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The Danish Health and Morbidity Survey 2000

Self-administered Questionnaire

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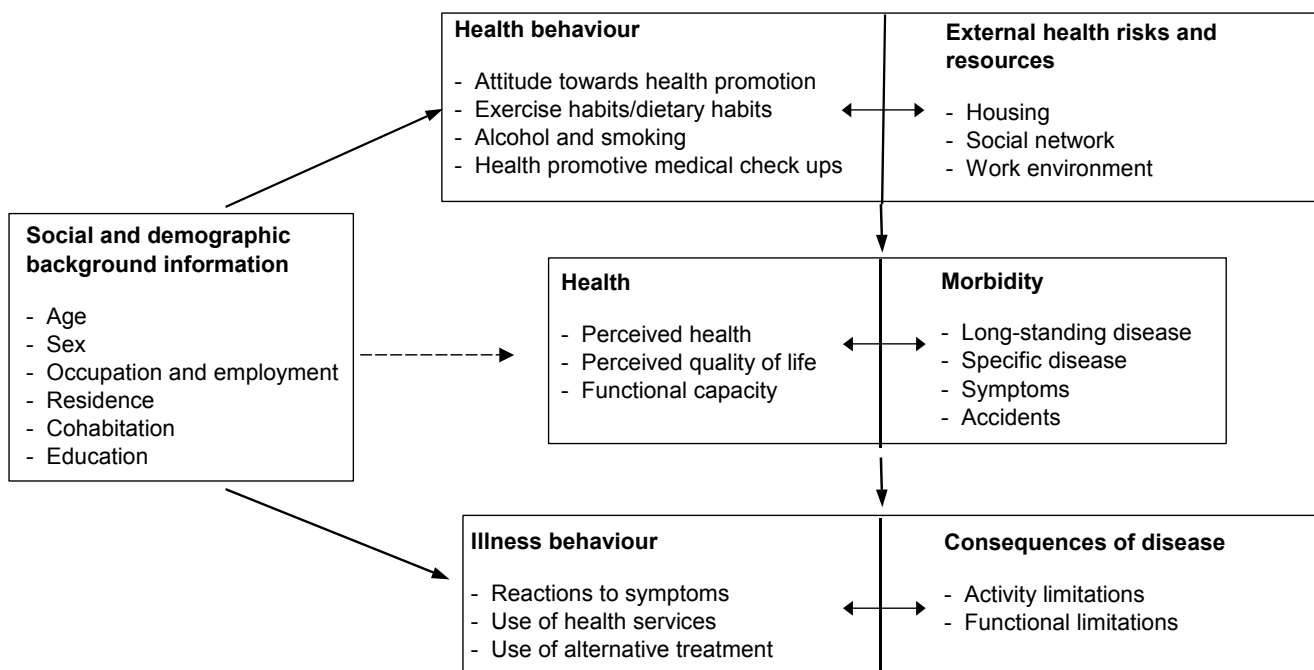
The National Health Interview Survey 2000 is the third general health and morbidity survey carried out by the National Institute of Public Health.

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 condition, 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
- extent of patients' complaints
- consequences for dental status and dental care in growing age of various types of dental care plans
- use of euphorants
- extent of risk factors for eating disorders
- extent of allergy
- prevalence of suicide attempts
- involvement
- prevalence of violence
- extent 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
- extent of HIV-testing
- extent of supplementary health insurance
- DALY (disability adjusted life years)
- citizens

Please see the list of contents in the questionnaire for personal interview.

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.

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 in personal interviews 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 SUSY-2000 survey is 22,496 individuals. Interview was achieved with 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		Follow-up		Supple- mentary sample		Total SUSY-2000	
	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 of the self-administered questionnaires used.

Self-administered questionnaire for the national sample

The questionnaire corresponds to that which was sent to the individuals of the national sample supplemented by the questions asked in one or two of the data collection rounds:

Questions number 34-35 were asked only in round 2 and 3

Question number 36 was asked only in round 2

Questions number 37-44 about families with children were asked only in round 3.

Self-administered questionnaire for follow-up and supplementary sample

The self-administered questionnaires were edited into one questionnaire based on the questionnaire used for the follow-up sample. Questions in the questionnaire for the supplementary sample alone were included in the questionnaire and marked by capital letters e.g. 47A, 47B etc. At questions asked only in either the follow-up or of the supplementary sample it has been written in which questionnaire the questions were asked:

Questions number 44-45 were asked only in round 2 and 3

Question number 46 was asked only in round 2

Questions number 49-55 about families with children were asked only in round 3.

List of contents

Self-administered questionnaire

	National sample questions	Follow-up and supplementary sample questions
Mucous membrane problems	1	
Child dental care and dental care behaviour	2 - 4	
Eating disorders	5	
Use of narcotic drugs	6	23
HIV	7 - 8	24 - 25
Housing hygiene and housing conditions	9 - 26	26 - 27
Suicidal behaviour		40 - 42
Attitude towards medication	27 - 33	43 - 44
Citizen involvement	34 - 35	45 - 46
Disease weights	36	47
The health promoting family	37 - 44	48 - 55
SF-36		1 - 11
Euroqol and WHO-QOL		12 - 13
Pain epidemiology		14 - 16
Illness and environmental circumstances		17 - 22
Violence		34 - 39
Sexuality		28 - 33

Self-administered Questionnaire to National Sample

How to fill in the questionnaire

Before answering a question we ask you to read the question as well as the alternative answer carefully. Most questions are answered by checking the box in which you feel that the answer suits you the best. It is possible to check more than one box per question only when specifically stated.

Some questions are easier to answer than others. If you get stuck in your reply to a question please proceed to the next rather than give up filling in the questionnaire altogether.

It is important that you return the questionnaire to us in the stamped addressed envelope under all circumstances – also even if some questions remain unanswered.

Example

Do you feel pain or malaise?

(One check only)

- I feel no pain or malaise 1
I feel moderate pain or malaise 2
I feel extreme pain or malaise 3

Within the past 4 weeks have you been bothered by:

(One check per line)

- | | No | Yes, some
times | Yes, several
times a
week | Yes,
daily |
|---|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------|
| a. Itching, dryness or irritation of the eyes.. | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Itching, dryness or irritation of the nose.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Congested or runny nose | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Dryness or irritation of the throat | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 |

If nothing is stated to the contrary the response frequency is based on the number of individuals of the national sample (N=3,820)

Text 1: The first questions concern your health situation. The next questions are about your attitude towards your body, weight and eating habits.

1. Within the past 4 weeks have you been bothered by:

(One check per line)

	No 1	Yes, ocasionnally 2	Yes, several times a week 3	Yes, daily 4	No in- forma- tion	Don't know
a. Itching, dryness or irritation of the eyes	70,1	16,6	4,2	2,7	6,4	0,0
b. Itching, dryness or irritation of the nose.....	74,6	12,9	2,8	1,9	7,8	-
c. Congested or runny nose	61,9	22,7	4,5	3,9	7,0	-
d. Dryness or irritation of the throat.....	75,3	12,0	2,6	1,9	8,1	-
e. Dry or flushed skin of the face.....	79,8	8,5	1,7	1,6	8,4	-
f. Unusual tiredness.....	72,7	13,5	2,9	2,7	8,3	-
g. Headache or a feeling of heaviness in the head	60,8	27,2	3,7	1,7	6,7	-
h. Difficulties concentrating.....	69,5	19,1	2,1	1,8	7,6	-

2. Did you attend the school dental treatment when you went to school?

(Only one check)

Yes, in all grades.....	1	48,1	→	Go to ques. 3
Yes, in some grades	2	14,4	→	Go to ques. 3
No, didn't exist.....	3	31,0		
No, didn't want to	4	1,4		
Don't know	8	0,9		
No information		4,2		

2a. If no: Did you attend any other type of dental treatment, while you went to school?

(Only one check)

Yes.....	1	16,5
No	2	17,4
No information		3,5
Don't know		0,1
Attended school dental treatment		62,5

3. How often do you use the following in your dental care?

(One check per line)

	Never/ seldom 1	Several times a month 2	Several times a week 3	Daily 4	Several times a day 5	No infor- mation	Don't know
a. Toothbrush ...	1,2	0,5	1,7	29,1	64,3	3,2	0,1
b. Dental floss ...	44,8	14,6	12,4	6,6	1,8	19,7	0,1
c. Tooth picks ...	28,3	17,6	18,2	15,2	8,6	12,1	0,1

4. Do you have a denture?

(Only one check)

Yes	1	18,3	
No	2	79,1	→ Go to ques. 5
No information		2,7	

If yes:

How often do you use a toothbrush for the denture?

(Only one check)

Never/seldom	1	2,6
Several times a month	2	0,2
Several times a week	3	0,8
Daily	4	7,8
Several times a day	5	6,4
No information		3,1
Don't know		0,1
Do not have a denture		79,1

5. The next questions concern your attitude towards your body, weight and eating habits. Check the box that best applies to you.

