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## **The Danish Health and Morbidity Survey 2000**

**Questionnaire for personal interview  
with response frequencies**

**National sample – Follow-up sample – Supplementary sample**

## The Health and Morbidity Survey 2000

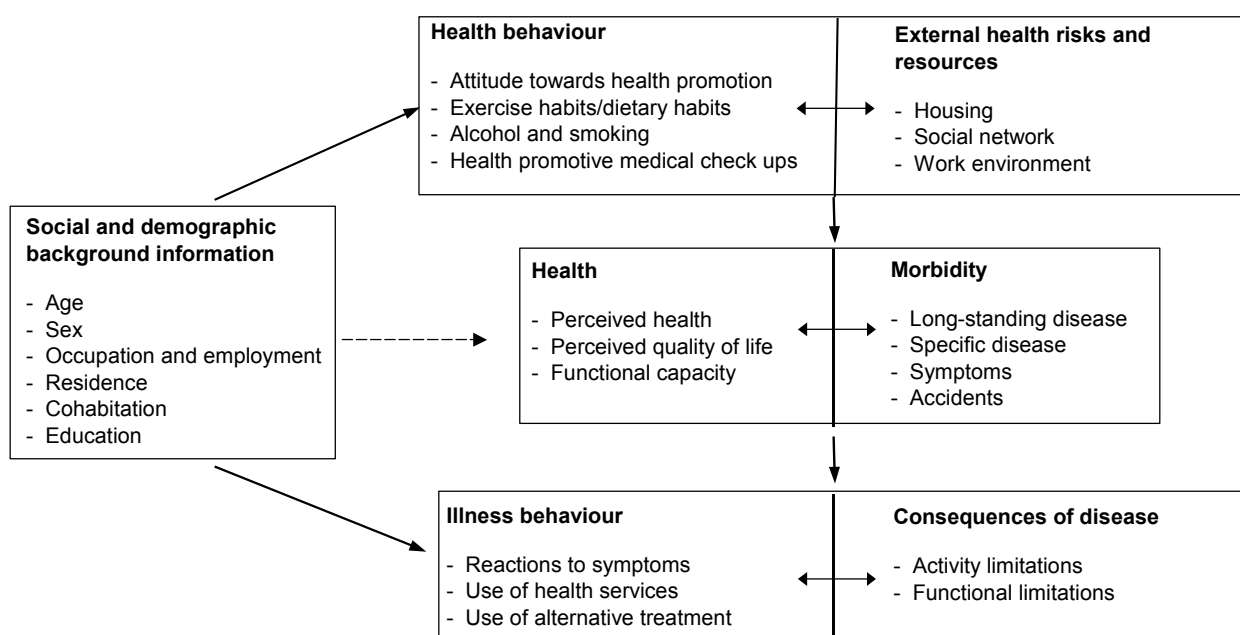
The National Health Interview Survey 2000 is the third general health and morbidity survey carried out by the National Institute of Public Health.

The purpose of the survey is:

- to describe the prevalence and distribution of health and morbidity of the population. The description does not only comprise prevalence and distribution of illness, morbidity and functional disability, but also prevalence and distribution of factors influencing the health conditions, e.g. health behaviour and health habits, life style, health risks at work and in the environment, together with health resources
- to describe the development in health and morbidity of the population. Comparison with previous health interview surveys makes it possible to create time series
- to provide a baseline for the evaluation of the Government Public Health Programme
- to provide a valid data material to be used in the health planning of individual county councils and in analyses of geographical variations in health condition and health behaviour etc. Data from approx. 1000 respondents in each county have been collected for this purpose
- to provide reference material for local health profiles and local health planning
- to provide the basis for research-based analyses of health and morbidity

The health and morbidity survey 2000 is – as are the previous surveys – based on the following model showing the core elements of the survey:

### Core element of the Danish Health Interview Survey Program



Apart from the core elements the survey covers a number of topical health and health political issues, e.g.:

- child health
- exposure to significant environmental factors
- housing hygiene and health
- prevalence of patients' complaints
- consequences for dental status and dental care in growing age of various types of dental care plans
- use of euphoriant
- prevalence of risk factors for eating disorders
- prevalence of allergy
- prevalence of suicide attempts
- prevalence of violence
- prevalence of chronic pain
- health related quality of life measured by means of SF-36 and the WHO index of well-being
- attitude towards sexuality and sex life
- attitude towards medication
- prevalence of HIV-testing
- prevalence of supplementary health insurance
- DALY (disability adjusted life years)
- citizens' involvement

Please see the list of contents page 6.

The survey has been financed by the National Institute of Public Health and the Danish Ministry of the Interior and Health.

## **The Sample**

The Health and Morbidity Survey 2000 is based on a much bigger sample than previous surveys – the sample comprised a total of 22,486 individuals.

The sample consists of three sub-samples:

- a nationally representative sample of a total of approx. 6,000 individuals corresponding to the surveys carried out earlier in 1987 and 1994
- a follow-up sample based on the entire 1994-sample – a total of approx. 6,000 individuals. In order to be representative for all age groups this sub-sample was supplemented by the youngest age groups and by Danish citizens from other countries of origin than Denmark
- a supplementary county stratified sample (extra sample) to ensure that response is available from approx. 1,000 individuals in each county.

In all the three samples the individuals were randomly sampled irrespective of sex, age, ethnic origin etc. The only factor selected being the county of which the individual was a citizen.

The national sample as well as the follow-up sample may each be said to be nationally representative as the distribution at county level is expected to be the same as at national level. But the supplementary county sample means that the distribution of the total sample or part thereof involving this sample is uneven compared to the distribution in Denmark as a whole. This is because extra many individuals were required in small counties and only a few extra in big counties to ensure that 1,000 individuals were interviewed in each county.

To make up for this unevenness a weighting has been made. The overall principle of the weighting has been that within each county the individuals must weigh the same no matter for which sample they were selected. Also, the weighting was made on the basis of the number of selected individuals in the sample, not on the basis of the number of individuals interviewed. As in the previous health and morbidity surveys there has been no weighting for non-response. For further details on sampling and weighting see also Davidsen M, Kjølner M: The Danish Health and Morbidity Survey 2000 - Design and Analysis. *Statistics in transition* 2002;5(6):927-42.

### The data collection

The survey comprises Danish citizens 16 years old or more. The data collection was made in three rounds in February, May and September 2000 respectively. Each round comprised approx. one third of each sample. The data collection was made by personal interviews which took place in the homes of the respondents. After the interview all respondents were also given a questionnaire for themselves to fill in and return.

The total sample in the health and morbidity survey is 22,486 individuals. Interview was achieved of 16,690 individuals – which is a response rate of 74.2% - see the table below.

**Table 1. The result of the data collection**

#### Sample

	National sample		Follow-up sample		Supplementary sample		Total	
	No.	%	No.	%	No.	%	No.	%
Sample size	5,802		5,912		10,772		22,486	
<i>Result of interview</i>								
Completed fully or partly	4,357	75.1	4,334	73.3	7,999	74.3	16,690	74.2
Refused to participate	1,263	21.8	1,371	23.2	2,408	22.4	5,042	22.4
Other reasons for not participating (illness etc.)	182	3.1	207	3.5	365	3.4	754	3.4
<i>Result of self-administered questionnaire</i>								
Fully/partly answered according to the sample	3,820	65.8	3,662	61.9	6,796	63.1	14,278	63.5
Fully/partly answered according to the no. interviewed	3,820	87.7	3,662	84.5	6,796	85.0	14,278	85.5

### The questionnaire

Originally an interview questionnaire and a self-administered questionnaire were designed for each sample. There have been minor changes, additions etc. to the questionnaires of each sample with each data collection round. That means that a total of nine interview questionnaires and nine self-administered questionnaires have been designed.

The present questionnaire is an edited version for the personal interview questionnaires used.

The overall/combined interview questionnaire is based on the questionnaire to the national sample. Questions asked only in the follow-up and/or the supplementary sample have been added to the overall/combined interview questionnaire corresponding to where the questions were in the original questionnaire. As regards the 'additional' questions, it is specifically stated from which sample they originate, and the question number is followed by a capital letter (e.g. 28A, 28B etc.).

## **Response frequencies**

Response frequencies are only presented for questions asked in all three samples. As regards the questions relating to children (questions 95-113), only responses concerning the eldest child are shown.

Responses to the individual questions are marked in **boldface** type for each response category. The percentage is based on the weighted study population (N=16,690). This also includes cases where a question should not have been answered by all respondents or where it is not asked in all three samples. In this case, the percent of persons who were not asked a particular question is provided, as well as the reason why, e.g. "not asked in the first round", "not actively employed", "no illness", or "irrelevant".

"No information" refers to the percentage of respondents that have not replied to a particular question.

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### Questionnaire for personal interviews

### Questions

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#### General background information

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#### Children's morbidity

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94 -113

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To be filled out by the interviewer without asking:

Accommodation type:

Institution .....	0	<b>0.7</b>
High-rise building (i.e. 8 floors or more) .....	1	<b>0.7</b>
Apartment building (at least 5 apartments) .....	2	<b>22.5</b>
A two, three or four-family house .....	3	<b>5.3</b>
Single-family house .....	4	<b>49.3</b>
Linked. courtyard or townhouse .....	5	<b>11.6</b>
Farm.....	6	<b>7.2</b>
Other, write: _____	7	<b>2.1</b>
<b>No information</b>		<b>0.6</b>
<b>Don't know</b>		<b>0.1</b>

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Is the accommodation situated near a road with heavy traffic?

Yes .....	1	<b>37.1</b>
No .....	2	<b>62.3</b>
<b>No information</b>		<b>0.6</b>
<b>Don't know</b>		<b>0.1</b>

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Sex:

Man .....	1	<b>49.1</b>
Woman .....	2	<b>50.9</b>

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**Text 1: Before I ask you about your health, I would like to ask you some questions about your private life and your work.**

**1. When were you born?**

Write the day .....

Write the month .....

Write the year ..... 19

**2. What is your legal marital status?**

Married .....	1	<b>51.3</b>	→ Ques.4
Separated .....	2	<b>1.0</b>	
Divorced .....	3	<b>7.1</b>	
Widow (widower) .....	4	<b>8.1</b>	
Unmarried .....	5	<b>32.0</b>	
Registered couple .....	6	<b>0.5</b>	→ Ques.4
<b>No information</b>		<b>0.1</b>	

**3. Are you cohabitating with someone, but not married?**

Yes .....	1	<b>15.4</b>
No .....	2	<b>32.2</b>
<b>No information</b>		<b>0.6</b>
<b>Irrelevant</b>		<b>51.8</b>

**4. How many adults at the age of 16 years or older live in this household?  
(Include yourself)**

Write the number .....

**4a. How many children at the age of 15 years or younger live in this household?**

Write the number .....



