birth?

		How many
Yes 1	_____
No 2	

119. Now I will ask you to answer the following questions about all the pregnancies experienced by you and your partner (s).

(The pregnancies are to be numbered consecutively and chronologically in the column labelled Pregnancy number). If the respondent was pregnant with more than one child, e.g. twins, information on each child must be written on separate lines, and the Pregnancy number must be the same, but followed by different letters, e.g. 2A and 2B.)

Pregnancy number	Pregnancy ended	Liveborn baby	Sex:		Weight at birth (gram)	Death after birth (year)	Stillborn	Mis-carriage	Abortion (pro-voked)	Extra-uterine pregnancy	Partner number
			Boy 1	Girl 2							
___	19__	1	___	___	19__	2	3	4	5	__1__	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	
___	19__	1	___	___	19__	2	3	4	5	___	

120. Do you have any adopted children?

Yes 1

No 2

120.a If AYes@:

Number: _____

	Boy	Girl	Year of birth
a. Adopted child 1	1	2	19__
b. Adopted child 2	1	2	19__
c. Adopted child 3	1	2	19__
d. Adopted child 4	1	2	19__

Filter 4: If the respondent:

Has no children/only adopted children *go to Qu. 125*

Else *go to Qu. 121*

Text 18: Now I have an overview of the number of children you have.

I will now ask you in more detail about the time of birth of your first child, that is in 19____ when you had

a. a liveborn baby

b. twins or triplets

c. a stillborn baby

(male respondents)

121. Was the baby born at term?

Yes 1

No, too early..... 2

No, too late..... 3

122. How old was your partner at the time?

_____ years old

123. Did you and/or your partner try to avoid becoming pregnant at the time when you became pregnant?

Yes 1

No 2

124. How many months did it last before you became pregnant? I mean, how many months did you have sexual intercourse without using contraceptives before you and your partner became pregnant?

_____ years and _____ months

Text 19: I am now going to ask you about your habits (all respondents).

125. At present, do you smoke?

- Yes, more than 1 cigarette, cheroot or 1 pipe
of tobacco a day 1 go to Qu.128
- Yes, but less than 1 cigarette, cheroot or
1 pipe of tobacco a day. 2 go to Qu.128
- No 3
-

126. Are you an ex-smoker?

- Yes, more than 1 cigarette, cheroot
or 1 pipe of tobacco a day 1
- Yes, but less than 1 cigarette, cheroot
or 1 pipe of tobacco a day 2
- No 3 go to Qu. 132
-

127. When did you quit smoking?

Year 19_____

128. When you smoke, do you inhale?

- Yes 1
- No 2
-

129. On average, how much do (did) you usually smoke?

- a. Number of filtertipped cigarettes _____
- b. Number of cigarettes without filtertip _____
- c. Number of cheroots _____
- d. Number of cigars _____
- e. Number of pipes of tobacco _____
-

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

- a. Number of filtertipped cigarettes _____
- b. Number of cigarettes without filtertip _____
- c. Number of cheroots _____
- d. Number of cigars _____
- e. Number of pipes of tobacco _____
-

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

Years: _____

132. Did your parents smoke, when you were a child?

- Yes, both my mother and my father 1
- Yes, my mother *or* my father 2
- No, neither my mother nor my father 3
-

133. Did your mother smoke when she was pregnant with you?

- Yes 1
- No 2
- Don=t know 8 Go to Qu. 134
-

133.b If AYes@ or ANo@:

- Information from the respondent=s mother 1
- Information from other persons 2
-

