How are you?
A study of well-being, health and disease among adults in Central Denmark Region

about the study

The purpose of the study is to map public health and disease in the Region Midtjylland. The results will be used in the continuous efforts to improve public health in the region.

The poll was conducted in Central Denmark Region and also in other regions in Denmark. Parts of the data collected will also be part of a nationwide survey conducted by National Institute of Public Health, Southern University.

It is of course, optional to participate. By complete and submit the form you are giving your consent to participate in the study. You can any time revoke your consent and then the information will be deleted.

To reduce the number of questions download we have additional information about your contacts with doctor and hospital and other health information from public databases.

Your answers will remain confidential. All that work with study sworn to secrecy. The information is used solely for statistics, and the results are published in a so that individuals can not be recognized.

The project is notified to the Danish Data Protection Agency, and Data Protection Agency has established procedures for project to protect your privacy. Region Gauteng is responsible for data. The study performed by Central Denmark Region by CFK · People-Health and Quality, Olof Palme Alle 15, 8200 Aarhus N.

The number at the top of page 28 is, for we can keep track of RSVPs. For to obtain reliable results, it is important that as many people as possible complete the form. We out-therefore sends reminders to all, we do not have received from.

You can also fill in the questionnaire on the net on www.hvordanhardudet.dk. For the replies-look online you will need your subscriber number and password, which you can find at the bottom of questionnaire backing.

We are raffling off prizes among the v-captured responses in return for participation. There are two movie tickets to the first 1,000 equivalent. See what you can win the prize table.

If you have questions about the survey, you feel free to call on telephone 7841
How to complete the questionnaire

Please use one black or blue pen or thin felt pen

The answers are scanned into a machine, so all figures and cross should be easy to interpret, as shown in the examples below.

Set clear X
If a field is out correctly, is shaded \(((\text{RIGHT},\text{WRONG},\text{YES},\text{NO},\text{YEAR}))\))
the box, and the intersection set in the right

The numbers are written
fields

The figures corrected by completely deleting
it incorrect number and write it right above

Gender, age and native language

1. are you? male or female
2. When were you born? date, month and year
3. What is your mother tongue?
The language as a child has learned to speak in your home.

Danish
Other

If other, write what

Health and well being
4. How do you think your health is everything?
(Only one X)
ecellent
very well
Good
Less well
Rubbish

5. The following questions are about activities of daily living. you because of your health limited in these activities? In this case, the amount of

(Place one X in each line) Yes, very
Yes, a little No, not at all

-Vigorous activities Such as running, lifting heavy objects, participating in strenuous sports
-Moderate activities, such as moving a table, pushing or cycling
-going more flights of stairs
-Bathing or dressing

6. How much of the time in the last 4 weeks have you had the following problems with your work or other daily activities because of your physical health?

-I have accomplished less, than you would like
-Were limited in which kind work or other activities I have been able to carry

7. How much of the time in the last 4 weeks have you had the following problems with your work or other daily activities due emotional problems

-I have accomplished less, than you would like
-I have done my job or other activities less carefully Than usual

8. How much bodily pain have you had in the last 4 weeks?
(Only one X)
No pain
-Very mild
-Slight pain
-Average Severe pain
-Severe pain
-Very severe

9. Within the last 4 weeks How much did pain interfere with your daily work? Both work outside the home and house work.
-(Only one X)
-not at all
-Slightly
-Something
-Quite a few
-Really very

10. These questions are about how you have felt in the past 4 weeks.3 Each question, please choose the answer that best describes how you feel had it. How much of the time during the past 4 weeks...

have you been very nervous?
Have you felt calm and peaceful?
Did you have a lot of energy?
Have you felt downhearted and blue?

11. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?
Eg. visiting friends, relatives---

All the time
Most of the time
Some of the time
Some of the time
At no time

Accidents

12. Have you within the last 12 months been involved in accidents or incidents outside working hours, which made it difficult or impossible for you to carry out your daily activities? Eg. sprained an ankle, been burned, been subjected to chemical poisoning, and the like.