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**5. What school education do you have?**

School attendant .....	1	1.3
7 years of schooling or less.....	2	21.2
8-9 years of schooling .....	3	18.0
10-11 years of schooling .....	4	32.6
Post-secondary .....	5	26.2
Other (including foreign schools) .....	6	0.7
<b>No information</b>		<b>0.1</b>

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**6. Have you completed any vocational training or education?**

Yes, I have completed or am currently in training ...	1	71.5
No .....	2	28.4

→ Ques. 7

**6a. Which?**

*(If several. indicate the highest)*

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

No training .....	00	0.1
Semi-skilled worker .....	01	1.0
Basic vocational training or business school (1st year).....	02	1.8
Further vocational training .....	03	33.8
Other training .....	04	8.3
Higher education, less than 3 years .....	05	6.8
Higher education 3-4 years .....	06	12.1
Higher education, more than 4 years .....	07	7.5
<b>No information</b>		<b>0.2</b>
<b>Don't know</b>		<b>0.1</b>
<b>Irrelevant</b>		<b>28.4</b>

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**7. What is your occupation?**

Self-employed farmer .....	01	1.1
Otherwise self-employed .....	02	5.1
Assisting spouse .....	03	0.6
Skilled worker .....	04	5.7
Unskilled worker .....	05	9.4
Salaried employee. civil servant .....	06	35.5
Apprentice. trainee .....	07	2.4
Student .....	08	6.4
Pupil .....	09	2.3
Pensioner .....	10	20.3
Housewife .....	11	0.8
Unemployed/under activation .....	12	3.5
On early retirement allowance .....	13	3.9
Long-standing illness (3 months or more) .....	14	0.6
Conscript .....	15	0.1
On social security benefits .....	16	0.5
On rehabilitation benefits. ....	17	0.4
Other .....	18	1.4
<b>No information</b>		<b>0.0</b>

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**8. Are you engaged in active employment?**

Yes .....	1	63.7	→ Ques. 10
Yes, but on leave .....	2	1.0	→ Ques. 10
No .....	3	35.3	

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**9. Have you previously been engaged in active employment?**

Yes .....	1	<b>31.2</b>
No .....	2	<b>4.1</b>
<b>In active employment</b>		<b>64.7</b>

**Filter 1.**

If respondent has never been actively employed, i.e. no to question 8 and 9 .....	1	<b>4.1</b> → Ques.19
If respondent is 65 years or older and has previously been employed, i.e. yes to question 9 .....	2	<b>15.9</b> → Ques.19
If respondent is 16-64 years and has previously been employed i.e. yes to question 9 .....	3	<b>15.4</b> → Ques.12
Otherwise .....	4	<b>64.7</b> → Ques.10

**10. How is your present employment? Are you permanently employed, temporarily employed, project employed, paid hourly or other?**

*(Check as many as apply)*

a. Permanent employment .....	1	<b>47.7</b>
b. Temporary .....	1	<b>1.5</b>
c. Project employment/contracted (time limited) .....	1	<b>1.7</b>
d. Paid by the hour .....	1	<b>7.3</b>
e. Other type of employment .....	1	<b>1.1</b>
f. Independent. assisting spouse .....	1	<b>6.4</b>
If other type of employment, write which: _____	1	

<b>No information</b>		<b>0.6</b>
<b>Not actively employed</b>		<b>35.3</b>

**11. How many hours a week do you usually work?**

*(Include overtime. extra hours, extra work and homework)*

Number of hours per week : \_\_\_\_\_

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**12. Have you been unemployed within the past 3 years?**

Yes .....	1	15.1	
No .....	2	64.7	→ Ques. 13
<b>No information</b>		<b>0.2</b>	
<b>Never employed or 65+ years and previously employed</b>		<b>20.0</b>	

**If yes:**

**12a. How long have you been unemployed altogether in the past 3 years?**

2½ years or more .....	1	2.0	
1-2½ years .....	2	2.7	
3 months – 1 year .....	3	5.8	
Less than 3 months .....	4	4.5	
<b>No information</b>		<b>0.3</b>	
<b>Never employed or 65+ years and previously employed</b>		<b>20.0</b>	
<b>Irrelevant</b>		<b>64.7</b>	

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**13. Do you receive any type of pension?**

Yes .....	1	6.8	
No .....	2	73.0	→ Ques. 15
<b>No information</b>		<b>0.2</b>	
<b>Never employed or 65+ years and previously employed</b>		<b>20.0</b>	

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**14. Which type of pension do you receive?**

*(Check as many as apply)*

a. Old age pension (e.g. regular pension. pension from pensions fund, civil service pension) .....	1	1.4	
b. Health related early retirement pension (e.g. previously called "disablement benefits"). Write what: .....	1	4.2	
c. Early retirement, that isn't health related. Write what: _____	1	0.3	
d. Other, write what: _____	1	1.1	
<b>No information</b>		<b>0.2</b>	
<b>Never employed or 65+ years and previously employed</b>		<b>20.0</b>	
<b>Irrelevant</b>		<b>73.0</b>	

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**15. What is/was your occupation?**  
(Please be specific: e.g. farm owner, not just farmer; journeyman smith, not just smith; head of the Inland Revenue Department, not just head of department.)

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**16. What does/did your work consist of?**  
(The most essential in the respondent's work, e.g. head of work in the store, shop assistant, head of the sales department, work at a lathe)

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**17. Do you/did you have any subordinates/employees?**

Yes .....	1	<b>20.0</b>	
No .....	2	<b>59.6</b>	→ Ques. 19
Don't know .....	8	<b>0.1</b>	→ Ques. 19
<b>No information</b>		<b>0.3</b>	
<b>Never employed or 65+ years and previously employed</b>		<b>20.0</b>	

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**18. How many subordinates/employees work/worked for you?**

Write number of subordinates/employees .....

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**19. Who did you live with when you were 14 years old?**

(Check as many as apply)

a. Biological father (adoptive father, foster father) .....	1	<b>85.1</b>
b. Biological mother (adoptive mother, foster mother) .	1	<b>93.3</b>
c. Father's new spouse/girlfriend/partner .....	1	<b>0.9</b>
d. Mother's new spouse/boyfriend/partner .....	1	<b>2.8</b>
e. Siblings .....	1	<b>62.3</b>
f. Other adults .....	1	<b>5.5</b>
<b>No information</b>		<b>0.1</b>

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

Male caretaker (father, mother's new spouse/boyfriend/partner):

Write: \_\_\_\_\_

Female caretaker (mother, father's new spouse/girlfriend/partner):

Write: \_\_\_\_\_

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**Text 2: I would like to ask you some questions about your health and personal well-being.**

**21. How do you rate your present state of health in general?**

Really good .....	1	<b>35.3</b>
Good .....	2	<b>42.6</b>
Fair .....	3	<b>16.0</b>
Bad .....	4	<b>4.5</b>
Very bad .....	5	<b>1.6</b>
<b>No information</b>		<b>0.0</b>

**From questionnaire from the follow-up sample**

**21A. Compared to 5 years ago, has your state of health improved or deteriorated?**

Improved .....	1	
Unchanged .....	2	
Deteriorated .....	3	
Don't know .....	8	

**21B. If improved or deteriorated:**  
 What is the main reason for the change?  
 Write: \_\_\_\_\_

**22. Do you feel well enough to do what you want to do?**

Yes, most of the time .....	1	<b>80.8</b>
Yes, occasionally .....	2	<b>11.2</b>
No (hardly ever) .....	3	<b>7.9</b>
Don't know .....	8	<b>0.1</b>
<b>No information</b>		<b>0.1</b>

**23. Do you suffer from stress in your everyday life?**

Yes, often .....	1	<b>8.0</b>
Yes, occasionally .....	2	<b>35.6</b>
No (hardly ever) .....	3	<b>56.0</b>
Don't know .....	8	<b>0.3</b>
<b>No information</b>		<b>0.1</b>

**Text 3: The next questions deal with long-standing and chronic illness.**

**24. Do you suffer from any long-standing illness, long-standing aftereffect from injury, any disability or other long-standing condition?**

- Yes ..... 1 **41.1**
- No ..... 2 **58.9** → Ques. 25

**24a. 1st illness:**

**a. Which illness or condition do you suffer from?**

Write which illness: \_\_\_\_\_

**b. Where in your body is it located? (Explain in detail what it is).**

Write where in the body: \_\_\_\_\_

**c. For how many years have you suffered from this illness/condition?**

Write number of years .....

**d. Has a doctor told you what it is?**

- Yes ..... 1 **39.2**
- No ..... 2 **1.8**
- No information** **0.2**
- No illness** **58.9**

**e. Are you restricted by the illness in your work/usual activities?**

- Yes, very much ..... 1 **10.0**
- Yes, a little ..... 2 **15.1**
- No ..... 3 **15.8**
- No information** **0.2**
- No illness** **58.9**

**f. Do you suffer from any other long-standing illnesses?**

- Yes ..... 1 **12.5**
- No ..... 2 **28.6** → Ques. 25
- No illness** **58.9**

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**24b. 2nd illness:**

a. **Which illness or condition do you suffer from?**

Write which illness: \_\_\_\_\_

b. **Where in your body is it located? (Explain in detail what it is).**

Write where in body: \_\_\_\_\_

c. **For how many years have you suffered from this illness/condition?**

Write number of years .....

d. **Has a doctor told you what it is?**

Yes ..... 1 **12.0**

No ..... 2 **0.4**

**No information** **0.1**

**No illness** **87.5**

e. **Are you restricted by the illness in your work/usual activities?**

Yes, very much ..... 1 **3.4**

Yes, a little ..... 2 **4.6**

No ..... 3 **4.3**

**No information** **0.1**

**No illness** **87.5**

f. **Do you suffer from any other long-standing illnesses?**

Yes ..... 1 **3.8**

No ..... 2 **8.7**

**No illness** **87.5**

→ Ques. 25



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**24c. 3rd illness:**

a. **Which illness or condition do you suffer from?**

Write which illness: \_\_\_\_\_

b. **Where in your body is it located? (Explain in detail what it is).**

Write where in the body: \_\_\_\_\_

c. **For how many years have you suffered from this illness/condition?**

Write number of years ..... 

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d. **Has a doctor told you what it is?**

Yes ..... 1      **3.6**

No ..... 2      **0.1**

**No illness** ..... **96.2**

e. **Are you restricted by the illness in your work/usual activities?**

Yes, very much ..... 1      **1.3**

Yes, a little ..... 2      **1.4**

No ..... 3      **1.1**

**No illness** ..... **96.2**

f. **Do you suffer from any other long-standing illnesses?**

Yes ..... 1      **1.1**

No ..... 2      **2.7**

**No illness** ..... **96.2**

→ Ques. 25

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**24d. 4th illness:**

a. **Which illness or condition do you suffer from?**

Write which illness: \_\_\_\_\_

b. **Where in your body is it located? (Explain in detail what it is).**

Write where in the body: \_\_\_\_\_

c. **For how many years have you suffered from this illness/condition?**

Write number of years ..... 