(One check per line)

	Very often 1	Often 2	Sel- dom 3	Never 4	No infor- mation	Don't know	Ques. not incl.
a. I get a bad conscience when I eat sweets	3,8	15,1	34,4	43,2	3,5	-	-
b. I am on a diet	1,9	8,5	30,9	53,8	4,8	0,1	-
c. I am content with my eating-habits	31,2	50,0	9,2	3,8	5,7	0,1	-
d. I fast/starve to avoid gaining weight, or to lose weight	0,7	2,7	15,3	76,9	4,3	0,0	-
e. I use slimming pills or other slimming preparations to avoid gaining weight or to lose weight ..	0,3	1,0	6,2	88,3	4,2	-	-
f. I throw up to get rid of what I have eaten.....	0,2	0,2	1,3	94,1	4,3	-	-
g. I feel uncomfortable when I eat with others.....	0,5	0,6	4,0	90,5	4,5	-	-
h. I am afraid I cannot stop eating if I first get started	0,4	1,3	5,8	87,8	4,7	-	-
i. I am satisfied with myself	23,4	30,7	5,2	3,0	4,1	0,2	33,5

5a.

(One check per line)

	True	Almost true	Partly true	False	No infor- mation	Don't know
a. I feel that it is necessary to keep a strict diet or to stick to other diet-rituals to control what I eat.....	3,7	5,2	13,7	70,5	6,9	0,0
b. I feel that my desire to lose weight has got out of control	0,9	1,7	6,9	82,7	7,8	0,1

Text 2: The next questions may not apply to your situation, but it is important for us that you answer them anyway.

6. Have you ever tried any of the following drugs?

(One check per line)

	Yes, within the past month 1	Yes, within the past year (but not within the past month) 2	Yes, previously (but not within the past year) 3	No, I have never tried the drug 4	No information	Don't know
a. Hash.....	2,4	2,8	20,9	72,1	1,9	-
b. Amphetamine (speed) ..	0,3	0,8	3,8	91,4	3,7	-
c. Ecstasy	0,1	0,3	0,5	95,0	4,2	-
d. Cocaine	0,2	0,5	1,3	93,9	4,1	-
e. LSD	0,1	0,1	1,0	94,6	4,2	-
f. Heroin	0,1	0,1	0,3	94,8	4,8	-
g. Mushrooms with euphoric side-effects (psilocybin-mushrooms)	0,1	0,3	1,6	93,6	4,4	0,0
h. Other drugs	0,3	0,2	0,7	94,0	4,8	0,0

If other drugs, which _____
(N = 14.278)

7. Have you ever had an HIV-test taken?

(Only one check)

Yes 1 **18,0**

Write the year when you were last tested :

No..... 2 **80,6**

No information **1,4**

Don' know **0,0**

(N = 14.278)

8. Have you ever donated blood?

(Only one check)

Yes 1 **27,5**

Write the year when you last donated :

No..... 2 **71,5**

No information **1,0**

Don't know **0,0**

(N = 14.278)

Text 3: The following questions are about environmental conditions and hygiene at home.

- 9. Do you worry that some of the following conditions in or around your home may be harmful to your health?**
If you do not feel that you are in contact with or exposed to the conditions in question, you should check “1” and proceed to the next environmental factor.

(One check per line)

	Not in contact with/exposed to 1	No, not worried 2	Yes, a bit worried 3	Yes, very worried 4	No information	Don't know
a. Chemical substance emanating from materials (e.g. floors and walls incl. paint, lacquer, oil etc.)	58,6	33,5	3,9	0,6	3,5	0,0
b. Chemical substances in the cleaning materials you use.....	39,1	41,9	12,5	0,8	5,7	0,1
c. Noise	46,5	39,3	7,0	1,2	5,9	0,1
d. Draught or cold.....	44,5	38,5	9,9	1,4	5,7	-
e. Humidity	51,5	32,8	8,2	1,6	5,9	-
f. Others' tobacco smoke (passive smoking)	34,0	41,2	15,4	3,9	5,5	0,1
g. House dust mites	32,0	48,2	12,4	1,6	5,7	0,1
h. Mold fungus	50,2	35,3	6,8	1,8	5,9	0,0
i. Air pollution from traffic	36,4	34,9	19,1	4,1	5,5	0,1
j. Industrial pollution	46,3	29,4	14,0	4,0	6,1	0,1
k. Radon (radioactive gas from the subsoil).....	49,3	34,9	7,3	2,4	6,1	0,1
l. Electromagnetic fields from electric equipment or from high-voltage lines	46,5	36,7	8,9	2,0	5,8	0,1
m. Soil pollution.....	47,5	32,6	10,4	3,5	5,9	0,1

- 10. Do you worry that some of the following conditions at work may be harmful to your health?**

(One check per line)

	Not exposed	No, not worried	Yes, a bit worried	Yes, very worried	No information	Don't know
a. Noise	43,8	30,4	14,0	2,6	9,2	0,1
b. Others' tobacco smoke (passive smoking)	36,1	40,1	11,5	2,9	9,5	0,0
c. Air pollution from work processes.....	50,5	25,7	11,4	2,7	9,6	0,1

11. Do you worry that some of the following may be harmful to your health?

(One check per line)

	Not ex- posed 1	No, not worried 2	Yes, a bit worried 3	Yes, very worried 4	No in- for- ma- tion	Don't know
a. Preservatives or colouring agents in foods.....	5,8	39,5	41,6	10,6	2,6	-
b. Pesticide residue or other types of chemical pollution in food	6,8	29,6	44,9	15,8	2,9	-
c. Bacteria, e.g. salmonella in food	5,0	25,0	46,4	21,2	2,5	0,0
d. Polluted drinking water	11,5	37,8	33,4	14,7	2,6	0,0

12. Within the past two weeks have you been annoyed by unpleasant odours inside your home due to any of the following conditions.

(One check per line)

	No, not annoyed 1	Yes, a bit annoyed 2	Yes, very annoyed 3	No infor- mation	Don't know
a. Smoking inside the home	82,3	13,7	1,5	2,5	0,0
b. Traffic near the residence	86,1	9,5	1,5	2,9	0,1
c. Residence's building materials....	95,3	1,3	0,3	3,1	-
d. Mold and mold fungus.....	94,0	2,6	0,5	3,0	-
e. Neighbour's activities	86,7	8,7	1,7	3,0	-
f. Nearby wood burning	91,1	5,2	0,7	3,0	-
g. Industry near the residence.....	93,5	2,9	0,6	3,0	0,0
h. Other known sources (e.g. sewer, waste, manure)	85,8	9,8	1,3	3,1	-
i. Unknown sources inside or outside	94,4	1,9	0,3	3,4	0,0

**13. Now the questions are about the room in which you sleep.
What types of flooring or carpets are there in that room?**

(Check as many as apply)

a. Wooden floor	1	52,1
b. Vinyl, linoleum or cork flooring	1	4,8
c. Wall-to-wall carpeting	1	53,3
d. One big heavy carpet	1	4,4
e. Other	1	4,0
No information		1,2

13b. If you have wall-to-wall carpeting or one big heavy rug, how old is it?

(Only one check)

Less than one year.....	1	4,1
From one to ten years	2	34,4
More than ten years	3	12,8
No information		6,5
Don't know		0,1
Don't have wall to wall carpeting		42,1

14. Do you sleep with a window open this time of the year or any other type of ventilation?

(One check per line)

	Yes	No	Not possible	No information	Don't know
	1	2	3		
a. Open window/door to the outside	45,0	48,4	0,7	5,8	-
b. Door open to adjoining rooms	61,2	30,7	0,4	7,7	0,0
c. Ventilation valve open (incl. slit valve)	30,1	38,8	20,9	10,1	0,1
d. Air conditioning.....	5,4	48,9	33,4	12,4	0,1

15. Do your bedroom windows steam up on the inside in the morning at this time of the year?

(Only one check)

Yes, a little (e.g. a few cm at the bottom)	1	28,3
Yes, quite a lot (also the middle of the window)	1	3,9
No, no steam.....	1	65,5
There are no windows in the bedroom	1	0,4
No information		1,8
Don't know		0,1

16. Does anything prevent you from airing the residence properly?

(Checks as many as apply)

a. Yes, noise from the outside.....	1	4,1
b. Yes, air pollution from the outside	1	2,2
c. Yes, the risk of burglary	1	5,6
d. Yes, other conditions.....	1	2,6
e. No	1	86,9
No information		2,5

17. What are the airing possibilities in your kitchen and bathroom?

(Check as many as apply in each column)

		Kitchen	Bathroom
a. Window/door open to the outside	1	90,4	68,4
b. Ventilation valve (including slit valve).....	1	28,0	52,1
c. Exhaust ventilator in exterior wall or ceiling	1	18,2	36,0
d. Cooker hood with exhaust outlet.....	1	76,3	-
e. Cooker hood without exhaust outlet (re-circulating)	1	5,3	-
f. Open kitchen connected to e.g. living room.	1	34,2	-
g. Other airing possibilities	1	4,2	4,2
h. No airing possibilities	1	1,2	2,1
i. Have no kitchen/bathroom	1	0,5	0,8
No information		1,5	4,5

