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Danish Health Interview Survey 2005

**Questionnaire for personal interviews
with response frequencies**

The Danish Health Interview Survey 2005

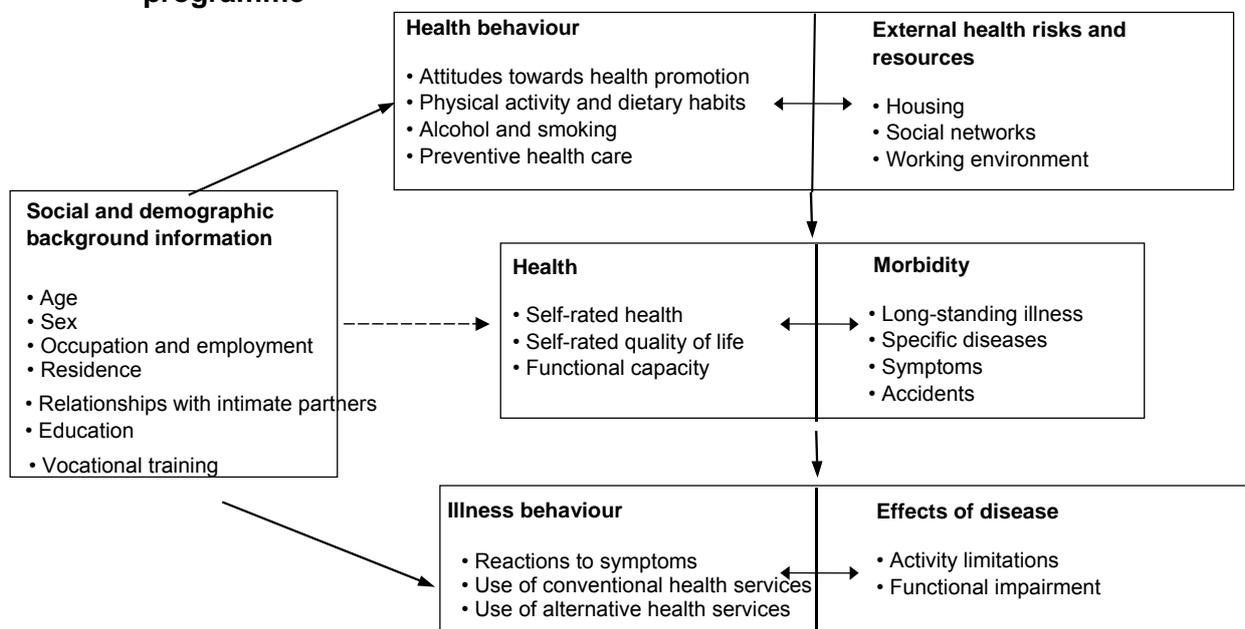
The Danish Health Interview Survey 2005 is the fourth general health and morbidity survey carried out by the National Institute of Public Health.

The purpose of the Survey is:

- to describe and monitor the current health and morbidity status of Denmark, which includes the prevalence and distribution of health; morbidity and functional impairment among the population; and the distribution of determinants of the health in the population, such as health behaviour and health habits, lifestyles, health risks in the working environment and in the ambient environment and health resources;
- to describe trends in health and morbidity in the population: the Survey has been carried out in 1987, 1994, 2000 and 2005, which allows time series and trends to be monitored;
- to collect data about health issues related to current health policy;
- to provide data to support health planning at the regional level;
- to provide data for epidemiological and public health research through the DANCOS (Danish National Cohort Study) database; and
- to provide reference material for researchers.

The Health Interview Survey 2005, like the previous surveys, is based on the following model, outlining the core elements of the Survey:

Core elements of the Danish Health Interview Survey programme



In addition to the core elements, the Survey covers several topical health and health policy issues, such as:

- children's health
- readiness for change
- nature and health
- attitudes towards sexuality and sex life
- attitudes towards pharmaceuticals
- use of psychoactive drugs
- sleeping habits
- prevalence of suicide attempts
- violence
- chronic pain
- health-related quality of life measured using the SF-36 Health Survey
- participation in pharmaceutical trials
- need for rehabilitation
- prevalence of pathological gambling
- eating disorders
- attitudes and expectations towards health.

Denmark's Ministry of the Interior and Health and the National Institute of Public Health funded the data collection.

The sample

The total sample of the 2005 Survey includes 21,832 Danish citizens 16 years or older.

The sample comprises two subsamples:

- a follow-up sample comprising the people sampled for the 1994 Survey and reinterviewed in the 2000 Survey, a total of 5787 people, with the youngest age groups being added to this subsample to make the Survey representative for all age groups; and
- a cross-sectional sample of 16,045 people stratified according to region and randomly within the regions, which ensures that responses are available from about 3000 individuals in each of Denmark's five regions (created in 2007 as part of a reform of local government structure).

Because the sampling strategy is stratified, the various samples have been weighted to produce an overall national sample.

Data collection

The data were collected from May 2005 to March 2006. The data were collected through personal face-to-face interviews in the homes of the respondents. Data were recorded by computer-assisted personal interviewing, whereas the previous surveys used paper-and-pencil personal interviewing. After completing the interview, all respondents were asked to fill in a questionnaire by themselves and return it by mail.

The total sample for the 2005 Survey was 21,832. Interviews were conducted with 14,566 individuals, a response rate of 66.7% (Table 1).

Table 1. Results of the data collection for the 2005 Survey**Sample**

	Follow-up sample		Cross-sectional sample		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Sample size	5,787		16,045		21,832	
<i>Results of the interview</i>						
Completed fully or partly	3,891	67.2	10,675	66.5	14,566	66.7
Declined to participate	1,237	21.4	3,672	22.9	4,909	22.5
Other reasons for not participating (such as illness)	659	11.4	1,698	10.6	2,357	10.8
<i>Results of the self-administered questionnaire</i>						
Fully or partly responded (percentage of the total sample)	3,024	52.3	8,214	51.2	11,238	51.5
Fully or partly responded (percentage of the respondents to the interview)	3,024	77.7	8,214	76.9	11,238	77.2

Questionnaires

The questionnaires comprise:

- 1) one questionnaire for personal interviews for the whole sample (interview questionnaire); and
- 2) a self-administered questionnaire delivered to the respondents after the personal interview was conducted that exists in two versions:
 - a) questionnaire 1, which was delivered to the first half of the sample (cross-sectional sample); and
 - b) questionnaire 2, which was delivered to the second half of the sample and all the respondents interviewed in a previous Survey received this questionnaire (follow-up sample).

This document solely includes the interview questionnaire.

Response frequencies

In the interview questionnaire, the frequency of the various response categories is presented in **boldface** for most questions. The percentage distribution is based on the weighted study population ($n = 14,566$). The distribution also includes respondents who were not asked the

question because of a filter. In this case, the reason for nonresponse or “missing” is indicated, such as “not employed”, “no illness” or “not applicable”.

“No information” indicates the respondents who did not answer a particular question.

Content of the interview questionnaire

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Section 1.

Before I ask you about your health, I would like to ask you some questions about personal information and any work you have.

1. Are you:

Male?	1	48.4
Female?	2	51.6

2. When were you born?

Write the day of birth.....

Write the month of birth

Write the year of birth..... 19

2a.

How old are you (years)?

3. What is your legal marital status?

Married	1	54.4	→ Question 5
Separated	2	0.9	
Divorced	3	7.5	
Widowed	4	7.6	
Unmarried	5	28.9	
Registered partner	6	0.7	→ Question 5

4. Are you cohabiting?

Yes	1	14.8
No	2	30.1
Not applicable		55.1

5. How many adults 16 years or older live in this household?
(Include yourself)

Write the number

5a. How many children 15 years or younger live in this household?

Write the number

6. How much school education have you had?

Attending school now.....	1	1.7	
≤7 years of school.....	2	17.6	
8–9 years of school.....	3	17.3	
10–11 years of school.....	4	31.5	
Completed post-secondary	5	30.7	
Other (including foreign schools in or outside Denmark)			6 0.6
No information		0.3	
Do not know		0.2	

7. Have you completed any vocational training or any educational programme after school? (Check all that apply)

Yes, I have completed vocational training or an educational programme after school1 **70.3**

Write which one (*If several, indicate the one with the highest level*)

I am in currently studying or in vocational training..... 1 **4.9**

Write which one: _____

No..... 1 **25.2**

8. What is your occupation?

(Main occupation)

Currently in employment

Self-employed farmer 01 **0.9**

Otherwise self-employed 02 **5.2**

Assisting spouse 03 **0.5**

Skilled worker 04 **7.1**

Unskilled worker 05 **8.1**

Salaried employee or civil servant 06 **34.6**

Other employment 07 **1.9**

Write which type: _____

Unemployed or in special employment programme.. 08 **3.3**

Under education or training

Apprentice or trainee 09 **1.9**

Student in higher education 10 **6.6**

School student 11 **1.4**

Pensioner

Old-age pensioner 12 **18.6**

Anticipatory disability pensioner..... 13 **4.2**

Other type of pension 14 **0.4**

Early-retirement pensioner..... 15 **3.4**

Other

Full-time homemaker 16 **0.5**

Long-term sickness absence (3 months or more) 17 **0.5**

Conscript..... 18 **0.0**

Receiving social assistance benefits 19 **0.3**

Receiving rehabilitation benefits	20	0.1
Other: please write here: _____	21	0.6

9. Are you engaged in active employment? (ie. are you an employee, self-employed or working without payment as a family worker).

(All types of employment count, including special employment programmes for unemployed people. There is no lower limit for the number of weekly working hours)

Yes	1	62.7	→ Filter 1
Yes, but on leave	2	1.2	→ Filter 1
No	3	36.1	

10. Have you previously been engaged in active employment? (ie. Have you previously been an employee, self-employed or working without payment as a family worker).

Yes	1	32.0
No	2	4.2
Not applicable		63.9

11. Are you 65 years or older?

Yes	1	18.5
No	2	17.7
Not applicable		63.9

Filter 1.

