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National Institute of Health
Danish National Centre for Social Research

ID number: _____

**Danish Health Interview Survey 2005**

**Self-administered questionnaire 2**

Thank you for participating in this survey and completing this questionnaire, which mainly focuses on health and well-being.

Your personal information will only be used anonymously for statistical purposes, and you will therefore not be recognizable as an individual person.

Completing and returning the questionnaire is voluntary, but it is important for the results of the survey that as many people as possible complete and return the questionnaire.

If you have access to the Internet, you can see examples of how your information will be incorporated into anonymous statistics. Go to www.si-folkesundhed.dk and click on “Ugens tal for Folkesundhed” [Public health statistic of the week].

Please complete the questionnaire within the next 14 days. Send it to the Danish Institute for Social Research in the enclosed pre-addressed stamped envelope. The Danish Institute for Social Research will convert the information into an electronic form, and the National Institute of Public Health will then conduct scientific analysis of the data before they are published.

If you have questions about the questionnaire or the survey, please call Mette Kjøller or Ulrik Hesse of the National Institute of Public Health at +45 39 20 77 77.

Thank you in advance for your cooperation.

Finn Kamper Jørgensen

Director

National Institute of Public Health

## How to compete the questionnaire

Before you answer a question, please read the question and all the possible responses. Answering most of the questions means placing a check mark (☒) in the box next to the response that fits best. You should only place more than one check mark in a question if the question allows this.

Some questions are easier to answer than others. If you are stumped in answering a single question, try and go on to the next question instead of giving up and not completing the questionnaire.

It is very important to us that you return the questionnaire to us in the pre-addressed stamped envelope, even if you have not answered some of the questions.

## Please use a black or blue ballpoint pen to complete the questionnaire.

***Place a very clear check mark in the correct box.***

**1. In general, would you say your health is:**

| | Correct | Incorrect |
|---|---|---|
| | *(Only one check mark)* | *(Only one check mark)* |
| Excellent | ☐ 1 | ☐ 1 |
| Very good | ☒ 2 | ☐ 2 ✓ |
| Good | ☐ 3 | ☐ 3 |
| Fair | ☐ 4 | ☐ 4 |
| Poor | ☐ 5 | ☐ 5 |

***If you place a check mark in the wrong box, fill in the entire box and place a check mark in the correct box.***

**16a. Is the oldest of these children a girl or a boy?**

| | Correct | Incorrect |
|---|---|---|
| Girl | ■ 1 | ☒ 1 |
| Boy | ☒ 2 | ☒ 2 |

***Write numbers in the spaces provided.***

**16b. What is his or her birthday?**

| 3 | 1 2 | 2 0 0 2 |
|---|---|---|
| Day | Month | Year |

***Write clearly and preferably with capital letters.***

**19. When you feel stressed and need to relax, what do you do?**

**Write here:** _____

**Section 1.**
The first questions are about your views about your health. Some of the questions may resemble those you answered during the interview, but please answer them anyway. This information will give an overall indication as to how you feel and how well you are able to do your usual activities. For each of the following questions, please mark an ☒ in the one box that best describes your answer. If you are in doubt as to what to answer, please answer as best you can.

1. **In general, would you say your health is:**

*(Only one check mark)*

Excellent ☐ 1
Very good ☐ 2
Good ☐ 3
Fair ☐ 4
Poor ☐ 5

**2. Compared to <u>one year ago</u>, how would you rate your health in general <u>now</u>?**

*(Only one check mark)*

Much better now than one year ago ☐ 1
Somewhat better now than one year ago ☐ 2
About the same as one year ago ☐ 3
Somewhat worse now than one year ago ☐ 4
Much worse now than one year ago ☐ 5

**3. The following items are about activities you might do during a typical day. Does <u>your health now</u> limit you in these activities? If so, how much?**

*(One check mark per line)*

| | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|---|---|---|---|
| 1. Vigorous activities such as running, lifting heavy objects, participating in strenuous sports | ☐ 1 | ☐ 2 | ☐ 3 |
| 2. Moderate activities such as moving a table, pushing a vacuum cleaner or bicycling | ☐ 1 | ☐ 2 | ☐ 3 |
| 3. Lifting or carrying groceries | ☐ 1 | ☐ 2 | ☐ 3 |
| 4. Climbing several flights of stairs | ☐ 1 | ☐ 2 | ☐ 3 |
| 5. Climbing one flight of stairs | ☐ 1 | ☐ 2 | ☐ 3 |
| 6. Bending, kneeling or stooping | ☐ 1 | ☐ 2 | ☐ 3 |
| 7. Walking more than 1 kilometre | ☐ 1 | ☐ 2 | ☐ 3 |
| 8. Walking a few hundred metres | ☐ 1 | ☐ 2 | ☐ 3 |
| 9. Walking 100 metres | ☐ 1 | ☐ 2 | ☐ 3 |
| 10. Bathing or dressing yourself | ☐ 1 | ☐ 2 | ☐ 3 |