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d. **Has a doctor told you what it is?**

Yes ..... 1      **1.0**

No ..... 2      **0.0**

**No illness** ..... **98.9**

e. **Are you restricted by the illness in your work/usual activities?**

Yes, very much ..... 1      **0.4**

Yes, a little ..... 2      **0.4**

No ..... 3      **0.3**

**No illness** ..... **98.9**

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**25. Do you regularly or continuously take any medicines/drugs?**

*(i.e. prescribed or over-the-counter-medicine, but don't include vitamins, minerals or natural medicinal products and contraceptive pills)*

Yes .....	1	<b>34.1</b>	
No .....	2	<b>65.9</b>	→ Ques. 26
<b>No information</b>		<b>0.1</b>	

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

- a. 1st medicine, write: \_\_\_\_\_
  - b. 2nd medicine, write: \_\_\_\_\_
  - c. 3rd medicine, write: \_\_\_\_\_
  - d. 4th medicine, write: \_\_\_\_\_
  - e. 5th medicine, write: \_\_\_\_\_
  - f. 6th medicine, write: \_\_\_\_\_
-

**26. Do you now, or have you previously suffered from any of these illnesses?**

(Show card 1)

No illness now .....	1	<b>50.5</b>	
No previous illness .....	1	<b>49.8</b>	
	Suffer now		Have suffered
	1		1
a. Diabetes .....	<b>2.7</b>		<b>0.6</b>
b. Nervousness .....	<b>3.0</b>		<b>2.9</b>
c. Epilepsy .....	<b>0.6</b>		<b>1.0</b>
d. Severe headache/migraine .....	<b>8.0</b>		<b>10.8</b>
e. Paralysation in parts of the body .....	<b>1.4</b>		<b>2.1</b>
f. High blood pressure .....	<b>8.5</b>		<b>4.6</b>
g. Myocardial infarction or angina pectoris .....	<b>0.6</b>		<b>2.7</b>
h. Cerebral stroke.....	<b>0.2</b>		<b>1.8</b>
i. Chronic bronchitis .....	<b>3.0</b>		<b>2.0</b>
j. Asthma .....	<b>5.4</b>		<b>3.1</b>
k. Allergy .....	<b>14.2</b>		<b>5.6</b>
l. Eczema .....	<b>6.2</b>		<b>6.0</b>
m. Peptic ulcer .....	<b>1.2</b>		<b>4.4</b>
n. Gallstone .....	<b>0.4</b>		<b>3.2</b>
o. Kidney stone .....	<b>0.1</b>		<b>2.8</b>
p. Pelvic diseases (reproductive organs) .....	<b>1.0</b>		<b>6.7</b>
q. Dysmenorrhoea .....	<b>4.0</b>		<b>6.5</b>
r. Psoriasis .....	<b>2.6</b>		<b>1.2</b>
s. Back disorder .....	<b>11.7</b>		<b>6.3</b>
t. Cancer, what kind: _____	<b>0.9</b>		<b>2.6</b>
u. Amputation of leg or arm .....	<b>0.2</b>		-
v. Has had an organ removed (e.g. lung, kidney, breast, uterus). Write which organ: .....	<b>6.0</b>		-

---

<b>27.</b>	<b>Have you been involved in any accident or mishap outside working hours within the past year that made it difficult for you to carry out your usual activities the day after? (e.g. sprained an ankle, got burned, was exposed to chemical poisoning etc.).</b>				
	Yes .....	1	<b>10.7</b>		
	No .....	2	<b>89.2</b>	→	Text 4
	<b>No information</b>		<b>0.1</b>		

---

<b>28.</b>	<b>How many times was it a...</b>				
	<i>(Indicate number of times. 4 or more checks, code as "4")</i>				
a.	<b>Traffic accident?</b> .....	0	<b>8.7</b>	1-4	<b>1.9</b> No information <b>0.1</b>
b.	<b>Home accident?</b> .....	0	<b>7.2</b>	1-4	<b>3.4</b> No information <b>0.2</b>
c.	<b>Sports accident?</b> .....	0	<b>7.1</b>	1-4	<b>3.4</b> No information <b>0.2</b>
d.	<b>Other</b> .....	0	<b>8.4</b>	1-4	<b>2.2</b> No information <b>0.2</b>
	<b>If other, what?</b> _____				
	<b>Irrelevant</b>		<b>89.2</b>		

---

<b>28a.</b>	<b>What type of accident have you most recently been involved in?</b>			
	Traffic accident .....	1	<b>0.8</b>	
	Home accident .....	2	<b>1.4</b>	
	Sports accident .....	3	<b>1.6</b>	
	Other .....	4	<b>1.0</b>	
	<b>Questions only asked in third round</b>		<b>56.9</b>	
	<b>Irrelevant</b>		<b>38.2</b>	

---

<b>28b.</b>	<b>Did you receive treatment as a consequence of the accident?</b>			
	Yes, I consulted my own doctor or a doctor on call .....	1	<b>1.3</b>	
	Yes, I sought treatment at an emergency ward.....	1	<b>2.2</b>	
	Yes, I was hospitalized .....	1	<b>0.6</b>	
	Yes, I received another form of treatment or took other action .....	1	<b>0.7</b>	
	If another treatment, write which: _____			
	No, I received no treatment.....	1	<b>1.1</b>	
	<b>Questions only asked in third round</b>		<b>56.9</b>	
	<b>Irrelevant</b>		<b>38.2</b>	

---

**Text 4: I will now ask you some questions about allergy and hypersensitivity.**

**29. On this card some descriptions of allergic and hypersensitive reactions are indicated. Please tell me whether you have had any of these health problems and if so, when. It doesn't matter if you repeat some of the answers from the previous questions.**

*(Show card 2)*

No to all .....	1			<b>61.9</b>
		Yes, within the past year 1	Yes, previously 2	No
a. Allergic rhinitis, itching of the eyes (e.g. hay fever) during certain seasons .....	<b>12.5</b>	<b>2.3</b>	<b>23.3</b>	
b. Allergic rhinitis, itching of the eyes independent of the season .....	<b>7.5</b>	<b>1.6</b>	<b>29.0</b>	
c. Asthma .....	<b>5.1</b>	<b>2.5</b>	<b>30.5</b>	
d. Allergic eczema of the skin .....	<b>8.2</b>	<b>4.5</b>	<b>25.4</b>	
e. Childhood eczema/"asthma" eczema .....	<b>0.7</b>	<b>1.9</b>	<b>35.4</b>	
f. Nettle rash .....	<b>1.6</b>	<b>3.7</b>	<b>32.8</b>	
g. Allergic disorder of the intestines .....	<b>0.7</b>	<b>0.6</b>	<b>36.7</b>	
h. Other .....	<b>2.2</b>	<b>1.6</b>	<b>34.2</b>	
<b>No information</b>	<b>0.1</b>			

<b>Filter 2:</b>			
If "No to all" in question 29 .....	1	<b>61.9</b>	→ Text 5
If respondent has said yes to allergic rhinitis, asthma or allergic eczema of the skin within the last year, (1 for a-d in question 29) .....	2	<b>25.3</b>	→ Ques. 30
Otherwise .....	3	<b>12.8</b>	→ Ques. 30b

**30. Within the past year, have you been bothered a little or a lot by:**

	Very bothered 1	A little bothered 2	Not bothered 3	No infor- mation
a. Allergic rhinitis .....	<b>4.6</b>	<b>10.8</b>	<b>8.9</b>	<b>1.1</b>
b. Asthma .....	<b>1.9</b>	<b>3.0</b>	<b>19.4</b>	<b>1.1</b>
c. Allergic eczema of the skin .....	<b>2.3</b>	<b>5.4</b>	<b>16.6</b>	<b>1.0</b>
<b>Not allergic</b>	<b>61.9</b>			
<b>Not allergic rhinitis/asthma</b>	<b>12.8</b>			

**30a. Has a doctor ever diagnosed your allergy or asthma?**

	Yes 1	No 2	No information
a. Allergic rhinitis .....	<b>11.3</b>	<b>13.0</b>	<b>1.0</b>
b. Asthma .....	<b>5.7</b>	<b>18.6</b>	<b>1.0</b>
c. Allergic eczema of the skin .....	<b>7.5</b>	<b>16.9</b>	<b>1.0</b>
<b>Not allergic</b>	<b>61.9</b>		
<b>Not allergic rhinitis/asthma</b>	<b>12.8</b>		

**30b. How was the allergy or hypersensitivity diagnosed?**

*(Check as many as apply)*

a. Can't remember .....	1	<b>1.1</b>
b. Skin prick test .....	1	<b>9.9</b>
c. Patch test .....	1	<b>4.3</b>
d. Blood test .....	1	<b>4.2</b>
e. Provocation .....	1	<b>1.4</b>
f. Lung function test .....	1	<b>3.9</b>
g. Doctor's opinion. without an allergy test .....	1	<b>14.9</b>
h. Own experience .....	1	<b>17.0</b>
i. Other, please specify: .....	1	<b>1.5</b>
<b>No information</b>		<b>0.4</b>
<b>Not allergic</b>		<b>61.9</b>

**Text 5: The next questions concern symptoms, pain or complaints in general. Please look back on the past 2 weeks only.**

**31. During the past 2 weeks, have you been bothered by any of the complaints listed?**

*(If yes to one or more complaints in (a-n) ask questions 31a and 31b)  
(Show cards 3 and 4)*

- a. **Were you much bothered or just a little?**
- b. **What did you do?**

	<b>a.</b>			<b>No infor- mation</b>	<b>b.</b> Indicate letter(s) in CAPITALS from card 4
	Yes	Much bothered	A little bothered		
	1	1	2		
No complaints .....	<b>27.8</b>				
a. Pain or discomfort in shoulder or neck .....	<b>27.5</b>	<b>9.5</b>	<b>17.4</b>	<b>0.6</b>	
b. Pain or discomfort in back or loin .....	<b>26.0</b>	<b>9.7</b>	<b>15.9</b>	<b>0.5</b>	
c. Pain or discomfort in arms, hands, legs, knees, hips or joints .....	<b>23.4</b>	<b>10.2</b>	<b>12.5</b>	<b>0.7</b>	
d. Headache .....	<b>18.4</b>	<b>6.8</b>	<b>11.2</b>	<b>0.6</b>	
e. Rapid palpitations .....	<b>4.0</b>	<b>1.1</b>	<b>2.6</b>	<b>0.3</b>	
f. Anxiety, nervousness, rest- lessness and apprehension	<b>5.4</b>	<b>2.4</b>	<b>2.9</b>	<b>0.3</b>	
g. Sleeping problems .....	<b>11.7</b>	<b>4.8</b>	<b>6.4</b>	<b>0.5</b>	
h. Melancholy, depression, unhappiness .....	<b>6.0</b>	<b>2.6</b>	<b>3.3</b>	<b>0.3</b>	
i. Fatigue .....	<b>17.8</b>	<b>6.8</b>	<b>10.3</b>	<b>0.7</b>	
j. Stomach ache .....	<b>5.9</b>	<b>2.5</b>	<b>3.2</b>	<b>0.4</b>	
k. Indigestion, diarrhoea/ constipation .....	<b>5.6</b>	<b>2.3</b>	<b>3.1</b>	<b>0.3</b>	
l. Eczema, rash, itching .....	<b>5.8</b>	<b>1.9</b>	<b>3.7</b>	<b>0.4</b>	
m. Colds, rhinitis, coughing .....	<b>12.7</b>	<b>5.1</b>	<b>7.4</b>	<b>0.5</b>	
n. Breathing difficulties .....	<b>5.5</b>	<b>2.3</b>	<b>2.8</b>	<b>0.4</b>	



#### Card 4

- a. I didn't do anything.
- b. I did something myself e.g. heat, diet, rest, exercise.
- c. I took prescribed medicine.
- d. I took over-the-counter medicine.
- e. I took herbal medicine.
- f. I followed a treatment that a doctor had previously prescribed (excl. medicine).
- g. I talked to a doctor about it.
- h. I talked to family/friends about it.
- i. I talked to an alternative therapist/healer about it.
- j. I did other things.

**Text 6:** The next questions concern illness, symptoms and environmental conditions at home, the workplace or the environment in other places. It may include e.g. indoor climate, pets, noise pollution or air pollution.

