

## Questionnaire 2

*For people 20 years old and over, both sexes*

HUNT 1

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Thank you for coming to this examination.

Please complete this questionnaire. The information will be used in a major research project about factors that have a bearing on your health.

Answer to the best of your abilities. Place a cross next to one multiple choice option only (unless otherwise specified). Please return the completed questionnaire in the enclosed pre-stamped envelope.

**All information will be treated in the strictest confidence.**

Yours sincerely,

The National Mass Radiography Service  
The County Medical Officer  
Municipal Health Council  
The Norwegian Institute of Public Health  
The Institute of Applied Social Research/  
The Institute of Social Research

## EXERCISE

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

### **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

### **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

### **For how long do you exercise each time?**

(average)

Less than 15 minutes

16 - 30 minutes

30 minutes - 1 hour

More than 1 hour

## SALT

**How often do you eat salt-cured meats or salt-cured fish/herring for dinner?**

Never or less than once a month

1 - 2 times a month

Up to once a week

Up to twice a week

More than twice a week

**How often do you put extra salt on your dinner?**

Rarely or never

Occasionally

Often

Always or almost always

## SMOKING HABITS

**Do you currently smoke daily?** <yes, no>

**If YES, which of the following do you smoke DAILY:** <yes, no>

Cigarettes?

Pipe?

Cigars (or cheroots/cigarillos)?

**If you do NOT currently smoke CIGARETTES daily, have you ever smoked CIGARETTES daily?** <yes, no>

**If you answered YES, how long ago did you stop smoking cigarettes daily?**

Less than 3 months ago

3 months - 1 year ago

1 - 5 years ago

More than 5 years ago

**If you currently smoke CIGARETTES daily or have previously done so, how many cigarettes do you smoke or did you smoke a day?** (Give the number per day, including hand rolled cigarettes) <number>

**To be answered by those who smoke every day now or have done so in the past:**  
(applies to cigarette, pipe and cigar smokers)

**How old were you when you started smoking daily?** <years>

**For how many years have you been smoking daily?** <years>

## ALCOHOL CONSUMPTION

**How often did you drink alcohol (beer, wine or spirits) during the LAST 14 DAYS?**

I did not drink alcohol, though I am not a non-drinker

I drank alcohol 1 - 4 times

I drank alcohol 5 - 10 times

I drank alcohol more than 10 times

I am a non-drinker, I never drink alcohol

**If you drank alcohol during the past 14 days, did it make you feel intoxicated on any occasion? <yes, no>**

**Have there been periods in your life when you drank excessively or too much?**

No

Not sure, maybe

Yes

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### HOUSING

**Do you live alone or with others?**

Put an X next to those you live with. (You may put an X next to more than one answer.)

Live alone

Spouse or domestic partner

Parents or parents-in-law

Other adults

Child/children under 5 years old

Child/children between 6 - 15 years old

Child/children over 15 years old

**Are you a full-time resident at an institution? <yes, no>**  
(nursing home, retirement home or similar institution)

### EDUCATION

**What is your educational background? \***

Only specify highest level achieved.

7 years primary school or less

Middle school

9 years compulsory primary and lower secondary school

10 years primary and lower secondary school

One or two years at upper secondary school

General Certificate of Education, commercial college or sixth form college

College or university, less than 4 years

College or university, 4 years or more

**If you have completed any other forms of full-time education, how many years did you study? <years>**

Write number of years here \_\_\_\_\_

\* Differences in school systems complicate translation to English. Details for comparison can be found in the file Education systems in UK, Norway and USA.

## EMPLOYMENT

**If you are or have been gainfully employed, please specify which of the following categories your occupation best falls under.**

(If you are not currently employed give your last occupation)

**If your spouse/partner is or has been gainfully employed, please specify which occupational category his/her work falls under.**

(If he/she has not been gainfully employed, then put an X in the last box) <yourself, spouse>

Semi-skilled, unskilled worker

Skilled worker, artisan, foreman

Non-professional occupation (shop, office, public service)

Lower professional occupation (e.g. nurse, technician, teacher)

Management position in public or private enterprise

Farmer or forest owner

Fisherman

Self-employed professional (e.g. dentist, lawyer)

Self-employed businessperson (industry, transport, trade)

Has not been gainfully employed (due to, for example, full-time housework, studies, disability pension)

**If you are employed (this also applies to full-time housework), please answer the following questions:**

**Is your work so physically demanding that you are often physically worn out after a day's work?**

Yes, nearly always

Quite often

Seldom

Never or almost never

**Does your work require so much concentration and attention that you often feel worn out after a day's work?**

Yes, nearly always

Quite often

Seldom

Never, or almost never

**All things considered, how much do you enjoy your work?**

A great deal

A fair amount

It's OK

Not much

Not at all

**If you are a farmer or a self-employed businessman/woman of some other type, do you have any regular employees?**

No regular employees

1 - 2 regular employees

3 - 10 regular employees

More than 10 regular employees

#### HOW DO YOU FEEL?

**Thinking about your life at the moment, would you say that you are by and large satisfied with life, or that you are mostly dissatisfied with your life?**

(Put an X in only one box)

Very satisfied

Satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Dissatisfied

Very dissatisfied

**Do you feel, for the most part, strong and fit or tired and worn out?**

Very strong and fit

Strong and fit

Somewhat strong and fit

Somewhere in between

Somewhat tired and worn out

Tired and worn out

Very tired and worn out

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#### MEDICINE/AILMENTS

**Do you normally:** <yes, no>

Cough in the morning

Expectorate phlegm from your chest in the morning?

**How often have you taken analgesics (pain relief medicine) during the last month?**

Daily

Weekly, but not every day

Not as often as every week

Never

**How often have you taken tranquilizers/sedatives or sleep medication during the last month?**

Daily

Weekly, but not every day

Not as often as every week

Never

**During the last month, have you suffered from nervousness (felt irritable, anxious, tense or restless)?**

Almost all the time

Often

Sometimes

Never

**During the last month, have you had any problems falling asleep or sleep disorders?**

Almost every night

Often

Sometimes

Never

**Do you by and large feel calm and good?**

Almost all the time

Often

Sometimes

Never

## FRIENDS/HELP

**If you became ill and were bedridden for an extended period of time, how likely is it that you would receive the necessary help and support from family, friends or neighbours?**

Extremely likely

Rather likely

Uncertain

Unlikely

Highly unlikely

**Do you often feel lonely?**

Very often

Often

Sometimes

Very rarely

Never

## WHAT TYPE OF PERSON ARE YOU?

**Do you have a tendency to take your duties more seriously than most people?**

Yes, that's exactly the way I am

Yes, for the most part

Sometimes

No, usually not

No, on the contrary

**Have you, during the last year, felt that you have pressured yourself or continuously pushed yourself? <yes, no, don't know>**

**Do you feel that you are constantly short of time, even in your everyday tasks?**

Always, or almost always

Sometimes

Never

**Would you say you are usually cheerful or downhearted?**

Very downhearted

Downhearted

Somewhat downhearted

Some of both

Somewhat cheerful

Cheerful

Very cheerful

## WHAT DO YOU CONSIDER TO BE IMPORTANT

**Do you think it is important to try to be satisfied with what one has?**

This is especially important

This is important

Yes and no

This is not so important

This is of no importance whatsoever

**Do you think it is important to be able to lower your expectations of yourself?**

This is especially important

This is important

Yes and no

This is not so important

This is of no importance whatsoever

**Do you think it is important to be cheerful at all times?**

This is especially important

This is important

Sometimes

This is not so important

This is of no importance whatsoever

Thank you very much for the help you have given us by answering this questionnaire.

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