**4. During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?**

*(One check mark per line)*

| | Yes | No |
|---|---|---|
| 1. Cut down on the amount of time you spent on work or other activities | ☐ 1 | ☐ 2 |
| 2. Accomplished less than you would like | ☐ 1 | ☐ 2 |
| 3. Were limited in the kind of work or other activities | ☐ 1 | ☐ 2 |
| 4. Had difficulty performing the work or other activities (for example, it took extra effort) | ☐ 1 | ☐ 2 |

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

*(One check mark per line)*

| | No | Yes |
|---|---|---|
| 1. Cut down on the amount of time you spent on work or other activities | ☐ 1 | ☐ 2 |
| 2. Accomplished less than you would like | ☐ 1 | ☐ 2 |
| 3. Did work or other activities less carefully than usual | ☐ 1 | ☐ 2 |

**6. During 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?**

*(Only one check)*

- Not at all ☐ 1
- Slightly ☐ 2
- Moderately ☐ 3
- Quite a bit ☐ 4
- Extremely ☐ 5

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

*(Only one check)*

- None ☐ 1
- Very mild ☐ 2
- Mild ☐ 3
- Moderate ☐ 4
- Severe ☐ 5
- Very severe ☐ 6

**8. During 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
- A little bit ☐ 2
- Moderately ☐ 3
- Quite a bit ☐ 4
- Extremely ☐ 5

**9. These questions are about how you feel and how thing have been with you during the past 4 weeks. How much of the time during the past 4 weeks:**

*(One check mark 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 |
|---|---|---|---|---|---|---|
| 1. Did you feel full of pep? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 2. Have you been a very nervous person? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 3. Have you felt so down in the dumps that nothing could cheer you up? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 4. Have you felt calm and peaceful? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 5. Did you have a lot of energy? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 6. Have you felt downhearted and blue? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 7. Did you feel worn out? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 8. Have you been a happy person? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |
| 9. Did you feel tired? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |

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

*(Only one check)*

- All of the time ☐ 1
- Most of the time ☐ 2
- Some of the time ☐ 3
- A little of the time ☐ 4
- None of the time ☐ 5

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

*(One check mark per line)*

| | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|---|---|---|---|---|---|
| 1. I seem to get sick a little easier than other people | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. I am as healthy as anybody I know | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. I expect my health to get worse | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. My health is excellent | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**12. Do you have chronic or long-lasting pain that has lasted 6 months or more?**

*(Only one check mark)*

Yes ..... ☐ 1

No ..... ☐ 5 Go to section 2

**12.a. In case of chronic pain:**

*(One check mark in each line)*

| | Yes | No |
|---|---|---|
| 1. Do you feel that your chronic pain has been adequately examined? ..... | ☐ 1 | ☐ 5 |
| 2. Do you feel that you have received adequate treatment for your long-standing or chronic pain? ..... | ☐ 1 | ☐ 5 |

**Section 2.**
Here are some questions about your relationship with nature and your home.

**13. How far is your home from the nearest green space or natural area?**

*(One check mark in each line)*

| | <300 m | 300 m–1 km | 1–5 km | ≥5 km |
|---|---|---|---|---|
| 1. Beach, sea, lake | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 2. Park, green space | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 3. Forest | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 4. Agricultural fields | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

| | | | | |
|---|---|---|---|---|
| 5. Other open natural area | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

**14. How often do you get to a green space or natural area between 1 April and 1 October?**

*(One check mark in each line)*

| | Daily | Several times per week | Weekly | Monthly | Seldom or never |
|---|---|---|---|---|---|
| 1. Beach, sea, lake | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. Park, green space | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. Forest | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. Agricultural fields | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. Other open natural area | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**15. What are the most important reasons that you go to green spaces or natural areas?**

*(Check all that apply)*

1. To enjoy the weather and get fresh air ..... ☐ 1
2. To follow the seasons, flora and fauna ..... ☐ 1
3. To reduce stress, relax ..... ☐ 1
4. To exercise, keep in shape ..... ☐ 1
5. To do something together with friends and family ..... ☐ 1
6. To obtain peace and quiet without noise ..... ☐ 1
7. To carry out work with animals, fields or forests (as your occupation) ..... ☐ 1
8. Other reasons. Write: _____ ☐ 1

   _____
9. Never get to green spaces or natural areas ..... ☐ 1

**Section 3.**
Here are some questions about your family.

**16. Do you have children 4–15 years old living in your home?**

Yes ..... ☐ 1

No ..... ☐ 5 Please go to section 4

**16a. Is the oldest of these children a girl or a boy?**

Girl..... ☐ 1

Boy ..... ☐ 2

**16b. What is his or her birthday?**

☐☐ ☐☐ ☐☐☐☐

Day Month Year

**17. We will ask you to tell if the following descriptions match your oldest child. For each item, please mark the box for Not true, Somewhat true or Certainly true. Please give your answers on the basis of the child's behaviour over the last six months. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft!**