**Questions 32-37 are from the Sample National**

**32. Have conditions in your home caused illness or aggravated symptoms for yourself or members of your household?**

- Yes, myself ..... 1
- Yes, others ..... 2
- Yes, myself and others..... 3
- No ..... 4 → Ques. 35
- Don't know ..... 8 → Ques. 35

---

**33. Which housing conditions, in your opinion, caused the illness and/or the symptoms?**

\_\_\_\_\_

---

**34. Which illnesses or symptoms are you referring to?**

Yourself: \_\_\_\_\_

Others in the household: \_\_\_\_\_

---

**35. Have other environmental conditions, including your environment at work, made you ill or aggravated any symptoms?**

- Yes ..... 1
- No ..... 2 → Text 7
- Don't know ..... 8 → Text 7

---

**36. Which environmental conditions, in your opinion, caused the illness and/or the symptoms?**

\_\_\_\_\_

---

**37. Which illnesses or symptoms are you referring to?**

Write illnesses or symptoms: \_\_\_\_\_

\_\_\_\_\_

**Text 7: The next questions concern any restrictions you may have had in your daily activities due to illness, injury or ailment.**

**38. Within the past 2 weeks has illness, injury or ailment made it difficult or impossible for you to carry out your usual daily activities? (e.g. work outside the home or domestic work, spare time activities etc.)**

Yes .....	1	14.9	
If Yes, write total number of days .....		<input type="text"/>	
No .....	2	85.0	→ Ques. 40
<b>No information</b>		<b>0.2</b>	

**39. Have these difficulties/restrictions been of a more chronic nature? By chronic is meant that the difficulties/restrictions have lasted or are expected to last 6 months or more.**

Yes .....	1	6.7
No .....	2	7.8
<b>No information</b>		<b>0.3</b>
<b>Don't know</b>		<b>0.2</b>
<b>Irrelevant</b>		<b>85.0</b>

**40. Have you ever been forced to go part-time, retire or change job/work tasks due to illness, injury or ailment?**

*(Check as many as apply)*

a. Yes, go part-time .....	1	2.2	
b. Yes, changed job/work tasks .....	1	5.9	
c. Yes, retired .....	1	8.0	
d. Yes, first changed job/work tasks and then retired .....	1	1.3	
e. No .....	1	83.8	→ Filter 3
<b>No information</b>		<b>0.2</b>	

**40a. When was the first time?**

**Write the year**

<b>Filter 3:</b>			
If respondent is at present in active employment (yes to question 8) then continue with .....	1	64.7	Ques. 41
Otherwise .....	2	35.3	Text 8

41. **Within the past 2 weeks and the past year, how many days did you have to stay home from work due to illness, injuries or complaints?**  
*(Include work days only)*

a. Within the past 2 weeks. Total number of workdays:

b. Within the past year (the past 2 weeks included).  
 Total number of work days: .....

**Text 8: The next questions concern medication.**

42. **Within the past 2 weeks have you taken any of the following prescribed or over-the-counter medicine?**  
*(Show card 5)*

	Prescribed medication	Over-the-counter medication
	1	1
No .....	<b>64.6</b>	<b>68.2</b>
a. Yes, cough medicine .....	<b>0.8</b>	<b>1.9</b>
b. Yes, asthma medicine .....	<b>4.7</b>	<b>0.1</b>
c. Yes, anti-hypertensives .....	<b>9.0</b>	<b>0.2</b>
d. Yes, heart medicine .....	<b>5.7</b>	<b>1.0</b>
e. Yes, remedies for the skin .....	<b>3.7</b>	<b>0.8</b>
f. Yes, pain relievers for aches and pains in the muscle, bones, tendons or joints .....	<b>8.2</b>	<b>11.0</b>
g. Yes, other kind of pain relievers .....	<b>3.6</b>	<b>14.3</b>
h. Yes, sleeping pills .....	<b>3.7</b>	<b>0.1</b>
i. Yes, laxatives .....	<b>0.5</b>	<b>1.6</b>
j. Yes, sedatives, tranquillizers .....	<b>4.0</b>	<b>0.1</b>
k. Yes, penicillin or other antibiotics .....	<b>2.5</b>	<b>0.0</b>
l. Yes, other, write what: _____	<b>8.8</b>	<b>2.8</b>
<b>No information</b>	<b>0.4</b>	<b>0.3</b>

---

**43. Have you ever taken herbal or natural medicinal products?**

*(Don't include vitamins)*

Yes, within the past 2 weeks .....	1	<b>14.5</b>
Yes, within the past year .....	2	<b>11.5</b>
Yes, previously .....	3	<b>15.2</b>
No, I have never used herbal/natural medicine .....	4	<b>58.7</b>
<b>No information</b>		<b>0.1</b>

→ Text 9

---

**44. The last time you used herbal or natural medicinal products, did you use it for mild symptoms, severe symptoms or for prevention?**

*(Check as many as apply)*

a. Mild symptoms .....	1	<b>15.2</b>
b. Severe symptoms .....	1	<b>4.5</b>
c. Prevention .....	1	<b>24.7</b>
d. Other .....	1	<b>1.9</b>
<b>No information</b>		<b>0.2</b>
<b>Don't know</b>		<b>0.0</b>
<b>No natural medical products</b>		<b>58.8</b>

---

**45. Think about the last time you used herbal or natural medicine. Which of the following statements applies to you?**

*(Show card 6)*

*(Check as many as apply)*

a. It was the first thing I did when I felt sick .....	1	<b>4.2</b>
b. It was the only thing I did when I felt sick .....	1	<b>4.8</b>
c. I used it as a supplement to other treatment .....	1	<b>10.1</b>
d. I used it as a last resort after other methods failed to work .....	1	<b>3.8</b>
e. None of the statements apply .....	1	<b>19.7</b>
<b>No information</b>		<b>0.2</b>
<b>No natural medicin</b>		<b>58.8</b>

---

**Text 9: The next questions concern your contact to the general health services system**

**46. Within the past 3 months have you consulted a doctor because of complaints, illness or injury? (Include only consultations on account of your own complaints – not your children’s).**

*(Check as many as apply)*

No .....	1	<b>53.7</b>
a. Yes, my own general practitioner .....	1	<b>39.6</b>
b. Yes, a doctor on call .....	1	<b>2.5</b>
c. Yes, a practising medical specialist .....	1	<b>7.8</b>
d. Yes, a doctor from the occupational health service .....	1	<b>0.2</b>
e. Yes, emergency ward .....	1	<b>2.4</b>
f. Yes, out-patient clinic .....	1	<b>6.6</b>
g. Yes, I was hospitalised.....	1	<b>3.4</b>
h. Yes, other doctor .....	1	<b>1.4</b>
<b>No information</b>		<b>0.3</b>

**47. Within the past 3 months have you consulted other health care service providers?**

*(Show card 6A)*

*(Check as many as apply)*

No .....	1	<b>52.6</b>
a. Yes, a dentist .....	1	<b>38.7</b>
b. Yes, a home nurse .....	1	<b>1.9</b>
c. Yes, a physiotherapist .....	1	<b>5.3</b>
d. Yes, a chiropractor .....	1	<b>3.5</b>
e. Yes, a psychologist .....	1	<b>1.5</b>
f. Other, write what: _____	1	<b>2.1</b>
<b>No information</b>		<b>0.3</b>

**48. When was the last time you had:**

	Within the past year 1	Within the past 1-3 years 2	More than 3 years ago 3	Never 4	Don't know 8	No infor- mation
<i>(A check on every line)</i>						
a. <b>Your blood pressure measured .....</b>	<b>48.1</b>	<b>21.6</b>	<b>22.8</b>	<b>4.8</b>	<b>2.6</b>	<b>0.2</b>
b. <b>Your vision checked/or your eyes examined .....</b>	<b>34.0</b>	<b>29.5</b>	<b>31.5</b>	<b>4.1</b>	<b>0.7</b>	<b>0.3</b>
c. <b>A preventive physical examination/talk with your doctor. ....</b>	<b>15.0</b>	<b>10.5</b>	<b>14.6</b>	<b>57.9</b>	<b>1.8</b>	<b>0.3</b>
d. <b>Your blood cholesterol measured .....</b>	<b>13.5</b>	<b>7.7</b>	<b>8.9</b>	<b>64.6</b>	<b>5.1</b>	<b>0.3</b>

<b>Filter 4:</b>	
If respondent is a man .....	1 → Ques.50A
If respondent is a woman .....	2 → Ques. 49

**49. When was the last time you had a vaginal smear?**

Within the past year .....	1	<b>13.8</b>
Within the past 1-3 years .....	2	<b>16.0</b>
More than 3 years ago .....	3	<b>12.3</b>
Never .....	4	<b>8.5</b>
<b>No information</b>		<b>0.2</b>
<b>Don't know</b>		<b>0.1</b>
<b>Male respondent</b>		<b>49.1</b>

**50. When was the last time you had a mammogram?**

Within the past year .....	1	<b>2.9</b>
Within the past 1-2 years .....	2	<b>2.7</b>
More than 2 years ago .....	3	<b>9.8</b>
Never .....	4	<b>35.3</b>
<b>No information</b>		<b>0.1</b>
<b>Male respondent</b>		<b>49.1</b>

---

From questionnaire for the supplementary sample

**50A. Within the past year, how many times (approximately) have you consulted a doctor (your own doctor, a doctor on call, a doctor from the emergency service, a doctor at a hospital or in a clinic) as a result of your own circumstances, such as sickness, medical check-up or other?**

Never .....  0 → Ques. 50E

Write approximate number of times

---

From questionnaire for the supplementary sample

**50B. At any of the previously mentioned consultations with a doctor, did you experience dissatisfaction with the doctor, for instance with the doctor's examination or treatment or with what the doctor did?**

No .....  1 → Ques. 50E

Yes, on one occasion .....  2

Yes, several times .....  3

Don't know .....  8 → Ques. 50E

---

From questionnaire for the supplementary sample

**50C. What caused your dissatisfaction?**

Write what: \_\_\_\_\_

---

From questionnaire for the supplementary sample

**50D. Did you do any of the following on account of your dissatisfaction with the doctor:**

*(A check on every line)*

	Yes	No
a. Told the doctor about my dissatisfaction .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Consulted a different doctor to obtain advice .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Talked to my family about it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Talked to friends and acquaintances about it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Talked to a patients' or consumers' organization	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Talked to a lawyer or the like .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Made a verbal complaint .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Made a written complaint .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2



---

**From questionnaire for the supplementary sample**

**50E. Within the past year have you experienced any consultations with a doctor concerning your children or other closely related family member (partner, parents), where you were so dissatisfied that you considered complaining or actually did so?**

	Have complained	Considered complaining	No
<i>(A check on every line)</i>			
a. <b>Children</b> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. <b>Partner</b> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. <b>Parents</b> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. <b>Others</b> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Filter 4A:

If respondent has only been dissatisfied (ques. 50D g and h = 2) or considered complaining (ques. 50E = 2).....	<input type="checkbox"/> 1	→	Ques. 50F
Otherwise .....	<input type="checkbox"/> 2	→	Text 10

**From questionnaire for the supplementary sample**

**50F. Why did you not complain when you were dissatisfied?**

Write why: \_\_\_\_\_

---

**Text 10: The next questions concern what is called alternative treatment.**

**51. Have you ever been treated by therapists outside the general health service system and e.g. received any of the treatments listed on this card?**

*(Show card 7)*

*(Check as many as apply)*

No .....	1	<b>55.4</b>	→ Text 11
a. Natural medicinal products (e.g. homeopathy) .....	1	<b>13.2</b>	
b. Reflexology .....	1	<b>20.3</b>	
c. Relaxation .....	1	<b>4.9</b>	
d. Instruction regarding diet, exercise etc. ....	1	<b>4.4</b>	
e. Acupuncture .....	1	<b>11.2</b>	
f. Touching .....	1	<b>1.5</b>	
g. Massage/manipulation .....	1	<b>15.4</b>	
h. Use of apparatus (e.g. magnetic passes, radion treatment) .....	1	<b>2.1</b>	
i. Healing .....	1	<b>4.4</b>	
j. Hypnosis .....	1	<b>1.4</b>	
k. Other, write what: _____	1	<b>4.6</b>	
<b>No information</b>		<b>0.3</b>	

---

**52. Was it within the past year?**

Yes .....	1	<b>20.6</b>
No .....	2	<b>23.1</b>
<b>No information</b>		<b>1.0</b>
<b>No alternative treatment</b>		<b>55.4</b>

---

**Text 11: The next questions concern your ability to do certain things under normal circumstances. Don't include any temporary problems you may have.**