Yes, a traffic accident
Yes, a home accident
Yes, an accident at sports, sports
Yes, other leisure accident
No

13. Have you within the last 12 months been involved in accidents or incidents during working hours, which made it difficult or impossible for you to perform your daily activities?
Yes
No

Need for support and help

14. Have you due to illness or other problems with health needs help from friends, family or for example home help to cope with your daily activities?
No, I don’t need help    Go to question 17 page 5
Yes, I need help

15. What do you need help?
(Check one or more X)
cooking
Dining
Washing
Undressing
How to Buy
Pay bills
Make clean
Visiting friends
Go to the doctor
Stroll
If other, please specify:

16. Who helps you?
(Check one or more X)
My family
Friend, friend
Other
Home care, nursing staff
A visiting friend
Other
I get no help

**Everyday stress 5**

17. The questions are about your feelings and thoughts during the last 4 weeks. For each question, please mark with a cross, how often you felt or thought a certain way.

How often during the past 4 weeks:

- Have you been upset about something, that happened unexpectedly?
- Have you felt that you could not control the important things in your life?
- Have you felt nervous and "stressed"?
- Have you felt sure your ability to handle your personal problems?
- Have you felt that things were going, as you would like it?
- Have you felt that you could not cope all the things you had to do?
- Have you been able to manage everyday peeves?
- Have you felt that you had control of things?
- Have you become angry about things which you had no control over?
- Have you felt that your problems piled up so much that you could not overcome them?

**Pain and discomfort the last 14 days**

18. Have you within the last 14 days been bothered by some of the above mentioned types of pain and discomfort? You were very or somewhat bothered by it?

- Pain or discomfort in the shoulder or neck
- Pain or discomfort in the arms, hands, legs, knees, hips or joints
- Pain or discomfort in the back or lower back
- Fatigue
- Headache
- Insomnia, sleep problems
- Depressed mood, depressed, unhappy
- Anxiety, nervousness, restlessness and anxiety

**Violence and threats**

19. Are you within the past year been subjected to threats of violence that were so grave, that you were afraid?

   Yes  No

20. Are you within the past year been subjected to physical violence?

   Yes  No
If "no" to both questions 19 AND 20 Go to question 22 on page 7
21 If "yes" to question 19 OR 20: Where did it go?

At work or study;
In the home
At the home of another
In a public place, tavern, train, or bus
Second place

**Long-term Illness and After Effects 7**

22. Do you have any long-term illness, long-lasting after-effects of injuries, disabilities or other long-term illness? Sustained meant at least 6 months.
Yes
No

23. For each of the following diseases and health problems please specify if you have it now or have had it before. If you've had it before, please also indicate if you have after effects.

- Asthma
- Allergy (not asthma)
- Diabetes (diabetes)
- High blood pressure
- A heart attack
- Angina (anginapectoris)
- Cerebral hemorrhage, cerebral thrombosis
- Chronic bronchitis, emphysema
- COPD (emphysema, COPD)
- Osteoarthritis
- Rheumatoid arthritis
- Osteoporosis (osteoporosis)
- Cancer
- Migraine or frequent headaches
- Mental illness, which lasted over 6 months
- So far it has lasted less than 6 months
- Mental illness of more than 6 months
- Herniated
- Other back diseases
- Cataracts
Tinnitus (whistling, ringing in the ears)

24. Do you have other long-term illnesses now, or have you had it before?  
If yes, write what diseases. If not  Go to question 25

Write diseases here:

25. Are you hampered in your daily activities due to illness, injury or repercussions of these?  
No  
Yes, a bit from time to time  
Yes, a bit all the time  
Yes, very occasionally  
Yes, all the time

Sleep  
26. How do you think all in all, you sleep?  
Really good  
Good  
Fairly  
Rubbish

27. In the last 4 weeks: How many hours and minutes you slept around on a normal weekday?  
Hours Minutes

28. In the last 4 weeks: Have you got enough sleep to feel rested?  
Yes, usually  
Yes, but not often enough  
No, never (almost never)

29. The following questions are about how you have slept in the last 4 weeks.

Did you have trouble waking up, when you were up?  
Have you had trouble falling asleep?  
Are you woken up several times a night and found it difficult to fall asleep again?  
Are you woken early without could go back to sleep?  
Did you sleep badly and restless?  
How often have you slept less than 5 hours in a day?  
How often have you slept more than 9 hours a day?  
Have you used sleeping pills?
Been so sleepy that you have had difficult to make your daily activities?

