HUNT 3 Questionnaire 1

Health and daily life

1. How is your health at the moment?
   - Poor ☐
   - Not so good ☐
   - Good ☐
   - Very good ☐

2. Do you suffer from long-term (at least 1 year) illness or injury of a physical or psychological nature that impairs your functioning in your daily life? ☐
   - Yes ☐
   - No ☐

   If Yes, Would you describe your impairment as slight, moderate or severe?
   - Slight ☐
   - Moderate ☐
   - Severe ☐
   - Motor ability impairment ☐
   - Vision impairment ☐
   - Hearing impairment ☐
   - Impairment due to physical illness ☐
   - Impairment due to mental health problems ☐

3. Do you have physical pain now that has lasted more than 6 months? ☐
   - Yes ☐
   - No ☐

4. How strong has your physical pain been during the last 4 weeks?
   - No pain ☐
   - Very mild ☐
   - Mild ☐
   - Moderate ☐
   - Strong ☐
   - Very strong ☐

5. To what extent has your physical health or emotional problems limited you in your usual socializing with family or friends during the last 4 weeks?
   - Not at all ☐
   - Very little ☐
   -Somewhat ☐
   - Much ☐
   - Was not able to socialize ☐

Health services

6. During the last 12 months, have you visited any of the following:
   - General practitioner ☐
   - Another specialist outside the hospital ☐
   - Consultation w/ a doctor without being admitted to the psychiatric out-patient dept. ☐
   - to another hospital out-patient dept. ☐
   - Chiropractor ☐
   - Homeopath, acupuncturist, reflexologist, laying on of hands or other alternative treatment practitioner ☐

7. Have you been admitted to hospital in the last 12 months? ☐
   - Yes ☐
   - No ☐

Illness and Injury

8. Have you had any kind of attack of wheezing or breathlessness during the last 12 months? ☐
   - Yes ☐
   - No ☐

9. Have you at any time during the last 5 years taken medicine for asthma, chronic bronchitis, emphysema or COPD? ☐
   - Yes ☐
   - No ☐

10. Do you take or have you taken medication for high blood pressure? ☐
    - Yes ☐
    - No ☐

11. Have you had or do you have any of the following:
    - Myocardial infarction (heart attack) ☐
    - Angina pectoris (chest pain) ☐
    - Heart failure ☐
    - Other heart disease ☐
    - Stroke/brain haemorrhage ☐
    - Kidney disease ☐
    - Asthma ☐
    - Chronic bronchitis, emphysema or COPD ☐
    - Diabetes ☐
    - Psoriasis ☐
    - Eczema on hands ☐
    - Cancer ☐
    - Epilepsy ☐
    - Arthritis (rheumatoid arthritis) ☐
    - Bechterew’s disease ☐
    - Sarcoïdosis ☐
    - Osteoporosis ☐
    - Fibromyalgia ☐
    - Degenerative joint disease (osteoarthritis) ☐
    - Mental health problems you sought help for ☐

12. Has it ever been verified that you had high blood sugar (hyperglycaemia)?
    - Yes ☐
    - No ☐

   If Yes, in what situation was this discovered the first time?
   - At a health examination ☐
   - While sick ☐
   - While pregnant ☐
   - Other ☐
Injuries
13. Have you ever had:
Yes No
- Hip fracture
  Ex: (34 years old)
- Fractured wrist/forearm
  years old
- Fracture/compressed dorsal vertebrae?
  years old
- Whiplash
  years old

Illness in immediate family
14. Do your parents, siblings or children have, or have they had, the following illnesses? (one X per line)
Yes No Don’t know
- Stroke or brain haemorrhage before the age of 60
- Myocardial infarction (heart attack) before the age of 60
- Asthma
- Allergies/hay-fever/nasal allergies
- Chronic bronchitis, emphysema or COPD
- Cancer
- Mental health problems
- Osteoporosis
- Kidney disease (not kidney stone, urinary tract infection, urinary incontinence)
- Diabetes