- 53. Do you use any aids to manage in your everyday life? E.g. glasses, contact lenses, hearing aid, cane or wheelchair?** *(Check as many as apply)*
- |  |   |             |
|--|---|-------------|
| No .....                               | 1 | <b>32.3</b> |
| a. Yes, glasses, contact lenses .....  | 1 | <b>66.6</b> |
| b. Yes, hearing aid .....              | 1 | <b>4.1</b>  |
| c. Yes, cane, crutches, a walker ..... | 1 | <b>4.3</b>  |
| d. Yes, wheelchair .....               | 1 | <b>1.0</b>  |
| e. Yes, other .....                    | 1 | <b>1.6</b>  |
| write what: _____                      |   |             |
| <b>No information</b>                  |   | <b>0.4</b>  |

<b>Filter 5:</b>		
If respondent is 60 years or older .....	<b>24.3</b>	→ Ques 54
Otherwise .....	<b>75.8</b>	→ Text 12

**54. Are you normally able to do the following with no difficulty, with minor difficulty, with major difficulty or not at all?**

	Yes, with no difficulty 1	Yes, with minor difficulty 2	Yes with major difficulty 3	Not at all 4	<b>No in- forma- tion</b>
<i>(A check on every line)</i>					
a. <b>Read ordinary newspaper print? (with glasses if normally worn) .....</b>	<b>21.5</b>	<b>1.3</b>	<b>0.7</b>	<b>0.6</b>	<b>0.2</b>
b. <b>Hear what is said in a normal conversation between 3 persons or more (with hearing aid if normally worn) .....</b>	<b>17.8</b>	<b>4.2</b>	<b>1.5</b>	<b>0.5</b>	<b>0.2</b>
c. <b>Walk 400 meters without resting? .....</b>	<b>18.3</b>	<b>2.2</b>	<b>1.1</b>	<b>2.3</b>	<b>0.3</b>
d. <b>Walk up and down a staircase from one floor to another without resting? .....</b>	<b>17.8</b>	<b>2.7</b>	<b>1.5</b>	<b>2.0</b>	<b>0.2</b>
e. <b>Carry 5 kg? (e.g. a shopping bag)?</b>	<b>17.7</b>	<b>2.1</b>	<b>1.2</b>	<b>2.9</b>	<b>0.3</b>

Continues

f. *To be completed by interviewer:*

Speaks with no difficulty .....	1	22.7
Speaks with minor difficulty .....	2	1.0
Speaks with major difficulty .....	3	0.2
<b>No information</b>		<b>0.4</b>
<b>Under 60 years</b>		<b>75.8</b>

**55. Have you had a fall within the past 6 months?**

Yes .....	1	3.3	
No .....	2	20.7	→ Text 12
<b>No information</b>		<b>0.2</b>	
<b>Under 60 years</b>		<b>75.8</b>	

**55a. If Yes, what happened as a result of the fall/falls?**

Nothing .....	1	1.0	→ Text 12
Had minor injuries (scrapes, skin abrasions, minor swellings etc.) .....	2	1.2	
Had somewhat more serious injuries (sprains, deeper wounds/bleeding. greater swelling etc.) .....	3	0.6	
Had serious injuries (broken bones) .....	4	0.3	
Other (dizziness, concussion) .....	5	0.3	
<b>No information</b>		<b>0.2</b>	
<b>Irrelevant</b>		<b>20.7</b>	
<b>Under 60 years</b>		<b>75.8</b>	

**55b. If other, write what:** \_\_\_\_\_

**55c. Were you treated in the emergency ward or admitted to hospital as a result of the fall/falls?**

Yes, emergency ward .....	1	0.4
Yes, admitted to hospital .....	2	0.1
Yes, both emergency ward and admitted to hospital	3	0.1
No .....	4	1.7
<b>No information</b>		<b>0.3</b>
<b>Irrelevant</b>		<b>21.6</b>
<b>Under 60 years</b>		<b>75.8</b>

**Text 12: Now I would like to ask you some questions about your teeth and dental health.**

**56. Almost all adults have had some teeth pulled out. How many of your own teeth have you got left?**

*(Don't include wisdom teeth)*

No teeth left.....	1	8.0
1-9 teeth left .....	2	4.6
10-19 teeth left .....	3	7.1
20 or more teeth left .....	4	33.2
All my teeth left.....	5	46.9
<b>No information</b>		<b>0.2</b>

**57. Have you been seeing a dentist for regular dental check-up within the past 5 years? (by regular is meant at least once a year)**

Yes .....	1	78.9
No, but have been seeing a dentist 3-4 times whitin the past 5 years .....	2	5.7
No, but have been seeing a dentist once or twice within the past 5 years .....	3	6.0
No, I haven't been seeing a dentist for the past 5 years .....	4	9.0
<b>No information</b>		<b>0.3</b>

**Text 13: The next questions concern your contact with other people and your housing conditions.**

**58. How often do you meet with your family, friends and acquaintances?**

		A Family	B Friends and acquaintances
Daily or almost daily .....	1	17.7	25.1
Once or twice a week .....	2	43.3	43.1
Once or twice a month .....	3	28.0	24.2
Not as often .....	4	10.1	6.1
Never .....	5	0.7	1.3
<b>No information</b>		<b>0.2</b>	<b>0.3</b>
<b>Don't know</b>		<b>0.0</b>	<b>0.0</b>

---

**59. If you get ill, can you then rely on help from other people to handle practical problems?**

Yes, definitely .....	1	<b>85.3</b>
Yes, perhaps .....	2	<b>8.7</b>
No .....	3	<b>5.6</b>
<b>No information</b>		<b>0.3</b>
<b>Don't know</b>		<b>0.1</b>

---

**60. Does it ever happen that you are alone. even though you would prefer to be together with other people?**

Yes, often .....	1	<b>3.3</b>
Yes, once in a while .....	2	<b>12.0</b>
Yes, but rarely .....	3	<b>12.2</b>
No .....	4	<b>72.2</b>
<b>No information</b>		<b>0.3</b>
<b>Don't know</b>		<b>0.1</b>

---

**61. Within the past 2 weeks have you been bothered by any of the following conditions in your home?**

No, none of the following ..... 1 **71.9**

(Show card 8)

	Yes, a little bothered 1	Yes, very bothered 2	No
a. Too high or too low temperature .....	<b>4.4</b>	<b>1.5</b>	<b>22.1</b>
b. Draught .....	<b>3.2</b>	<b>1.2</b>	<b>23.6</b>
c. Draught along the floor.....	<b>5.3</b>	<b>1.7</b>	<b>21.0</b>
d. Bad or stuffy air .....	<b>2.2</b>	<b>1.1</b>	<b>24.7</b>
e. Poor drinking water .....	<b>0.5</b>	<b>0.6</b>	<b>26.9</b>
f. Noise from traffic .....	<b>4.1</b>	<b>2.1</b>	<b>21.8</b>
g. Noise from installations (e.g. pipe, radiator, refrigerator) .....	<b>1.9</b>	<b>0.9</b>	<b>25.2</b>
h. Noise from neighbours .....	<b>4.8</b>	<b>3.0</b>	<b>20.2</b>
i. Noise from nearby businesses or other activities .....	<b>0.9</b>	<b>0.6</b>	<b>26.5</b>
j. Infrasound or low frequency noise (deep humming noises) .....	<b>0.5</b>	<b>0.3</b>	<b>27.2</b>
k. Shaking of the building (e.g. due to traffic).....	<b>1.5</b>	<b>0.8</b>	<b>25.7</b>
l. Electric shock .....	<b>0.6</b>	<b>0.3</b>	<b>27.1</b>
m. Home is too dark .....	<b>1.1</b>	<b>0.5</b>	<b>26.4</b>
n. Skin irritation caused by hot water from the faucet .....	<b>0.4</b>	<b>0.3</b>	<b>27.3</b>
<b>No information</b>	<b>0.1</b>		

**Filter 6:**

If respondent is engaged in active employment at present (yes to ques. 8).....	<b>64.7</b>	→	Text 14
Otherwise .....	<b>35.3</b>	→	Text 15

**Text 14: The next questions concern your work.**

**62. How often is it that you don't have time for all your tasks at work?**

Always .....	1	<b>5.3</b>
Often .....	2	<b>10.3</b>
Occasionally .....	3	<b>12.8</b>
Rarely .....	4	<b>15.6</b>
Never/almost never .....	5	<b>20.1</b>
<b>No information</b>		<b>0.6</b>
<b>Not actively employed</b>		<b>35.3</b>

**63. How often do emotionally stressing situations arise for you at work?**

Always .....	1	<b>1.0</b>
Often .....	2	<b>8.4</b>
Occasionally .....	3	<b>17.6</b>
Rarely.....	4	<b>18.2</b>
Never/almost never .....	5	<b>19.0</b>
<b>No information</b>		<b>0.6</b>
<b>Not actively employed</b>		<b>35.3</b>

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

Always .....	1	<b>31.3</b>
Often .....	2	<b>20.4</b>
Occasionally .....	3	<b>6.1</b>
Rarely.....	4	<b>3.4</b>
Never/almost never .....	5	<b>2.8</b>
<b>No information</b>		<b>0.6</b>
<b>Not actively employed</b>		<b>35.3</b>



<b>65.</b>	<b>To what degree do you find your work meaningful?</b>		
	To a very high degree .....	1	37.4
	To a high degree .....	2	20.1
	Somewhat .....	3	5.3
	To a small degree .....	4	0.8
	To a very small degree .....	5	0.4
	<b>No information</b>		<b>0.6</b>
	<b>Not actively employed</b>		<b>35.3</b>
<b>66.</b>	<b>How often do you receive help and support from your superiors?</b>		
	Always .....	1	17.3
	Often .....	2	14.1
	Occasionally .....	3	12.3
	Rarely .....	4	7.9
	Never/almost never .....	5	4.0
	Not relevant .....	6	8.5
	<b>No information</b>		<b>0.6</b>
	<b>Not actively employed</b>		<b>35.3</b>
<b>67.</b>	<b>Is there a good co-operation between you and your colleagues?</b>		
	Always .....	1	38.5
	Often .....	2	16.2
	Occasionally .....	3	3.8
	Rarely .....	4	0.9
	Never/almost never .....	5	0.5
	Not relevant .....	6	4.3
	<b>No information</b>		<b>0.6</b>
	<b>Not actively employed</b>		<b>35.3</b>
<b>68.</b>	<b>Are you worried about becoming unemployed?</b>		
	Yes .....	1	6.9
	No .....	2	57.2
	<b>No information</b>		<b>0.6</b>
	<b>Not actively employed</b>		<b>35.3</b>

**69. Are you often in your work exposed to any of the following circumstances? By often is meant more than 2 days a week.**

	Yes 1	No 2	Don't know 8	No infor- mation
<i>(A check on every line)</i>				
a. Vigorous shaking and vibrations. that affect your hands? .....	4.8	59.1	0.1	0.6
b. Vigorous shaking and vibrations. that affect your body? .....	3.4	60.5	0.1	0.7
c. Work in a bended or twisted position? .....	22.8	41.0	0.2	0.7
d. Many repeated and monotonous movements? .....	25.2	38.6	0.2	0.6
e. Heavy objects (at least 10 kg), that must be carried or lifted? .....	22.0	41.9	0.2	0.6
<b>Not actively employed</b>	<b>35.3</b>			

**70. Are you often in your work exposed to any of the following circumstances? By often is meant more than 2 days a week.**

	Yes 1	No 2	Don't know 8	No infor- mation
<i>(A check on every line)</i>				
a. Noise, so that you have to raise your voice when speaking to others? .....	22.7	41.2	0.1	0.6
b. Cold at the workplace? .....	13.4	50.4	0.2	0.7
c. Intense heat at the workplace? .....	13.8	50.1	0.2	0.7
d. Draught at the workplace? .....	16.8	46.9	0.3	0.7
<b>Not actively employed</b>	<b>35.3</b>			

**70 e-h only asked in follow-up sample**

- e. Dust that is visible in ordinary light  
(e.g. metal and wood dust)? .....
- f. Vapours from organic solvents  
(e.g. diluents, degreasing solvents ect.)?
- g. Smoke (e.g. welding and sounding  
fumes ect.)? .....
- h. Other chemical substances, liquids  
or other kinds of air pollution? .....