134. Do you ever drink any kind of alcohol?

- Yes 1
- No 2 go to qu. 141
-

135. How many beers do you drink per week?

Number: _____

136. How many drinks of strong alcohol do you drink per week?

Number: _____

137. How many glasses of red wine do you drink per week?

Number: _____

138. How many glasses of white wine do you drink per week?

Number: _____

139. For how many years did you drink wine regularly?

Years: _____

140. How does your present consumption of alcohol compare to earlier on.

Larger than before 1

The same now as earlier on 2

Less now than earlier on 3

141. Have you ever had a high-average alcohol consumption of more than 3 drinks per day for a longer period?

Yes 1

No 2 go to qu. 144

142. For how long a period did you have this higher alcohol consumption?

Months: _____ Years: _____

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

Drinks per week: _____

144. On average, how much do you drink of the following?

a. Coffee _____ cups per day

b. Tea _____ cups per day

c. Cocoa/hot chocolate _____ cups per day

**145. I am now going to ask you about your dietary habits.
How often do you eat any of the following:**

One ring in every line

	Never	1 time or less per month	2 times per month	1 time per week	2-3 times per week	1 time per day	2-3 times per day	4 times or more per day
a. Vegetable margarine	0	1	2	3	4	5	6	7
b. Dietary margarine	0	1	2	3	4	5	6	7
c. Butter, fat, other margarines	0	1	2	3	4	5	6	7
d. Cheese	0	1	2	3	4	5	6	7
e. Milk, yogurt	0	1	2	3	4	5	6	7
f. Rye bread (light, normal dark)	0	1	2	3	4	5	6	7
g. Rye bread (whole meal, bran)	0	1	2	3	4	5	6	7
h. Oatmeal	0	1	2	3	4	5	6	7
i. White bread (normal)	0	1	2	3	4	5	6	7
j. White bread (whole meal or bran)	0	1	2	3	4	5	6	7
k. Potatoes	0	1	2	3	4	5	6	7
l. Vegetables (boiled)	0	1	2	3	4	5	6	7
m. Vegetables (raw)	0	1	2	3	4	5	6	7
n. Fruit	0	1	2	3	4	5	6	7
o. Juice	0	1	2	3	4	5	6	7
p. Rice	0	1	2	3	4	5	6	7
q. Spaghetti/pasta	0	1	2	3	4	5	6	7
r. Liver paste, cold cuts	0	1	2	3	4	5	6	7
s. Meat	0	1	2	3	4	5	6	7
t. Egg	0	1	2	3	4	5	6	7
u. Fish	0	1	2	3	4	5	6	7
v. Sausage, mettwurst	0	1	2	3	4	5	6	7
x. Cake, bisquits	0	1	2	3	4	5	6	7
y. Marmalade, jam, honey	0	1	2	3	4	5	6	7
z. Soda water, ice cream	0	1	2	3	4	5	6	7
æ. Chocolate, candy	0	1	2	3	4	5	6	7

Text 20: Now, I am going to ask you to carry out some small tests.

- 147. In the first test, I will ask you to rise from your chair five times in a row as fast as you can and without pausing. Keep your arms folded across your breast. I measure the time with the stop watch. Please, don't start till I say Anow@.**

Pulse when starting, beats per 30 secs.

Pulse when stopping, beats per 30 secs

Number of seconds spent to carry out the test.....

(Stop the test after 60 seconds)

- 147.a Was it possible to carry out the test?**

Yes 1

No, not at all..... 2

No, had to stop after 1-4 attempts 3

Number of completed tests _____

- 147.b The test had to be stopped, because:**

The respondent needed more than 1 minute 1

The respondent used his/her arms 2

The interviewer felt it was not safe 3

The respondent cannot understand the instructions 4

The respondent will not..... 5

Other reason 6

If other reason, which: _____

- 148. The next exercise will test your lung function. Inhale as deeply as possible and exhale as strongly as at all possible in the spirometer. Go on blowing till you absolutely cannot anymore. Press your lips tightly around the mouthpiece so that no air will escape.**

Number in the portable spirometer: _____

	First trial	Second trial	Third trial
PEF		..	_____
FEV 1		..	_____
FVC		..	_____

The test was carried out:

Standing 1

Sitting 2

The respondent carried out the test 1

The respondent accomplished less than 3 blows 2

The respondent did not carry out the test 3

The test was not carried out because the respondent is:

Visually impaired 1

Hearing impaired 2

Paralyzed 3

Cannot understand the instructions
because of failing contact 4

Confined to bed 5

Will not 6

Other reason 7

If other reason, which: _____

148.a The next exercise will test the strength in your forearm and hands. I will ask you to squeeze the handle as hard as possible.

Right hand: _____ N _____ N _____ N

Left hand: _____ N _____ N _____ N

Interviewer instruction:

A hand dynamometer is needed for this test. Ask the respondent to squeeze the handle as hard as possible. It is very important that the respondents keep their arms close to their bodies and with the elbow joint at an angle of 90 degrees. Repeat the test 3 times with each hand.