If the respondent has never been engaged in active employment, that is, answered no to questions 9 and 10:	1 go to question 18	4.2
If the respondent is 65 years or older and was previously employed, that is, answered yes to question 10 and yes to question 11:	2 go to question 18	17.4
If the respondent is 16–64 years old and was previously employed, that is, answered yes to question 10 and no to question 11:	3 go to question 13	14.6
Otherwise	4 go to question 12	3.9

12 How many hours per week do you usually work?

(This is the overall working time the respondent spends to perform his or her work tasks, which also includes reading and editing work at home, watching films or attending exhibitions related to work, business lunches etc. – include overtime, extra working hours and any extra job.)

Number of hours per week: _____

13. Have you been unemployed during the past 3 years?

(The respondent is unemployed if he or she says so whether any benefit was received or not.)

Yes	1	16.6	
No	2	64.5	→ Question 14
No information		0.1	
Do not know		0.1	
Not applicable		21.6	

13a. How long have you been unemployed altogether in the past 3 years?

2.5 years or more	1	2.0
≥1 year but <2.5 years	2	2.9
≥3 months but <1 year	3	5.3
<3 months	4	3.3
No information		0.2
Do not know		0.1
Not applicable		86.2

14. What is or was your occupation?

(Please be specific: such as farm owner, not just farmer; journeyman smith, not just smith; head of division in the Inland Revenue Department, not just head of division.)

15. What does or did your work comprise?

(The most important aspect of the respondent's work, such as supervising work in the warehouse, checking out customers in a shop, heading the sales department or working at a lathe)

16. Do you or did you have any subordinates or employees?

Yes	1	17.5
No	2	60.8
Do not know	8	0.1
Not applicable		21.6

17. How many subordinates or employees work or worked for you?

Write the number of subordinates or employees

18. With whom did you live when you were 14 years old?

(Check all that apply)

1. Biological father (or adoptive father or foster father)	1	83.9
2. Biological mother (or adoptive mother or foster mother)	1	91.8
3. Father's new spouse, girlfriend or partner	1	1.4
4. Mother's new spouse, boyfriend or partner	1	3.8
5. Siblings	1	65.1
6. Other adults: write who _____	1	5.3
No information		0.1

19. What were your parents' (or guardians') occupations when you were 14 years old?

Male provider (father or mother's new spouse, boyfriend or partner):

Write: _____

Female provider (mother or father's new spouse, girlfriend or partner):

Write: _____

Section 2.

I would like to ask you some questions about your health and personal well-being.

20. In general, would you say your health is:

Really good.....	1	34.5
Good	2	44.8
Fair	3	15.0
Poor	4	4.2
Very poor	5	1.3

21 Do you feel well enough to do what you want to do?

Yes, most of the time	1	80.6
Yes, occasionally	2	11.7
No (hardly ever)	3	7.6
Do not know	8	0.1

22. Do you feel stressed in your daily life?

Yes, often	1	8.7
Yes, occasionally	2	33.5
No (hardly ever)	3	57.6
Do not know	8	0.1

Section 3.

The next questions deal with long-standing and chronic diseases, disorders and illnesses.

23. Do you have any long-standing disease, disorder or illness, long-standing effects of injury, any functional impairment or any other long-standing health problem?

(Any that has lasted 6 months or more)

Yes	1	39.8	
No	2	60.0	→ Question 25
Do not know	8	0.2	

23a. First disease, disorder or illness:

1. **Which disease, disorder or illness do you have?**

Write the disease, disorder or illness: _____

2. **Where in your body is it located?**

(Explain in detail what it is)

Write where in the body: _____

3. **How many years have you had this disease, disorder or illness?**

Write the number of years

4. **Has a physician told you what it is?**

Yes 1 38.2

No 2 1.5

No information 0.1

No illness 60.2

5. **Does the disease, disorder or illness limit you in your work or usual activities?**

Yes, very much 1 9.8

Yes, a little 2 13.5

No 3 16.4

No illness 60.2

6. **Do you have any other long-standing disease, disorder or illness?**

Yes 1 13.1

No 2 26.6 → Question 24

No information 0.1

No disease, disorder or illness 60.2

23b. Second disease, disorder or illness:

1. **Which disease, disorder or illness do you have?**

Write the disease, disorder or illness: _____

2. **Where in your body is it located?**

(Explain in detail what it is)

Write where in the body: _____

3. **How many years have you had this disease, disorder or illness?**

Write the number of years

4. **Has a physician told you what it is?**

Yes 1 12.5

No 2 0.6

No information 0.1

No illness 86.8

5. **Does the disease, disorder or illness limit you in your work or usual activities?**

Yes, very much 1 3.7

Yes, a little 2 4.5

No 3 4.9

No illness 86.8

6. **Do you have any other long-standing disease, disorder or illness?**

Yes 1 3.9

No 2 9.2 → Question 24

No disease, disorder or illness 86.8

23c. Third illness:

1. **Which disease, disorder or illness do you have?**

Write the disease, disorder or illness: _____

2. **Where in your body is it located?**

(Explain in detail what it is)

Write where in the body: _____

3. **How many years have you had this disease, disorder or illness?**

Write the number of years

--

4. **Has a physician told you what it is?**

Yes 1 3.7

No 2 0.2

No illness 96.1

5. **Does the disease, disorder or illness limit you in your work or usual activities?**

Yes, very much 1 1.1

Yes, a little 2 1.3

No 3 1.5

No illness 96.1

6. **Do you have any other long-standing disease, disorder or illness?**

Yes 1 1.4

No 2 2.5 → Question 24

No disease, disorder or illness 96.1

23d. Fourth illness:

1. **Which disease, disorder or illness do you have?**

Write the disease, disorder or illness: _____

2. **Where in your body is it located?**

(Explain in detail what it is)

Write where in the body: _____

3. **How many years have you had this disease, disorder or illness?**

Write the number of years

--	--

4. **Has a physician told you what it is?**

Yes 1 **1.4**

No 2 **0.1**

No illness **98.5**

5. **Does the disease, disorder or illness limit you in your work or usual activities?**

Yes, very much 1 **0.5**

Yes, a little 2 **0.4**

No 3 **0.5**

No disease, disorder or illness **98.5**

24. Did an accident cause any of the diseases, disorders or illnesses mentioned above?

(Accidents can include road crashes, sports accidents or home accidents.)

(Check all that apply)

Yes, the first disease, disorder or illness	1	7.2
Yes, the second disease, disorder or illness.....	1	1.3
Yes, the third disease, disorder or illness	1	0.4
Yes, the fourth disease, disorder or illness	1	0.1
No	1	31.3
No disease, disorder or illness.....		60.2

25. Do you regularly or continually take any medicines?

(This means prescription or over-the-counter-medicine. Include hormone medicine but not contraceptive pills. Further, do not include vitamins, minerals or natural medicine products.)

Yes	1	39.2	
No	2	60.8	→ Question 26
No information		0.1	

**25a. If yes:
What is the name of the medicine?**

- a. First medicine, write: _____
 - b. Second medicine, write: _____
 - c. Third medicine, write: _____
 - d. Fourth medicine, write: _____
 - e. Fifth medicine, write: _____
 - f. Sixth medicine, write: _____
-

26. Think about the last time a physician prescribed medicine for you. Which description on the card best applies to what you did with the prescription?

(Show card 1)

(Check all that apply)

- | | |
|---|---|
| 1. I did not pick up the medicine from a pharmacy | 1 |
| 2. I picked up the medicine but did not take it..... | 1 |
| 3. I took some of the medicine but not all of it..... | 1 |
| 4. I took the medicine but in a different way than recommended on the package | 1 |
| 5 I took the medicine precisely as recommended on the package | 1 |
| 6. I have never been prescribed medicine | 1 |
| 7. I cannot remember the last time I was prescribed medicine..... | 1 |
| 8. Other..... | 1 |
| 88. Do not know..... | 1 |

27. Many people occasionally use medicine that was prescribed for another person. In the past year, how many times did you take medicine prescribed for another person (such as your spouse or partner)?

- | | |
|----------------------------|---|
| ≥4 times | 1 |
| 2–3 times | 2 |
| Once | 3 |
| None in the past year..... | 4 |
| Do not know..... | 8 |

28. Do you agree or disagree with the following statements? You can strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(Show card 1A)

(Check one answer in each line)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. I do not object to taking medicine for a long period of time	1	2	3	4	5
2. I am worried about becoming addicted to medicine	1	2	3	4	5
3. I always take as small doses as possible	1	2	3	4	5
4. I try to avoid using medicine	1	2	3	4	5
5. I always adjust the dosage so it is appropriate for me	1	2	3	4	5
6. I always take medicine when I am sick	1	2	3	4	5

29. How positive or negative are you towards healthy people taking medicine:

(Show card 2)

(Check one answer in each line)

	Very positive	Mainly positive	Neither positive nor negative	Mainly negative	Very negative
1. To lose weight	1	2	3	4	5
2. To reduce hair loss	1	2	3	4	5
3. To improve memory	1	2	3	4	5
4. To improve their sex life	1	2	3	4	5
5. To feel happier	1	2	3	4	5
6. To avoid test anxiety	1	2	3	4	5
7. To improve athletic performance	1	2	3	4	5

Filter 2.

If the respondent is a woman ≤55 years old:	1 Go to question 30	32.4
Otherwise:	2 Go to question 31	67.6

30. Have you ever used emergency contraception, which is used within 72 hours after unprotected sexual intercourse?

(Also called morning-after pills)

Yes, during the past year	1	0.6
Yes, before the past year	2	1.9
No, I have never taken emergency contraception	3	27.3
No information		0.5
Do not know		0.1
Not applicable		67.6

31. Here is a list of health problems, diseases, disorders and illnesses. For each of them, please state whether you have them now and whether you have had them previously.

(Show card 3 and read the health problems aloud)

If the answer is yes for any of the health problems 1–19, go to question 31a.

31a. Did the health problem, disease, disorder or illness occur for the first time during the past year?

