DANISH TWIN REGISTRY
UNIVERSITY OF SOUTHERN DENMARK

LABEL

Danish Twins Born 1931 to 1952

QUESTIONNAIRE (MADT)

The Danish Twin Registry 2008 - 2011

FINAL VERSION - SURVEY 201-2

PLEASE COMPLETE AT HOME AND BRING TO THE EXAMINATION

Date: ⌊⌊⌋ ⌊⌊⌋ ⌊⌊⌋

Instructions for the questionnaire

When you fill in the questionnaire, please use a blue or black pen as the returned questionnaires will be electronically scanned. Don't use a pencil.

Most of the questions in the questionnaire must be answered by marking a box with a cross. If, for instance, you are a monozygotic twin, you mark the topmost box:

Monozygotic twins	☒
Dizygotic twins	☐
In doubt	☐
Don't know.....	☐

If you accidentally mark the wrong box, please indicate this by filling out the box completely as shown here: ■

You can now mark the right box.

For some questions you will be asked to write a number. For example, you will be asked how many persons you live together with. Here you write the number as indicated below:

1. How many persons live in your household <u>apart from yourself</u>?

Number of persons: 3 *If 0, go to question 3*

If you accidentally write the wrong number, please cross it out and write the correct number to the right of the crossed-out number.

For some of the questions you will be asked to write a text. Please write clearly, preferably using block letters.

Some of the questions are followed by a request to go to another question. For example, you will be asked about your hearing ability:

26. Do you have impaired hearing?

Yes	☐	
No	☐	*Go to question 29*

If your answer is Yes, just proceed to question 27, but if your answer is No, you must go to answer 29.

Section 1: Basic information

1. How many persons live in your household <u>apart from yourself?</u>

Number of persons: └┘└┘

If 0 Go to Q.3

2. Who do you live together with?

Please mark one or more boxes

Spouse ..... ☐
Cohabitant wife/husband ..... ☐
My twin ..... ☐
Other sisters/brothers ..... ☐
Child/children ..... ☐
Parents ..... ☐
Other relatives ..... ☐
Friend/friends ..... ☐
Others..... ☐

Go to Q.5

3. For how long have you been living alone?

Number of years: └┘└┘

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

Spouse ..... ☐
Cohabitant wife/husband ..... ☐
My twin ..... ☐
Other sisters/brothers ..... ☐
Child/children ..... ☐
Parents ..... ☐
Other relatives ..... ☐
Friend/friends ..... ☐
Others..... ☐

5. Where do you live currently?

House incl. free-hold flat and farm housing ☐
Flat incl. cohousing flat ..... ☐
Senior housing ..... ☐
Nursing home/integrated nursing home .... ☐
Other ..... ☐

If other, what: _____

6. Do you still work?

Yes, full-time (35 hours or more per week) ☐
Yes, part-time (less than 35 hours per week) ☐
No, early retirement pensioner ..... ☐
No, voluntarily retired with special pension ☐
No, old age pensioner ..... ☐
Absent owing to illness for over 14 days ... ☐
Other ..... ☐

Since when
Year: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋

If other, what: _____
(ex. unemployed)

7. What exactly is/was your latest occupation?
(fx primary school teacher, panel beater, Head of Office by the Tax Authority, shop assistant, truck driver, service engineer, master builder)

Designation of occupation: _____

8. What is your marital status at the moment?

Married/cohabitant wife or husband ..... ☐
Divorced ..... ☐
Separated ..... ☐
Widow/widower ..... ☐
Never been married/cohabiting ..... ☐

Go to Q.11

9. Is your spouse / cohabitant wife / husband still working?

Yes, full-time (35 hours or more per week) ☐

Yes, part-time (less than 35 hours per week) ☐

No, early retirement pensioner ..... ☐

No, voluntarily retired with special pension ☐

No, old age pensioner ..... ☐

Absent owing to illness for over 14 days ... ☐

Other..... ☐

Since when

Year: ⌊_⌊_⌊_⌊_⌋

If other, what: _____

(fx unemployed)

10. What exactly is / was your spouse's / cohabiting wife / husband's occupation?

(fx primary school teacher, panel beater, Head of Office by the Tax Authority, shop assistant, truck driver, service engineer, master builder, assisting wife)