148.b I now ask your permission to measure your waist.

1st measurement in cm: _____ 2nd measurement in cm: _____

Interviewer instruction:

The respondent must wear light clothes, e.g. a shirt. If the respondent wears a sweater, cardigan or other thick clothes, you must ask him/her to lift it before measuring him/her. It is important that the respondent stands relaxed with his/her arms hanging loose and without pulling in his/her stomach while being measured. The waist is measured halfway between the iliac crest and the lowest rib.

Text 21: Now, I am going to ask you to perform some mnemonic tests

- 149. I am going to read aloud some numbers.
Listen carefully, and when I am through please repeat the numbers.**

Interviewer Instruction:

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 2nd test (6-9-4) and 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 points. Make only one try per test. The order of the digits must be correct.

Continue in the same way with tests 2 through 7.
Discontinue after failure on both trials of any item

Degree of difficulty	Trial 1.	Trial 2.	Score
1.	5-8-2	6-9-4	_____
2.	6-4-3-9	7-2-8-6	_____
3.	4-2-7-3-1	7-5-8-3-6	_____
4.	6-1-9-4-7-3	3-9-2-4-8-7	_____
5.	5-9-1-7-4-2-8	4-1-7-9-2-8-6	_____
6.	5-8-1-9-2-6-4-7	3-8-2-9-5-1-7-4	_____
7.	2-7-5-8-6-2-5-8-4	7-1-3-9-4-2-5-6-8	_____

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

Interviewer Instruction:

If the respondent answers correctly (9-1-7), say "That's right", and go to Item 1.

However, if the respondent fails the example, say: "No, I said 7-1-9, so you would say 9-1-7. Now, try these digits: 3-4-8 and remember, you are to say them backwards."

Whether the respondent succeeds or fails with the second example (3-4-8) go to Item 1.

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

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

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

The order of the digits must be correct.

Discontinue after failure on both tests of any item

Degree of difficulty	Trial 1	Trial 2.....	Score
1.	2-4	5-8.....	_____
2.	6-2-9	4-1-5	_____
3.	3-2-7-9	4-9-6-8.....	_____
4.	1-5-2-8-6	6-1-8-4-3.....	_____
5.	5-3-9-4-1-8	7-2-4-8-5-6 ..	_____
6.	8-1-2-9-3-6-5	4-7-3-9-1-2-8	_____
7.	9-4-3-7-6-2-5-8	7-2-8-1-9-6-5-3	_____

The numbers must be repeated in the right order

151. I will now ask you to name as many animals as you can remember. You have one minute. Please start.

Number of right answers: _____

(Give 1 point for every animal mentioned)

Measure the time with a stop watch. (Birds, fish and insects are also counted as animals).

152. I will read 12 words aloud to you. Afterwards, I will ask you to repeat as many of the words as you can recall.

COLOUR (DK: farve)

HOUSE (DK: hus)

RIVER (DK: flod)

HENS (DK: høns)

NOSE (DK: næse)

GARDENER (DK: gartner)

HAT (DK: hat)

SCHOOL (DK: skole)

FIELD (DK: mark)

PARENTS (DK: forældre)

COFFEE (DK: kaffe)

BELL (DK: klokke)

Interviewer Instruction:

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

_____ 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.

153. 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 instruction:

*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.*

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. 155

154. On this page there are 5 rows of boxes. In every row there is a symbol at the top of the box 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?

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

Before we start, do you have any questions?

Interviewer instruction:

Interrupt the respondent after 45 seconds. Write down if you were interrupted by the phone, knockings on the door, etc. Go on with p. 2, and follow the same procedure.

Page 1:

Row A:	2	1	3	1	2	3	1	4	2	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:

Row B:	7	4	6	9	2	5	8	4	7	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:

Row C:	1	8	2	9	7	6	2	5	4	7	
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:

Row D:	3	7	5	1	4	9	1	5	8	7	
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:

Row E:	7	1	9	4	3	6	2	7	9	3	
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. 155

Page 2:

Row A:	2	1	4	6	3	5	2	1	3	4	
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:

Row B:	3	1	2	5	1	3	1	5	4	2	
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:

Row C:	1	8	7	5	4	8	6	9	4	3	
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:

Row D:	3	6	8	5	9	4	1	6	8	9	
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:

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

155.