18.	Has there been any humidity damage in your residence during the past 5 years?		
			<i>(Only one check)</i>
	Yes.....	1	17,2
	No	2	80,3 → Go to ques. 20
	Don't know		0,3
	No information		2,3

18a.	If yes: What caused the damage?		
			<i>(Check as many as apply)</i>
	a. Water penetrating through floors or walls.....	1	7,0
	b. Leaking roof	1	5,2
	c. Leaking pipes.....	1	2,6
	d. Overflow from drainage or sewer	1	1,8
	e. Other	1	3,9
	No information		2,5
	Have not had humidity damage		80,5

19.	How soon was the last humidity damage remedied (i.e. the cause repaired and the damaged area dried and, if necessary, replaced)?		
			<i>(Only one check)</i>
	In less than four months	1	8,3
	After four months or more	2	2,5
	Not yet remedied.....	3	6,2
	No information		2,5
	Have not had humidity damage		80,5
	Don't know		0,0

20.	Do you have any water or mildew spots on walls, ceilings or floors in your home at present?		
			<i>(Only one check)</i>
	Yes, of a total size of 50 x 50 cm or more.....	1	3,3
	Yes, but only of a minor size	2	13,3
	No, have neither water or mildew spots	3	77,0
	No information		6,5

21. Do you have any indoor pets in your home?

(Only one check)

Yes.....	1	37,8	
No	2	60,1	→ Go to ques. 22
No information		2,0	

If yes, which:

(Check as many as apply)

a. Dog.....	1	22,2
b. Cat.....	1	15,3
c. Any other furry animals.....	1	2,7
d. Bird	1	4,7
e. Others	1	1,7
No information		2,1
Have no indoor pets in my home		60,1

22. Within the past two weeks how often have the following been done in your home?

(One check per line)

	Daily or almost daily 1	Not daily, but at least once a week 2	Max once during the past two weeks 3	Not done during the past two weeks 4	No information	Don't know
a. Airing.....	90,3	7,2	0,9	0,3	1,3	0,1
b. Airing duvets i.e. removed totally or partly from mattress	24,1	32,3	25,5	14,6	3,5	-
c. Using exhaust hood or other ventilation when cooking	87,7	4,4	0,9	2,7	4,2	0,0
d. Ventilation/airing after bathing	86,9	6,6	0,7	1,6	4,1	0,1
e. Vacuum-cleaning	18,2	68,4	10,1	1,5	1,8	0,1
f. Washing floor	6,6	57,6	23,3	9,5	3,0	0,1
g. Sweeping floor	25,7	35,1	8,7	21,1	9,3	0,0

23. Do you have any of the following heating sources in your home?

(Check as many as apply)

a. Yes, fireplace, wood burning stove, open fire place .	1	24,9
b. Yes, oil stove with exhaust (not central heating)	1	1,5
c. Yes, mobile oil stove or gas radiator	1	1,8
d. No, none of the above	1	67,7
No information		5,2

24. Do you have any of the following gas installations in your home? By gas is meant natural as well as other types of gas.

(Check as many as apply)

a. Gas range	1	11,3
b. Gas water heater without exhaust.....	1	0,5
c. Gas water heater with exhaust.....	1	7,6
d. No, none of the above	1	74,6
No information		6,2
Don't know		0,2

25. How many hours do you normally spend away from your home on a weekday? Write the nearest number of whole hours.

Hours

26. Have you used chemicals to fight weeds, insects, algae or fungus?

(One check per line)

	Yes	No	Have no garden	No information	Don't know
	1	2	3		
a. Inside the home.....	10,3	82,4	-	7,3	-
b. On the area around the residence (e.g. in the garden, in the driveway, on flagstones or the like)	35,2	43,8	17,3	3,6	0,1

Text 4: The following questions concern your attitude towards medication.

27. How do you prefer to get information or instructions on medication (prescription and/or over-the-counter)?

(Check as many as apply)

a. At the general practitioner	1	93,3
b. At the pharmacy	1	67,8
c. In or on medication packaging	1	53,0
d. From commercials.....	1	2,6
e. From newspapers/weekly magazines	1	6,5
f. On the Internet.....	1	13,9
g. From family/friends.....	1	15,0
h. In reference books	1	19,0
i. From other sources.....	1	2,6
Write which: _____		
j. Don't need to get information	1	1,3
No information		1,5

28. As a consequence of your own medication have you experienced any of the following problems within the past year?

a. Have not used any medication within the past year 1 **44,8** → go to ques. 29

(Check as many as apply)

b. No effect of the medicine	1	6,7
c. Side-effects of the medicine	1	9,3
d. Problems when taking medicine together with another medicine (interactions)	1	0,8
e. Problems finding the correct dose of medicine to take	1	2,8
f. Mismatching	1	1,5
g. To have medicine prescribed without having received proper advice as to other options	1	2,6
h. Have had difficulty stopping to use medicine	1	2,4
i. Have not been able to afford buying prescribed medicine	1	2,8
j. Have not been able to afford buying necessary over-the-counter medicine	1	1,6
k. Have not been able to open medicine package	1	2,1
l. Have not had any problems	1	33,7
No information		3,6
Don't know		0,0
Have not used any medicine		44,8
(N= 10.616)		

29. What do you find most important to know about medicine the first time you get it (prescribed and/or over-the counter medicine)?

(Check as many as apply)

- | | | |
|---|---|-------------|
| a. The effect of the medicine on the illness/symptom .. | 1 | 81,1 |
| b. For how long should the medicine be taken | 1 | 70,5 |
| c. How should the medicine be stored at home | 1 | 23,8 |
| d. Side-effects of the medicine | 1 | 81,1 |
| e. Whether the medicine can be taken together with other medicine | 1 | 48,1 |
| f. Whether the medicine can be taken together with alcohol | 1 | 31,8 |
| g. Whether there are other options than medication | 1 | 38,9 |
| h. The cost of the medicine | 1 | 28,3 |
| i. Other: | 1 | 3,6 |

Write: _____

No information		5,1
Don't know		0,1
(N = 10.616)		

**30. Here is a list of various products.
Please indicate which of the products you would name 'medicine'?**

(Check as many as apply)

a. Vitamins and minerals.....	1	6,2
b. Ginseng	1	3,4
c. Cosmetics	1	0,3
d. Energy drinks, sports drinks.....	1	0,6
e. Contraceptive pills.....	1	40,0
f. Doping-preparations.....	1	30,7
g. Nicotine preparations to quit smoking	1	17,4
h. Viagra.....	1	45,4
i. Acidophilus.....	1	0,7
j. Alcohol	1	1,6
k. Anti-depressants	1	59,8
l. Special shampoos.....	1	4,3
m. Headache pills.....	1	74,1
n. Dietary supplements	1	2,9
o. Ecstasy	1	11,4
p. Penicillin.....	1	89,0
q. Diet pills	1	14,3
r. Cremes/ointments (e.g. zinc ointment; NOT cosmetics)	1	24,0
s. Bandages.....	1	4,5
No information		3,8
Don't know		0,1

31. Where should it be possible to buy over-the-counter medication?
(e.g. medicine against cold, pain killers)

(Check as many as apply)

a. At the pharmacy	1	95,3
b. In an over-the-counter medicine outlet from the pharmacy (e.g. in another type of shop).....	1	72,6
c. At the chemists.....	1	44,5
d. At the supermarket and convenience store	1	22,3
e. At the gas/petrol station and kiosk	1	7,2
f. At the hospital	1	32,3
g. In a vending machine	1	2,2
h. On the Internet	1	7,1
i. Other places.....	1	0,9
Write where: _____		
No information		1,8
Don't know		0,0

32. Here is a list of various statements regarding people's use of medication. Please indicate whether you agree, disagree or neither agree nor disagree.

(One check per line)

	Agree 1	Neither agree nor disagree 2	Dis- agree 3	No infor- mation	Don't know
a. Generally prescribed medicine has more side effects than over-the-counter medication	34,7	43,0	15,1	7,1	0,1
b. People turn to medicine much too quickly	65,1	25,0	3,9	6,0	0,1
c. There are types of herbal/natural medicines that should be used first and foremost to reduce symptoms	25,8	51,7	14,0	8,3	0,1
d. One can easily follow the information on medication that the doctor provides	61,2	25,2	8,7	4,8	0,1
e. Medication often has dangerous additives and should therefore be used as little as possible	70,3	18,4	5,2	6,1	0,1
f. One can easily follow the information on medication that the pharmacy provides	52,5	34,1	7,6	5,7	0,0
g. Generally prescribed medicine is more effective than over-the-counter medicine	53,0	33,4	7,6	5,8	0,1
h. There are some types of herbal/natural medicines that can sometimes cure illness just as well as prescribed medication	37,8	46,9	9,2	5,9	0,2

33. Here is a list of various statements on the current pharmacy system. For each of them please indicate whether you agree, disagree or neither agree nor disagree.