*(One check mark per line)*

| | Not true | Somewhat true | Certainly true |
|---|---|---|---|
| 1. Considerate of other people's feelings | ☐ 1 | ☐ 2 | ☐ 3 |
| 2. Restless, overactive, cannot stay still for long | ☐ 1 | ☐ 2 | ☐ 3 |
| 3. Often complains of headaches, stomach-aches or sickness | ☐ 1 | ☐ 2 | ☐ 3 |
| 4. Shares readily with other children (treats, toys, pencils etc.) | ☐ 1 | ☐ 2 | ☐ 3 |
| 5. Often has temper tantrums or hot tempers | ☐ 1 | ☐ 2 | ☐ 3 |
| 6. Rather solitary, tends to play alone | ☐ 1 | ☐ 2 | ☐ 3 |
| 7. Generally obedient, usually does what adults request | ☐ 1 | ☐ 2 | ☐ 3 |
| 8. Many worries, often seems worried | ☐ 1 | ☐ 2 | ☐ 3 |
| 9. Helpful if someone is hurt, upset or feeling ill | ☐ 1 | ☐ 2 | ☐ 3 |
| 10. Constantly fidgeting or squirming | ☐ 1 | ☐ 2 | ☐ 3 |
| 11. Has at least one good friend | ☐ 1 | ☐ 2 | ☐ 3 |
| 12. Often fights with other children or bullies them | ☐ 1 | ☐ 2 | ☐ 3 |
| 13. Often unhappy, down-hearted or tearful | ☐ 1 | ☐ 2 | ☐ 3 |
| 14. Generally liked by other children | ☐ 1 | ☐ 2 | ☐ 3 |
| 15. Easily distracted, concentration wanders | ☐ 1 | ☐ 2 | ☐ 3 |
| 16. Nervous or clingy in new situations, easily loses confidence | ☐ 1 | ☐ 2 | ☐ 3 |
| 17. Kind to younger children | ☐ 1 | ☐ 2 | ☐ 3 |
| 18. Often lies or cheats | ☐ 1 | ☐ 2 | ☐ 3 |
| 19. Picked on or bullied by other children | ☐ 1 | ☐ 2 | ☐ 3 |
| 20. Often volunteers to help others (parents, teachers, other children) | ☐ 1 | ☐ 2 | ☐ 3 |
| 21. Thinks things out before acting | ☐ 1 | ☐ 2 | ☐ 3 |
| 22. Steals from home, school or elsewhere | ☐ 1 | ☐ 2 | ☐ 3 |
| 23. Gets on better with adults than with other children | ☐ 1 | ☐ 2 | ☐ 3 |
| 24. Many fears, easily scared | ☐ 1 | ☐ 2 | ☐ 3 |
| 25. Sees tasks through to the end, good attention span | ☐ 1 | ☐ 2 | ☐ 3 |

**Section 4.**
The next questions focus on your personal well-being.

**18. The questions in this scale ask you about your feelings and thoughts <u>during the last month</u>. In each case, you will be asked to indicate <u>how often</u> you felt or thought a certain way.**

*(One check mark per line)*

| **How often in the last month:** | Never | Almost never | Some-times | Fairly often | Very often |
|---|---|---|---|---|---|
| 1. Have you been upset because of something that happened unexpectedly? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. Have you felt that you were unable to control the important things in your life? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. Have you felt nervous and “stressed”? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. Have you felt confident about your ability to handle your personal problems? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. Have you felt that things were going your way? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 6. Have you found that you could not cope with all the things that you had to do? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 7. Have you been able to control irritations in your life? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 8. Have you felt that you were on top of things? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 9. Have you been angered because of things that happened that were outside of your control? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 10. Have you felt difficulties were piling up so high that you could not overcome them? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**19. When you feel stressed and need to relax, what do you do?**

**Write here:** _____

_____

**Section 5.**
Here are some questions about your life situation.

**20. Have you experienced any of the following serious events during your childhood and youth?**

*(One check mark in each line)*

| | Yes | No |
|---|---|---|
| 1. Long-term illness of one of your parents? | ☐ 1 | ☐ 5 |
| 2. Being placed outside your home (foster home)? | ☐ 1 | ☐ 5 |
| 3. Long-term family conflicts? | ☐ 1 | ☐ 5 |
| 4. Long-term unemployment of your father or mother? | ☐ 1 | ☐ 5 |
| 5. Long-term financial problems in the family? | ☐ 1 | ☐ 5 |

**20a. Have you experienced any of the following serious events during your working life and career?** Check "not applicable" if you have never been employed.