Interviewer:

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

- Yes, completely 1 Go to question 156
- Yes, partly2
- No3

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

- Visually impaired 1
- Hearing impaired.....2
- Paralyzed3
- Speech impaired4
- Will not5
- Other reason6

Remarks: _____

156. I will now ask you to recall as many of those 12 words that we talked about earlier on.

(Do not read the words aloud)

COLOUR

HOUSE

RIVER

HENS

NOSE

GARDENER

HAT

SCHOOL

FIELD

PARENTS

COFFEE

BELL

Interviewer instruction:

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

Points: _____

Text 22: In every single cell of the body lies our genetic material. Staying healthy or suffering from diseases may be genetically determined. Therefore we would like to ask your permission to take a sample of your cells. You can choose between being pricked on a finger or a cheek swab:

157. May we take such a cell sample?

Yes, from the finger 1

Yes, from the cheek 2

No 3

Text 23: I will ask you additional questions about your ability to perform daily activities at work and in your spare time.

158. Are you prevented completely or partly from being physically active because of illness or other things?

Yes, completely 1

Yes, partly 2

No 3

If AYes, completely@, please mention what:

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

Yes 1

Yes, with aids 2

Yes, with personal help 3

No 4

159.a Do you get tired by doing that?

Yes 1

No 2

160. How far can you walk without resting?

Cannot walk 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 km. 7

161. Have you run 10 metres or more within the last year?

Yes 1

No 2

161.a 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 km. 7

162. Have you ridden your bicycle 100 metres or more within the last year?

Yes 1

No 2

162.a How far can you ride without resting?

Cannot ride..... 1

Less than 0.5 km. 2

0.5-1 km. 3

1-5 km. 4

5-10 km. 5

More than 5 km. 6

163. How many hours do you go to work on a typical day in the summer half?

Number of hours: _____

163.a How many hours do you go to work on a typical day in the winter half?

Number of hours: _____

*Filter5: If the respondent answers A0" in both 163 & 163.a go to question 166
 Else go to question 164*

164. The next question is about how much time you spend on different types of physical activity during your WORKING HOURS. I will ask you to consider how many hours and/or minutes you spend on each of the activities in the course of a typical day in the WINTER HALF.

	Hours?	Minutes?
a. Exhausting physical activity, where you sweat and/or are out of breath. E.g. by digging, doing strenuous carpentry work, lifting heavy parcels etc.	_____	_____
b. Moderate physical activity, where you sweat moderately and/or breathe a little faster than usual. E.g. by doing light artisan work, light lifts, fast walking.	_____	_____
c. Light physical activity, where you neither sweat nor breathe faster than usual. E.g. by driving a car, standing without having to walk a lot etc.	_____	_____
d. Sedentary activity. E.g. having a desk job, reading etc.	_____	_____

165. I will now ask you to consider how many hours and/or minutes you spend on each of the activities in the course of a typical working day in the SUMMER HALF.

	Hours?	Minutes?
a. Exhausting physical activity, where you sweat and/or get winded. E.g. by digging, doing strenuous carpenterwork, lifting heavy parcels etc.	_____	_____
b. Moderate physical activity, where you sweat moderately and/or breathe a little faster than usual. E.g. by doing light artisan work, light lifts, fast walking.	_____	_____
c. Light physical activity, where you neither sweat nor breathe faster than usual. E.g. by driving a car, standing without having to walk a lot etc.	_____	_____
d. Sedentary activity. E.g. having a desk job, reading etc.	_____	_____

Text 24: Now I will ask you to consider how much time you spend bicycling or walking in your SPARE TIME. If you ride your bicycle or walk to your job, this must be included also.