15. Have your parents’ siblings, your cousins or either of your grandparents been diagnosed with diabetes (type 1 or type 2)?
Yes No

How do you feel?
16. In the last two weeks, have you felt: (one X per line)
No A little A good amount Very much
Confident and calm
Happy and optimistic
Nervous and restless
Troubled by anxiety
Irritable
Down/depressed
Lonely

17. Has anyone at any time in your life tried to oppress, degrade or humiliate you over an extended period of time?
Yes No

Smoking
18. Did any of the adults where you grew up smoke indoors?
Yes No
19. Did your mother smoke when you were growing up?
Yes No
20. Do you smoke? (Put an X in only one box)
Yes No
No, I have never smoked
If you never smoked, skip to question 22
No, I quit smoking
Yes, cigarettes occasionally (parties/vacation, not daily)
Yes, cigarettes daily
Yes, cigars/cigarillos/pipe daily

21A. Answer this if you smoke daily now or previously smoked daily:
1. How many cigarettes do/did you usually smoke daily?
Cigarettes pr day
2. How old were you when you started smoking daily?
years old
3. If you previously smoked daily, how old were you when you quit smoking?
years old

21B. Answer this if you smoke/previously smoked occasionally, but not daily:
1. How many cigarettes do/did you usually smoke in a month?
Cigarettes pr mo.
2. How old were you when you started smoking occasionally?
years old
3. If you previously smoked occasionally, how old were you when you quit?
years old

22. Do you use, or have you used snuff?
Yes, never Yes, occasionally Yes, but I quit Yes, daily
If you answered No, never, skip to question 23
If Yes,
How old were you when you began using snuff?
years old
How many portions snuff do/did you use a month?
Portions snuff a month

If you use(d)/smoke(d) both cigarettes and snuff, which did you begin with first?
Snuff About the same time (within 3 months)
Cigarettes Don’t remember

Lifestyle
Did you begin using snuff to try to quit or cut down on smoking?

- No
- Yes, to quit smoking
- Yes, to cut down on smoking

Diet
23. How often do you normally eat these foods?

<table>
<thead>
<tr>
<th>Food</th>
<th>0-3 times a month</th>
<th>1-3 times a week</th>
<th>4-6 times a week</th>
<th>Once a day</th>
<th>Twice or more a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits, berries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chocolate/candy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiled potatoes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pasta/rice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sausages/hamburgers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-fat fish on bread or for dinner (salmon, trout, herring, mackerel, haddock)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. Do you take the following dietary supplements?

- Yes, daily
- Occasionally
- No

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Yes, daily</th>
<th>Occasionally</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cod-liver oil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omega-3 capsules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamins and/or minerals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. How many glasses do you usually drink of the following?

<table>
<thead>
<tr>
<th>Drink</th>
<th>Seldom/never</th>
<th>1-6 gl. a week</th>
<th>1 gl. a day</th>
<th>2-3 gl. a day</th>
<th>4 gl or more a day</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Farris, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole milk (sweet/sour)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other milk (sweet/sour)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soda/juice w/sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soda/juice w/out sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juice or nectar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. How many cups of coffee do you drink a day?

<table>
<thead>
<tr>
<th>Type of drink</th>
<th>Number of cups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boiled coffee</td>
<td></td>
</tr>
<tr>
<td>Other coffee</td>
<td></td>
</tr>
<tr>
<td>Tea</td>
<td></td>
</tr>
</tbody>
</table>

27. How many cups of coffee do you drink in the evening (after 6pm)?

- Number of cups

Alcohol
28. About how often in the last 12 months did you drink alcohol? (do not include low-alcohol beer)

- 4-7 times a week
- About once a month
- 2-3 times a week
- A few times a year
- About once a week
- Not at all the last year
- 2-3 times a month
- Never

29. Did you drink alcohol during the last 4 weeks?

- Yes
- No

If Yes, Did you drink so much that you felt very intoxicated (drunk)?