	Yes, I have this now	31. Yes, I have had this previously	No	Do not know	31a. Did this occur for the first time during the past year?	
					Yes	No
1. Asthma	6.4	4.9	88.4	0.2	0.6	5.8
2. Allergy (not asthma)	21.0	9.9	68.5	0.5	2.0	19.0
3. Diabetes	3.9	0.6	95.3	0.1	0.6	3.2
4. Cataract	2.8	3.4	93.3	0.3	1.1	1.7
5. Hypertension (high blood pressure)	14.7	6.1	78.4	0.7	2.7	11.9
6. Heart attack (myocardial infarction) or angina pectoris	0.6	3.5	95.5	0.2	0.1	0.4
7. Stroke or cerebral haemorrhage	0.3	2.4	97.0	0.2	0.1	0.1
8. Chronic obstructive pulmonary disease (bronchitis, emphysema, smokers' lung)	3.4	2.6	93.7	0.2	0.4	3.0
9. Osteoarthritis or rheumatoid arthritis	19.6	1.4	78.2	0.7	2.5	17.1
10. Osteoporosis	2.1	0.1	97.2	0.5	0.4	1.7
11. Gastric or duodenal ulcer	1.7	5.4	92.5	0.2	0.3	1.4
12. Cancer (including leukaemia)	1.1	4.0	94.7	0.1	0.3	0.7
13. Migraine or frequent headache	11.1	12.6	76.1	0.1	1.4	9.7
14. Chronic anxiety or depression	3.8	6.9	89.0	0.2	0.8	3.0
15. Other mental disorders	2.1	3.3	94.3	0.2	0.3	1.8
16. Back disorder	15.4	9.0	75.4	0.1	1.3	14.0
17. Bladder problems (incontinence)	6.4	2.3	91.2	0.0	1.5	4.9

18. Problems with emptying your bladder	2.0	1.4	96.4	0.0	0.4	1.5
19. Tinnitus (howling or singing in the ears)	9.1	2.5	88.1	0.2	1.1	7.9
No information	0.1					

32. Have you been involved in any accident or mishap outside working hours during the past year that made it difficult for you to carry out your usual activities the day after (such as a sprained ankle, burn, being exposed to chemical poisoning etc.) ?

Yes	1	10.1	
No	2	89.8	→ Section 4
No information		0.1	

33. How many times was it a...

	No	1 accident	2 accidents	3 accidents	4 or more accidents
1. Road traffic accident?	8.2	1.6	0.2	0.0	0.0
2. Home accident?	6.6	3.2	0.2	0.0	0.0
3. Sports accident?	6.8	2.9	0.3	0.1	0.0
4. Other?	7.8	2.1	0.1	0.0	0.0
Write: _____					
No information	0.1				
Not applicable	89.8				

Section 4.

The next questions concern symptoms, pain or complaints in general. Please consider the past 2 weeks only.

34. During the past 2 weeks, have you been bothered by any of the types of pain or discomfort listed?

(Covers both new pain and discomfort, symptoms caused by chronic diseases or more constant discomfort, such as pain or discomfort in the back or lower back)

(Show cards 4 and 5 and read the types of pain and symptoms aloud)

a. **Were you very bothered or just slightly bothered?**

b. **What did you do?**

	34		34a		34b Letters from card 5 (Check all that apply)
	Yes	No information	Very bothered	Slightly bothered	
None	20.3				
1. Pain or discomfort in the shoulder or neck	32.8	0.1	11.8	21.0	
2. Pain or discomfort in the back or lower back	30.3	0.1	10.8	19.4	
3. Pain or discomfort in the arms, hands, legs, knees, hips or joints	30.5	0.1	12.5	18.0	
4. Headache	22.8	0.1	7.6	15.1	
5. Rapid palpitation	5.3	0.1	1.4	3.8	
6. Anxiety, nervousness, restlessness or apprehension	8.4	0.2	3.2	5.2	
7. Sleeping problems or insomnia	18.5	0.1	6.9	11.4	
8. Melancholy, depression, unhappiness	8.5	0.2	3.4	5.0	
9. Fatigue	28.6	0.2	9.1	19.4	
10. Stomach-ache	7.3	0.1	3.1	4.2	
11. Indigestion, diarrhoea or constipation	7.8	0.1	2.8	4.9	
12. Eczema, rash or itching	10.0	0.1	2.5	7.4	
13. Cold, rhinitis or coughing	16.6	0.1	4.8	11.7	
14. Breathing difficulty	7.7	0.2	2.8	4.8	

Card 5

- a. I did not do anything.
- b. I did something myself, such as applying heat, diet, rest or exercise.
- c. I took prescription medicine.
- d. I took over-the-counter medicine.
- e. I took natural medicine.
- f. I followed a treatment that a physician had previously prescribed (excluding medicine).
- g. I talked to a physician about it.
- h. I talked to family or friends about it.
- i. I talked to an alternative therapist or healer about it.
- j. I did something else.

Section 5.

The next questions cover any limitations in your usual daily activities due to disease, disorder, illness or injury.

35. During the past 2 weeks, has any disease, disorder, illness or injury made it difficult or impossible for you to carry out your usual daily activities? (such as work outside the home or domestic work or leisure activities)

Yes	1	13.2	
If yes, write the total number of days			<input type="text"/>
No	2	86.6	→ Question 37
No information		0.2	
Do not know		0.1	

36. Have these difficulties or limitations been long term? Long term here means that the difficulties or limitations have lasted or are expected to last 6 months or more.

Yes	1	6.7
No	2	5.8
No information		0.2
Do not know		0.8
Not applicable		86.6

36a. Which disease, disorder, illness or injury has caused the difficulty or limitation?

Illness: _____
 Illness: _____
 Illness: _____
 Illness: _____

37. Have you ever needed to change your working hours to part time, quit a job or change job or work tasks due to disease, disorder, illness or injury?

(Check all that apply)

a. Yes, worked part time	1	4.1
b. Yes, changed job or work tasks	1	6.4
c. Yes, stopped working	1	7.9
d. Yes, first changed job or work tasks and then stopped working	1	1.4

Filter 3

e. No 1 **81.4** →
No information **0.3**

37a. When was the first time this happened?

Write the year

Filter 3.

If the respondent is currently employed
 (yes to question 9) 1 Go to question 38 **62.7**
 Otherwise 2 Go to section 6 **37.3**

38. During the past 2 weeks and the past year, how many days did you have to stay home from work due to disease, disorder, illness or injury?
(Include workdays only)

a. During the past 2 weeks

(State the number of workdays during the past 2 weeks (1 week = 5 workdays). If the number is 0 workdays, write 0)

Total number of workdays:

b. During the past year (including the past 2 weeks)

(During the past year (including the past 2 weeks). If the number is 0 workdays, write 0. It has to be calculated in workdays. 1 week = 5 workdays. 1 month = 21 workdays)

Total number of workdays:

Section 6.

The next questions focus on medicine.

39. During the past 2 weeks, have you taken any of the following prescription or over-the-counter medicines?
(Show card 6. Do not read the card aloud)

	Prescription medicine	Over-the- counter medicine
No	56.6	66.1
1. Yes, cough medicine	0.6	1.3
2. Yes, asthma medicine	4.8	0.1
3. Yes, antihypertensive medicine	15.4	0.2

4. Yes, heart medicine	7.6	0.4
5. Yes, medicine for the skin	4.0	1.0
6. Yes, pain relievers for aches and pains in the muscles, bones, tendons or joints	10.3	12.9
7. Yes, other kind of pain relievers	4.2	15.3
8. Yes, sleeping pills	2.7	0.2
9. Yes, laxatives	0.7	1.2
10. Yes, sedatives or tranquillizers	4.1	0.1
11. Yes, penicillin or other antibiotics.....	2.6	0.1
12. Yes, other, write: _____	13.0	3.3
No information	0.2	0.2

40. Have you ever taken natural (or herbal) medicine?

(Typical examples are ginseng, Roseola rosea (golden or Arctic root), valerian, horsetail tea and hops. Dietary supplements (such as minerals, vitamins and fibre) should not be included. If the respondent is not sure whether something is natural medicine or dietary supplements, categorize it as natural medicine.)

Yes, during the past 2 weeks	1	15.5
Yes, during the past year	2	11.3
Yes, before the past year.....	3	19.7
No, I have never used natural medicine	4	53.0
No information		0.2
Do not know		0.4

Section 7.

The next questions focus on your contact with the general health services.

41. During the past 3 months, have you consulted a physician because of disease, disorder, illness or injury?

(Include only consultations because of your illness and not that of your children.)

(Check all that apply)

No	51.8	→ Question 42	
		Yes	Number of visits
1. Yes, my general practitioner	1	40.9	<input type="text"/>
2. Yes, a physician on call after normal hours	1	2.1	<input type="text"/>
3. Yes, a practising specialist physician	1	7.6	<input type="text"/>
4. Yes, a physician from an occupational health service	1	0.1	<input type="text"/>
5. Yes, an emergency and accident department	1	2.0	<input type="text"/>
6. Yes, an outpatient clinic	1	7.4	<input type="text"/>
7. Yes, I was hospitalized	1	2.7	<input type="text"/>
8. Yes, another type of physician	1	1.7	<input type="text"/>
No information		0.2	

41a. If the answer to question 41 is yes to your general practitioner:
How satisfied are you in general with your general practitioner?

Very satisfied.....	1	29.5
Satisfied	2	6.8
Neither satisfied nor dissatisfied.....	3	2.2
Dissatisfied.....	4	1.3
Very dissatisfied	5	0.6
No information		0.2
Do not know		0.4
Not applicable		59.0

42. Have you consulted other health care providers during the past 3 months?
("Other health care providers" includes providers within the conventional health care system such as occupational therapists or chiropodists but not alternative health care providers.)