166. On average, how many hours a day do you ride your bicycle in the summer half of the year?

- Never ride a bicycle 1
- Less than 30 minutes 2
- 2-1 hour 3
- 1-2 hours 4
- More than 2 hours 5

167. On average, how many hours a day do you ride your bicycle in the winter half of the year?

- Never ride a bicycle 1
- Less than 30 minutes 2
- 2-1 hour 3
- 1-2 hours 4
- More than 2 hours 5

168. What is your pace when you ride your bicycle?

- Never ride a bicycle 1
- Slow 2
- Normal 3
- Fast 4
- Very fast 5

169. On average, how many hours a day do you walk in the summer half of the year?

- Never walk 1
- Less than 30 minutes 2
- 2-1 hour 3
- 1-2 hours 4
- More than 2 hours 5

170. On average, how many hours a day do you walk in the winter half of the year?

- Never walk 1
- Less than 30 minutes.....2
- 2-1 hour3
- 1-2 hours4
- More than 2 hours5
-

171. What is your pace when walking?

- Never walk 1
- Slow 2
- Normal3
- Fast 4
- Very fast.....5
-

172. Do you go in for any of the following in your spare time?

.. (One ring in every line)

	Number of hours a week on average			
	No	Yes	Summer	Winter
a. Jogging	1	2	_____	_____
b. Gymnastics	1	2	_____	_____
c. Swimming	1	2	_____	_____
d. Tennis	1	2	_____	_____
e. Badminton	1	2	_____	_____
f. Football	1	2	_____	_____
g. Handball	1	2	_____	_____
h. Health center/fitness center	1	2	_____	_____
i. Other 1	1	2	_____	_____
j. Other 2	1	2	_____	_____

If AYes@ in Other 1 and Other 2, what:

Other 1: _____

Other 2: _____

173. Do you make any of the following in a typical week?

.. (One ring in every line)

	Number of hours a week on average			
	No	Yes	Summer	Winter
a. Gardening	1	2	_____	_____
b. House cleaning	1	2	_____	_____
c. Cooking	1	2	_____	_____
d. Go shopping	1	2	_____	_____
e. Maintenance of house/apartment	1	2	_____	_____

174. How many hours do you sleep in a typical day and night in the summer half?

Number of hours:_____

175. How many hours do you sleep in a typical day and night in the winter half?

Number of hours:_____

176. We have just talked about your physical activity summer and winter. Has your physical activity changed considerably during the last year?

Yes 1

No 2

177. How do you consider your physical form compared to that of your contemporaries?

a. Fitness (aerobic capacity: ability to exercise without loosing your breath)

Better 1

The same 2

Poorer 3

b. Muscular strength

Better 1

The same 2

Poorer 3

178. How do you consider your physical form compared to that of your twin?

a. Fitness (aerobic capacity: ability to exercise without loosing your breath)

Better 1

The same 2

Poorer 3

b. Muscular strength

Better 1

The same 2

Poorer 3

<p>Text 25: Now I will ask you some questions about your emotional well-being</p>
--

179. Do you feel run down in everyday life?

Yes, often 1

Yes, sometimes 2

No, almost never 3

Don=t know 8

180. 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 question 186

181. How many times have you had such depressions which lasted more than 3 weeks?

Number of times: _____

182. How old were you the first time?

_____ years old

183. How old were you the last time?

_____ years old

184. Have you taken medicine for a depression?

Yes, take it now 1

Yes, have taken it earlier 2

No 3

185. Have you ever received electric shock treatment or convulsion treatment for depression?

Yes 1

No 2

185.a If AYes@, how many treatments have you had?

Number of treatments: _____

Text 26: Now I will ask you about your present state of mind compared to your state of mind 6 months to one year ago.

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

Most mornings 1

Sometimes 2

No 3

187. Do you have an extraordinarily long sleep?

Most nights 1

Sometimes 2

No 3

188. At the moment do you have less or more appetite than usual?

Yes, most of the time 1

Yes, some times 2

No 3

189. 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

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

Yes, most of the time 1

Yes, sometimes 2

No 3

191. Do you find it more difficult to make decisions than before?

Yes, most of the time 1

Yes, sometimes 2

No 3

192. 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

193. Do you find you have less energy than before and that it is harder to get things done?

Yes, most of the time 1

Yes, sometimes 2

No 3

194. Lately have you preferred to be on your own?

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

195. Do you find it more difficult to concentrate than before?

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

196. Do you speak more slowly than usually?

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

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

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

198. How often do you feel happy?

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

199. Have you felt lonely lately?

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

200. 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

201. Do you consider yourself a nervous person?

Yes 1

No 2

202. Apart from depression, have you ever had nervous or psychical diseases which needed treatment?

Yes 1

No 2

202.a If AYes@: How many times have you needed treatment?

