

Questionnaire 1

For people 20 years old and over, both sexes

HUNT 1

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INVITATION TO CHEST X-RAY EXAMINATION AND EXAMINATION OF BLOOD PRESSURE AND BLOOD SUGAR

The chest x-ray examination is now coming to your district. This time the results are part of a larger health study. Please see the enclosed brochure for information about the study.

You will find the time and location of the examination below.

Please fill in the questionnaire on the other side of this paper and bring it to the examination. Bring an X-ray certificate, tuberculosis vaccination card or your employee medical card if you have one.

It is important that you attend even if you have recently had your blood pressure and blood sugar measured and even if you are receiving treatment for high blood pressure or diabetes.

Sincerely,
National Mass Radiography Service
Box 8155 Dep., Oslo 1

County Medical Officer
Health Council
National Institute of Public Health

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A. How is your health at the moment?

(Put an X in only one box)

Poor

Not so good

Good

Very good

B. During the past 12 months, have you visited any of the following:

<yes, no>

A general practitioner (district medical officer, doctor in private practice, house physician)

A company physician

A military doctor

A doctor at hospital (without being hospitalized)

Another doctor

C. Have you been hospitalized during the last 5 years? <yes, no>

D. Are you taking or have you taken medicine for high blood pressure?

<yes, no>

E. Do you have or have you had any of the following illnesses? <yes, no>

Diabetes

Myocardial infarction (heart attack)

Angina pectoris (chest pain)

Stroke or cerebral haemorrhage

F. Do you suffer from any long-term illness or injury of a physical or psychological nature that impairs your functioning in your everyday life? (Long term means that it has lasted or will last for at least one year.)

<yes, no>

If YES, would you describe your impairment as slight, moderate or severe? < slight, moderate or severe >

Motor impairment

Vision impairment

Hearing impairment

Impairment due to physical illness

Impairment due to mental health problems

G. Do you have any siblings? (living or deceased) <yes, no>

If YES, has one or more of them ever had any of the following illnesses?

<yes, no, don't know>

Diabetes

Heart attack/angina pectoris

High blood pressure

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

(Put an X in only one box)

Very satisfied

Satisfied

Somewhat satisfied

Neither satisfied nor dissatisfied

Somewhat dissatisfied

Dissatisfied

Very dissatisfied

SEE THE PICTURE OF THE BLOOD PRESSURE MEASUREMENT IN THE ENCLOSED BROCHURE

I. Have you ever had your blood pressure measured? <yes, no, don't know>

If you answered NO, proceed to question M.

J. In what year was your blood pressure last measured? <year, don't know>

19___ Give year here (about)

K. Where did you last have your blood pressure measured?

(Put an X in only one box)

At a general practitioner (district medical officer, doctor in private practice, house physician)

At a company physician

At a military doctor

At a hospital

At another doctor

Don't know

L. What was the result of the blood pressure measurement?

(Put an X in only one box)

Start or continue taking medicine for high blood pressure

Go in for a follow-up examination, but not take medicine

No follow-up examination and no medication necessary

M. Which general practitioner would you prefer to be referred to if this health survey indicates that you should undergo a more thorough examination?

Write the name of the doctor here _____

No particular doctor <cross>

ABOUT YOUR JOB

N. Are you currently employed?

(Put an X in only one box)

Yes, full-time employment (not including housework)

Yes, part-time employment (not including housework)

Yes, full-time housework

No, not employed

O. If you are not in full-time employment, is the reason:

(Put an X in only one box)

Unemployment/redundancy

Retirement or disability pension

Education or military service

Other reason

IF YOU ARE EMPLOYED, PLEASE ANSWER THE NEXT TWO QUESTIONS

P. Does your work involve a lot of stress and hassles?

(Put an X in only one box)

No, not at all

Rarely

Yes, a certain amount

Yes, almost all the time

Q. Do you decide how your work is planned?

(Put an X in only one box)

No, not at all

A little

Yes, for the most part

Yes, I decide