**Not actively employed**  
**Questions not in questionnaire**

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**71. How would you describe the physical strain of your chief occupation?**

*(Show card 9)*

Mainly sedentary work which doesn't demand any physical effort .....	1	23.8
Work which, to a great extent, is performed standing or walking but apart from that doesn't demand any physical effort .....	2	18.8
Standing or walking work with many lifts or much carrying .....	3	18.2
Heavy or speedy work which is strenuous .....	4	2.7
<b>No information</b>		<b>0.8</b>
<b>Don't know</b>		<b>0.3</b>
<b>Not actively employed</b>		<b>35.3</b>

---

**72. Within 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 when the accident happened?**

*(By occupational accident is meant a mishap or accident in connection with work performance. Traffic accidents in connection with work are also included e.g. bus driving)*

*(If no accidents write "00")*

Write number of accidents .....

---

<b>73.</b>	<b>Are you currently employed under special terms (e.g. activated, job less taxing to your health. flexi-job etc.), or are there special terms/arrangements for your occupation?</b>			
	Yes .....	1	1.7	
	No .....	2	62.3	→ Ques. 75
	Don't know .....	8	0.1	→ Ques. 75
	<b>No information</b>		<b>0.6</b>	
	<b>Not actively employed</b>		<b>35.3</b>	

**73a. If yes:**

**Which terms or arrangements?**

Activation in the form of establishment disbursement/ starting disbursement .....	01	0.0
Activated into a type of job training .....	02	0.4
Activated into a type of pool activation scheme .....	03	0.1
Another type of activation (e.g. activation project) ...	04	0.1
Rehabilitation .....	05	0.1
Job less taxing to your health/ 1/3 arrangement .....	06	0.1
Other type of job less taxing to your health (e.g. based on informal or formal agreement) .....	07	0.2
Flexi-job/ 50/50 arrangement .....	08	0.2
Special arrangement of personal work space .....	09	0.0
Other special terms .....	10	0.5
<b>No information</b>		<b>0.7</b>
<b>Not actively employed</b>		<b>35.3</b>
<b>Irrelevant</b>		<b>62.4</b>

---

**74. Are the special terms or arrangements caused by your state of health?**

Yes .....	1	0.9
Partly .....	2	0.1
No .....	3	0.7
<b>No information</b>		<b>0.6</b>
<b>Not actively employed</b>		<b>35.3</b>
<b>Irrelevant</b>		<b>62.4</b>

---

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**75. Have fixed rules been established regarding smoking at your work place?**

Yes .....	1	<b>34.1</b>	
No .....	2	<b>29.2</b>	→ Ques. 76
Don't know .....	8	<b>0.8</b>	
<b>No information</b>		<b>0.7</b>	
<b>Not actively employed</b>		<b>35.3</b>	

**75a. If yes:**

**What do the rules state?** *(Check as many as apply)*

- |   |   |             |
|---|---|-------------|
| a. No smoking allowed indoors .....                     | 1 | <b>5.8</b>  |
| b. Smoking is only allowed in designated areas .....    | 1 | <b>21.1</b> |
| c. Smoking is limited to certain occasions/times: ..... | 1 | <b>4.4</b>  |
| d. Other smoking rules .....                            | 1 | <b>4.8</b>  |

Write which: \_\_\_\_\_

<b>No information</b>	<b>0.7</b>
<b>Not actively employed</b>	<b>35.3</b>
<b>Irrelevant</b>	<b>30.0</b>

---

**76. Have fixed rules been established regarding alcohol consumption at your work place?**

Yes .....	1	<b>37.2</b>	
No .....	2	<b>23.7</b>	→ Text 15
Don't know .....	8	<b>3.1</b>	
<b>No information</b>		<b>0.7</b>	
<b>Not actively employed</b>		<b>35.3</b>	

**76a. If yes:**

**What do the rules state?** *(Check as many as apply)*

- |  |   |             |
|--|---|-------------|
| a. Alcohol is not allowed during working hours .....           | 1 | <b>24.5</b> |
| b. Use of alcohol is limited to certain occasions/times: ..... | 1 | <b>13.5</b> |
| c. Other alcohol rules .....                                   | 1 | <b>1.4</b>  |

Write which: \_\_\_\_\_

<b>No information</b>	<b>0.7</b>
<b>Don't know</b>	<b>0.1</b>
<b>Not actively employed</b>	<b>35.3</b>
<b>Irrelevant</b>	<b>26.8</b>

---

**Text 15: The next questions concern your health habits.**

**77. Do you believe that you yourself can do something to stay healthy?**

My own efforts are very important .....	1	<b>63.8</b>
My own efforts are important .....	2	<b>28.3</b>
My own efforts have some importance .....	3	<b>5.5</b>
No, I don't think so .....	4	<b>1.8</b>
<b>No information</b>		<b>0.2</b>
<b>Don't know</b>		<b>0.4</b>

**78. Do you do something to stay healthy or improve your health?**

No, nothing .....	1	<b>15.9</b>	→	Ques. 80
No, I've tried. but gave it up .....	2	<b>1.1</b>	→	Ques. 80
Yes, I do .....	3	<b>82.7</b>		
<b>No information</b>		<b>0.2</b>		
<b>Don't know</b>		<b>0.0</b>		

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

*(Check as many as apply)*

a. I don't do anything special .....	1	<b>0.9</b>
b. I exercise/am physically active .....	1	<b>65.8</b>
c. I eat healthy food .....	1	<b>58.3</b>
d. I eat less .....	1	<b>6.6</b>
e. I don't smoke .....	1	<b>32.7</b>
f. I try to quit smoking/smoke less .....	1	<b>5.1</b>
g. I don't drink alcohol .....	1	<b>3.8</b>
h. I try to limit my alcohol consumption .....	1	<b>16.6</b>
i. I try to live less stressed .....	1	<b>15.9</b>
j. I try to get enough sleep .....	1	<b>23.7</b>
k. I keep in touch with family, friends and acquaintances .....	1	<b>29.5</b>
l. If other, write what: _____	1	<b>10.9</b>
<b>No information</b>		<b>0.2</b>
<b>Irrelevant</b>		<b>17.1</b>

---

**80. If we look back on the past year, what would you say best describes your spare time activities?**  
*(Show card 10)*

Heavy training and competitive sports regularly and several times a week .....	1	<b>4.5</b>
Exercise or heavy gardening at least 4 hours a week .....	2	<b>18.5</b>
Walk, bike or other easy exercise at least 4 hours a week (include Sunday excursions, light gardening and biking/walking to work) .....	3	<b>59.7</b>
Read, watch TV or other sedentary occupation .....	4	<b>16.3</b>

---

**80a. How many minutes were you physically active during spare time and at work, during each day of the past week? Include only physical activity, where you became a little or a lot winded. Start with yesterday and take one day at a time.**

*(e.g. cycling to and from work, brisk walk, sports, physically strenuous work or garden work)*

*(Write total minutes)*

a. <b>Monday</b> .....	<input type="text"/>
b. <b>Tuesday</b> .....	<input type="text"/>
c. <b>Wednesday</b> .....	<input type="text"/>
d. <b>Thursday</b> .....	<input type="text"/>
e. <b>Friday</b> .....	<input type="text"/>
f. <b>Saturday</b> .....	<input type="text"/>
g. <b>Sunday</b> .....	<input type="text"/>

---

**Questions for the follow-up sample**

**80A. Are you generally more or less physically active, compared to 5 years ago?**

- More active .....  1
- Unchanged .....  2
- Less active .....  3
- Don't know .....  8

---

**80B. Why did you change your level of physical activity?**

What is the most important reason for the change?

Write: \_\_\_\_\_

---

**81. Do you feel you get enough sleep to feel rested?**

- |                                 |   |             |
|---------------------------------|---|-------------|
| Yes, usually .....              | 1 | <b>75.7</b> |
| Yes, but not often enough ..... | 2 | <b>16.5</b> |
| No, never (hardly ever) .....   | 3 | <b>7.3</b>  |
| <b>No Information</b>           |   | <b>0.5</b>  |
-



**Text 16: The next questions concern your consumption of beer, wine, and spirits.**

**82. How much beer, wine and spirits did you have during the last weekday? (don't include Friday, it is considered part of the weekend).**

*(Write total drinks)*

- a. **Beer** .....
- b. **Strong beer** .....
- c. **Red & white wine** .....
- d. **Liqueurs** .....
- e. **Spirits** .....

1 bottle of beer = 1 drink	1 bottle of spirits 75 cl. = 25 drinks
1 bottle of strong beer = 1.5 drinks	1 glass red/white wine = 1 drink
1 bottle of red/white wine = 6 drinks	1 glass of liqueur = 1 drink
1 bottle of liqueur 70 cl. = 10 drinks	1 glass of aquavit = 1 drink
1 drink = 12 grams of alcohol	

**83. How many alcoholic drinks did you have each day last week? We'll start with yesterday and take one day at a time (1 drink = 12 grams of alcohol).**

*(Write total drinks)*

- a. **Monday** .....
- b. **Tuesday** .....
- c. **Wednesday** .....
- d. **Thursday** .....
- e. **Friday** .....
- f. **Saturday** .....
- g. **Sunday** .....

**Text 17: The next questions concern your smoking habits.**

**84. Do you smoke?**

Yes, daily .....	1	<b>34.0</b>	→ Ques. 86
Yes, but some days I don't smoke .....	2	<b>2.9</b>	→ Ques. 86
No .....	3	<b>62.9</b>	
<b>No information</b>		<b>0.2</b>	

**85. Have you ever been a smoker?**

Yes, I quit within the past 6 months .....	1	<b>2.1</b>	
Yes, I quit more than 6 months ago .....	2	<b>21.4</b>	
No .....	3	<b>39.4</b>	→ Ques. 88
<b>No information</b>		<b>0.2</b>	
<b>Smoker</b>		<b>36.9</b>	

**From questionnaire for the follow-up sample**

**85A. How old were you when you quit smoking?**

Write age .....

**86. How much do you/did you smoke a day on average?**

*(Write total)*

- a. **Number of cigarettes daily** .....
- b. **Number of cheroots daily** .....
- c. **Number of cigars daily** .....
- d. **Number of grams of pipe tobacco (a week)** .....

**87. How old were you when you started smoking?**

Write age .....