*(One check mark in each line)*

| | Yes, during the last year | Yes, 1–5 years ago | Yes, more than 5 years ago | No | Not applicable |
|---|---|---|---|---|---|
| 1. Long-term or serious conflicts with colleagues? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |
| 2. Long-term or serious conflicts with superiors? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |
| 3. Long-term or serious conflicts with subordinates? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |

**20b. Have you experienced any of the following serious events during your adult life?**

*(One check mark in each line)*

| | Yes, during the last year | Yes, 1–5 years ago | Yes, more than 5 years ago | No | Not applicable |
|---|---|---|---|---|---|
| 1. Long-term or serious illness among your children? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |
| 2. Long-term or serious conflicts with your adult children? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |
| 3. Long-term or serious problems with a steady partner? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |
| 4. Long-term or serious illness or death among family members? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 7 |

**Section 6.**
The next questions may not fit your situation at all – but it is important to us that you answer them anyway.

**21. Have you ever tried one of more of the following drugs?**

**21a. If yes:**

**How old were you when you tried this drug for the first time?**

*(One check mark in each line)*

| | 21. Have you ever tried one of more of the following drugs? | | | | 21a. How old were you when you tried this drug for the first time? |
|---|---|---|---|---|---|
| | No | Yes, during the past month | Yes, during the past year (but not during the past month) | Yes, previously (but not during the past year) | Write the age: |
| 1. Hashish | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 2. Amphetamines (speed) | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 3. Ecstasy | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 4. Cocaine | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 5. LSD | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 6. Heroin | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 7. Magic mushrooms (psilocybin mushrooms) | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |
| 8. Other substances: write which ones | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ Years old |

_____

_____

_____

_____

**22. How many days in the past month have you used one or more of the drugs mentioned?**

*(Only one check mark)*

- Have never used these drugs ..... ☐ 1
- Have not used these drugs during the past month ..... ☐ 2
- Have used these drugs 1–3 days during the past month ..... ☐ 3
- Have used these drugs 4–9 days during the past month ..... ☐ 4
- Have used these drugs 10–19 days during the past month ..... ☐ 5
- Have used these drugs ≥20 days during the past month ..... ☐ 6

**Section 7.**
The next questions focus on how physically active you are. These questions differ from those you answered in the interview.

**23. We are interested in finding out about the kinds of physical activities you do as part of your everyday life. The questions are about the time you spent being physically active in the last 7 days. They include questions about activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.**

**State only the physical activities that you did for at least 10 minutes.**

**Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.**
**Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.**

**23a. State how many days you were physical active. (Write 0 if you were not physically active at all.)**

**23b. State how much time you usually used per day. (Write 0 if you were not physically active at all.)**

| | Question 23a. | Question 23b. Typical time per day | |
|---|---|---|---|
| **How often during the last 7 days:** | Days per week | Hours | Minutes |
| 1. Did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? | ☐ | ☐ | ☐ |
| 2. Did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking ..... | ☐ | ☐ | ☐ |
| 3. Did you walk? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure..... | ☐ | ☐ | ☐ |

**23c.**

| | Typical time per day | |
|---|---|---|
| | Hours | Minutes |
| How much time during the last 7 days have you spent sitting while at work, at home, while doing course work and during leisure time? This includes time spent sitting at a desk, visiting friends, reading, travelling on a bus or sitting or lying down to watch television ..... | ☐ | ☐ |

**24. Which types of exercise training or sports have you participated in during the past year?**

Write which ones: _____

_____

_____

Have not participated in exercise training or sports..... ☐ 1 Please go to section 8

**24a. If you have participated in exercise training or sports during the past year:**

**What are the two most important reasons that you participate in exercise training or sports?**

*(Only two check marks)*

1. To stay in shape, get in shape ☐ 1
2. For the sake of my appearance ☐ 1
3. To be together with other people ☐ 1
4. To lose weight ☐ 1
5. To have fun ☐ 1
6. To unwind ☐ 1
7. Other, write here: _____ ☐ 1

**Section 8.**
You have already answered questions on your dietary habits in the interview. These questions focus on your dinner.

**25. Who prepares dinner at your home <u>most often</u>?**

*(Only one check mark)*

I do ☐ 1

My spouse or partner does ☐ 2

My spouse or partner and I take turns ☐ 3

My spouse or partner prepare dinner together ☐ 4

Other, write who: _____ ☐ 5

**26. These questions are about your dinner. How often do you eat:**

*(One check mark in each line)*

| | Daily or almost daily | A few times each week | A few times each month | Once a month at most | Less often or never |
|---|---|---|---|---|---|
| 1. Hot food for dinner? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. Dinner without meat? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. Organically grown products for dinner? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. New dishes or new types of food for dinner? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**27. Do you prefer to eat an appetizer or a dessert when you have more than one course for dinner?**

*(Only one check mark)*

Appetizer ..... ☐ 1

Dessert ..... ☐ 2

**28. How often:**

*(One check mark in each line)*

| | A few times each week or more | A few times each month | Once a month at most | Less often or never |
|---|---|---|---|---|
| 1. Do you have dinner guests? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 2. Do you eat at a restaurant? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 3. Do you eat fast food? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

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

*(One check mark per line)*

| | Very often | Often | Seldom | Never |
|---|---|---|---|---|
| 1. I get a bad conscience when I eat sweets | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 2. I am on a diet | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 3. I am content with my eating habits | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 4. I fast or starve to avoid gaining weight or to lose weight | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 5. I use slimming pills or other slimming preparations to avoid gaining weight or to lose weight | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 6. I throw up to get rid of what I have eaten | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 7. I feel uncomfortable when I eat with others | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 8. I am afraid I cannot stop eating when I get started | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 9. I am satisfied with myself | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

**29a.**

*(One check mark per line)*

| **How true are the following statements?** | True | Almost true | Partly true | False |
|---|---|---|---|---|
| 1. I feel that it is necessary to keep a strict diet or to stick to other eating rituals to control what I eat | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |
| 2. I feel that my desire to lose weight is out of control | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

**Section 9.**
The next questions focus on your reading and television viewing habits.

**30. How often do you read the following types of newspapers?**

*(One check mark in each line)*

| | Often | Sometimes | Never |
|---|---|---|---|
| 1. Nationwide morning newspapers | ☐ 1 | ☐ 2 | ☐ 3 |
| 2. Local or regional daily newspapers | ☐ 1 | ☐ 2 | ☐ 3 |
| 3. Late-morning tabloids | ☐ 1 | ☐ 2 | ☐ 3 |
| 4. Free newspapers, local weekly newspapers | ☐ 1 | ☐ 2 | ☐ 3 |

**31. How much time do you spend each day watching television?**

*(Only one check mark)*

>4 hours per day ..... ☐ 1
1–4 hours per day ..... ☐ 2
0.5–1 hours per day ..... ☐ 3
<0.5 hours per day ..... ☐ 4
I never or very seldom watch television..... ☐ 5

**Section 12.**
We would like to ask you to measure your waist circumference with the measuring tape you received together with the questionnaire. You should measure your waist at the narrowest place between the top of the hip and the lowest rib. Please ensure that you read the measuring tape from the correct end.

**32. What is your waist circumference in centimetres?**

Write the number of centimetres: ☐☐☐

**Section 11.**
The next questions focus on sleeping habits.

**33. Do you think you get enough sleep to feel rested?**

*(Only one check mark)*

- Yes, usually ☐ 1
- Yes, but not often enough ☐ 2
- No, never (or almost never) ☐ 3

**34. How many hours of sleep do you usually get each day?**

Number (to the closest whole number): ☐☐

**35. Do you have problems falling asleep at night?**

*(Only one check mark)*

- Yes, every night or almost every night ☐ 1
- Yes, a few times a week ☐ 2
- Yes, a few times a month ☐ 3
- No, seldom or never ☐ 4 Go to question 36

**35a. What are the reasons you have trouble falling asleep?**

*(Check all that apply)*

1. Work-related problems ☐ 1
2. Family or personal problems ☐ 1
3. I am ill ☐ 1
4. Noise from other people living with me ☐ 1
5. Noise from, for example, road traffic, trains, air traffic, neighbours and others. ☐ 1
6. Other, write here: _____ ☐ 1

**36. Do you usually wake up during the night or too early in the morning?**

*(Only one check mark)*

- Yes, every night or almost every night ☐ 1
- Yes, a few times a week ☐ 2
- Yes, a few times a month ☐ 3
- No, seldom or never ☐ 4 Go to section 12

**36a. What are the reasons that you wake up during the night or too early in the morning?**

*(Check all that apply)*

1. Work-related problems ☐ 1
2. Family or personal problems ☐ 1
3. Children ☐ 1
4. I am ill ☐ 1
5. Noise from other people living with me ☐ 1
6. Am thirsty or hungry (eating at night) ☐ 1
7. Going to the toilet ☐ 1
8. Noise from, for example, road traffic, trains, air traffic, neighbours and others ☐ 1
9. Other, write here: _____ ☐ 1

_____

**Section 12.**
Here are some questions about your attitudes and expectations.

**37. How important is it for you:**

*(One check mark in each line)*

| | Extremely important | Very important | Important | Not very important | Not important at all |
|---|---|---|---|---|---|
| 1. To have interesting employment? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. To have good family relationships? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. To have good health? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. To have a good home? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. To have good friends? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 6. To have a good sex life? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 7. To have good leisure activities? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 8. To travel? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 9. To have a lot of money? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 10. To pursue your faith, spirituality? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 11. To live in a democracy? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 12. To be loved? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 13. To be proficient? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 14. To live a healthy life? | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**38. Below are listed several statements about the future. Please indicate the extent to which you agree or disagree with each statement:**

*(One check mark in each line)*

| | Strongly agree | Mostly agree | Neither agree nor disagree | Mostly disagree | Strongly disagree |
|---|---|---|---|---|---|
| 1. The greatest threat to society is pollution and environmental destruction | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. Privatizing the public sector improves efficiency and service | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. User charges within health care are necessary | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. The world is becoming an increasingly better place to live | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. Tackling problems is easier as you grow older | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 6. I think that I will achieve the goals that I have set for myself | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 7. I will always believe that my life is worth living | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**39. Are you a member of the Danish National Church or another organized religion?**

Yes ..... ☐ 1

No ..... ☐ 5 Go to question 40

**39a. If yes, which one?**

*(Only one check mark)*

Danish National Church ..... ☐ 01

Roman Catholic Church ..... ☐ 02

Jehovah's Witnesses, Seventh-day Adventists etc. ..... ☐ 03

Judaism ..... ☐ 04

Islam ..... ☐ 05

Hinduism ..... ☐ 06

Buddhism ..... ☐ 07

Other, write here: _____ ☐ 08

Do not know ..... ☐ 88

**40. Do you actively practise religion (such as attending church services, meditation, prayer, reading religious texts)?**

*(Only one check mark)*

- Yes, daily ☐ 1
- Yes, a few times a week ☐ 2
- Yes, a few times a month ☐ 3
- Yes, a few times a year ☐ 4
- No, never ☐ 5

**41. Regardless of whether you attend religious services, do you think that you are a religious person?**

*(Only one check mark)*

- Yes, a religious person ☐ 1
- No, a non-religious person ☐ 2
- No, a convinced atheist ☐ 3
- Do not know ☐ 8

**Section 13.**
The next questions focus on your alcohol-drinking habits. These questions differ from those we asked in the interview. The first questions focus on your recent habits.

**42. How often do you have a drink containing alcohol?**

*(Only one check mark)*

- Never ☐ 1 Go to section 14
- Monthly ☐ 2
- 2–4 times a month ☐ 3
- 2–3 times a week ☐ 4
- 4 or more times a week ☐ 5

**43. How many drinks containing alcohol do you have on a typical day when you are drinking?**

*(Only one check mark)*

1–2 drinks..... ☐ 1

3–4 drinks..... ☐ 2

5–6 drinks..... ☐ 3

7–9 drinks..... ☐ 4

10 or more drinks ..... ☐ 5

1 bottle of beer = 1 drink
1 bottle of strong beer = 1.5 drinks
1 glass of red or white wine = 1 drink
1 bottle of red or white wine = 6 drinks
1 glass of fortified wine = 1 drink
1 bottle of fortified wine (70 cl) = 10 drinks
1 glass of aquavit = 1 drink
1 bottle of spirits (75 cl) = 25 drinks

**44. How often do you have five or more drinks on one occasion?**

*(Only one check mark)*

Daily or almost daily ..... ☐ 1

Weekly ..... ☐ 2

Monthly..... ☐ 3

Less than monthly ..... ☐ 4

Never..... ☐ 5

**45. The next questions are about your alcohol consumption habits in the last year.**

*(One check mark in each line)*

| | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|---|---|---|---|---|---|
| 1. How often during the last year have you found that you were not able to stop drinking once you had started? .... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 2. How often during the last year have you failed to do what was normally expected of you because of drinking? .. | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 3. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session? ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 4. How often during the last year have you had a feeling of guilt or remorse after drinking? ..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 5. How often during the last year have you been unable to remember what happened the night before because of your drinking?..... | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**46. The next questions are about your alcohol consumption habits in a lifelong perspective.**

*(Only one check mark per line)*

| | No | Yes, but not in the last year | Yes, during the last year |
|---|---|---|---|
| 1. Have you or someone else been injured because of your drinking?..... | ☐ 1 | ☐ 2 | ☐ 3 |
| 2. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down? ..... | ☐ 1 | ☐ 2 | ☐ 3 |

**Section 14.**
Here are a few questions about being a test subject in connection with research.

**47. Have you ever agreed to participate in medical research or to be a test subject and signed a form consenting to this – such as in a study of how new medicine works?**

*(Only one check mark)*

- Yes, once ..... ☐ 1
- Yes, several times ..... ☐ 2
- No ..... ☐ 3 Go to section 15
- Do not know ..... ☐ 8 Go to section 15

**47a. If yes:**
**Was this during the past year?**

*(Only one check mark)*

- Yes ..... ☐ 1
- No ..... ☐ 5

**48. Think of the last study or research project in which you participated. How would you rate it?**

*(One check mark in each line)*

| | Agree | Disagree | Do not know |
|---|---|---|---|
| 1. I felt that I was treated in a dignified manner ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 2. I received good information all the time ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 3. I felt that I received better treatment than I normally would by participating in the research or study ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 4. I felt that I was pressured into participating in the study or research ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 5. I felt that the physicians were more interested in my illness than in me..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 6. I think that I benefited other people by participating in the study or research..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 7. I wanted to help the researcher or physician ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 8. I did not know that I was participating in a study or research until very late in the study ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 9. If I am asked, I would like to participate again ..... | ☐ 1 | ☐ 2 | ☐ 8 |
| 10. My experience was so negative that I will say no if I am asked to participate again ..... | ☐ 1 | ☐ 2 | ☐ 8 |

**Section 15.**
The next sections of the questionnaire focus on suicidal thoughts and suicide attempts, on your sex life and on violence and sexual assault.

Some people think that that we are invading their privacy by asking such questions. You should therefore remember that participating in this survey is voluntary and you may decline to answer these questions.

But we also ask you to remember that your information will solely be used anonymously for statistical purposes, and you will therefore not be able to be identified as an individual person.

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

*(Only one check mark)*

Yes ..... ☐ 1
No ..... ☐ 5
Do not know ..... ☐ 8

**50. Have you ever attempted to take your own life?**

*(Only one check mark)*

Yes, during the past 12 months..... ☐ 1
Yes, more than 12 months ago ..... ☐ 2
No ..... ☐ 3 Go to section 16

**50a. If yes:**

*(Only one check mark per line)*

| | Yes | No | Do not know |
|---|---|---|---|
| 1. Did you suffer an injury or illness as a result of trying to take your own life?..... | ☐ 1 | ☐ 5 | ☐ 8 |
| 2. Did you go to a doctor, emergency ward or other health facility for the resulting injury or illness? ..... | ☐ 1 | ☐ 5 | ☐ 8 |
| 3. Were you admitted to a hospital as a result of trying to take your own life?..... | ☐ 1 | ☐ 5 | ☐ 8 |

**Section 16.**
The next questions focus on your sex life.

**51. To what extent have you been able to satisfy your sexual needs in the past year?**

*(Only one check mark)*

- Completely ☐ 1
- Almost completely ☐ 2
- Somewhat ☐ 3
- Slightly ☐ 4
- Not at all ☐ 5
- Have not had sexual needs during the past year ☐ 6
- Do not know ☐ 8

52. **Which description best fits the <u>people to whom you have felt sexually attracted</u> after you became 15 years old?**

*(Only one check mark)*

- Only people of the opposite sex ☐ 1
- Mostly people of the opposite sex but also one or more people of the same sex ☐ 2
- About equal numbers of women and men ☐ 3
- Mostly people of the same sex but also one or more people of the opposite sex ☐ 4
- Only people of the same sex ☐ 5
- Have never felt sexually attracted to anyone ☐ 6

**53. How old were you when you had sexual intercourse for the first time?**

Write age in years: ☐☐

- Have never had sexual intercourse ☐ 2 Go to question 59
- Do not know ☐ 8

**53a. How many sexual partners have you had since the age of 15 years?**

*(Only one check mark)*

- None ☐ 1
- 1 partner ☐ 2
- 2–3 partners ☐ 3
- 4–9 partners ☐ 4
- 10–19 partners ☐ 5
- 20–49 partners ☐ 6
- 50 or more partners ☐ 7

**53b. How often have you had sexual relations with a partner during the past year?**

*(Only one check mark)*

- Every day ☐ 1
- 3–6 times a week ☐ 2
- 1–2 times a week ☐ 3
- 1–3 times a month ☐ 4
- Less than once a month ☐ 5
- Not in the past year ☐ 6
- Do not know ☐ 8

**53c. Which description best fits your <u>sex partners</u> after you became 15 years old?**

*(Only one check mark)*

- Only people of the opposite sex ☐ 1
- Mostly people of the opposite sex but also one or more people of the same sex ☐ 2
- About equal numbers of women and men ☐ 3
- Mostly people of the same sex but also one or more people of the opposite sex ☐ 4
- Only people of the same sex ☐ 5
- Have never had a sex partner ☐ 6

**54. Have you experienced a lack of or reduced sexual desire in the past year?**

*(Only one check mark)*

Yes, all the time ☐ 1
Yes, often ☐ 2
Yes, sometimes ☐ 3
Yes, but seldom ☐ 4
No, never ☐ 5 Go to filter 1

**54a. Has the lack of or reduced sexual desire been a problem for you?**

Yes ☐ 1
No ☐ 5

If you are a **man**, please go to question 55.
If you are a **woman**, please go to question 57.