(One check per line)

	Agree 1	Neither agree nor disagree 2	Dis- agree 3	No infor- mation	Don't know
a. For me, the pharmacy is part of the health system.....	73,3	13,0	9,4	4,2	0,0
b. It is easy enough to get necessary medicine at any time of the day.....	33,6	33,3	27,3	5,7	0,2
c. All in all, I believe that I can get the service I need at the pharmacy	72,3	18,9	3,9	4,9	0,1
d. The pharmacies should expand their selection	9,4	61,6	21,7	7,2	0,1
e. For me, the pharmacy is a business along the lines of other special businesses, e.g. shoe stores or butcher shops.....	39,6	21,0	34,1	5,3	0,1

Text 5: The next questions concern your participation in public debate and your interest in prevention and health conditions.

34. How often do you do the following?

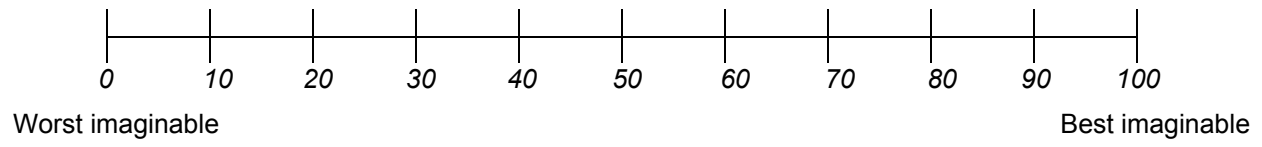
	<i>(One check per line)</i>					
	At least once a week 1	Once or twice a month 2	Less often 3	Never or almost never 4	No infor- mation	Don't know
a. Participate in meetings with politicians, hearings and the like.....	0,4	1,4	10,9	56,0	2,4	0,0
b. Participate in meetings in constituency organizations or with political parties	0,2	0,7	5,4	62,2	2,6	0,0
c. Participate in meetings with trade unions or with federations of trade unions.....	0,3	2,1	14,7	51,5	2,7	-
d. Participate in meetings in tenants' associations, in homeowners' associations and the like	0,3	3,1	23,1	42,2	2,5	0,0
e. Participate in meetings in athletic associations or in sports clubs.....	1,2	5,2	15,3	46,5	2,9	0,0
f. Participate in meetings in councils for senior citizens or in associations of senior citizens	0,4	1,8	4,4	62,0	2,5	0,0
g. Participate in meetings at schools or in day-care centres	1,3	7,7	16,3	43,0	3,0	0,0
h. Participate in meetings in other organizations - for instance grass-roots movements, patients' associations, or the like	0,5	1,9	5,9	59,9	3,0	0,0
i. Participate in church activities or other religious activities.....	1,4	2,2	4,2	60,6	2,8	0,0
Question not in round (N = 14.278)		28,9				

35. How would you characterize your interest in the debate about health conditions and prevention?

	<i>(Only one check)</i>	
I participate actively in the public debate, for instance in meetings, make contributions to the debate and the like	1	1,4
I am interested and regularly follow the debate, but am not active myself.....	2	38,2
I read and listen now and then, but am not particularly interested in the debate	3	22,5
I am not at all interested and do not follow the debate ...	4	3,5
Don't know.....	8	3,7
No information		2,0
Question not in round (N = 14.278)		28,9

Text 6: The following questions concern your health and having to live with various conditions.

36. On a scale from 0 (worst imaginable condition) to 100 (best imaginable condition), how do you rate your health and also the conditions which are listed below (imagining that you had to live with such conditions yourself for the rest of your life)?



Write a number between 0 and 100

a. **Your present state of health**.....

b. **Asthma**
 At least two attacks of serious respiratory problems a year, which involve absence from work due to the illness and possibly a short hospitalization. Between attacks there are functional restrictions, and the need to take preventive medicine daily and to avoid smoke and dust.....

c. **Impaired vision**
 Moderately impaired vision, which results in difficulty reading a newspaper, in recognizing faces at a distance, and in carrying out daily activities. This is in spite of correction with glasses.....

d. **Breast cancer**
 Gone through breast-preserving therapy and local radiation treatment for breast cancer, and now only feel some malaise; there are no signs that the tumour will come back, but there is always a certain risk that it will.....

e. **Cancer in colon and rectum**
 Cancer in colon and rectum is surgically removed, after which it is necessary to carry an ostomy appliance. Additionally, there is personal shock involved in getting the diagnosis and uncertainty about the durability of the cure.....

f. **Depression**
 A strong feeling of emptiness, depression and lost interest and energy, accompanied by serious disturbances as regards sleep, concentration and perception in spite of treatment; daily activities cannot be carried out.....

-
- g. **Deafness**
Total deafness

 - h. **Thrombus**
Incident lasting about 1 week with severe pain in the chest, hospitalization required. The acute incident is followed by out-patient physical rehabilitation. Anxiety and depressive symptoms may continue

 - i. **Pain in the lower back**
Radiating pain in the lower back; restrictions in being able to sit and to a lesser degree in being able to walk; a general restriction in all physical activities, pain killer medicine is taken

 - j. **HIV/AIDS**
Treated HIV infection with medication; there are negative side effects of the treatment; the treatment necessitates strict observance of medicine intake

 - k. **Diabetes**
Poor control of blood sugar on some occasions in spite of careful observance of insulin and diet; results in sudden attacks

 - l. **Paralysis**
Paralysis from the neck and downwards, but able to breathe yourself; unable to move arms or legs and confined to bed or to sit in a special wheel chair.....

 - m. **Hay fever**
Allergy towards pollen which involves irritation of the mucous membranes of the nose and eyes during spring- and summer periods.....

 - n. **Cerebral haemorrhage**
Moderate handicap following cerebral haemorrhage. Permanent restrictions in movement, speech and memory

 - o. **Dementia**
Some loss of memory and some problems with planning and organization of daily activities; are conscious about the decline in perception, but able to live independently
-

37. Do you have children under the age of 16 living at home?

Yes.....	1	12,0	→	Go to text 7
No	2	30,5	→	Go to ques 45
No information		0,4		
Question not in round		57,1		
(N = 14.278)				

Text 7: The following questions are about the functioning of the family and what is being done to promote child health.

38. How do the following statements apply to your family?

	<i>(One check per line)</i>				
	Strong-ly agree	Mostly agree	Mostly disagree	Strong-ly disagree	No infor-mation
	1	2	3	4	
a. Planning family activities is difficult, because we misunderstand each other.....	0,2	0,8	2,6	8,2	0,6
b. In time of crisis we can turn to each other for support.....	6,7	4,3	0,5	0,3	0,5
c. We cannot talk to each other about the sadness we feel	0,5	1,1	2,9	7,3	0,5
d. We avoid discussing our fears and concern	0,3	1,0	3,6	7,0	0,6
e. We can express feelings to each other	5,4	4,8	1,0	0,6	0,6
f. There are lots of bad feelings in the family...	0,2	0,6	2,9	8,1	0,5
g. We are able to make decisions about how to solve problems.....	6,6	4,3	0,6	0,4	0,5
h. We don't get along well together.....	0,3	0,4	1,9	9,1	0,6
i. We confide in each other	6,4	4,4	0,7	0,4	0,6
j. We feel accepted for what we are	7,2	3,9	0,6	0,2	0,5
Don't know	0,0				
Questions not in round	57,1				
Do not have children under the age of 16 living at home					
(N = 14.278)	30,5				

The following questions pertain only to the oldest child under the age of 16 living at home

39. Write age and sex of the oldest child under the age of 16 living at home:

Age	1
Boy	6,3
Girl	5,5
No information	0,6
Question not in round	57,1
Do not have children under the age of 16 living at home (N = 14.278)	30,5

40. How important do you find the following in order to maintain and promote your child's health and well-being?

	<i>(One check per line)</i>				
	Very important 1	Impor- tant 2	Not impor- tant 3	No infor- - ma- tion	Don't know
a. that the child gets sufficient sleep	8,8	3,1	0,0	0,5	-
b. that the child brushes his/her teeth regularly (or gets them brushed)	8,9	2,9	0,0	0,5	-
c. that the child washes hands after having been to the toilet	7,2	4,4	0,3	0,5	0,0
d. that the child eats fruits and vegetables every day	6,6	5,0	0,3	0,5	0,0
e. that the child does not get too much sugar (candy, soda/cola)	4,5	6,6	0,8	0,6	0,0
f. that the child does not get a diet with too much fat content ..	3,1	7,1	1,6	0,5	0,0
g. that the child is not exposed to tobacco smoke at home	5,8	4,7	1,3	0,6	0,0
h. that the child does not start smoking	9,6	2,0	0,3	0,5	-
i. that the child does not start drinking alcohol (beer, wine, spirits)	5,9	4,8	1,2	0,6	-
j. that the child does not start using drugs (incl. hash and ecstasy)	11,5	0,3	0,1	0,5	-
k. that the child is physically active (exercise, play, sport)	8,6	3,3	0,1	0,5	-
l. that the child learns to listen to his/her body	8,4	3,3	0,1	0,5	-
m. that the child has good contact to other children	10,0	1,9	0,0	0,5	-
n. that the child learns to co-operate and solve conflicts	10,1	1,7	0,0	0,5	-
Questions not in round	57,1				
Do not have children under the age of 16 living at home (N = 14.278)	30,5				

41. How often does your oldest child eat the following meals on weekdays (Monday to Friday)?

(One check per line)

	Daily 1	3-4 days a week 2	1-2 days a week 3	Less often/ never 4	No infor- mation	Don't know
Breakfast	10,9	0,5	0,3	0,2	0,6	-
Lunch	10,7	0,7	0,3	0,1	0,6	0,0
Dinner	11,5	0,3	-	0,0	0,6	-
Question not in round			57,1			
Do not have children under the age of 16 living at home (N = 14.278)			30,5			

42. How many hours a week total does your oldest child engage in sport, exercise or other physical activities? Include only physical activity, where the child loses his/her breath or is sweating.