(Show card 7. Do not read the card aloud)

(Check all that apply)

No		55.7	
	Yes		Number of times
1. Yes, a dentist	1	34.4	<input type="text"/>
2. Yes, a home nurse	1	1.5	<input type="text"/>
3. Yes, a physiotherapist	1	6.9	<input type="text"/>
4. Yes, a chiropractor	1	4.3	<input type="text"/>
5. Yes, a psychologist	1	1.8	<input type="text"/>
6. Other, write:_____	1	1.5	<input type="text"/>
No information		0.2	

43. When was the last time you had:

	During the past year	During the past 1–3 years	More than 3 years ago	Never	Do not know
<i>(Check one answer in each line)</i>					
1. Your blood pressure measured.....	57.6	19.3	17.4	4.1	1.5
2. Your vision checked or your eyes examined.....	39.1	27.3	28.9	4.0	0.5
3. A disease-preventive health check-up or health counselling with a physician.	23.4	13.5	14.8	46.9	1.2
4. Your blood cholesterol measured	26.0	10.7	9.2	51.4	2.5
No information	0.2				

44. During the past year, have you received rehabilitation:

	Yes	No	Do not know
1. Because of surgery at a hospital	2.6	97.1	0.1
2. Because of another hospital admission <i>(such as a cerebrovascular accident)</i>	0.6	99.1	0.0
3. Because of temporarily impaired physical functioning <i>(such as knee or hip surgery or a slipped disc)</i>	2.6	97.2	0.0
4. Because of permanently impaired physical functioning caused by disease or impairment <i>(such as from old-age frailty, Parkinson's disease or physical impairment)</i>	1.3	98.5	0.0
No information	0.2		

Filter 4.

If no to questions 44.1–44.4

go to question 46

95.0

Otherwise

go to question 45

4.8

No information

0.2

45. Where did the rehabilitation take place?

(Check all that apply)

1. At a hospital.....	1	2.4	
2. At a physical therapist or occupational therapist in private practice.....	1	1.5	
3. In your home.....	1	0.5	
4. At a local health centre	1	0.3	
5. At a day care centre or nursing home.....	1	0.4	
6. At another place, specify: _____		0.3	
No information		0.2	
Not applicable		95.0	

46. Did you need rehabilitation during the past year but did not receive it?

Yes.....	1	2.0	
No	2	97.6	→ Filter 5
No information		0.2	
Do not know		0.2	

47. Why did you not receive the rehabilitation you needed?

(Check all that apply)

1. The hospital did not offer it to me	1	0.7	
2. My general practitioner would not refer me.....	1	0.1	
3. There was a waiting list at the hospital or health centre	1	0.1	
4. Nobody told me about the possibility	1	0.4	
5. Excessive waiting time.....	1	0.1	
6. Had to pay for it out of pocket	1	0.3	
7. Transport problems to and from the rehabilitation centre	1	0.1	
8. Did not have the time or did not want to.....	1	0.2	
9. Other, write: _____		0.5	
No information		0.2	
Not applicable		97.8	

Filter 5.			
If the respondent is a man	1	go to question 50	48.4
If the respondent is a woman	2	go to question 48	51.6

48. When was the last time you had a Pap smear?

During the past year	1	13.6
During the past 1–3 years.....	2	16.4
More than 3 years ago	3	13.6
Never	4	7.0
No information		0.6
Do not know		0.4
Male respondent		48.4

49. When was the last time you had a mammography examination?

During the past year	1	3.9
1–3 years ago	2	5.0
More than 3 years ago	3	10.7
Never	4	31.2
No information		0.5
Do not know		0.3
Male respondent		48.4

50. Have you ever been treated by therapists outside the general health services and, for example, used any of the providers or forms of treatment listed on this card?

(Show card 7. Do not read aloud)

	Yes, in the past year	Yes, earlier	No	No information
1. Reflexology	6.1	15.3	78.4	0.2
2. Acupuncture	5.4	11.1	83.2	0.2
3. Healing and/or clairvoyance	2.4	3.6	93.8	0.2
4. Homeopathy	1.1	2.5	96.2	0.2
5. Nutritional therapy (individual dietitian).....	1.0	1.5	97.3	0.2
6. Massage, osteopathy and other manipulative therapy	13.2	8.5	78.1	0.2
7. Craniosacral therapy.....	1.5	1.7	96.6	0.2
8. Biopathy	0.2	0.7	98.8	0.2
9. Kinesiology.....	0.7	2.8	96.2	0.2
10. Other:	0.9	1.2	97.5	0.3

Write: _____

Section 8.

The next questions concern your ability to do certain things under normal circumstances. Do not include any temporary problems you may have.

51. Do you use any aids to manage in your daily life? Such as glasses, contact lenses, hearing aid, cane or wheelchair?

(Check all that apply)

No	1	30.7
1. Yes, glasses or contact lenses	1	67.8
2. Yes, hearing aid	1	5.1
3. Yes, cane, crutches or a walker	1	4.2
4. Yes, wheelchair	1	0.8
5. Yes, other	1	2.0

write: _____

No information **0.2**

Filter 6.			
If the respondent is 60 years or older.....	28.7	→	Question 52
Otherwise.....	71.3	→	Section 9

52. Can you usually do the following activities with no difficulty, with minor difficulty, with major difficulty or not at all?

	Yes, with no difficulty	Yes with minor difficulty	Yes, with major difficulty	Not at all	No information	Do not know
1. Read ordinary newspaper print? (with glasses if normally worn)	25.5	1.8	0.5	0.6	0.2	0.0
2. Hear what is said in a normal conversation between three people or more (with hearing aid if normally worn)	20.6	5.8	1.7	0.5	0.1	0.0
3. Walk 400 metres without resting? <i>(On a flat road, not hilly)</i>	22.6	2.5	1.3	2.1	0.1	0.1
4. Walk up and down a staircase from one floor to another without resting?	22.2	3.1	1.6	1.5	0.1	0.1
5. Carry 5 kg? (such as a shopping bag)	22.1	2.6	1.3	2.3	0.1	0.2
6. To be completed by interviewer:	27.7					
Speaks with no difficulty	0.8					
Speaks with minor difficulty	0.1					
Speaks with major difficulty	0.1					
No information	71.3					
Under 60 years						

53. Can you do the following things without difficulty, with difficulty, with help or not at all:

(Check one answer in each line)

	Yes, without difficulty	Yes, with difficulty	Yes, but I need help	I cannot do it on my own even if I get help	No information	Do not know
1. Get dressed and put my shoes on	26.2	1.7	0.5	0.2	0.1	0.0
2. Get in and out of bed	26.8	1.4	0.2	0.2	0.1	0.0
3. Travel by bus or train	24.5	1.0	1.3	1.1	0.2	0.6
Under 60 years	71.3					

Section 9.

Now I would like to ask you some questions about your teeth and dental health.

54. Almost all adults have had some teeth extracted. How many of your own teeth do you have left?

(Adults have 28 teeth + four wisdom teeth, which not are included here. The reply "All my teeth left" is therefore also used if any wisdom teeth have been extracted)

No teeth left	1	6.5
0–9 teeth left	2	4.3
10–19 teeth left	3	6.7
20 or more teeth left.....	4	34.7
All my teeth left	5	47.4
No information		0.2
Do not know		0.1

55. Have you been consulting a dentist for regular (at least once a year) dental check-ups during the past 5 years?

Yes	1	79.3
No, but have consulted a dentist 3–4 times during the past 5 years	2	5.8
No, but have consulted a dentist once or twice during the past 5 years	3	6.4
No, I have not consulted a dentist for the past		

5 years	4	8.0
No information		0.3
Do not know		0.2

Section 10.

The next questions cover your contact with other people and your housing conditions.

- 56. How often do you meet your family, friends and acquaintances?**
("Meet" means only personal contact and not telephone contact. "Family" means family members with whom you do not live.)

		A Family	B Friends and acquaintances
Daily or almost daily	1	16.2	23.3
Once or twice a week	2	43.5	43.8
Once or twice a month	3	29.4	25.8
Not as often	4	10.0	6.0
Never	5	0.6	0.8
No information		0.2	0.2
Do not know		0.0	0.1

- 57. If you get ill, can you rely on help from other people for practical problems?**
("Other people" means people with whom the respondent is not living: part of the person's private network and not public services)

Yes, definitely	1	81.9
Yes, perhaps	2	10.7
No	3	5.8
No information		0.2
Do not know		1.4

- 58. Are you ever alone even though you would prefer to be together with other people?**

Yes, often	1	3.2
Yes, once in a while	2	13.6
Yes, but rarely	3	12.9
No	4	69.7
No information		0.2
Do not know		0.3

59. Do you have anybody to talk to when you have problems or need support?

Yes, always	1	86.4
Yes, most of the time	2	8.5
Yes, sometimes.....	3	2.2
No, never or almost never.....	4	2.4
No information		0.2
Do not know		0.3

60. Does any of your family members or friends demand too much of you in your daily life?

Yes, always.....	1	1.4
Yes, most of the time	2	2.0
Yes, sometimes.....	3	9.5
No, never or almost never.....	4	86.6
No information		0.3
Do not know		0.2

61. How often do you participate in activities in an association or organization or in other leisure activities together with other people?

(For example: sports clubs, cultural associations, evening classes, parish work, residents' associations, grassroots movements)

Several times a week	1	26.7
About once a week	2	22.3
One to three times a month.....	3	12.5
Rarely.....	4	15.6
Never	5	22.7
No information		0.2
Do not know		0.1

62. During the past 2 weeks, have you been bothered by any of the following conditions or problems in your home?

(Show card 9. Do not read aloud)

	Yes, slightly bothered	Yes, very bothered	No	Do not know
1. Too high or too low temperature or draught or cold along the floor	8.9	2.4	88.2	0.1
2. Odour or stuffy air.....	3.4	1.1	95.1	0.0
3. Noise from road traffic.....	5.7	2.1	91.9	0.0
4. Noise from installations (such as pipes, radiators or refrigerators).....	2.9	0.7	96.2	0.0
5. Noise from neighbours	2.9	90.7	0.0	
6. Noise from nearby business activities	1.3	0.7	97.7	0.0
7. Vibration of the building (such as due to road traffic).....	2.3	0.7	96.6	0.0
8. Odour from nearby wood stoves	2.5	0.9	96.3	0.0
9. Odour from road traffic.....	1.4	0.4	97.8	0.0
10. Odour from other known sources (such as garbage, sewage or manure)	4.9	1.3	93.5	0.0
No information	0.3			

Filter 7.

If the respondent is currently employed (yes to question 8)

Otherwise

1 go to section 11

2 go to section 12

62.7

37.3

Section 11.

The next questions focus on your work.

63. How often do you have insufficient time to complete all your tasks at work?

Always	1	4.9
Often	2	11.7
Occasionally	3	13.4
Rarely	4	15.9
Never or almost never	5	16.3
No information		0.2
Do not know		0.1
Not employed		37.3

64. How often does your work cause emotionally stressful situations for you?

Always	1	0.9
Often	2	7.9
Occasionally	3	16.5
Rarely	4	18.5
Never or almost never	5	18.6
No information		0.2
Do not know		0.2
Not employed		37.3

65. How often are you able to influence what you do at work?

Always	1	30.3
Often	2	21.0
Occasionally	3	5.3
Rarely	4	3.3
Never or almost never	5	2.4
No information		0.2
Do not know		0.2
Not employed		37.3

66. How meaningful is your work?

Very meaningful.....	1	34.6
Meaningful	2	21.8
Somewhat meaningful	3	4.8
Slightly meaningful.....	4	0.8
Not at all meaningful	5	0.3
No information		0.2
Do not know		0.2
Not employed		37.3

67. How often do you receive help and support from your immediate supervisors?

(The category "not applicable" should be used for self-employed people or others without supervisors.)

Always	1	17.7
Often	2	15.5
Occasionally	3	10.9
Rarely	4	7.2
Never or almost never	5	3.0
Not applicable	6	8.0
No information		0.2
Do not know		0.3
Not employed		37.3

68. Do you and your colleagues cooperate well?

(The category "not applicable" should be used for people who do not have colleagues.)

Always	1	17.7
Often	2	15.5
Occasionally	3	10.9
Rarely	4	7.2
Never or almost never	5	3.0
Not applicable	6	8.0
No information		0.2
Do not know		0.3
Not employed		37.3

69. Do you have good future potential in your job?

Very definitely.....	1	15.3
Definitely	2	20.8
Somewhat	3	11.8
Not very much.....	4	6.6
Not at all.....	5	4.0
No information		0.8
Do not know		3.5
Not employed		37.3

70. Does your management appreciate and acknowledge your work?

(The category "not applicable" should be used for self-employed people or others without supervisors.)

Very highly	1	18.4
Highly	2	25.3
Somewhat	3	8.3
Slightly	4	2.0
Not at all.....	5	1.1
Not applicable	6	6.6
No information		0.2
Do not know		0.8
Not employed		37.3

71. Are you worried that you will become unemployed?

Yes	1	6.3
No	2	55.3
No information		0.2
Do not know		0.8
Not employed		37.3

72. Are you often (more than twice a week) exposed to any of the following factors at work?

(The exposure does not have to influence the whole workday but must be an important factor in how the respondent experiences the daily work.)

(Check one answer in each line)

	Yes	No	No information	Do not know
1. Vigorous shaking and vibration that affect your hands?	4.5	57.9	0.2	0.0
2. Vigorous shaking and vibration that affect your body?	3.1	59.4	0.2	0.0
3. Working while bent over or in a twisted position?	19.9	42.4	0.2	0.1
4. Repetitive motion?	3.5	38.9	0.2	0.1
5. Heavy objects (at least 10 kg) to be carried or lifted?	19.8	42.6	0.2	0.1
6. Noise such that you have to raise your voice when speaking to other people?	20.1	42.3	0.2	0.1
7. Cold at the workplace?	11.3	50.9	0.3	0.1
8. Intense heat at the workplace?	12.7	49.5	0.4	0.2
9. Draught at the workplace?	13.7	48.5	0.3	0.1
Not employed	37.3			

73. Are you exposed to environmental tobacco smoke at work?

Yes, daily	1	13.5
Write how many hours: <input type="text"/>		
Yes, occasionally	2	6.9
No (never)	3	42.0
No information		0.2
Do not know		0.2
Not employed		37.3

74. How would you describe the physical strain of your main occupation?

(Show card 10)

Mainly sedentary work that does not require any physical effort	1	24.5
Work that is largely performed standing or walking but otherwise does not require any physical effort	2	18.4
Standing or walking work with much lifting or carrying	3	16.7
Heavy or rapid work that is strenuous	4	2.4
No information		0.3
Do not know		0.4
Not employed		37.3

75. How much of your daily transport time are you walking or cycling? Transport time means time used for commuting to work or school or other education.

First I will ask you to answer about summertime and then wintertime.

(This also includes running, roller-skating, skateboarding, etc. if it is part of daily transport.)

	Summer	Winter
0–14 minutes.....	44.3	46.9
15–29 minutes.....	8.6	7.9
30–59 minutes.....	6.1	4.9
1 hour or more.....	2.5	1.7
No information	0.8	0.9
Do not know	0.4	0.5
Not employed	37.3	37.3

76. During the past year, have you been involved in one or more occupational accidents during working hours that resulted in your absence from work apart from the day of the accident?

(Occupational accident means a mishap or accident in connection with carrying out work. Traffic accidents in connection with work are also included, such as bus driving.)

(If no accidents write "00")

Write the number of accidents

77. Have fixed rules been established for smoking at your workplace?

Yes 1 **43.9**
No 2 **17.7** → Question 78

No information **0.3**
Do not know **0.7**
Not employed **37.3**

77a. If yes:

What do the rules say? *(Check all that apply)*

- 1. No smoking is allowed indoors 1 **16.8**
- 2. Smoking is allowed in designated areas only 1 **22.1**
- 3. Smoking is limited to certain occasions or times 1 **3.3**
- 4. Other smoking rules 1 **3.4**

Write: _____

No information **0.4**
Not employed **37.3**
Not applicable **18.4**

78. Have fixed rules been established for alcohol use at your workplace?

Yes 1 **41.1**
No 2 **16.9** → Section 12

No information **0.3**
Do not know **4.4**
Not employed **37.3**

78a. If yes:

What do the rules say? *(Check all that apply)*

- a. Alcohol use is not allowed during working hours1 **28.3**
- b. Use of alcohol is limited to certain occasions or times 1 **13.8**
- c. Other alcohol rules 1 **0.7**

Write: _____

No information **0.6**
Not employed **37.3**

Not applicable

21.3

Section 12.

The next questions concern your health habits.

79. Do you believe that you can do anything to stay healthy?

My own efforts are very important	1	70.3
My own efforts are important	2	23.7
My own efforts have some importance	3	4.2
No, I do not think so	4	0.7
No information		0.3
Do not know		0.9

79a. Do you do anything to stay healthy or improve your health?

No, nothing	1	11.9	→	Question 81
No, I have tried but gave it up	2	2.0	→	Question 81
Yes, I do	3	85.1		
No information		0.3		
Do not know		0.7		

80. What do you do to stay healthy or to improve your health?

(Check all that apply)

1. I do not do anything special	1	1.3
2. I exercise or am physically active	1	70.9
3. I eat healthy food	1	59.2
4. I eat less	1	6.0
5. I do not smoke	1	26.0
6. I try to quit smoking or smoke less	1	3.7
7. I do not drink alcohol.....	1	3.1
8. I try to limit my alcohol consumption	1	12.7
9. I try to live with less stress	1	14.6
10. I try to get enough sleep	1	17.5
11. I keep in touch with family, friends and acquaintances	1	21.3
12. Other, write: _____	1	10.0
No information		0.3
Not applicable		14.6

81. Where do you seek help and advice about your health habits?

(Show card 11)

(Check all that apply)

Do not seek help and advice	1	39.1
1. My general practitioner	1	20.3
2. Other health professionals, such as a nurse, physical therapist or dentist	1	7.7
3. Alternative health care provider	1	4.7
4. Friends and family	1	25.8
5. My work	1	9.1
6. The Internet	1	19.5
7. Radio and TV	1	21.6
8. Newspapers, books and brochures	1	32.8
9. Other places, write: _____	1	1.9
No information		0.4

Section 13.

The next questions concern physical activity.

82. How many days a week are you physically active more than 30 minutes? Include moderate or vigorous physical activity where you increase your respiration, such as sports activities, strenuous gardening, walking rapidly, cycling at a moderate or rapid speed or physically strenuous work. Include work and leisure.

(The respondent should answer according to his or her current situation.)

0 days a week.....	0	10.9
1 day a week	1	5.4
2 days a week.....	2	9.8
3 days a week.....	3	10.7
4 days a week.....	4	7.2
5 days a week.....	5	12.8
6 days a week.....	6	5.7
7 days a week.....	7	36.6
No information		0.4
Do not know		0.6

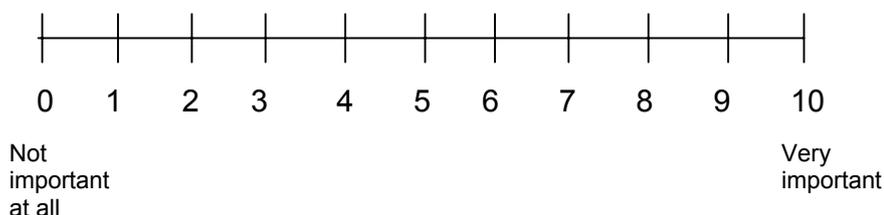
83. If we look back at the past year, what would you say best describes your leisure activities?

(Show card 12)

Heavy exercise and competitive sports regularly and several times a week	1	4.1
Exercise or heavy gardening at least 4 hours a week	2	22.4
Walking, biking or other light exercise at least 4 hours a week (include Sunday excursions, light gardening and cycling or walking to work)	3	59.6
Reading, watching TV or other sedentary activity	4	12.9
No information		0.5
Do not know		0.5

**84. How important is it for you to be physically active at leisure?
Rate this on a scale from 0 to 10, where 0 is “not important at all” and 10 is “very important”**

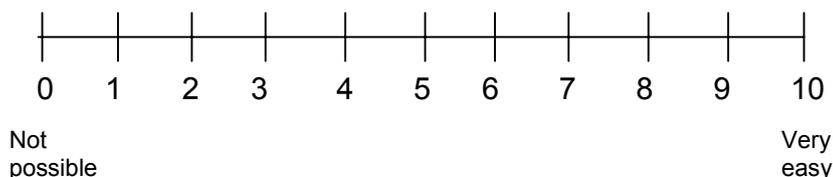
(Show card 13)



85. If you decided to be more physically active in your leisure time, do you think you could accomplish it?

Rate this on a scale from 0 to 10, where 0 is “Do not believe this is possible” and 10 is “I believe this would be very easy”.

(show card 14)



86. What kind of help would you prefer if you wanted to become more physically active in your leisure time?

(Show card 15)

1. Physical activity free of charge, such as publicly subsidized exercise schemes prescribed by a physician	1	11.7
2. Opportunities for physical activity at work.....	1	12.8
3. Shorter distance to sports facilities	1	6.2
4. Help and support from my family	1	7.0
5. The opportunity to be physically active together with other people who also want to take part in sports and be physically active.....	1	25.3
6. Help from my general practitioner	1	1.9
7. Help from other health professionals	1	1.6
8. The exercise can take place in my home	1	8.6
9. Other, write _____	1	4.5
10. Do not need help	1	50.3
No information		0.5

87. Do you know what the National Board of Health recommends for physical activity?

(Until 1999, the National Board of Health recommended 4 hours of physical activity a week to positively affect health. The recommendation has since changed to 30 minutes of physical activity a day.

When the interviewer asks about the content of the recommendation, the interviewer must not indicate or mention the correct answer).

Yes.....	1	49.9	
No	2	49.2	→ Section 14
No information		0.3	
Do not know		0.6	

**87a. If yes:
What does the recommendation say?**

That people should be physically active more than 30 minutes a day	1	47.6
That people should be physically active more than 4 hours a week	2	0.8
Other, write: _____	3	1.0
Do not know	8	0.6
No information		0.3
Not applicable		49.8

Section 14.

The next questions concern your consumption of beer, wine and spirits.

88. How many standard alcoholic drinks did you consume each day last week? You may answer in the categories beer, white wine, red wine, fortified wine and spirits. Let us start with yesterday:

	Beer	White wine	Red wine	Fortified wine	Spirits
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

1 bottle of beer = 1 drink

1 glass red or white wine = 1 drink

1 glass of fortified wine = 1 drink

1 glass of aquavit = 1 drink

1 bottle of strong beer = 1.5 drinks

1 bottle of red or white wine = 6 drinks

1 bottle of fortified wine (70 cl) = 10 drinks

1 bottle of spirits (75 cl) = 25 drinks

Filter 8.

If the respondent has consumed more than one standard drink in the past week:

1	go to question 90	77.3
2	go to question 89	22.6

1 standard drink = 12 grams of alcohol

89. Have you consumed any alcohol during the past year?

Yes.....	1	17.3	
No	2	5.2	→ Section 15
Do not know	8	0.0	→ Section 15

No information	0.2
Not applicable	77.3

90. How much of your alcohol intake do you consume during meals?

None	1	13.8
One fourth	2	11.3
Half.....	3	13.3
Three fourths.....	4	22.0
All	5	33.4
No information		0.4
Do not know		0.5
Have not consumed alcohol in the past year		5.2

91. How many times during the past month have you consumed 5 alcoholic drinks or more at one time?

(Write the highest amount the respondent mentions. For example, if he or she says 5–6 times then write 6. If he or she says 0, write 0.)

Number of times:

If 0 times, go to question 93

92. In which situations in the past month have you consumed 5 alcoholic drinks or more at one time?

(Check all that apply)

1. At home, alone	1	1.6
2. At home, together with family or friends.....	1	15.2
3. Visiting family or friends.....	1	16.2
4. At parties	1	32.4
5. At work.....	1	1.0
6. At a café, restaurant, discothèque or concert	1	7.2
7. In connection with leisure activities.....	1	2.0
8. On the street, in a park, at a beach or other places outside.....	1	0.8
No information		0.3
Have not consumed alcohol in the past year		5.2
Not applicable		45.9

93. How often do you drink alcohol?

(Beer, strong beer, fortified wine, spirits or alcopops (alcoholic soda drinks))

Less than once a month	1	14.1
1–3 times a month.....	2	22.6
1–2 times a week	3	29.0
3–4 times a week	4	11.9
5–7 times a week	5	16.7
No information		0.3
Do not know		0.1
Have not consumed alcohol in the past year		5.2

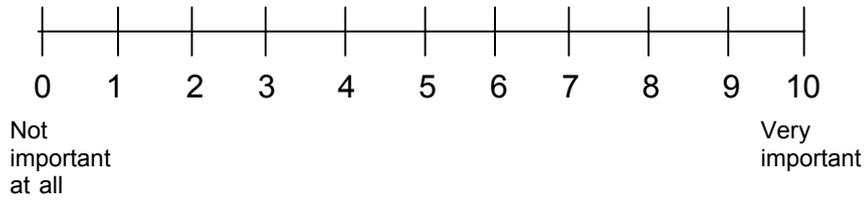
94. In which situations do you usual drink alcohol?

(Check all that apply)

1. At home, alone	1	11.3
2. At home, together with family or friends.....	1	71.2
3. Visiting family or friends.....	1	64.0
4. At parties	1	67.8
5. At work.....	1	4.2
6. At a café, restaurant, discothèque or concert	1	23.0
7. In connection with leisure activities.....	1	6.6
8. On the street, in a park, at a beach or other places outside.....	1	2.5
No information		0.4
Have not consumed alcohol in the past year		5.2

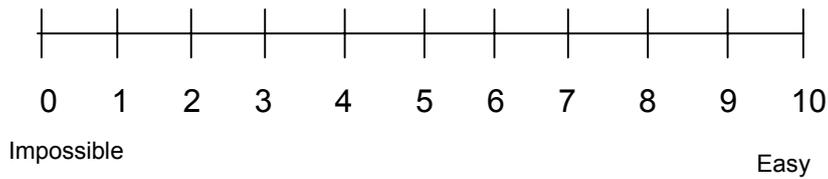
-
95. **How important do you think it is for you to reduce your alcohol intake?
Rate this on a scale from 0 to 10, where 0 is “not important at all” and 10 is
“very important”.**

(Show card 13)



-
96. **If you decided to reduce your alcohol intake, do you think you could accomplish it?
Rate this on a scale from 0 to 10, where 0 is “impossible” and 10 is “easy”.**

(Show card 14)



97. What kind of help would you prefer if you wanted to reduce your alcohol intake?

(Show card 16)

(Check all that apply)

1. Contact with an alcohol addiction treatment centre	1	2.4
2. Antabuse® treatment (perhaps free of charge)	1	1.1
3. Prohibition on alcohol consumption at work.....	1	0.6
4. Help and support at work.....	1	1.4
5. Help and support from my family	1	8.1
6. The opportunity to do this together with others who also want to reduce their alcohol intake	1	2.5
7. Help from my general practitioner.....	1	3.3
8. Help from other health professionals	1	0.6
9. Other, write: _____	1	0.5
10. Do not want help	1	81.9
No information		0.4
Have not consumed alcohol in the past year		5.2

Section 15.

The next questions concern your smoking habits.

98. Do you smoke daily?

Yes	1	29.6	→ Question 103
No	2	70.1	
No information		0.3	

99. Do you smoke occasionally?

Yes, at least once a week	1	1.8
Yes, rarely	2	4.3
No	3	64.0
No information		0.3
Smoke daily		29.6

100. How much do you smoke a week on average?

(Write the number for each)

a. **Number of cigarettes weekly**

b. **Number of cheroots weekly**

c. **Number of cigars weekly**

d. **Number of grams of pipe tobacco (a week)**

101. Have you ever smoked daily?

Yes	1	28.3	
No	2	41.8	→ Filter 9
No information		0.3	
Daily smoker		29.6	

102. How much did you smoke a day on average when you were a daily smoker?

(Write the number for each)

- | | | | |
|--|----------------------|---|--------------|
| 1. Number of cigarettes daily | <input type="text"/> | → | Question 104 |
| 2. Number of cheroots daily | <input type="text"/> | → | Question 104 |
| 3. Number of cigars daily | <input type="text"/> | → | Question 104 |
| 4. Number of grams of pipe tobacco (daily) | <input type="text"/> | → | Question 104 |

103. How much do you smoke a day on average?

(Write the number for each)

- | | |
|--|----------------------|
| 1. Number of cigarettes daily | <input type="text"/> |
| 2. Number of cheroots daily | <input type="text"/> |
| 3. Number of cigars daily | <input type="text"/> |
| 4. Number of grams of pipe tobacco (daily) | <input type="text"/> |

104. How old were you when you started smoking?

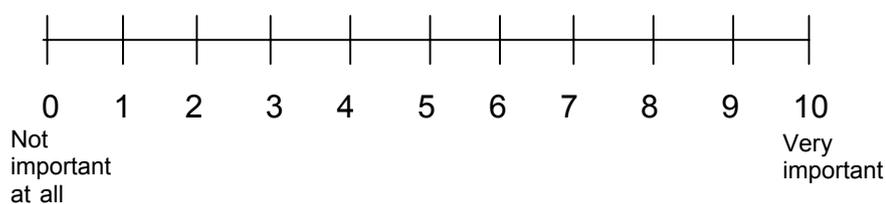
Write age (in years):

Filter 9.

If the answer to question 98 is “yes” or “yes, at least once a week” to question 99:	Go to question 105	31.5
Otherwise:	Go to question 108	68.5

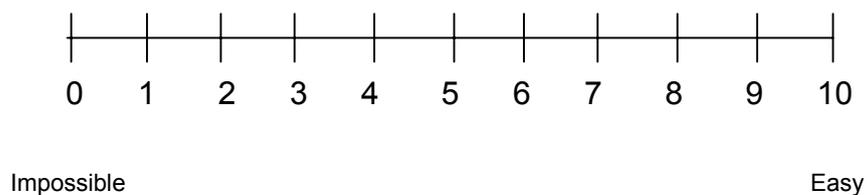
-
- 105. How important is it for you to quit smoking?
Rate this on a scale from 0 to 10, where 0 is “not important at all” and 10 is “very important”.**

(Show card 13)



-
- 106. If you decided to quit smoking, do you think you could accomplish it?
Rate this on a scale from 0 to 10, where 0 is “impossible” and 10 is “easy”.**

(Show card 14)



107. What kind of help would you prefer if you wanted to stop smoking?

(Show card 17)

(Check all that apply)

1. Nicotine gum or other nicotine replacement therapy (perhaps free of charge)	1	6.3	
2. Smoking cessation programme (perhaps free of charge)	1	6.1	
3. Help and support at work	1	1.7	
4. Prohibiting smoking at work	1	1.8	
5. Help and support from family	1	5.8	
6. The opportunity to do it together with others who are also quitting smoking	1	5.0	
7. Help from my general practitioner	1	3.1	
8. Help from other health professionals	1	1.1	
9. Help from alternative therapist, such as acupuncturist or hypnotist (perhaps free of charge)	1	5.6	
10. Other, write: _____	1	0.7	
11. Do not need help	1	14.1	
No information		0.1	
Not applicable		68.5	

108. Does anyone smoke indoors in your home?

Yes, daily	1	32.5	
Yes, occasionally but not daily	2	24.8	
No, never	3	42.4	→ Section 16
No information		0.3	

109. Where do people smoke in your home?

All over	1	13.8	
In common rooms, such as the living room, kitchen or utility room.....	2	39.9	
In non-common rooms, such as a work or study room or bedroom.....	3	3.5	
No information		0.4	
Do not know		0.1	
Not applicable		42.4	



110.	Does anyone smoke in your home (in the same room) when children are present?		
	Yes.....	1	30.1
	No	2	25.2
	No information		0.5
	Do not know		1.8
	Not applicable		42.4

Section 16.

The next questions focus on your dietary habits.

111. How often do you usually eat the following:

(Cooked vegetables also include stir-fried vegetables and microwaved vegetables.)

	Never, very rarely	Less than once a week	Once a week	A few times a week	Almost every day	Every day or several times a day	Do not know
1. Potatoes	2.7	6.1	9.4	35.6	35.7	10.2	0.0
2. Fibre-rich bread and cereals	3.5	1.4	1.6	6.7	18.4	68.1	0.1
3. Cooked vegetables	4.3	5.5	9.0	31.4	29.9	19.8	0.1
4. Green salad or other raw vegetables	7.0	8.3	9.6	28.2	26.9	19.7	0.1
5. Fruit, such as apples, bananas, oranges	4.7	5.2	5.7	13.7	20.1	50.4	0.0
6. Fish for dinner	20.3	35.0	28.4	14.3	1.3	0.4	0.1
7. Dietary supplements (such as vitamins, minerals or fibre products)	50.2	2.5	0.9	3.1	8.0	34.7	0.2
No information	0.3						

112. How often do you spread butter or margarine (including low-fat spreads) on the pumpernickel bread you eat?

Always	44.8
Most of the time	5.2
About half the time	3.9
Occasionally	11.6
Never	33.2
I do not eat pumpernickel bread	0.9
Do not know	0.0
No information	0.3

112a. How often do you spread butter or margarine (including low-fat spreads) on the white or whole-wheat bread you eat?

Always	51.0
Most of the time	7.1
About half the time	4.6
Occasionally	15.4
Never	19.9
I do not eat white or whole-wheat bread	1.7
Do not know	0.0
No information	0.3

113. How tall are you?

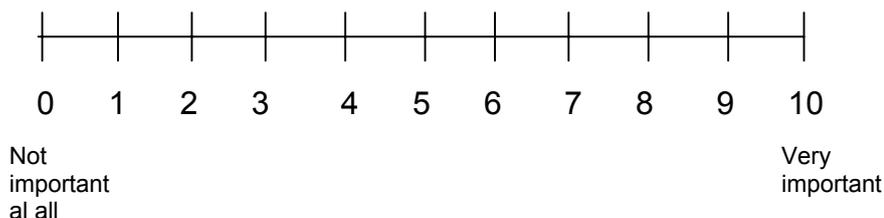
Write your height in cm

114. How much do you weigh?

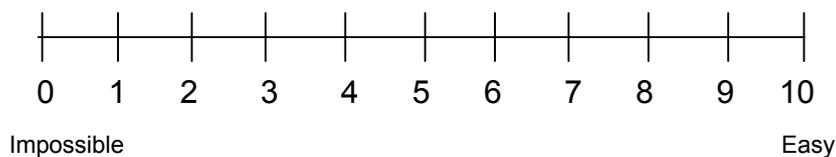
Write your weight in kg

**115. How important do you think it is to change your weight?
Rate this on a scale from 0 to 10, where 0 is “not important at all” and 10 is “very important”.**

(Show card 13)



**116. If you decided to change your weight, do you think you could accomplish it?
Rate this on a scale from 0 to 10, where 0 is “impossible” and 10 is “easy”.**
(Show card 14)



117. Do you want to lose or gain weight?

To lose weight.....	1	47.8	
To gain weight.....	2	6.2	
Do not want to change my weight	3	45.2	→ Section 17
No information		0.4	
Do not know		0.4	

118. What kind of help would you prefer if you wanted to change your weight?

(Show card 18)

(Check all that apply)

1. Free dietary counselling.....	1	11.8
2. Free dietary programme	1	6.4
3. Free exercise programme.....	1	9.4
4. Help and support from family.....	1	10.6
5. The opportunity to do it together with others who also want to change their weight	1	10.7
6. Help from my general practitioner.....	1	4.5
7. Help from other health professionals	1	2.3
8. Help from a psychologist	1	1.4
9. Other, write: _____	1	1.7
10. Do not want help.....	1	25.2
No information		0.5
Not applicable		45.6

Section 17.

The next questions are about the health of your children.

**119. How many of your children aged 15 years or younger live at home?
This include your children and your spouse's or partner's children 15 years
or younger who live at home.**

Number

Filter 10.

If the number in question 119 is 0:	Go to section 18	72.8
If the number in question 119 is greater than 0:	Go to question 120	27.2

120. I would like to know the sex and date of birth for each of these children aged 15 years or younger living at home. Let us start with the oldest one.

	Boy	Girl	Age	Birthday
Oldest child	1	2	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> First name: _____
Second oldest child	1	2	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> First name: _____
Third oldest child	1	2	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> First name: _____
Fourth oldest child	1	2	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> First name: _____

121. Has...(the oldest child) been sick during the past 2 weeks?

- Yes..... 1
 No..... 2 → Question 122

121a. What was the matter with...(the child)?

(Show card 19)

(check all that apply)

1. Infection (such as cold, influenza, middle-ear infection or other kind of fever)..... 1
 2. Disease of childhood (such as chickenpox)..... 1
 3. Asthma or allergy 1
 4. Gastrointestinal disease (such as stomach-ache, diarrhoea, vomiting or appendicitis) 1
 5. Headache or migraine 1
 6. Cystitis or other urinary tract disease 1
 7. Disease in the muscles, bones or joints not caused by injuries 1
 8. Injuries, such as burns, sprains or ruptures 1
 9. Other 1
- Write: _____

121b. What effects did the illness have?

(Show card 20)

(check all that apply)

- | | | |
|----|---|---|
| 1. | The child stayed home from school or child-care centre | 1 |
| 2. | The child consulted a physician or the parents had telephone contact with a physician | 1 |
| 3. | The child was treated by an alternative health care provider | 1 |
| 4. | The child was hospitalized | 1 |
| 5. | No effects | 1 |

122. During the past 2 weeks, did...(the oldest child) have any of the following symptoms:

- | | Yes | No | Do not know |
|--|-----|----|-------------|
| 1. Cold | 1 | 2 | 8 |
| 2. Headache | 1 | 2 | 8 |
| 3. Stomach-ache..... | 1 | 2 | 8 |
| 4. Back pain..... | 1 | 2 | 8 |
| 5. Earache or discharge from the ear | 1 | 2 | 8 |
| 6. Skin rash, eczema or itching..... | 1 | 2 | 8 |
| 7. Abdominal pain or
menstrual problems
(only posed for girls older
than 10 years)..... | 1 | 2 | 8 |

123. During the past 2 weeks, did...(the oldest child) take any of the following types of prescription or over-the-counter medicine?

(Show card 21)

(check all that apply)

- | | Prescription medicine | Over-the-counter medicine |
|---|-----------------------|---------------------------|
| 1. No | 1 | 1 |
| 2. Yes, cough medicine | 1 | 1 |
| 3. Yes, medicine for asthma or allergy | 1 | 1 |
| 4. Yes, painkillers | 1 | 1 |
| 5. Yes, sleeping medicine or tranquillizers | 1 | 1 |
| 6. Yes, penicillin or other antibiotics | 1 | 1 |
| 7. Yes, other: specify _____ | 1 | 1 |

8. Do not know 1 1

124. Has...(the oldest child) ever used natural or herbal medicine?

(Do not include vitamins)

Yes, during the past 2 weeks 1
Yes, during the past year..... 2
Yes, before the past year 3
No, the child has never used natural or herbal
medicine..... 4

125. During the past year, how would you rate the health status of...(the oldest child)?

(Show card 12)

The child has been healthy all the time 1
The child has been sick on a few occasions but has
otherwise been completely healthy 2
The child has been sick on a few occasions and has
also had symptoms or been in poor health
in between..... 3
The child has been sick most of the time 4

126. Does...(the oldest child) have any long-standing disease, disorder or illness, long-standing effects of injury, any functional impairment or any other long-standing health problem?