Number of times: _____

203. At present, do you feel sad, depressed or unhappy?

Yes, most of the time 1

Yes, sometimes 2

No 3 go to question 211

204. How long have you felt like that?

Number of months: _____

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

Yes 1

No 2 Go to question 207

206. Is it owing to:

(One ring in every line)

	Yes	No
a. Death in the family.....	1	2
b. Death of friends.....	1	2
c. Own illness.....	1	2
d. Illness in the close family	1	2
e. Friends= illness.....	1	2
f. Economic problems	1	2
g. Other things.....	1	2

If AOther things@, what:

207. Is this feeling different than the usual feeling of sadness?

Yes	1
No	2

208. When you feel depressed, is there something which can cheer you up?

Yes	1
No	2

209. Is there a time of the day when it feels worst?

Yes, in the morning.....	1
Yes, another time of the day	2
No	3

210. Do you blame other people for your being depressed?

Yes	1
No	2

211. 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
-

212. How do you feel about your own future?

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

213. If you have personal problems or are in trouble, do you have someone you can talk to?

- Yes 1
- No/not really 2 go to question 215
- Don=t know 3 go to question 215
-

214. Who would you turn to first?

(If the respondent answers God or gives a similar answer, ask if there is a person that the respondent would discuss his/her problems with)

- Co-twin..... 00
- Spouse/cohabitant 01
- Children..... 02
- Parents/in-laws 03
- Other family 04
- Friends..... 05
- Neighbours 06
- Vicar or doctor 07
- Others 08
- Don=t know 09
-

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

- Yes 1
- No 2 go to question 217

216. Have you ever felt so low that you thought about putting an end to your life by committing suicide?

- Yes, have tried to commit suicide 1
- Yes, have often thought about it 2

Text 27: The next questions are about your teeth, your eyesight and your hearing

- Yes, have occasionally thought about it..... 3
- No 4

217. How many of your own teeth do you have?
(Wisdom teeth are not included)

- No teeth left..... 1
- 1-9 2
- 10-19 3
- 20 or more 4
- All teeth..... 5

218. Do you have any problems with your eyesight which cannot be remedied by means of glasses or contact lenses?

- Yes, slightly reduced sight 1
- Yes, severely reduces sight 2
- Yes, blind 3
- No 4

219. Can you read a normal newspaper text?

(With glasses, if you use glasses)

- Yes, without trouble 1
Yes, with minor trouble 2
Yes, with great trouble 3
No 4
-

220. Do you have reduced hearing?

- Yes 1
No 2
-

221. Do you have a hearing aid?

- Yes 1
No 2
-

222. Do you use your hearing aid?

- Yes, always 1
Yes, most of the time 2
Yes, sometimes 3
No 4
-

223. Can you follow a normal conversation between 3 or more persons?

(With a hearing aid, if you use one)

- Yes, without trouble 1
Yes, with minor trouble 2
Yes, with great trouble 3
No 4
-

Text 28: Now we have finished. Thank you for your help and patience
--

To be completed by the interviewer without asking
--

224. What is your opinion of the respondent's hearing?

- Normal hearing 1
- Slightly reduced hearing 2
- Severely reduced hearing 3
- Almost deaf 4
- Deaf 5

225. Did the respondent have any difficulties in reading the cards you showed him/her?

(incl. the use of glasses)

- No, could read them without difficulty 1
- Yes, it was difficult, but he/she could read them ... 2
- Yes, but he/she must have assistance 3
- He/she had the cards read aloud 4

226. Did the respondent have any difficulties in understanding the questions?

- No 1
- Yes, to some degree 2
- Yes, to a high degree 3

227. Was the respondent alone when you completed the interview, or were there other people present?

- Alone with the respondent 1
- Not alone, but only the respondent answered 2
- Not alone, and another person interfered 3
- The interview was completed by help of a proxy .. 4

228.a How is the proxy related to the respondent?

Spouse	01
Child.....	02
Grandchild.....	03
Twin04	
Brother/sister	05
Other relatives	06
Nursing staff.....	07
Home care assistant.....	08
Friend/acquaintance	09
Other.....	10

228.b How often does the proxy meet the respondent?

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