(If the child goes to school, state the hours in excess of physical education in school)

(Only one check)

Not any	1	1,6
Approximately ½ hour	2	0,6
Approximately 1 hour	3	1,7
Approximately 2-3 hours	4	3,9
Approximately 4-6 hours	5	2,7
7 hours or more	6	1,3
		0,7
No information		0,1
Don't know		57,1
Question not in round		
Do not have children under the age of 16 living at home (N = 14.278)		30,5

43. Does your oldest child smoke?

(Only one check)

Yes, daily	1	0,2
Yes, at least once a week	2	0,1
Yes, less than weekly	3	0,1
No	4	11,5
No information		0,5
Question not in round		57,1
Do not have children under the age of 16 living at home		30,5
(N = 14.278)		

44. Does your oldest child drink alcohol?

(Only one check)

Yes, daily	1	0,0
Yes, at least once a week	2	0,2
Yes, less than weekly	3	1,4
No	4	10,2
No information		0,5
Question not in round		57,1
Do not have children under the age of 16 living at home		30,5
(N = 14.278)		

45. Are you:

Male	1
Female.....	2

46. What is your postal-code

--	--	--	--

We have no more questions – but in case you wish to elaborate on any of your answers or wish to comment on the survey, please do so on the blank pages.

We hope you have found it interesting to be interviewed and to complete this questionnaire. Please check that all questions have been answered and mail it to the Danish National Institute of Social Research in the enclosed envelope. Postage has been prepaid.

Thank you very much for your assistance

Self-administered Questionnaire to Follow-up Sample and Supplementary Sample

How to fill in the questionnaire

Before answering a question we ask you to read the question as well as the alternative answer carefully. Most questions are answered by checking the box in which you feel that the answer suits you the best. It is possible to check more than one box per question only when specifically stated.

Some questions are easier to answer than others. If you get stuck in your reply to a question please proceed to the next rather than give up filling in the questionnaire altogether.

It is important that you return the questionnaire to us in the stamped addressed envelope under all circumstances – also even if some questions remain unanswered.

Example

Do you feel pain or malaise?

(One check only)

- I feel no pain or malaise 1
I feel moderate pain or malaise 2
I feel extreme pain or malaise 3

Within the past 4 weeks have you been bothered by:

(One check per line)

- | | No | Yes, some
times | Yes, several
times a
week | Yes,
daily |
|---|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------|
| a. Itching, dryness or irritation of the eyes.. | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Itching, dryness or irritation of the nose.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Congested or runny nose | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Dryness or irritation of the throat | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 |

If nothing is stated to the contrary the respond frequency is based on the number of individuals of the follow-up and the supplementary sample (N=10,458).

Text 1: The first questions are about your perception of your health. It is possible that some of the questions resemble those you answered during the interview, but please answer them anyway. The answers will give an overall indication as to how you are feeling and as to how well you are able to carry out your daily activities. Answer the question by checking the box that comes closest to the way you are feeling. If in doubt as to what to answer, please answer as best you can.

1. How do you perceive your health in general?

(Only one check)

Excellent	1	12,5
Very good.....	2	41,7
Good	3	34,0
Fair.....	4	8,4
Bad.....	5	2,0
No information		1,3

2. Compared to one year ago, how do you perceive your health in general now?

(Only one check)

Much better now than one year ago.....	1	2,9
Somewhat better now than one year ago.....	2	8,2
About the same	3	79,3
Somewhat worse now than one year ago	4	6,7
Much worse now than one year ago	5	1,4
No information		1,5

3. The following questions are about daily activities. Are you because of your health restricted in these activities? If so, how much?

(One check per line)

	Yes, very much - restricted 1	Yes, a little restricted 2	No, not at all restricted 3	No in- forma- tion
a. Vigorous activities such as running, lifting heavy objects, participating in strenuous sports.....	17,6	32,9	46,8	2,6
b. Moderate activities such as moving a table, pushing a vacuum cleaner or bicycling	5,2	12,8	79,6	2,4
c. Lifting or carrying groceries	4,2	11,7	81,7	2,4
d. Climbing several flights of stairs.....	5,8	16,2	75,5	2,4
e. Climbing one flight of stairs	2,3	7,3	87,5	2,9
f. Bending or kneeling	5,2	16,8	75,5	2,4
g. Walking more than 1 kilometer.....	5,9	9,2	82,5	2,4
h. Walking a few hundred meters.....	2,7	5,0	89,2	3,0
i. Walking 100 meters	2,0	3,7	91,1	3,2
j. Bathing or dressing yourself.....	1,4	4,7	91,5	2,3

4. Within the past 4 weeks have you had any of the following problems with your work or other daily activities as a result of your physical health?

(One check per line)

	Yes 1	No 2	No infor- mation
a. I have cut down the amount of time spent on work or other activities	12,0	84,5	3,5
b. I have accomplished less than I would have liked to	21,1	75,5	3,4
c. I have been limited in the kind of work or other activities I have been able to do.....	17,1	78,8	4,1
d. I have had difficulty performing my work or other activities (for example it took extra effort) ...	15,5	80,4	4,1

5. **Within the past 4 weeks have you had any of the following problems with your work or other daily activities as a result of emotional problems?**

				<i>(One check per line)</i>		
				Yes	No	No infor-
				1	2	mation
a.	I have reduced the time spent on work or other activities			9,4	86,9	3,7
b.	I have accomplished less than I would have liked to			18,9	77,7	3,4
c.	I have carried out my work or other activities less carefully than usual			9,2	86,9	3,9

6. **Within the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or others?**

			<i>(Only one check)</i>	
	Not at all		1	79,4
	Slightly		2	11,9
	Moderately		3	4,2
	Quite a bit.....		4	2,4
	Extremely		5	0,9
	No information			1,1

7. **How much bodily pain have you felt within the past 4 weeks?**

			<i>(Only one check)</i>	
	None		1	41,2
	Very mild		2	24,1
	Mild		3	18,0
	Moderate.....		4	10,1
	Severe.....		5	4,4
	Very severe		6	1,4
	No information			0,9

8. Within the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Only one check)

Not at all	1	66,8
A little bit	2	18,1
Moderately	3	6,3
Quite a bit.....	4	4,8
Extremely	5	2,2
No information		1,8

9. These questions are about how you have been feeling within the past 4 weeks. How much of the time within the past 4 weeks:

(One check per line)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	No information
	1	2	3	4	5	6	
a. Did you feel full of pep?	10,6	44,9	18,5	13,4	6,8	3,0	2,9
b. Have you been a very nervous person?	0,5	0,8	2,3	5,3	24,1	63,9	3,2
c. Have you felt so down in the dumps that nothing could cheer you up?	0,3	0,5	1,4	3,1	8,8	82,9	3,0
d. Have you felt calm and peaceful?	18,5	44,0	15,1	11,2	5,3	3,2	2,7
e. Did you have a lot of energy?	7,3	36,4	23,1	15,9	8,8	5,6	2,8
f. Have you felt down-hearted and blue?	0,5	1,3	3,3	8,9	34,1	48,9	2,9
g. Did you feel worn out?	1,3	2,3	4,9	10,8	30,5	46,9	3,3
h. Have you been a happy person?	16,1	49,4	13,5	10,0	5,6	2,6	2,7
j. Did you feel tired?	2,3	4,3	9,6	19,7	45,3	16,4	2,3

10. Within the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc.)?

(Only one check)

All of the time	1	1,0
Most of the time.....	2	2,0
Some of the time	3	5,6
A little of the time.....	4	12,1
None of the time.....	5	77,9
No information		1,4

11. How true or false is the following statements for you?

(One check per line)

	Definitely true 1	Mostly true 2	Don't know 3	Mostly false 4	Definitely false 5	No information
a. I seem to get sick a little easier than other people	1,4	3,4	9,8	11,2	69,6	4,8
c. I am as healthy as anybody I know	50,0	23,4	10,9	5,6	6,1	4,0
c. I expect my health to get worse.....	3,6	8,9	23,9	13,5	45,5	4,7
d. My health is excellent.....	31,9	41,4	7,6	7,7	7,0	4,4

12. How often within the past 4 weeks:

(One check per line)

	None of the time 1	A little of the time 2	Less than half of the time 3	More than half of the time 4	Most of the time 5	All of the time 6	No information
a. Have you felt your daily life full of things of interest to you?....	1,2	6,8	5,3	10,9	60,0	13,9	2,0
b. Have you woken up and felt refreshed and rested?	4,5	10,2	7,7	12,7	52,8	10,3	1,9

Text 2: The next questions concern your health situation. You have already answered many questions about your health, and we are aware that you may be repeating some of the answers. We hope you won't mind.