Designation of occupation: _____

Section 2: Health

11. How would you consider your health in general?

Excellent ..... ☐

Good ..... ☐

Acceptable ..... ☐

Poor ..... ☐

Very poor ..... ☐

12. How would you consider your health compared with that of your co-twin?

Better..... ☐

Same ..... ☐

Poorer ..... ☐

My twin is not alive ..... ☐

Don't know..... ☐

13. How would you consider your health compared with that of people your own age?

Better..... ☐

Same ..... ☐

Poorer ..... ☐

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

Yes, always ..... ☐

Yes, almost always..... ☐

Yes, occasionally ..... ☐

No, hardly ever..... ☐

No, never..... ☐

15. Diseases now and earlier in your life that have been diagnosed by a doctor

Which serious, prolonged diseases do you have now or have had previously? If a doctor has ever diagnosed you with one of the diseases mentioned below, please answer Yes and state you AGE, ***when the disease was diagnosed for the first time****. If you don't remember your exact age, please state your approximate age. Mark one box per disease.*
At the end of these questions, you may include diseases that are not pre-printed.

	Yes, have now	Yes, have had	No	**Age** when disease was diagnosed for the first time
A. Heart diseases				
Irregular heart rythms	☐	☐	☐	⌊__⌋⌊__⌋
Angina pectoris	☐	☐	☐	⌊__⌋⌊__⌋
Other heart problems	☐	☐	☐	⌊__⌋⌊__⌋
Pulmonary oedema	☐	☐	☐	⌊__⌋⌊__⌋
Medically treated hypertension	☐	☐	☐	⌊__⌋⌊__⌋
B. Clotting disorders				
Blood clot in the heart	☐	☐	☐	⌊__⌋⌊__⌋
Cerebral infarct or cerebral haemorrhage	☐	☐	☐	⌊__⌋⌊__⌋
Blood clot in the lung	☐	☐	☐	⌊__⌋⌊__⌋
Blood clot in the leg	☐	☐	☐	⌊__⌋⌊__⌋
Blood clot in the eye	☐	☐	☐	⌊__⌋⌊__⌋
C. Respiratory diseases				
Chronic bronchitis	☐	☐	☐	⌊__⌋⌊__⌋
Smoker's lungs (KOL)	☐	☐	☐	⌊__⌋⌊__⌋
Tuberculosis	☐	☐	☐	⌊__⌋⌊__⌋
D. Metabolic disorders				
Diabetes Type 1	☐	☐	☐	⌊__⌋⌊__⌋
Diabetes Type 2	☐	☐	☐	⌊__⌋⌊__⌋
Increased metabolism (Basedow)	☐	☐	☐	⌊__⌋⌊__⌋
Decreased metabolism (Myxødem)	☐	☐	☐	⌊__⌋⌊__⌋
Enlargement of the thyroid gland (struma)	☐	☐	☐	⌊__⌋⌊__⌋
Other disease in the thyroid gland	☐	☐	☐	⌊__⌋⌊__⌋

E. Cancers				
Skin cancer	☐	☐	☐	⌊__⌋⌊__⌋
Cancer, apart from skin cancer	☐	☐	☐	⌊__⌋⌊__⌋
F. Diseases in the stomach, intestines and kidneys				
Ulcer	☐	☐	☐	⌊__⌋⌊__⌋
Coeliakia (gluten intolerance)	☐	☐	☐	⌊__⌋⌊__⌋
Crohn's disease	☐	☐	☐	⌊__⌋⌊__⌋
Colitis ulcerosa (colon inflammation)	☐	☐	☐	⌊__⌋⌊__⌋
Gallstone	☐	☐	☐	⌊__⌋⌊__⌋
Kidney stone	☐	☐	☐	⌊__⌋⌊__⌋
Kidney failure	☐	☐	☐	⌊__⌋⌊__⌋
G. Neurological diseases				
Inflammation of the meninges (meningitis)	☐	☐	☐	⌊__⌋⌊__⌋
Parkinson' s disease	☐	☐	☐	⌊__⌋⌊__⌋
Epilepsy	☐	☐	☐	⌊__⌋⌊__⌋
Migraine	☐	☐	☐	⌊__⌋⌊__⌋
H. Diseased in the eye				
Cataract	☐	☐	☐	⌊__⌋⌊__⌋
Glaucoma	☐	☐	☐	⌊__⌋⌊__⌋
Calcification of the retina	☐	☐	☐	⌊__⌋⌊__⌋
J. Musculoskeletal system				
Osteoarthritis	☐	☐	☐	⌊__⌋⌊__⌋
Rheumatiod arthritis	☐	☐	☐	⌊__⌋⌊__⌋
Gout	☐	☐	☐	⌊__⌋⌊__⌋
Whiplash	☐	☐	☐	⌊__⌋⌊__⌋
Chronic fatigue syndrome	☐	☐	☐	⌊__⌋⌊__⌋
Fibromy (diffuse pains)	☐	☐	☐	⌊__⌋⌊__⌋
Herniated disc	☐	☐	☐	⌊__⌋⌊__⌋