---

From questionnaire for the follow-up sample

**87A. During the last 5 years. have you changed your smoking habits?**

Yes, have started smoking.....	1	0.8	
Yes, smoke more .....	2	2.6	
Yes, smoke less .....	3	4.7	
Yes, have quit smoking .....	4	4.5	→ Ques. 87c
No, have not changed my smoking habits .....	5	10.7	
No, stopped smoking more than 5 years ago.....	6	6.5	→ Ques. 88
<b>No information</b>		<b>0.2</b>	
<b>Never smoked</b>		<b>19.5</b>	
<b>Question not in questionnaire</b>		<b>50.6</b>	

---

From questionnaire for the follow-up sample

**87B. Within the last 5 years have you tried to quit smoking?**

Yes.....	1	8.6	
No .....	2	10.2	→ Ques. 88
<b>No information</b>		<b>0.2</b>	
<b>Never smoked</b>		<b>19.5</b>	
<b>Stopped smoking</b>		<b>4.5</b>	
<b>Stopped smoking for more than 5 years</b>		<b>6.5</b>	
<b>Question not in questionnaire</b>		<b>50.6</b>	

---

From questionnaire for the follow-up sample

**87C. What did you do to quit smoking?**

*(Check as many as apply)*

a. Used nicotine substitution .....	1	3.2	
b. Took smoking withdrawal course .....	1	0.2	
c. Sought help from own general practitioner .....	1	0.2	
d. Sought help from other doctors or health professionals .....	1	0.2	
e. Ate/drank instead of smoking .....	1	0.4	
f. Other, write what: _____	1	2.4	
g. Did not do anything special .....	1	7.7	
<b>No information</b>		<b>0.1</b>	
<b>Never smoked</b>		<b>19.5</b>	
<b>Irrelevant</b>		<b>16.7</b>	
<b>Question not in questionnaire</b>		<b>50.6</b>	

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**From questionnaire for the follow-up sample**

**87D. What made you try quit smoking?**

Write what: \_\_\_\_\_

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**88. How many in your household, including yourself smoke at home daily?**

Write total .....

---

**89. How many hours a day do you spend in rooms where people smoke, while you are present? This applies even if you're the only one who smokes.**  
*(Less than 1/2 hour, write "0")*

*(Write number of whole hours)*

a. **At home** .....

b. **At the work place** .....

c. **Other places** .....

---

**Text 18: The next questions concern your dietary habits.**

**90. How often do you generally eat the following:**

	Never/ very rarely	Less than once a week	Once a week	A few times a week	Almost every- day	Everyday/ several times a day	Don't know	No in- forma- tion
(A check on every line)	1	2	3	4	5	6		
a. Potatoes .....	<b>2.2</b>	<b>6.0</b>	<b>8.5</b>	<b>32.3</b>	<b>38.6</b>	<b>12.3</b>	<b>0.0</b>	<b>0.2</b>
b. Cooked vegetables .....	<b>4.2</b>	<b>7.0</b>	<b>11.2</b>	<b>32.9</b>	<b>31.9</b>	<b>12.5</b>	<b>0.1</b>	<b>0.3</b>
c. Salad/raw food ....	<b>9.0</b>	<b>11.5</b>	<b>13.8</b>	<b>28.0</b>	<b>24.9</b>	<b>12.4</b>	<b>0.1</b>	<b>0.3</b>
d. Fruit (e.g. apple, banana, orange) .	<b>5.9</b>	<b>6.8</b>	<b>7.8</b>	<b>15.0</b>	<b>20.0</b>	<b>44.3</b>	<b>0.0</b>	<b>0.3</b>
e. Fish for dinner .....	<b>21.3</b>	<b>32.4</b>	<b>33.1</b>	<b>11.3</b>	<b>1.2</b>	<b>0.4</b>	<b>0.1</b>	<b>0.3</b>
f. Dietary supplements (e.g. vitamins, mine- rals, fibre products)	<b>46.8</b>	<b>2.2</b>	<b>1.0</b>	<b>2.3</b>	<b>5.6</b>	<b>42.0</b>	<b>0.0</b>	<b>0.3</b>

**91. How often do you use butter, margarine (incl. low-fat) on the rye bread you eat, and how often on white bread/coarse bread?**

	Rye bread	White bread/ coarse bread
(A check in each column)	1	2
Always .....	<b>51.4</b>	<b>57.7</b>
Most of the time .....	<b>5.2</b>	<b>6.8</b>
About half the time .....	<b>3.9</b>	<b>3.9</b>
Occasionally .....	<b>9.8</b>	<b>14.7</b>
Never .....	<b>29.0</b>	<b>15.5</b>
I don't eat rye/white/coarse bread .....	<b>0.6</b>	<b>1.2</b>
Don't know – don't want to answer .....	<b>0.0</b>	<b>0.0</b>
<b>No information</b>	<b>0.2</b>	<b>0.2</b>

**92. How tall are you?**

Write height in cm. ....

**93. How much do you weigh?**

Write weight in kg. ....

Filter 7:	
If respondent has children at home 15 years of age or younger .....	<b>26.3</b> → Text 19
Otherwise .....	<b>73.7</b> → Text 20

**Text 19: The next questions concern your children`s morbidity**

**94. First of all I'd like to know the sex and age of each of your children at the age of 15 years or younger living at home**  
(check number from question 4a)

	Age	Boy	Girl	No children
<b>Eldest child</b> .....	<input type="text"/>	<b>13.7</b>	<b>12.5</b>	<b>73.7</b>
<b>2nd eldest child</b> .....	<input type="text"/>	<b>7.6</b>	<b>7.1</b>	<b>85.3</b>
<b>3rd eldest child</b> .....	<input type="text"/>	<b>2.0</b>	<b>1.9</b>	<b>96.1</b>
<b>4th eldest child</b> .....	<input type="text"/>	<b>0.2</b>	<b>0.3</b>	<b>99.5</b>

**95. Has your child/children been ill, seen by a doctor or taken any medicine within the past 2 weeks? Let us start with the eldest child.**

(Show card 11)

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
a. No .....	<b>19.3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Yes, been ill .....	<b>3.6</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Yes, stayed home from school or day-care centre due to illness	<b>2.8</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Yes, consulted a doctor due to illness .....	<b>2.5</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Yes, consulted a doctor for pre-ventive physical examination or vaccination .....	<b>0.6</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Yes, been hospitalized .....	<b>0.2</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
g. Yes, taken medicine (prescription or over-the-counter-medicine) ....	<b>2.0</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>No children</b>	<b>73.7</b>			

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**95a. What was wrong with your child?**

Eldest child, write: \_\_\_\_\_

2nd eldest child, write: \_\_\_\_\_

3rd eldest child, write: \_\_\_\_\_

4th eldest child, write: \_\_\_\_\_

---

**96. Within the past 2 weeks has your child/children had a:**

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
<b>a. Headache?</b>				
Yes .....	<b>5.1</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
No .....	<b>21.0</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>No information</b>	<b>0.1</b>			
<b>Don't know</b>	<b>0.1</b>			
<b>b. Stomach ache?</b>				
Yes .....	<b>5.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
No .....	<b>20.7</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>No information</b>	<b>0.1</b>			
<b>Don't know</b>	<b>0.0</b>			
<b>No children</b>	<b>73.7</b>			

---

**97. Within the past year has your child/children suffered from any health concerns? Let us start with the eldest child.**

*(Show card 12)*

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
<b>a. Child has been completely healthy</b>	<b>10.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>b. Child has been sick on one occasion, but has otherwise been completely healthy .....</b>	<b>14.6</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>c. Child has been sick on one occasion, but has also had symptoms or been sickly/listless during other times .....</b>	<b>1.1</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>d. Child has been sick most of the time .....</b>	<b>0.1</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<b>No information</b>	<b>0.1</b>			
<b>No children</b>	<b>73.7</b>			

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<b>98.</b>	<b>Does your eldest child have a long-standing illness, long-standing after effect from injury, disability or other long-standing condition?</b>			
	Yes .....	1	<b>4.3</b>	
	No .....	2	<b>21.9</b>	→ Ques. 99
	<b>No children</b>		<b>73.7</b>	

**98a.** 1st illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes ..... 1 **4.1**

No ..... 2 **0.2**

**No children** **73.7**

**No illness/condition** **21.9**

c. **Does the child have any other long-standing illness/condition?**

Yes ..... 1 **0.6**

No ..... 2 **3.8** → Ques. 99

**No children** **73.7**

**No illness/condition** **21.9**

---

**98b.** 2nd illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes ..... 1 **0.5**

No ..... 2 **0.0**

**No children** **73.7**

**No illness/condition** **25.7**

c. **Does the child have any other long-standing illness/condition?**

Yes ..... 1 **0.0**

No ..... 2 **0.5** → Ques. 99

**No children** **73.7**

**No illness/condition** **25.7**



---

98c. 3rd illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes ..... 1 0.0

No ..... 2 0.0

**No children 73.7**

**No illness/condition 26.2**

c. **Does the child have any other long-standing illness/condition?**

Yes ..... 1 0.0

No ..... 2 0.0

**No children 73.7**

**No illness/condition 26.2**

→ Ques. 99

---

98d. 4th illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes ..... 1 0.0

No ..... 2 0.0

**No children 73.7**

**No illness/condition 26.2**

---

---

**99. Does your 2nd eldest child have a long-standing illness, long-standing after effect from injury, disability or other long-standing condition?**

- Yes .....  1
- No .....  2 → Ques. 100
- Not applicable .....  3 → Ques. 102

**99a. 1st illness:**

**a. Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

**b. Has a doctor told you what it is?**

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

**c. Does the child have any other long-standing illness/condition?**

- Yes .....  1
- No .....  2 → Ques. 100

---

**99b. 2nd illness:**

**a. Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

**b. Has a doctor told you what it is?**

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

**c. Does the child have any other long-standing illness/condition?**

- Yes .....  1
- No .....  2 → Ques. 100
-

---

**99c.**

3rd illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes .....  1

No .....  2

c. **Does the child have any other long-standing illness/condition?**

Yes .....  1

No .....  2 → Ques. 100

---

**99d.**

4th illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes .....  1

No .....  2

---

---

**100. Does your 3rd eldest child have a long-standing illness, long-standing after effect from injury, disability or other long-standing condition?**

- Yes .....  1
- No .....  2 → Ques. 101
- Not applicable .....  3 → Ques. 102

**100a. 1st illness:**

**a. Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

**b. Has a doctor told you what it is?**

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

**c. Does the child have any other long-standing illness/condition?**

- Yes .....  1
- No .....  2 → Ques. 101

---

**100b. 2nd illness:**

**a. Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

**b. Has a doctor told you what it is?**

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

**c. Does the child have any other long-standing illness/condition?**

- Yes .....  1
- No .....  2 → Ques. 101
-

---

**100c.** 3rd illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes .....  1

No .....  2

c. **Does the child have any other long-standing illness/condition?**

Yes .....  1

No .....  2 → Ques. 101

---

**100d.** 4th illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes .....  1

No .....  2

---

---

**101. Does your 4th eldest child have a long-standing illness, long-standing after effect from injury, disability or other long-standing condition?**

- Yes .....  1
- No .....  2 → Ques. 102
- Not applicable .....  2 → Ques. 102

**101a. 1st illness:**

**a. Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

**b. Has a doctor told you what it is?**

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

**c. Does the child have any other long-standing illness/condition?**

- Yes .....  1
- No .....  2 → Ques. 102

---

**101b. 2nd illness:**

**a. Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

**b. Has a doctor told you what it is?**

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

**c. Does the child have any other long-standing illness/condition?**

- Yes .....  1
- No .....  2 → Ques. 102
-

---

**101c.** 3rd illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes .....  1

No .....  2

c. **Does the child have any other long-standing illness/condition?**

Yes .....  1

No .....  2 → Ques. 102

---

**101d.** 4th illness:

a. **Which illness or condition does the child suffer from?**

Write which illness/condition: \_\_\_\_\_

b. **Has a doctor told you what it is?**

Yes .....  1

No .....  2

---

**102. Within the past year has your child/children suffered from allergy or hypersensitivity? Let us start with the eldest child.**  
(Show card 13)

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
a. No .....	<b>19.3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Allergic rhinitis, itching of the eye (e.g. hay fever) during certain seasons .....	<b>1.6</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Allergic rhinitis, itching of the eye independent of the season .....	<b>0.8</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Asthma .....	<b>1.0</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Asthmatic bronchitis .....	<b>1.0</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Childhood eczema/"asthma" eczema or allergic eczema of the skin.....	<b>3.3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
g. Other .....	<b>0.8</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>No children</b>	<b>73.7</b>			