13. How do you rate your health situation?

13a. Do you have problems walking about?

(Only one check)

I have no problems walking about.....	1	89,5
I have some problems walking about	2	9,2
I am confined to bed.....	3	0,2
No information		1,1

13b. Do you have problems with your self-care?

I have no problems with self-care.....	1	96,4
I have some problems washing and dressing myself	2	2,0
I am unable to wash and dress myself	3	0,4
No information		1,1
Don't know		0,0

13c. Do you find it difficult to carry out your usual activities, such as work, studies, housework, family or leisure time activities?

I have no problems with performing my usual activities	1	79,8
I have some problems with performing my usual activities	2	15,1
I am unable to perform my usual activities	3	3,6
No information		1,5
Don't know		0,0

13d. Do you feel pain or discomfort?

I have no pain or discomfort.....	1	61,3
I have some pain or discomfort.....	2	34,5
I have extreme pain or discomfort.....	3	2,4
No information		1,7
Don't know		0,1

13e. Do you feel anxious or depressed?

I am not anxious or depressed.....	1	81,4
I am moderately anxious or depressed	2	16,0
I am extremely anxious or depressed	3	0,7
No information		1,8
Don't know		0,1

14. Do you have chronic/long-lasting pain lasting 6 months or more?

(Only one check)

Yes..... 1

No 2

→ go to text 3

15. In case of chronic pain:

Do you feel that your chronic pain has been adequately examined?

(Only one check)

Yes..... 1

No 2

16. In case of chronic pain:

Do you feel that you have received adequate treatment of your long-standing/chronic pain?

(Only one check)

Yes..... 1

No 2

Text 3: The next questions concern illness, symptoms and environmental conditions at home, the workplace or in the environment elsewhere. It may include e.g. indoor climate, pets, noise pollution or air pollution.

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

	<i>(Only one check)</i>		
Yes, myself	1	1,5	
Yes, others	2	1,2	
Yes, myself and others	3	0,3	
No	4	91,5	→ go to ques. 20
Don't know	8	3,3	→ go to ques. 20
No information		2,3	

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

Write: _____

19. Which illnesses or symptoms are you referring to?

Yourself: _____

Others in the household: _____

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

	<i>(Only one check)</i>		
Yes.....	1	7,0	
No	2	82,4	→ go to text 4
Don't know	8	5,4	→ go to text 4
No information		5,2	

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

Write: _____

22. Which illnesses or symptoms are you referring to?

Write illness or symptoms: _____

Text 4: The next questions may not apply to your situation, but it is important for us that you answer them anyway.

23. Have you ever tried any of the following drugs?

(One check per line)

	Yes within the past month 1	Yes, within the past year (but not within the past month) 2	Yes, previ- ously (but not within the past year) 3	No, I have never tried the drug 4	No infor- mation	Don't know
c. Hash.....	2,4	2,8	20,9	72,1	1,9	-
d. Amphetamine (speed) ..	0,3	0,8	3,8	91,4	3,7	-
c. Ecstasy	0,1	0,3	0,5	95,0	4,2	-
d. Cocaine	0,2	0,5	1,3	93,9	4,1	-
e. LSD	0,1	0,1	1,0	94,6	4,2	-
f. Heroin	0,1	0,1	0,3	94,8	4,8	-
g. Mushrooms with euphoric side-effects (psilocybin-mushrooms)	0,1	0,3	1,6	93,6	4,4	0,0
h. Other drugs	0,3	0,2	0,7	94,0	4,8	0,0

If other drugs, which?: _____
(N = 14.278)

24. Have you ever had an HIV-test taken?

(Only one check)

Yes 1 18,0

Write the year when you were last tested :

--	--	--	--

No..... 2 80,6

No information 1,4

Don' know 0,0

(N = 14.278)

25. Have you ever donated blood?

(Only one check)

Yes 1 27,5

Write the year when you last donated :

--	--	--	--

No..... 2 71,5

No information 1,0

Don't know 0,0

(N = 14.278)

Text 5: The following questions concern your housing conditions.

Questions asked to follow-up sample only

26. Imagine that you are going to move to a new residence. What improvements would you wish to get, and could/would you pay for it?

(One check per line)

	Satis- fied with current situation	Would like improvements, but cannot afford them	Would like improvements and would accept higher housing costs	No infor- mation
	1	2	3	
a. A different type of house (flat, single-family house, linked/terrace house).....	31,6	4,4	3,8	1,8
b. Better maintenance status	30,5	5,4	3,1	2,6
c. Better toilet facilities	31,7	3,9	3,5	2,5
d. Better kitchen facilities	30,0	4,6	4,6	2,5
e. Better bathroom facilities	28,9	5,5	4,9	2,5
f. A home that is easier to clean	34,2	2,6	2,2	2,6
g. Better location (e.g. in the country, in the city, more cultural life).....	32,1	3,5	3,6	2,6
h. Better transport possibilities	35,5	1,4	2,0	2,8
i. Better building materials	33,5	3,2	2,2	2,7
j. More square metres	28,7	5,2	5,1	2,7
k. Better access (e.g. better driving or entrance facilities).....	36,1	1,3	1,6	2,7
l. Lift	34,3	1,0	0,8	5,5
m. More rooms	27,9	5,5	5,3	3,0
n. Less outside noise	34,0	2,4	2,4	2,9
o. Less outside pollution.....	34,0	2,3	2,4	3,1
p. Better ventilation	34,1	2,6	2,1	2,8
q. Better heating.....	33,8	3,0	2,2	2,7
r. Better noise insulation from other residences.....	33,0	3,2	2,6	3,0
s. Better noise insulation between rooms inside the residence	33,7	3,0	2,1	2,9
t. More daylight in the residence	34,8	1,8	2,3	2,8
u. Residence with environmentally better materials, heating etc.	31,9	3,9	3,0	2,9
Question not included in the supplementary sample			58,3	

Questions asked to follow-up sample only

27. How much importance do you attach to maintaining or improving the health conditions in your home?

(One check per line)

	Very important 1	Not so important 2	Not at all im- portant 3	No infor- mation
a. Cleaning (ordinary regular cleaning)	36,8	3,5	0,3	1,1
b. Spring cleaning approx. once a year	24,7	13,8	1,7	1,5
c. Daily airing	38,5	1,9	0,3	1,0
d. Avoid tobacco smoking	26,0	11,8	2,5	1,4
e. Avoid too much humidity, e.g. from drying of clothes, bathing, cooking	30,7	8,7	1,0	1,4
f. Remember ventilation/airing after baths	37,2	2,8	0,5	1,3
g. Keep the windows closed.....	5,5	18,7	15,3	2,3
h. Air duvets, i.e. remove them from the mattress totally or partly	26,4	13,0	1,0	1,4
i. Use the exhaust hood or other kind of airing when cooking	34,6	5,2	0,7	1,2
j. Limit noise inside the residence	17,7	19,4	3,1	1,6
k. Avoid pets indoors	10,2	17,2	12,7	1,5
l. Avoid wall-to-wall carpeting.....	10,8	19,7	9,6	1,6
m. Other	1,6	0,9	4,4	34,9
What: _____				
Question not included in the supplementary sample			58,3	

Text 6: The following questions concern your sex life.