	Yes, have now	Yes, have had	No	**Age** when disease was diagnosed for the first time
K. Mental disorders				
Depression	☐	☐	☐	└─┘─┘
Anxiety	☐	☐	☐	└─┘─┘
Nervousness syndrome	☐	☐	☐	└─┘─┘
L. Question for male respondents only				
Enlarged prostate (prostata)	☐	☐	☐	└─┘─┘
M. Other serious diseases, please specify:				
_____	☐	☐		└─┘─┘
_____	☐	☐		└─┘─┘
_____	☐	☐		└─┘─┘

16. How many biological children do you have?

Number: └─┘─┘

MALE RESPONDENTS – please go to Question 25

FEMALE RESPONDENTS PLEASE ANSWER THE FOLLOWING

17. How old were you when you had your first period?
If you do not remember, please give an approximate date.

Age: ..... └─┴─┘ years and └─┴─┘ months

Never had a period ..... ☐ *Go to Q.39*

Don't remember ..... ☐

18. If you have a twin sister, which one of you had her first period?

Me ..... ☐

My twin sister ..... ☐

At the same time (same day) ..... ☐

Don't know ..... ☐

18a. How long was there between yours and your twin sister's first period?

└─┴─┘ years └─┴─┘ months └─┴─┘ weeks └─┴─┘ days └─┘ don't know

19. How old were you when you had your last period?
If you do not remember, please give an approximate age.

Age: └─┴─┘

20. What was the reason that your periods stopped?
Please answer all the questions

	Yes	No	Year
Stopped naturally	☐	☐	└─┴─┴─┴─┘
I had my uterus removed	☐	☐	└─┴─┴─┴─┘
I had my ovaries removed	☐	☐	└─┴─┴─┴─┘
Stopped for other reasons	☐	☐	└─┴─┴─┴─┘

What other reasons?_____

21. Have you ever received hormone therapy with oestrogen at the time of or after your menopause?

Yes ..... ☐

No ..... ☐ *Go to Q.39*

22. How old were you when you received hormone therapy with oestrogen the first time?
If you don't remember, please give an approximate age.

Age: └─┴─┘

23. Do you still receive hormone therapy with oestrogen?

Yes ..... ☐ *Go to Q.38*

No ..... ☐

If "No", how old were you?

Age when therapy stopped: └─┴─┘

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

Number of years: └─┴─┘

Section 3: Lung function

COUGH AND EXPECTORATION

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

Yes, during the last 2 years or more .. ☐

Yes, but only during the last year ..... ☐

No ..... ☐

26. Have you had a cough with expectoration for at least 3 months per year?

Yes, during the last 2 years or more . ☐

Yes, but only during the last year ..... ☐

No ..... ☐

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

Yes, at least once a week ..... ☐

Yes, at least once a month ..... ☐

Yes, at least once a year ..... ☐

No ..... ☐

28. Does any of the following make you cough?
(please mark at least one box in every line)

	Yes	**No**
a) Cold weather	☐	☐
b) Smoke	☐	☐
c) Strain	☐	☐
d) Other things	☐	☐

If other things, what:

_____

ASTHMA

29. Have you now or have you had asthma?

Yes ..... ☐

No ..... ☐ *Go to Q. 47*

30. Have you had an asthma attack during the past 12 months?

Yes ..... ☐

No ..... ☐

31. Has a doctor ever told you that you have or have had asthma?

Yes ..... ☐

No ..... ☐

32. Do you presently take medication for asthma (e.g. by inhaler spray, nebuliser or tablet)

Yes ..... ☐

No ..... ☐

WHEEZY BREATHING

33. Have you ever had a wheezy breathing <u>when you were not</u> having a cold?

Yes, at least once a week ..... ☐

Yes, at least once a month ..... ☐

Yes, at least once a year ..... ☐

No ..... ☐ *Go to Q. 49*

34. Have you had a wheezy breathing <u>when you were not</u> having a cold during the past 12 months?

Yes ..... ☐

No ..... ☐

35. Have you had a wheezy breathing <u>and</u> been short of breath?

Yes, at least once a week ..... ☐

Yes, at least once a month ..... ☐

Yes, at least once a year ..... ☐

No ..... ☐ *Go to Q. 51*

36. Have you had a wheezy breathing <u>and</u> been short of breath <u>during the past 12 months</u>?

Yes ..... ☐

No ..... ☐

37. Does any of the following make you cough or give you a wheeze?
(please mark one box in every line)

	Yes	No
a) Cold weather	☐	☐
b) Smoke	☐	☐
c) Exertion	☐	☐
d) Other things	☐	☐

If other things, what:

_____

SHORTNESS OF BREATH AND PROBLEMS BREATHING

38. Have you been short of breath at any time of day when you were resting <u>during the past 12 months?</u>

Yes ..... ☐

No ..... ☐

39. Have you been short of breath after heavy exertion at any time <u>during the past 12 months</u>?

Yes ..... ☐

No ..... ☐

40. Have you woken up short of breath at any time during the past 12 months?

Yes ..... ☐

No ..... ☐

41. Are you bothered by shortness of breath when you get dressed, or are you so bothered by shortness of breath that you are unable to get out of your home?

Yes ..... ☐

No ..... ☐

42. Do you have to stop to regain your breath when you are walking <u>at your own speed</u> on even ground?

Yes ..... ☐

No ..... ☐

43. Are you getting short of breath when you walk together with other people your own age on even ground?

Yes ..... ☐

No ..... ☐

44. Are you bothered by shortness of breath when you <u>walk fast</u> on even ground or when you walk a little uphill?

Yes ..... ☐

No ..... ☐

OPPRESSION IN THE CHEST

45. Have you woken up feeling a weight on your chest at any time <u>during the past 12 months</u>?

Yes ..... ☐

No ..... ☐

Section 4: Mental well-being

*Please answer the following questions based on how you are feeling **now** compared with ½-1 year ago.*

46. Are you happy with your life as it is now?

Yes, always ..... ☐

Yes, almost always ..... ☐

Yes, occasionally ..... ☐

No, hardly ever ..... ☐

No, never ..... ☐

47. How often do you feel happy?

Most of the time ..... ☐

Occasionally ..... ☐

Never or hardly ever ..... ☐

48. Have you been feeling lonely lately?

Yes, most of the time ..... ☐

Yes, occasionally ..... ☐

No ..... ☐

49. Do you feel tense and are you more worried about trifles than you used to be?

Yes, most of the time ..... ☐

Yes, occasionally ..... ☐

No ..... ☐

50. Do you consider yourself to be nervous?

Yes ..... ☐

No ..... ☐

51. Do you feel sad, depressed or unhappy now?

Yes, most of the time ..... ☐

Yes, occasionally..... ☐

No ..... ☐

52. Do you feel like you're worth nothing at times?

Yes, mostly ..... ☐

Yes, occasionally ..... ☐

No ..... ☐

53. How do look upon your future?

Are you optimistic ..... ☐

Are you neutral ..... ☐

Are you pessimistic ..... ☐

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

Yes ..... ☐

No..... ☐

Section 5: Living habits and life style

TOBACCO

55. Do you smoke now?

Yes, more than 1 cigarette, cheroot, pipe of tobacco per day ..... ☐ *Go to Q. 63*

Yes, but less than 1 cigarette, cherool, pipe of tobacco per day ..... ☐ *Go to Q. 63*

No..... ☐

56. Did you smoke earlier?

Yes, more than 1 cigarette, cheroot, pipe of tobacco per day ..... ☐

Yes, but less than 1 cigarette, cheroot, pipe of tobacco per day ..... ☐

No ..... ☐ *Go to Q. 66*

57. When did you quit smoking?

Year: └─┴─┴─┴─┘

58. Do you inhale now (or when you were smoking)?

Yes ..... ☐

No ..... ☐

59. How much do you smoke (or did you smoke) on average per day? (please fill in every question)

Number of cigarettes with filter: ..... └─┴─┘

Number of cigarettes without filter: ..... └─┴─┘

Number of cheroots: ..... └─┴─┘

Number of cigars: ..... └─┴─┘

Number pipes of tobacco: ..... └─┴─┘

60. For how many years have you smoked regularly?

Number of whole years : └┘└┘

ALCOHOL

Please answer the following questions based on your situation during the last 6 months