- No
- Yes, 1–2 times
- Yes, 3 times or more

30. How many glasses of beer, wine or spirits do you usually drink in the course of two weeks? (do not include low-alcohol beer, write 0 if you do not drink alcohol)

<table>
<thead>
<tr>
<th>Drink</th>
<th>Number of glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td></td>
</tr>
<tr>
<td>Wine</td>
<td></td>
</tr>
<tr>
<td>Spirits</td>
<td></td>
</tr>
</tbody>
</table>

31. How often do you drink 5 glasses or more of beer, wine or spirits in one sitting?

- Never
- Monthly
- Weekly
- Daily

Exercise
By exercise we mean going for walks, skiing, swimming and working out/sports.

32. How often do you exercise? (on the average)

- Never
- Less than once a week
- Once a week
- 2-3 times a week
- Nearly every day

33. If you exercise as often as once or several times a week: How hard do you exercise? (average)

- I take it easy, I don’t get out of breath or break a sweat
- I push myself until I’m out of breath and break into a sweat
- I practically exhaust myself

34. For how long do you exercise each time? (average)

- Less than 15 minutes
- 30 min.-1 hour
- 15-29 minutes
- More than 1 hour

35. Do you have at least 30 minutes of physical activity daily at work or in your leisure time?

- Yes
- No

36. About how many hours do you sit during a normal day? (include work hours and leisure time)

- Hours
Employment
37. If you have had paid or unpaid employment, how would you describe your job? (One X only)
   Work that mostly involves sitting (ex: desk work, assembly worker)
   Work that requires much walking (ex: clerk, light industry worker, teacher)
   Work that requires much walking and lifting (ex: mail carrier, nurse, construction worker)
   Heavy physical labour (ex: forester, farmer, heavy construction worker)

Height/Weight
38. About how tall were you at age 18? cm  Don’t remember
39. About how much did you weigh at age 18? kg  Don’t remember
40. Are you satisfied with your weight now? Yes  No, don’t weigh enough  No, weigh too much
41. Have you tried to diet in the last 10 years? No  Yes, a few times  Yes, many times
42. Do you weigh at least 2 kg less than you did 1 year ago? Yes  No
   If Yes, what is the reason for this? Dieting  Illness/stress  Don’t know

Serious events in the last 12 months
43. Has a member of your immediate family died? (Child, spouse/partner, sibling or parent) Yes  No
44. Have you been in imminent mortal danger because of a serious accident, catastrophe, violent situation or war? Yes  No
45. Has your relationship with your spouse or long-term partner ended? Yes  No

Childhood – When you were 0-18 years old
47. Who did you grow up with?
   Mother  Other relatives
   Father  Adoptive parents
   Stepmother/stepfather  Foster parents
48. Did your parents leave each other, or get a divorce, when you were a child? No
   Yes, before I was 7 years old
   Yes, when I was 7-18 years old
49. Did either of your parents die when you were a child? No
   Yes, before I was 7 years old
   Yes, when I was 7-18 years old
50. Did you grow up with pets? No
   Yes, cat  Yes, dog  Yes, horse  Yes, other animal

51. How much milk or yoghurt did you usually drink?
   Seldom/never  1-6 glasses pr. week  1 glass pr. day  2-3 glasses pr. day
   More than 3 glasses pr. day

52. Did you grow up on a farm with farm animals? Yes  No

53. When you think about your childhood, would you describe it as:
   Very good  Average  Very difficult
   Good  Difficult

In General
54. Thinking about your life at the moment, would you say that you by and large are satisfied with life, or are you mostly dissatisfied? (One X only)
   Very satisfied
   Satisfied
   Somewhat satisfied
   A bit of both
   Somewhat dissatisfied
   Dissatisfied
   Very dissatisfied