28. How do you rate your sexual life?

(Only one check)

Extremely good	1	15,7
Very good.....	2	37,0
Neither good nor bad	3	26,3
Bad.....	4	6,8
Very bad	5	5,1
No information		9,1
Don't know		0,1

29. How often do you feel like having sex?

(Only one check)

Never	1	4,0
Rarely.....	2	8,5
Sometimes	3	42,0
Often	4	37,5
No information		7,9
Don't know		0,1

30. Are your sexual needs fulfilled?

(Only one check)

Not at all	1	7,6
Somewhat	2	7,5
Partly	3	18,3
Almost totally	4	21,6
Totally	5	29,9
Rarely or never have the need	6	6,7
No information		8,5
Don't know		0,0

31. Compared to your sexual needs 5 years ago, have your needs increased or decreased?

(Only one check)

Much increased.....	1	6,7
A little more	2	10,5
Unchanged	3	43,7
A little decreased.....	4	22,2
Much less	5	8,7
No information		8,2
Don't know		0,1

32. How do you rate the importance of a good sexlife?

(Only one check)

Very important.....	1	23,9
Important.....	2	40,8
Not that important	3	19,3
Not important at all	4	3,9
Don't know	8	4,3
No information		7,9

33. Are you sexually oriented towards:

(Only one check)

Persons of the opposite sex (heterosexuality)	1	88,7
Persons of your own sex (homosexuality).....	2	1,2
Persons of both sexes (bisexuality)	3	0,5
No information		9,6
Don't know		0,1

Text 7: The following questions concern exposure to violence and sexual assault

34. Have you as an adult ever been subjected to one or more of the following forms of violence?

(One check per line)

	Yes, within the past 12 months 1	Yes, previously 2	No 3	No- infor- mation
a. Pushed, shaken or struck lightly.....	3,8	15,9	76,8	3,6
b. Kicked, struck with a fist or object ...	1,8	11,0	83,2	4,1
c. Thrown against furniture, into walls, down stairs or similar.. ..	0,4	3,7	91,4	4,6
d. Strangled, attempted assault with a knife or firearm	0,3	3,0	92,2	4,5
e. Other form of violence	0,7	2,5	91,3	5,6
If another form of violence, please specify:				
<hr/>				
Don't know	0,0			

35. Have you as an adult been subjected to threats of violence that were so serious that you became afraid?

(Only one check)

Yes, within the past 12 months	1	2,0	
Yes, previously.....	2	11,6	
No	3	83,7	→ go to ques. 37
No information		2,7	
Don't know		0,0	

**36. If you have been subjected to threats of violence:
Who subjected you to violence or threats?**

(Check as many as apply)

a. Current spouse/partner	1	0,6
b. Previous spouse/partner	1	2,8
c. Current or previous boyfriend/girlfriend	1	1,0
d. Other family member/relative	1	0,6
e. Friend or acquaintance	1	1,0
f. Colleague/person at your workplace	1	1,4
g. Stranger	1	6,9
h. Other person	1	1,9
No information		2,4
Have not been subjected to threats of violence		83,7

36a. If you have been subjected to violence within the past 12 months

(Check as many as apply)

a. Did you incur injuries or become ill as a consequence of the violence?.....	1	0,4
b. Did you seek medical attention from your general practioner or the doctor on call as a consequence of the violence?	1	0,3
c. Did you seek medical assistance at the emergency department as a consequence of the violence?	1	0,3
d. Were you admitted to hospital as a consequence of the violence?	1	0,1
e. Did you receive other assistance or take other action as a consequence of the violence?	1	0,6

If you received other assistance, please specify:

No information		3,8
Question not in round		27,0
Have not been subjected to threats of violence within the past 12 months		67,3

37. Have you ever been subjected to any form of coerced or attempted coerced sexual activity?

(Check as many as apply)

Yes, as a child (under the age of 13)	1	2,9	
Yes, as an adolescent between 13 and 17 years old.....	1	2,4	
Yes, 18 years or older	1	2,6	
No	1	88,9	→ go to ques. 39
No information		3,3	

If you have been subjected to coerced or attempted coerced sexual activity as an 18-year-old or older:

37a. Did it occur within the last year?

(Only one check)

Yes.....	1	0,3
No	2	4,4
No information		5,2
Have not been subjected to coercion		90,2

38. Who subjected you to the coercion?

(Check as many as apply)

a. Current spouse/partner	1	0,2
b. Previous spouse/partner	1	0,8
c. Current or previous boyfriend/girlfriend	1	0,7
d. Parents/foster parents	1	0,5
e. Other family member	1	1,2
f. Friend or acquaintance	1	1,4
g. Playmate of same age (if below 18 years old)	1	0,5
h. Colleague/person at your workplace	1	0,3
i. Stranger	1	1,3
j. Other person	1	1,1
No information		3,4
Have not been subjected to coercion		88,9

39. Does the risk of exposure to violence or sexual assault sometimes make you avoid deserted places in town?

(Only one check)

Yes, often	1	9,4
Yes, sometimes.....	2	15,2
Only seldom	3	22,4
No, never	4	45,7
No information		7,3
Don't know		0,0

39a. Does the risk of exposure to violence or sexual assault sometimes prevent you from using public transport?

(Only one check)

Yes, often	1	1,9
Yes, sometimes.....	2	4,8
Only seldom	3	11,0
No, never	4	76,8
No information		5,5
Don't know		0,0

Text 8: The following question is about contemplating or actually trying to take your own life.

40. Have you ever had thoughts of taking your life, even if you would not really do it?

(Only one check)

Yes.....	1	6,9
No	2	88,1
Don't know	8	2,5
No information		2,5

41. Have you ever made an attempt to take your own life?

(Only one check)

Yes.....	1	3,2	
No	2	94,4	→ Go to text 8A
No information		2,4	
Don't remember		0,0	

42. During the past 12 months have you made an attempt to take your own life?

(Only one check)

Yes.....	1	0,4
No	2	2,8
No information		2,4
Have never attempted to take my own life		94,4

If yes to questions 41 or 42:

(One check per line)

	Yes	No	Don't known	No-information
	1	2	3	
Did you suffer an injury or illness as a result of trying to take your own life?.....	0,5	2,2	0,1	2,7
Did you go to a doctor, emergency ward or other health facility for the resulting injury or illness?	1,4	1,4	0,0	2,8
Were you admitted to a hospital as a result of trying to take your own life?	1,2	1,7	-	2,7
Have not attempted to take my own life	94,4			

Text 8A: The following questions concern medication.

Questions asked to supplementary sample only

43. As a consequence of your personal medication have you experienced any of the following problems within the past year?

a. Have not used any medication within the past year 1 **44,8** → go to ques. 44

(Check as many as apply)

b. No effect of the medicine 1 **6,7**

c. Side-effects of the medicine 1 **9,3**

d. Problems when taking medicine together with another medicine (interactions) 1 **0,8**

e. Problems determining the correct dose of medicine to take 1 **2,8**

f. Mismatching 1 **1,5**

g. To have medicine prescribed without having received proper advice as to other options 1 **2,6**

h. Have had difficulty stopping to use medicine 1 **2,4**

i. Have not been able to afford buying prescribed medicine 1 **2,8**

j. Have not been able to afford buying necessary over-the-counter medicine 1 **1,6**

k. Have not been able to open medicine package 1 **2,1**

l. Have not had any problems 1 **33,7**

No information **3,6**

Don't know **0,0**

Have not used any medicine **44,8**

(N= 10.616)

Questions asked to supplementary sample only

44. What do you find most important to know about medicine the first time you get it (prescribed and/or over-the counter medicine)?

(Check as many as apply)

- | | | |
|---|---|-------------|
| a. The effect of the medicine on the illness/symptom .. | 1 | 81,1 |
| b. For how long should the medicine be taken | 1 | 70,5 |
| c. How should the medicine be stored at home | 1 | 23,8 |
| d. Side-effects of the medicine | 1 | 81,1 |
| e. Whether the medicine can be taken together with other medicine | 1 | 48,1 |
| f. Whether the medicine can be taken together with alcohol | 1 | 31,8 |
| g. Whether there are other options than medication | 1 | 38,9 |
| h. The cost of the medicine | 1 | 28,3 |
| i. Other: | 1 | 3,6 |

Write: _____

No information		5,1
Don't know		0,1
(N = 10.616)		

Text 9: The next questions concern your participation in public debate and your interest in prevention and health conditions.

45. How often do you do the following?

	<i>(One check per line)</i>					
	At least once a week 1	Once or twice a month 2	Less often 3	Never or almost never 4	No information	Don't know
a. Participate in meetings with politicians, hearings and the like.....	0,4	1,4	10,9	56,0	2,4	0,0
b. Participate in meetings in constituency organizations or with political parties	0,2	0,7	5,4	62,2	2,6	0,0
c. Participate in meetings with trade unions or with federations of trade unions.....	0,3	2,1	14,7	51,5	2,7	-
d. Participate in meetings in tenants' associations, in homeowners' associations and the like	0,3	3,1	23,1	42,2	2,5	0,0
e. Participate in meetings in athletic associations or in sports clubs.....	1,2	5,2	15,3	46,5	2,9	0,0
f. Participate in meetings in councils for senior citizens or in associations of senior citizens	0,4	1,8	4,4	62,0	2,5	0,0
g. Participate in meetings at schools or in day-care centres	1,3	7,7	16,3	43,0	3,0	0,0
h. Participate in meetings in other organizations - for instance grass-roots movements, patients' associations, or the like	0,5	1,9	5,9	59,9	3,0	0,0
i. Participate in church activities or other religious activities.....	1,4	2,2	4,2	60,6	2,8	0,0
Question not in round (N = 14.278)		28,9				

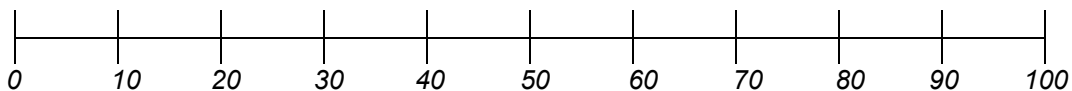
46. How would you characterize your interest in the debate about health conditions and prevention?