61. Do you ever drink alcohol in any form?

Yes, at least once a week..... ☐

Yes, at least once a month..... ☐

Yes, but not every month..... ☐

No, never ..... ☐ *Go to Q. 69*

62. How much do you drink on average per week?
Please fill out every line with whole numbers

Numbers of beer: ..... └┘└┘

Number of strong alcoholic drinks:..... └┘└┘

Number of glasses of red wine: ..... └┘└┘

Number of glasses of white wine: ..... └┘└┘

Number of glasses of dessert wine:..... └┘└┘

63. How would you describe your alcohol consumption now compared with earlier on?

Larger than earlier on..... ☐

Same as earlier on..... ☐

Less than earlier on ..... ☐

EATING AND DRINKING HABITS

64. How much of the following do you drink on average per day?

Number of cups of coffee: ..... └─┴─┘

Number of cups of tea: ..... └─┴─┘

65. How often do you eat the following?

	Never	Once or less a month	Twice a month	Once a week	2-3 times a week	Once a day	2-3 times a day	4 or more times a day
a) Fruit	☐	☐	☐	☐	☐	☐	☐	☐
b) Raw vegetables	☐	☐	☐	☐	☐	☐	☐	☐
c) Boiled vegetables	☐	☐	☐	☐	☐	☐	☐	☐
d) Fruit juice	☐	☐	☐	☐	☐	☐	☐	☐
e) Vegetable juice	☐	☐	☐	☐	☐	☐	☐	☐

PHYSICAL ACTIVITY AND EXERCISE HABITS

Please answer the questions based on your situation during the past year.

66. How often have you exercised, done aerobic or gymnastic exercises so that you perspired and/or became short of breath?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

67. How often have you taken a brisk walk for at least 30 minutes in order to get exersice?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

68. How often have you ridden your bicycle for at least 3 km?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

69. How often have you done stretch exercises, yoga, or pilates to increase suppleness, strength and a better balance?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week..... ☐

Daily..... ☐

70. How often have you been engaged in hard physical activity at work or at home?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week..... ☐

Daily ..... ☐

71. How often have you been engaged in physically strenuous sports like tennis, running, swimming or riding a bicycle over a long distance?

Never..... ☐

One to more times a year..... ☐

One to more times a year ..... ☐

One to more times a year ..... ☐

Daily ..... ☐

INTELLECTUAL AND CULTURAL ACTIVITIES

Please answer the following questions based on your situation ***during the past year***

72. How often have you been to museums, art galleries or the like?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week..... ☐

Daily..... ☐

73. How often have you used the internet or a library or consulted an encyclopedia to find information that could answer a question or solve a problem?

Never..... ☐

One or more times a year..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

74. How often have you solved a soduko, a cross-word puzzle or the like?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

75. How often have you read a book, a news magazine or a technical report?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week..... ☐

Daily ..... ☐

76. How often have you attended a course, a study group or been to a public lecture?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

77. How often have you written a story, a report, a poem, an essay or kept a diary?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

78. How often have you gone to the cinema, the theatre or a concert?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

79. How often have you read a newspaper?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

SOCIAL ACTIVITIES

Please answer the following questions based on your situation during the last year

80. How often have you participated in a party or a social arrangement?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily..... ☐

81. How often have you been to a restaurant, to the cinema or the like together with friends or relatives?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

82. How often have you been in contact with family or friends over the phone or via mail?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

83. How often have you invited family or friends to dinner in your own home?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

84. How often have you visited friends or family in their homes?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

85. How often have you participated in association meetings or meetings in general?

Never..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

86. How often do you meet with your twin?

My twin is not alive ..... ☐

Never ..... ☐

Hardly ever..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

87. How often do you speak with your twin over the phone?

My twin is not alive ..... ☐

Never ..... ☐

Hardly ever..... ☐

One or more times a year ..... ☐

One or more times a month ..... ☐

One or more times a week ..... ☐

Daily ..... ☐

Many thanks for your help!

If you have any comments, please write them here: