HUNT 3 Questionnaire 1

Health and daily life

1. How is your health at the moment?

Poor ☐ Not so good ☐ Good ☐ Very good ☐

	Yes	No
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?	☐	☐

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:	Yes	No
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?	☐	☐

Illness and Injury

	Yes	No
8. Have you had any kind of attack of wheezing or breathlessness during the last 12 months?	☐	☐
9. Have you at any time during the last 5 years taken medicine for asthma, chronic bronchitis, emphysema or COPD?	☐	☐
10. Do you take or have you taken medication for high blood pressure?	☐	☐

11. Have you had or do you have any of the following:
(Put an X on each line)

	Yes	No	If Yes, how old were you the first time
			Ex: (34 years old)
Myocardial infarction (heart attack)	☐	☐	☐ years old
Angina pectoris (chest pain)	☐	☐	☐ years old
Heart failure	☐	☐	☐ years old
Other heart disease	☐	☐	☐ years old
Stroke/brain haemorrhage	☐	☐	☐ years old
Kidney disease	☐	☐	☐ years old
Asthma	☐	☐	☐ years old
Chronic bronchitis, emphysema or COPD	☐	☐	☐ years old
Diabetes	☐	☐	☐ years old
Psoriasis	☐	☐	☐ years old
Eczema on hands	☐	☐	☐ years old
Cancer	☐	☐	☐ years old
Epilepsy	☐	☐	☐ years old
Arthritis (rheumatoid arthritis)	☐	☐	☐ years old
Bechterew's disease	☐	☐	☐ years old
Sarcoidosis	☐	☐	☐ years old
Osteoporosis	☐	☐	☐ years old
Fibromyalgia	☐	☐	☐ years old
Degenerative joint disease (osteoarthritis)	☐	☐	☐ years old
Mental health problems you sought help for	☐	☐	☐ years old

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	If Yes, how old were you the **first** time *Ex: (34 years old)*
Hip fracture	☐	☐	☐ 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 ☐

Lifestyle

Smoking

	Yes	No
18. Did any of the adults where you grew up smoke indoors?	☐	☐
19. Did your mother smoke when you were growing up?	☐	☐

20. Do you smoke? *(Put an X in only one box)*

- **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, cigars/cigarillos/pipe occasionally ☐
- 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?

No, 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 ☐

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?
(one X on each line)

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

24. Do you take the following dietary supplements?
(One X for each supplement)

	Yes, daily	Occasionally	No
Cod-liver oil	☐	☐	☐
Omega-3 capsules	☐	☐	☐
Vitamins and/or minerals	☐	☐	☐

25. How <u>many glasses</u> do you usually drink of the following? ½ litre = 3 glasses (one X on each line)

	Seldom/ never	1-6 gl. a week	1 gl. a day	2-3 gl. a day	4 gl or more a day
Water, Farris, etc.	☐	☐	☐	☐	☐
Whole milk (sweet/sour)	☐	☐	☐	☐	☐
Other milk (sweet/sour)	☐	☐	☐	☐	☐
Soda/juice w/sugar	☐	☐	☐	☐	☐
Soda/juice w/out sugar	☐	☐	☐	☐	☐
Juice or nectar	☐	☐	☐	☐	☐

26. How many cups of coffee do you drink a day?
(write 0 if you do not drink coffee/tea daily)

	Boiled coffee	Other coffee	Tea
Number of cups			

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 <u>week</u>	☐	About once a <u>month</u>	☐
2-3 times a <u>week</u>	☐	A few times a <u>year</u>	☐
About once a <u>week</u>	☐	Not at all the last <u>year</u>	☐
2-3 times a <u>month</u>	☐	<u>Never</u> drink alcohol	☐

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 <u>in the course of two weeks</u>: *(do not include low-alcohol beer, write 0 if you do not drink alcohol)*

	Beer	Wine	Spirits
Number of glasses			

31. How often do you drink <u>5 glasses or more</u> 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 <u>least 30 minutes</u> 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 <u>at age 18</u>?

☐☐☐ cm Don't remember ☐

39. About how much did you weigh <u>at age 18</u>?

☐☐☐ 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 <u>in the last 10 years</u>?

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 ☐

46. If you answered Yes to one or more of the above questions (43, 44 or 45), how much have you reacted to this in the last <u>7 days</u>?

Not at all ☐ Moderate amount ☐
A little ☐ Very much ☐

Childhood – When you were <u>0-18 years old</u>

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 ☐