**103. Within the past year has your eldest child had any of the following illnesses?**

(Show card 14)

	No to all	Yes	Number of times
No to all .....	1	<b>14.5</b>	
a. Bronchitis, asthmatic bronchitis, pneumonia or false croup .....	1	<b>2.3</b>	<input type="text"/>
b. Ear infection/otitis media .....	1	<b>2.5</b>	<input type="text"/>
c. Strep throat/tonsillitis .....	1	<b>3.3</b>	<input type="text"/>
d. Stomach infection (diarrhoea and/or vomiting) .....	1	<b>6.9</b>	<input type="text"/>
<b>No children</b>		<b>73.7</b>	



**104. Within the past year has your 2nd eldest child had any of the following illnesses?**

(Show card 14)

Not applicable .....  1 → Ques. 107  
 No to all .....  1

	Yes	Number of times
a. Bronchitis. asthmatic bronchitis, pneumonia or false croup.....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>
b. Ear infection/otitis media .....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>
c. Strep throat/tonsillitis .....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>
d. Stomach infection (diarrhoea and/or vomiting) .....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>

**105. Within the past year has your 3rd eldest child had any of the following illnesses?**

(Show card 14)

Not applicable .....  1 → Ques. 107  
 No to all .....  1

	Yes	Number of times
a. Bronchitis. asthmatic bronchitis, pneumonia or false croup.....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>
b. Ear infection/otitis media .....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>
c. Strep throat/tonsillitis .....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>
d. Stomach infection (diarrhoea and/or vomiting) .....	<input type="checkbox"/> 1	<input style="width: 50px; height: 20px;" type="text"/>

**106. Within the past year has your 4th eldest child had any of the following illnesses?**

(Show card 14)

Not applicable .....  1 → Ques. 107  
 No to all .....  1

	Yes	Number of times
a. Bronchitis. asthmatic bronchitis, pneumonia or false croup.....	<input type="checkbox"/> 1	<input type="text"/>
b. Ear infection/otitis media .....	<input type="checkbox"/> 1	<input type="text"/>
c. Strep throat/tonsillitis .....	<input type="checkbox"/> 1	<input type="text"/>
d. Stomach infection (diarrhoea and/or vomiting) .....	<input type="checkbox"/> 1	<input type="text"/>

**107. How many months did your child/children breastfeed? Let us start with your eldest child.**

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
<b>Total number of months</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Number of months, where child received <i>only</i> breast milk</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wasn't breast-fed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**108. How would you assess your child's/children's well-being? Let us start with the eldest child.**

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
<b>a. Is the child's well-being in school/ institution good, fair or poor?</b>				
Good .....	<b>22.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Fair .....	<b>2.3</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Poor .....	<b>0.3</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Don't know/Irrelevant .....	<b>0.6</b>	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<b>No information</b>	<b>0.7</b>			
<b>b. Is the child's interaction with other children good, fair or poor?</b>				
Good .....	<b>22.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Fair .....	<b>2.9</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Poor .....	<b>0.4</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Don't know/Irrelevant .....	<b>0.4</b>	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<b>No information</b>	<b>0.2</b>			
<b>c. Is the child's self-confidence good fair or poor?</b>				
Good .....	<b>18.7</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Fair .....	<b>6.2</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Poor .....	<b>0.5</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Don't know/Irrelevant .....	<b>0.6</b>	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<b>No information</b>	<b>0.3</b>			
<b>d. Is the child generally secure or anxious?</b>				
Secure .....	<b>23.3</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Varies .....	<b>2.3</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Anxious .....	<b>0.2</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Don't know/Irrelevant .....	<b>0.2</b>	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<b>No information</b>	<b>0.7</b>			

Continues

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
<b>e. Is the child's concentration good, fair or poor?</b>				
Good .....	<b>18.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Fair .....	<b>6.5</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Poor .....	<b>0.6</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Don't know/Irrelevant .....	<b>0.5</b>	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<b>No information</b>	<b>0.3</b>			
<b>No children</b>	<b>73.7</b>			

---

**109. Have environmental conditions at day-care/school caused your child/youngest child to become ill or complain of symptoms? By environmental conditions is meant e.g. indoor climate, pets, noise pollution or air pollution.**

Yes .....	1	<b>1.7</b>	
No .....	2	<b>21.9</b>	→ Ques. 112
Don't know .....	8	<b>0.6</b>	→ Ques. 112
Not relevant .....	9	<b>1.9</b>	→ Ques. 112
<b>No information</b>		<b>0.3</b>	
<b>No children</b>		<b>73.7</b>	

---

**110. In your opinion. which conditions at day-care/school caused your child's illness or symptoms?**

Write which conditions:

\_\_\_\_\_

---

**111. Which symptoms or illness are you referring to?**

Write symptoms or illness:

\_\_\_\_\_

---

**Reply only for children 5 years of age and younger.**

No children 5 years of age or younger ..... 1 **13.1** → Ques. 113  
**No children** **73.7**

**112. Where is your child/children cared for during the week?**

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
a. Parents' own home or others' home .....	<b>1.5</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Other family's home .....	<b>0.1</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
c. Nursery school .....	<b>0.6</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
d. Regular day-care centre .....	<b>3.4</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
e. Forest kindergarten or outlying kindergarten .....	<b>0.3</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
f. Day-care (municipal or private) ...	<b>1.6</b>	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
g. Other place .....	<b>0.1</b>	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<b>No information</b>	<b>0.3</b>			
<b>No children</b>	<b>5.3</b>			

**112a. How old was your child/children, when they were first cared for outside the home?**

*(Write number of months)*

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
a. Has not been cared for together with other children in private day-care or day-care centre .....	<b>1.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>No information</b>	<b>0.3</b>			
<b>Don't know</b>	<b>0.1</b>			
<b>No children</b>	<b>73.7</b>			
<b>Irrelevant</b>	<b>18.4</b>			
b. <b>In private day-care together with other children</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. <b>In day-care centre. e.g. nursery school/day-care</b> .	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Reply only for children 12-15 years of age.**

No children 12-15 years of age ..... 1 **17.2** → Ques. 114  
**No children** **73.7**

**113. Has your child/children been vaccinated against measles, mumps and chickenpox? (the so-called MFR-vaccine or umbrella vaccine). Typically given as 2 vaccinations: at 15 months of age and at 12 years of age. The vaccination against measles can be given separately.**

	Eldest child	2nd eldest child	3rd eldest child	4th eldest child
a. Yes, vaccinated at 15 months of age .....	<b>6.9</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Yes, vaccinated at a later time (between 15 months and 12 years) .....	<b>1.9</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Yes, vaccinated at 12 years of age .....	<b>6.5</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. No, not vaccinated .....	<b>0.4</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>No information</b>	<b>0.2</b>			
<b>No children</b>	<b>0.0</b>			

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**Text 20: Finally, I would like to ask some questions regarding your health insurance and economic situation.**

**114. Are you insured in the private health insurance "danmark"?**

Yes, group 1 .....	1	<b>8.3</b>
Yes, group 2 .....	2	<b>3.0</b>
Yes, group 5 .....	3	<b>17.9</b>
Yes, group 8 (basic insurance) .....	4	<b>2.0</b>
Yes, but can't remember which group .....	5	<b>2.0</b>
No .....	6	<b>66.6</b>
<b>No information</b>		<b>0.3</b>
<b>Don't know</b>		<b>0.1</b>

**115. Are you covered by any type of supplementary health insurance? (e.g. covers treatment, admission or surgery at private hospitals, award of a fixed sum if you get a life-threatening illness?)**

(Show card 15)

(Check as many as apply)

a. Yes, through my membership in "danmark's" health insurance group 1 or 2, or as a group 5 member with extended treatment and surgery coverage .....	1	<b>9.5</b>	
b. Yes, I am covered by other supplementary health insurance e.g. pays for treatment, admission or surgery at private hospitals .....	1	<b>2.6</b>	
c. Yes, I am covered by supplementary care and treatment insurance e.g. covers expenses for recreation, alcohol treatment, homecare etc. ....	1	<b>0.3</b>	
d. Yes, I am covered so that I receive payment of a fixed lump sum, if I acquire a life-threatening illness (not functionally limiting) e.g. cancer or cardiovascular disease .....	1	<b>9.5</b>	
e. No, I am not covered by any supplementary health insurance .....	1	<b>75.2</b>	→ Ques. 116
f. Don't know which type of insurance .....	1	<b>2.4</b>	
g. Don't know if I am insured .....	1	<b>3.1</b>	→ Ques. 116
<b>No information</b>		<b>0.6</b>	

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**115a. Who pays for the supplementary insurance scheme?**

I pay myself .....	1	<b>15.8</b>
Work (own or spouse's) .....	1	<b>6.3</b>
Labour/trade union .....	1	<b>1.3</b>
Write who: _____	1	<b>0.6</b>
<b>No information</b>		<b>1.1</b>
<b>Irrelevant</b>		<b>78.3</b>

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**116. Within the past year how often have you found it difficult to pay your bills/expenses?**

Every month .....	1	<b>1.7</b>
About half the year .....	2	<b>1.8</b>
A few months .....	3	<b>9.0</b>
Never .....	4	<b>87.0</b>
<b>No information</b>		<b>0.5</b>

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**117. What was *your* total income in 1999. i.e. before taxes and allowances?**

**117a. What was the total income of your *household* in 1999 (before taxes and allowances)?**

*(By household is meant the persons registered in question 4)*

*(Show card 16)*

		Own income	Family's income
No income .....	01	<b>1.3</b>	<b>0.6</b>
Less than 50,000 kr. ....	02	<b>5.7</b>	<b>0.9</b>
50,000 – 99,000 kr. ....	03	<b>14.3</b>	<b>5.4</b>
100,000 – 149,000 kr. ....	04	<b>15.8</b>	<b>7.6</b>
150,000 – 199,000 kr. ....	05	<b>12.6</b>	<b>7.2</b>
200,000 – 249,000 kr. ....	06	<b>15.4</b>	<b>7.7</b>
250,000 – 299,000 kr. ....	07	<b>11.8</b>	<b>6.7</b>
300,000 – 349,000 kr. ....	08	<b>6.4</b>	<b>6.1</b>
350,000 – 399,000 kr. ....	09	<b>3.8</b>	<b>6.1</b>
400,000 – 449,000 kr. ....	10	<b>2.2</b>	<b>7.1</b>
450,000 – 499,000 kr. ....	11	<b>1.5</b>	<b>7.3</b>
500,000 – 549,000 kr. ....	12	<b>1.0</b>	<b>6.7</b>
550,000 – 599,000 kr. ....	13	<b>0.5</b>	<b>4.3</b>
600,000 – 649,000 kr. ....	14	<b>0.4</b>	<b>3.8</b>
650,000 – 699,000 kr. ....	15	<b>0.3</b>	<b>2.1</b>
700,000 – 749,000 kr. ....	16	<b>0.3</b>	<b>2.0</b>
750,000 – or more .....	17	<b>1.0</b>	<b>5.3</b>
Don't want to answer .....	18	<b>0.9</b>	<b>1.1</b>
Don't know .....	88	<b>4.4</b>	<b>11.3</b>
<b>No information</b>		<b>0.3</b>	<b>0.8</b>

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**118. Is there something you would like to add to this interview?**

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**119. The group of researchers at the National Institute of Public Health are considering calling on the interviewed persons once more to see how things are going. Will you permit us to call again for a second interview?**

Yes .....	1	<b>97.1</b>
No .....	2	<b>1.4</b>
Don't know .....	8	<b>1.2</b>
<b>No information</b>		<b>0.3</b>

<b>Text 21:</b>	<b>Thank you for the interview.</b>
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