**55. How often have you experienced the following situations in sexual relations in the past year? Please also answer whether you considered this to be a problem for you.**

Have not had sexual relations during the past year ☐ 1 Go to question 56

| | Experienced this during the past year? | | | | | Considered this a problem? | |
|---|---|---|---|---|---|---|---|
| | Never | Seldom | Sometimes | Often | Every time | Yes | No |
| 1. My erection has not been strong enough to penetrate my partner | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 2. My erection disappeared very rapidly after penetration | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 3. I have had premature ejaculation | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 4. I have not achieved orgasm or only with great difficulty | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 5. I have experienced pain in my sex organs during sexual intercourse | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |

**56. Have you been circumcised?**

- No ☐ 1
- Yes, I was younger than 6 months old ☐ 2
- Yes, I was 6 months to 11 years old ☐ 3
- Yes, I was 12–39 years old ☐ 4
- Yes, I was 40 years or older ☐ 5

→ Go to question 59

**57. How often have you experienced the following situations in sexual relations in the past year? Please also answer whether you considered this to be a problem for you.**

Have not had sexual relations during the past year ☐ 1 Go to question 58

| | Experienced this during the past year? | | | | | Considered this a problem? | |
|---|---|---|---|---|---|---|---|
| | Never | Seldom | Sometimes | Often | Every time | Yes | No |
| 1. My vagina has not become wet enough | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 2. I have not achieved orgasm or only with great difficulty | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 3. I have had vaginal cramping that hinders penetration | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |
| 4. I have experienced pain in my sex organs during sexual intercourse | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 1 | ☐ 5 |

**58. Has your spouse or regular male partner been circumcised?**

*(Only one check mark)*

- No ☐ 1
- Yes, he was younger than 6 months old ☐ 2
- Yes, he was 6 months to 11 years old ☐ 3
- Yes, he was 12–39 years old ☐ 4
- Yes, he was 40 years old or older ☐ 5
- Yes, but I do not know how old he was when he was circumcised ☐ 6
- I do not know whether he is circumcised ☐ 8
- I do not have a spouse or regular male partner ☐ 7

**59. Which statement about sexual identity fits you best?**

*(Only one check mark)*

- I am heterosexual ☐ 1
- I am homosexual ☐ 2
- I am bisexual ☐ 3
- I cannot place myself in any of the categories above ☐ 4

**Section 17.**
The next questions focus on exposure to violence and sexual assault.

**60. Have you been exposed to one or more of the following forms of physical and sexual assault during the past year?**

| Physical assault | Yes | Number of times | No |
|---|---|---|---|
| 1. Threats of physical harm | ☐ 1 | | ☐ 5 |
| 2. Pushed, scratched, shaken, hit with a flat hand or the like | ☐ 1 | | ☐ 5 |
| 3. Kicked, hit with a fist or object | ☐ 1 | | ☐ 5 |
| 4. Thrown into furniture, walls, down stairs or the like | ☐ 1 | | ☐ 5 |
| 5. Exposed to attempted strangulation, assaulted with a knife or firearms | ☐ 1 | | ☐ 5 |
| **Sexual assault** | | | |
| 6. Undesired sexual fondling, exhibitionism (flashing) or the like | ☐ 1 | | ☐ 5 |
| 7. Attempted rape | ☐ 1 | | ☐ 5 |
| 8. Rape | ☐ 1 | | ☐ 5 |
| 9. Other forms of sexual assault | ☐ 1 | | ☐ 5 |

**60a. If the answer is yes to one or more incidents of assault:**

**Who exposed you to the assault(s)? Please answer for both physical and sexual assault.**

*(Check all that apply)*

| | Physical assault | Sexual assault |
|---|---|---|
| 1. Current spouse, partner or lover | ☐ 1 | ☐ 1 |
| 2. Former spouse, partner or lover while the relationship was ongoing | ☐ 1 | ☐ 1 |
| 3. Former spouse, partner or lover after the relationship ended | ☐ 1 | ☐ 1 |
| 4. Other family member or relative | ☐ 1 | ☐ 1 |
| 5. Friend or acquaintance | ☐ 1 | ☐ 1 |
| 6. Colleague or co-worker | ☐ 1 | ☐ 1 |
| 7. Stranger | ☐ 1 | ☐ 1 |

**61. Are you:**

A man? ☐ 1

A woman? ☐ 2

62. **When were you born?**

☐☐ ☐☐ ☐☐☐☐

Day Month Year

**63. What is your postcode?**

Postcode: ☐☐☐☐

There are no more questions, but if you would like to add anything to any of your responses or have comments on the survey, please make your comments here.

_____

_____

_____

_____

We hope that you think that it has been interesting to be interviewed and to complete this questionnaire. Please review the questionnaire again to ensure that you have answered all

the questions and send it to the Danish National Centre for Social Research in the enclosed pre-addressed stamped envelope.

**Thank you very much for your help.**