National Institute of Health
Danish National Centre for Social Research

ID number: _____

Danish Health Interview Survey 2005

Self-administered questionnaire 1

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 for us that you return the questionnaire to us in the pre-addressed stamped envelope, even if you have not answer 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 *(Only one check mark)*	Incorrect *(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.

17a. 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.

17b. What is his or her birthday?

3	1 2	2 0 0 2
Day	Month	Year

Write clearly and preferably with capital letters.

20. 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

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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

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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 mark)

- 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 mark)

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

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

(Only one check mark)

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

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9. These questions are about how you feel and how things have been with you during <u>the past 4 weeks</u>. How much of the time during <u>the past 4 weeks</u>:

(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

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10. During <u>the past 4 weeks</u>, 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 mark)

- 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

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

12. 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

13. 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

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14. 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

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15. How often during the past 14 days have you done the following things in your home?

(One check mark in each line)

	Daily or almost daily	Not daily but at least weekly	At most once during the past 14 days	Have not done this during the past 14 days
1. Ventilated with outdoor air	☐ 1	☐ 2	☐ 3	☐ 4
2. Used a range hood of other form of ventilation when cooking	☐ 1	☐ 2	☐ 3	☐ 4
3. Ventilated or aired out after showering or taking a bath	☐ 1	☐ 2	☐ 3	☐ 4

16. Does smoke from wood stoves usually produce odour or other negative effects in your neighbourhood during the winter?

(Only one check mark)

Yes, both odour and other negative effects ..... ☐ 1

Yes, odour ..... ☐ 2

No, neither odour nor other negative effects ..... ☐ 3

Do not know..... ☐ 8

Section 3.
Here are some questions about your family.

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

Yes ..... ☐ 1

No ..... ☐ 5 Please go to section 4

17a. Is the oldest of these children a girl or a boy?

Girl..... ☐ 1

Boy ..... ☐ 2

17b. What is his or her birthday?

☐☐ ☐☐ ☐☐☐☐

Day Month Year

18. 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 in each 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.

19. 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 in each 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 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

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

Write here: _____

_____

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

21. 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 a parent?	☐ 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

21a. 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 past 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

21b. Have you experienced any of the following serious events during your adult life?

(One check mark in each line)

	Yes, during the past 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.

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

22a. If yes:

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

(One check mark in each line)

	22. Have you ever tried one of more of the following drugs?				22a. 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

_____

_____

_____

_____

23. 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.
We would like to ask you some more questions about your health habits. First we ask questions about physical activity and then about your dietary habits.

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 question 25

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

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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 and I prepare dinner together ☐ 4

Other, write who: _____ ☐ 5

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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

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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

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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

Section 8.
The next questions focus on your reading and television viewing habits.

29. 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

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30. 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 9.
Here are some questions about your attitudes and expectations.

31. 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

32. Are your resources in accordance with the demands you place on yourself?
("Your resources" means the abilities and energy you have.)

(Only one check mark)

Very definitely ..... ☐ 1
Definitely ..... ☐ 2
Somewhat ..... ☐ 3
Slightly ..... ☐ 4
Very slightly ..... ☐ 5
Do not know ..... ☐ 8

33. Do you think you live up to your own expectations?

(Only one check mark)

- Very definitely ☐ 1
- Definitely ☐ 2
- Somewhat ☐ 3
- Slightly ☐ 4
- Very slightly ☐ 5
- Do not know ☐ 8

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34. Do you have the same expectations for your family as you do for yourself?

(Only one check mark)

- Yes, I have the same expectations for my family as I do for myself ☐ 1
- No, I have greater expectations for my family than I do for myself ☐ 2
- No, I have lesser expectations for my family than I do for myself ☐ 3
- Do not know ☐ 8

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35. Do you have the same expectations for your friends as you do for yourself?

(Only one check mark)

- Yes, I have the same expectations for my friends as I do for myself ☐ 1
- No, I have greater expectations for my friends than I do for myself ☐ 2
- No, I have lesser expectations for my friends than I do for myself ☐ 3
- Do not know ☐ 8

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36. Do you strive hard to live up to your own expectations?

(Only one check mark)

- Very definitely ☐ 1
- Definitely ☐ 2
- Somewhat ☐ 3
- Slightly ☐ 4

Very slightly ..... ☐ 5

Do not know..... ☐ 8

37. Do you find that other people have expectations for you?

(Only one check mark)

- Yes, very definitely ☐ 1 Please go to question 37a
- Yes, definitely ☐ 2 Please go to question 37a
- No, not really ☐ 3 Please go to question 37b
- Do not know ☐ 8 Please go to question 38

37a. If yes:
Is it positive or negative for you that other people have expectations for you?

(Only one check mark)

- Very positive ☐ 1
- Positive ☐ 2
- Neither positive nor negative ☐ 3
- Negative ☐ 4
- Very negative ☐ 5
- Do not know ☐ 8

→ Please go to question 38

37b. If no:
Is it positive or negative for you that other people do <u>not</u> have expectations for you?

(Only one check mark)

- Very positive ☐ 1
- Positive ☐ 2
- Neither positive nor negative ☐ 3
- Negative ☐ 4
- Very negative ☐ 5
- Do not know ☐ 8

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

Section 10.
The next questions focus on your attitudes towards the health care system.

39. Below are listed several statements about the health care system. 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	Do not know
1. The waiting times for treatment are generally acceptable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
2. All Danes have equal access to the health care system	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
3. Free choice of hospital ensures that patients reduce their waiting time	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
4. Health care personnel (such as physicians, nurses and physiotherapists) are good at informing and advising patients and their families	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
5. Free choice of hospital ensures patients better treatment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
6. The treatment people get in the health care system is generally of high quality	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
7. All Danes have easy access to the health care system	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
8. I am treated with respect and dignity when I am in contact with the health care system	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
9. Consulting a physician and admission to hospital should be free of user charges	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
10. When I use several parts of the health care system, such as my general practitioner, a specialist physician and a hospital, I think that the overall programme is well organized	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8

40. The next statements are about people's use of medicine. Please indicate the extent to which you agree or disagree.

(One check mark in each line)

	Strongly agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Strongly disagree
1. Prescription medicine generally has more side effects than over-the-counter medicine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. People turn to medicine too quickly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Natural medicine has no side effects	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. It is always best to comply with the information on medicine the physician gives you	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Medicine often contains harmful substances and should therefore be used as seldom as possible	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. It is always best to comply with the information on medicine the pharmacy gives you	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Prescription medicine is generally more effective than over-the-counter medicine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. The existing types of natural medicine can sometimes cure illnesses just as well as prescription medicine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. If you know what type of medicine you need, the physician should prescribe it	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Physicians prescribe too much medicine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Some types of medicine are poisonous	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

41. During the past year, have you experienced any of the following problems in connection with your use of medicine?

(Check all that apply)

1. Lack of effectiveness of medicine ☐ 1
2. Side effects of medicine ☐ 1
3. Problems with taking many different types of medicine at the same time ☐ 1
4. Problems with determining the correct amount of medicine to take ☐ 1
5. Feeling that it was hard to stop taking a type of medicine ☐ 1
6. Not being able to afford to pick up a prescription ☐ 1
7. Not being able to open a medicine container ☐ 1
8. Have not used medicine ☐ 1
9. Have not had problems ☐ 1

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42. Where would you like to get information or advice on <u>over-the-counter</u> medicine the first time you buy it?

(Check all that apply)

1. From a physician ☐ 1
2. At a pharmacy ☐ 1
3. In or on the medicine package ☐ 1
4. From advertising ☐ 1
5. From newspapers and magazines ☐ 1
6. On the Internet ☐ 1
7. From family or friends ☐ 1
8. In reference books ☐ 1
9. From other sources, write which one(s): _____ ☐ 1
10. Do not want to get information ☐ 1

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43. What do you think is important to know about <u>over-the-counter</u> medicine the first time you buy it?

(Check all that apply)

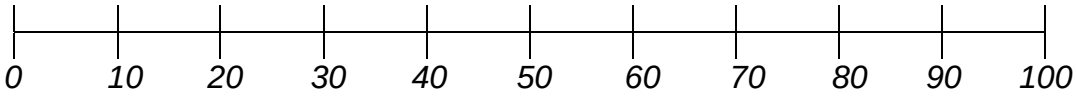
1. The effect of the medicine on the illness or symptom ☐ 1
2. How long I should take it ☐ 1
3. How to store the medicine at home ☐ 1
4. Side effects of the medicine ☐ 1
5. Whether I can take the medicine together with other medicine ☐ 1
6. Whether I can take the medicine at the same time that I drink alcohol ☐ 1
7. Other options for treatment than medicine ☐ 1
8. The cost of the medicine ☐ 1
9. Other information, write here: _____ ☐ 1

44. Where should people be able to buy <u>over-the-counter</u> medicine?
(Such as cold medicine and painkillers.)

(Check all that apply)

1. At a pharmacy (which also dispenses prescription medicine) ☐ 1
2. In a satellite pharmacy for over-the-counter medicine (such as in another type of shop) ☐ 1
3. In a drugstore (which does not dispense prescription medicine) ☐ 1
4. In supermarkets and other food shops ☐ 1
5. At petrol stations and in kiosks ☐ 1
6. At hospitals ☐ 1
7. In vending machines ☐ 1
8. On the Internet ☐ 1
9. Other places, write here: _____ ☐ 1

45. In the next question we ask you to rate your health state. To help you to say how good or bad your health state is, we have drawn a scale on which the worst state you can imagine is marked 0 and the best state you can imagine is marked 100.
We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by writing a number between 0 and 100 corresponding to the point on the scale that indicates how good or bad your health is today.



Worst imaginable health state

Best imaginable health state

Write a number between 0 and 100: ☐

Section 11.
The next questions focus on your gambling habits, such as lotteries, casinos, Internet poker, horse races and the like.

46.

(One check mark in each line)

Have you ever:	Yes, during the past year	Yes, before the past year	No	Never gamble
10. Lied (to family members, friends, colleagues or teachers) about how much you wager, how much you have lost or how large your gambling debt is?	☐ 1	☐ 2	☐ 3	☐ 4
11. Needed to wager more and more money (to achieve the same level of excitement)?.....	☐ 1	☐ 2	☐ 3	☐ 4
12. Thought that you had a gambling problem or been told by other people that you had a gambling problem?	☐ 1	☐ 2	☐ 3	☐ 4

Section 12.
Finally, we would like to ask you to measure your waist circumference with the measuring tape you received together with the questionnaire. You should measure 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.

47. What is your waist circumference in centimetres?

Write the number of centimetres: ☐☐

48. Are you:

A man? ..... ☐ 1

A woman? ..... ☐ 2

49. When were you born?

☐☐ ☐☐ ☐☐☐☐

Day Month Year

50. 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.