Yes 1
No 2

→ Question 127

126a. First disease, disorder or illness:

1. Which disease, disorder or illness does the child have?

Write the disease, disorder or illness: _____

2. Has a physician told you what it is?

Yes 1
No 2

3. Does...(the child) have any other long-standing disease, disorder or illness?

- Yes 1
No 2

→ Question 127

126b. Second disease, disorder or illness:

1. Which disease, disorder or illness does the child have?

Write the disease, disorder or illness: _____

2. Has a physician told you what it is?

- Yes 1
No 2

3. Does...(the child) have any other long-standing disease, disorder or illness?

- Yes 1
No 2

→ Question 127

126c. Third disease, disorder or illness:

1. Which disease, disorder or illness does the child have?

Write the disease, disorder or illness: _____

2. Has a physician told you what it is?

- Yes 1
No 2

3. Does...(the child) have any other long-standing disease, disorder or illness?

- Yes 1
No 2

→ Question 127

126d. Fourth disease, disorder or illness:

1. Which disease, disorder or illness does the child have?

Write the illness: _____

2. Has a physician told you what it is?

- Yes 1
 No 2

127. Did...(the oldest child) have one or more of the following congenital malformations at birth?

(Show card 23)

127a. If yes:

Is....(the child) very limited or only slightly limited in his or her activities of daily living?

	127. Congenital malformations?		127a. Is the child limited in his or her activities of daily living?		
	Yes	No	Yes, very	Yes, slightly	No
1. Congenital heart disease or circulatory disease.....	1	2	1	2	3
2. Oral cleft	1	2	1	2	3
3. Congenital brain damage or damage to spinal marrow or nerves	1	2	1	2	3
4. Congenital malformation of the digestive system or abdominal wall	1	2	1	2	3
5. Congenital malformation of the urinary tract or sexual organs	1	2	1	2	3
6. Congenital malformation of the arms, legs, hands or feet	1	2	1	2	3
7. Chromosome defect	1	2	1	2	3
8. Other congenital malformation, describe _____	1	2	1	2	3

128. Does...(the oldest child) have any of the following disabilities or impairments in functioning?

(Show card 24)

	Yes	No	Do not know or the child is too young
1. Severe speech impairment.....	1	2	8
2. Deafness or severely impaired hearing	1	2	8
3. Blindness or severely impaired vision.....	1	2	8
4. Cerebral palsy	1	2	8
5. Developmental disability (such as Down syndrome or the effects of encephalitis)	1	2	8
6. Other	1	2	8

129. During the past year, did...(the oldest child) have allergy or hypersensitivity?

(Show card 25)

(check all that apply)

- | | |
|--|---|
| 1. No | 1 |
| 2. Allergic rhinitis, itchy eyes (such as
hayfever) related to certain seasons..... | 1 |
| 3. Allergic reactions, itchy eyes not
related to certain seasons..... | 1 |
| 4. Asthma | 1 |
| 5. Asthmatic bronchitis..... | 1 |
| 6. Atopic or allergic dermatitis..... | 1 |
| 7. Other..... | 1 |

129a. Is...(the child) 5 years or younger?

- | | | | |
|----------|---|---|---------------|
| Yes..... | 1 | → | Question 130a |
| No | 2 | → | Question 132a |

130a. For how long was...(the oldest child) exclusively breastfed?

≥6 months	1	
≥3 months but <6 months.....	2	
<3 months	3	
Not breastfed at all	4	→ Question 131
Is still exclusively breastfed	5	→ Question 131
Do not know	8	

130b. For how long was...(the oldest child) breastfed overall?

≥12 months	1
≥9 months but <12 months.....	2
≥6 months but <9 months.....	3
≥3 months but <6 months.....	4
<3 months	5
Not breastfed at all	6
Is still exclusively breastfed	7
Do not know	8

131. How is...(the oldest child) cared for on weekdays?

At home by parents or others	1
With other family (such as grandparents).....	2
In a day nursery	3
In a general child-care centre.....	4
In a nature or outlying child-care centre	5
In private child care	6
In an age-integrated child-care centre.....	7
Other	8

132. Was...(the oldest child) taken care of outside the home on a daily basis during his or her first year of life?

Yes, in family child care	1
---------------------------------	---

- Yes, in a child-care centre..... 2
- Yes, in both family child care and
a child-care centre 3
- No 4
- Do not know 8

132a. Is...(the oldest child) 4 years or older?

- Yes..... 1 —> Question 133
- No 2 —> Filter 11

133. Please look at these silhouette drawings from 1 to 7: which one does...(the oldest child) most look like?

(Show card 26)

- 1
- 2
- 3
- 4
- 5
- 6
- 7

134. How often are you physically active together with...(the oldest child), such as walking, biking, swimming, playing football or the like?

- Daily or almost daily 1
- 1–2 times a week 2
- 1–3 times a month..... 3
- Less than once a month 4
- The child is not old enough 5

135. How many days during a normal week does...(the oldest child) go to school or kindergarten by foot, cycle, rollerblades, skateboard or scooter?

Never	0
1 day	1
2 days	2
3 days	3
4 days	4
5 days	5
The child is not old enough	6

136. How many hours a week does...(the oldest child) participate in sports or exercise outside school?

0 hours a week.....	1
1–2 hours a week.....	2
3–4 hours a week.....	3
≥5 hours a week.....	4

137. How often does...(the oldest child) have dinner together with the rest of the family?

Every day	1
5–6 days a week	2
3–4 days a week	3
<3 days a week	4
Do not know	8

138. How many weekdays a week does...(the oldest child) have breakfast at home?

Every day	1
4 days a week	2
3 days a week	3
2 days a week	4
Once a week	5

Never or hardly ever.....	6
Do not know	8

Filter 11.

Questions 121–138 are posed for each child 15 years or older living at home (see question 120), thus comprising questions 139–156, 157–174 and 175-192.

Section 18.

Finally, I would like to ask some questions on personal matters and your financial situation.

193. Were you born in Denmark?

Yes	1	96.4	→ Question 194
No	2	3.4	
No information		0.2	

193a. If no:

Where were you born? _____

193b. When did you move to Denmark?

--	--	--	--

194. Were both your parents born in Denmark?

(People who were adopted should answer based on their relationship with their adoptive family in Denmark)

Yes, both	1	92.8	→ Question 196
No, only one of them	2	4.0	
No, neither of my parents	3	2.7	
No information		0.3	
Do not know		0.1	

194a. If no, where were your parents born?

(People who were adopted should answer based on their relationship with their adoptive family in Denmark)

Country of birth of your mother: _____

Country of birth of your father: _____

195. Which language do you usually speak in your home?

Danish..... 1 5.3

Other language 2 0.8

Write the language here: _____

Danish and another language in
equal proportions 3 0.6

No information 0.3

Not applicable 92.9

196. Are you insured by the voluntary complementary health insurance company “danmark”?

Yes, group 1 1 7.2

Yes, group 2 2 3.8

Yes, group 5 3 16.1

Yes, group 8 (basic insurance) 4 2.7

Yes, but I cannot remember which group 5 8.4

No 6 59.9

No information 0.4

Do not know 1.6

**197. Are you covered by any type of supplementary health insurance?
(For example, insurance that covers treatment, admission or surgery at
private hospitals or awards a fixed sum in case of life-threatening illness?)
(Show card 27)**

(Check all that apply)

1. Yes, through my membership in “danmark”
health insurance group 1 or 2 or as a group 5
member with extended treatment and surgery
coverage 1 10.4

2. Yes, I am covered by other supplementary health
insurance that, for example, pays for treatment,
admission or surgery at private hospitals..... 1 10.1

3. Yes, I am covered by supplementary care
and treatment insurance that, for example,
covers expenses for recreation,
alcohol-dependence treatment, home care etc. 1 1.9

4. Yes, I am covered so that I receive payment of a
fixed lump sum in case of life-threatening illness
(not functionally limiting), such as cancer or
cardiovascular disease 1 16.4

5. No, I am not covered by any supplementary health insurance	1	63.4	→	Question 198
6. Do not know which type of insurance	1	3.5		
7. Do not know whether I am insured	1	2.5	→	Question 198
No information		0.6		

197a. Who pays for the supplementary insurance scheme?

I pay myself	1	24.1
Employer (my own or my spouse's)	1	13.0
Trade union	1	2.6
Write who: _____	1	1.0
No information		0.7
Not applicable		65.9

198. During the past year, how often have you had difficulty paying your bills?

Every month	1	1.1
About half the months of the year	2	1.3
A few months	3	6.2
Never	4	90.7
No information		0.5
Do not know		0.2

199. What was *your* total gross income in 2004 before taxes and deductions?

199a. What was the total income of your *household* in 2004 (before taxes and deductions)?

(Household means the people registered in question 5)

(Show card 28)

	Individual income	Household income
No income	1.1	0.3
<DKK 50,000	4.1	0.5
DKK 50,000–99,000	9.8	2.8
DKK 100,000–199,000.....	25.2	13.1
DKK 200,000–299,000.....	25.5	12.7
DKK 300,000–399,000.....	16.6	11.4
DKK 400,000–499,000.....	6.2	11.0
DKK 500,000–599,000.....	2.6	12.9
DKK 600,000–699,000.....	1.4	9.0
DKK 700,000–799,000.....	0.8	5.8
DKK 800,000–899,000.....	0.4	3.3
DKK 900,000–999,000.....	0.2	2.0
≥DKK 1 million	0.8	3.9
Do not want to answer	1.2	1.6
Do not know	3.3	8.7
No information	0.7	1.1

200. Do you have any comments to add to this interview?

201. The researchers at the National Institute of Public Health are considering contacting the people interviewed once more to see how things are going. Will you permit us to contact you again for a second interview?

Yes	1	97.1
No	2	2.2
Do not know		0.4
No information		0.3

Section 19.

Thank you for the interview. Here is a questionnaire, and I will kindly ask you to complete it when I leave. When you have completed it, please send it back to us in this stamped and pre-addressed envelope.

To be filled out by the interviewer without asking the interviewee:

202. Accommodation type:

Institution.....	0	0.6
High-rise building (≥8 floors or more).....	1	0.9
Apartment building (≥5 apartments).....	2	21.0
A two-, three- or four-family house	3	4.2
Single-family house.....	4	51.2
Linked courtyard or townhouse	5	11.9
Farm.....	6	7.4
Other, write _____	7	1.9
No information		1.0