(Only one check)

I participate actively in the public debate, for instance in meetings, make contributions to the debate and the like	1	1,4
I am interested and regularly follow the debate, but am not active myself.....	2	38,2
I read and listen now and then, but am not particularly interested in the debate	3	22,5
I am not at all interested and do not follow the debate ...	4	3,5
Don't know.....	8	3,7
No information		2,0
Question not in round (N = 14.278)		28,9

Text 10: The following questions concern your health and having to live with various conditions.

47. On a scale from 0 (worst imaginable condition) to 100 (best imaginable condition), how do you rate your health and also the conditions which are listed below (imagining that you had to live with such conditions yourself for the rest of your life)?



Write a number between 0 and 100

a. **Your present state of health**.....

b. **Asthma**
 At least two attacks of serious respiratory problems a year, which involve absence from work due to the illness and possibly a short hospitalization. Between attacks there are functional restrictions, and the need to take preventive medicine daily and to avoid smoke and dust

c. **Impaired vision**
 Moderately impaired vision, which results in difficulty reading a newspaper, in recognizing faces at a distance, and in carrying out daily activities. This is in spite of correction with glasses

d. **Breast cancer**
 Gone through breast-preserving therapy and local radiation treatment for breast cancer, and now only feel some malaise; there are no signs that the tumour will come back, but there is always a certain risk that it will

e. **Cancer in colon and rectum**
 Cancer in colon and rectum is surgically removed, after which it is necessary to carry an ostomy appliance. Additionally, there is personal shock involved in getting the diagnosis and uncertainty about the durability of the cure

f. **Depression**
 A strong feeling of emptiness, depression and lost interest and energy, accompanied by serious disturbances as regards sleep, concentration and perception in spite of treatment; daily activities cannot be carried out.....

-
- g. **Deafness**
Total deafness
- h. **Thrombus**
Incident lasting about 1 week with severe pain in the chest, hospitalization required. The acute incident is followed by out-patient physical rehabilitation. Anxiety and depressive symptoms may continue
- i. **Pain in the lower back**
Radiating pain in the lower back; restrictions in being able to sit and to a lesser degree in being able to walk; a general restriction in all physical activities, pain killer medicine is taken
- j. **HIV/AIDS**
Treated HIV infection with medication; there are negative side effects of the treatment; the treatment necessitates strict observance of medicine intake
- k. **Diabetes**
Poor control of blood sugar on some occasions in spite of careful observance of insulin and diet; results in sudden attacks
- l. **Paralysis**
Paralysis from the neck and downwards, but able to breathe yourself; unable to move arms or legs and confined to bed or to sit in a special wheel chair.....
- m. **Hay fever**
Allergy towards pollen which involves irritation of the mucous membranes of the nose and eyes during spring- and summer periods.....
- n. **Cerebral haemorrhage**
Moderate handicap following cerebral haemorrhage. Permanent restrictions in movement, speech and memory
- o. **Dementia**
Some loss of memory and some problems with planning and organization of daily activities; are conscious about the decline in perception, but able to live independently
-

48. Do you have children under the age of 16 living at home?

Yes.....	1	12,0	→	Go to text 11
No	2	30,5	→	Go to ques 55
No information		0,4		
Question not in round		57,1		
(N = 14.278)				

Tekst 11. The following questions are about the functioning of the family and what is being done to promote child health.

49. How do the following statements apply to your family?

	<i>(One check per line)</i>				No information
	Strong-ly agree 1	Mostly agree 2	Mostly disagree 3	Strong-ly disagree 4	
a. Planning family activities is difficult, because we misunderstand each other .	0,2	0,8	2,6	8,2	0,6
b. In time of crisis we can turn to each other for support	6,7	4,3	0,5	0,3	0,5
c. We cannot talk to each other about the sadness we feel	0,5	1,1	2,9	7,3	0,5
d. We avoid discussing our fears and concern	0,3	1,0	3,6	7,0	0,6
e. We can express feelings to each other..	5,4	4,8	1,0	0,6	0,6
f. There are lots of bad feelings in the family	0,2	0,6	2,9	8,1	0,5
g. We are able to make decisions about how to solve problems	6,6	4,3	0,6	0,4	0,5
h. We don't get along well together	0,3	0,4	1,9	9,1	0,6
i. We confide in each other	6,4	4,4	0,7	0,4	0,6
j. We feel accepted for what we are	7,2	3,9	0,6	0,2	0,5
Don't know		0,0			
Questions not in round		57,1			
Do not have children under the age of 16 living at home		30,5			
(N = 14.278)					

The following questions pertain only to the oldest child under the age of 16 living at home

50. Write age and sex of the oldest child under the age of 16 living at home:

Age	1
Boy	6,3
Girl	5,5
No information	0,6
Question not in round	57,1
Do not have children under the age of 16 living at home (N = 14.278)	30,5

51. How important do you find the following in order to maintain and promote your child's health and well-being?

	<i>(One check per line)</i>				
	Very important 1	Important 2	Not important 3	No in_formation	Don't know
a. that the child gets sufficient sleep	8,8	3,1	0,0	0,5	-
b. that the child brushes/his/her teeth regularly or gets them brushed	8,9	2,9	0,0	0,5	-
c. that the child washes hands after having been to the toilet	7,2	4,4	0,3	0,5	0,0
d. that the child eats fruits and vegetables every day	6,6	5,0	0,3	0,5	0,0
e. that the child does not get too much sugar (candy, soda/cola)	4,5	6,6	0,8	0,6	0,0
f. that the child does not get a diet with too much fat content ..	3,1	7,1	1,6	0,5	0,0
g. that the child is not exposed to tobacco smoke at home	5,8	4,7	1,3	0,6	0,0
h. that the child does not start smoking.....	9,6	2,0	0,3	0,5	-
i. that the child does not start drinking alcohol (beer, wine, spirits)	5,9	4,8	1,2	0,6	-
j. that the child does not start using drugs (incl. hash and ecstasy).....	11,5	0,3	0,1	0,5	-
k. that the child is physically active (exercise, play, sport).....	8,6	3,3	0,1	0,5	-
l. that the child learns to listen to his/her body	8,4	3,3	0,1	0,5	-
m. that the child has good contact to other children.....	10,0	1,9	0,0	0,5	-
n. that the child learns to co-operate and solve conflicts	10,1	1,7	0,0	0,5	-
Questions not in round					
Do not have children under the age of 16 living at home (N = 14.278)	57,1				
	30,5				

52. How often does your oldest child eat the following meals on weekdays (Monday to Friday)?

(One check per line)

	Daily 1	3-4 days a week 2	1-2 days a week 3	Less often/ never 4	No infor- mation	Don't know
Breakfast	10,9	0,5	0,3	0,2	0,6	-
Lunch	10,7	0,7	0,3	0,1	0,6	0,0
Dinner	11,5	0,3	-	0,0	0,6	-
Question not in round			57,1			
Do not have children under the age of 16 living at home (N = 14.278)			30,5			

53. How many hours a week total does your oldest child engage in sport, exercise or other physical activities? Include only physical activity, where the child loses his/her breath or is sweating.

(If the child goes to school, state the hours in excess of physical education in school)

(Only one check)

Not any	1	1,6
Approximately ½ hour	2	0,6
Approximately 1 hour	3	1,7
Approximately 2-3 hours	4	3,9
Approximately 4-6 hours	5	2,7
7 hours or more	6	1,3
No information		0,7
Don't know		0,1
Question not in round		57,1
Do not have children under the age of 16 living at home (N = 14.278)		30,5

54. Does your oldest child smoke?

(Only one check)

Yes, daily	1	0,2
Yes, at least once a week.....	2	0,1
Yes, less than weekly	3	0,1
No	4	11,5
No information		0,5
Question not in round		57,1
Do not have children under the age of 16 living at home (N = 14.278)		30,5

55. Does your oldest child drink alcohol?

(Only one check)

Yes, daily	1	0,0
Yes, at least once a week	2	0,2
Yes, less than weekly	3	1,4
No	4	10,2
No information		0,5
Question not in round		57,1
Do not have children under the age of 16 living at home (N = 14.278)		30,5

56. Are you:

Male	1
Female.....	2

57. What is your postal-code

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We have no more questions – but in case you wish to elaborate on any of your answers or wish to comment on the survey, please do so on the blank pages.

We hope you have found it interesting to be interviewed and to complete this questionnaire. Please check that all questions have been answered and mail it to the Danish National Institute of Social Research in the enclosed envelope. Postage has been prepaid.

Thank you very much for your assistance