**Smoking**

30. Do you smoke?
(Only one X)
Yes, every day
Yes, at least once a week  Go to question 32
Yes, less often than every week  Go to question 32
No, I have stopped  Go to question 34 on page 11
No, I haven’t smoked  Go to question 36 on page 11

31. How much do you smoke per day? (WRITE IN)
Number of cigarettes
Number of cheroots
Number of cigars
Number of pipes

32. Want to quit smoking?
(Only one X)
No  Go to question 36 on page 11
Yes, but I have not planned when
Yes, I plan on stopping smoking within 6 months
Yes, I plan on stopping smoking within 1 month

33. If you want to quit smoking, would you like to have support and help implement it? Eg. smoking cessation course, support from your doctor.
Yes  Go to question 36 on page 11
No  Go to question 36 on page 11

**COMPLETE IF YOU ARE STOPPED SMOKING**

34. Have you ever smoked every day?
No, I have never smoked every day  Go to question 36
Yes, I have previously smoked every day

35. When did you stop smoking?
Write the year
Write month if it is within the last 12 months

TO BE COMPLETED BY ALL EVEN IF YOU SMOKE OR NOT

36. How many hours a day are you living in rooms where there are smokers,
or where the smell of tobacco smoke?
(Only one X)
Over 5 hours a day
1-5 hours per day
½ -1 hour per day
Less than ½ hour per day
0 hours
37. Will there be smoked in doors in your home?
(Only one X)
Yes, every day
Yes, a few times a week
Yes, but less often than every week
No, never or almost never
38. Is smoking your workplace?
(Only one X)
I do not work
It is allowed to smoke anywhere
Smoking is limited to individual smoking areas
Smoking is only allowed in special smoking rooms and outdoor
Smoking is only allowed outdoors
Smoking is absolutely prohibited

alcohol
39. Have you consumed alcohol within the past 12 months?
Yes
No – Go to question 50 page 14
40. Have you within the last 12 months felt that you should reduce your alcohol?
Yes No
41. Is there anyone in the last 12 months that have "complained" the fact you drink too much?
Yes No
42. Have you within the last 12 months been feeling unwell or ashamed because of your drinking?
Yes No
43. Have you within the past 12 months regularly taken objects as the first in the morning to "calm the nerves" or be "hangover" sign?
Yes No
44. How many days a week do you drink alcohol?
(Only one X)
0-1 day 2 days 3 days 4 days 5 days 6 days 7 days

45. Do you drink alcohol outside of meals on weekdays?
Yes  No

46. How many units do you typically on each of the days during the week?
Starting with Monday and take one day at a time (fill in all fields, even if the answer is 0).

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

1 drink = 1 regular beer
1 glass of red or white wine
1 glass liqueur
1 drink/cocktail
1 schnapps/shot
1 alcopops
1 alcoholic cider

1 bottle of red or white wine = 6 objects
1 bottle of fortified wine = 10 items
1 drink = 1 bottle of liquor = 20 drinks

47. How often do you drink 5 or more units at the same time?
(Only one X)
Almost daily or daily
weekly
monthly
Rarely
Never

48. How do you assess your drinking altogether?
(Only one X)
very sensible
reasonable
Neither rational nor irrational
A little foolish
49. Would you like to reduce your alcohol consumption?
(Only one X)
Yes No Do not know

Food
Tick the answer that best fits your dietary habits.
50. How often do you eat bread with the following kinds off at on?
Butter, Marsh Farmor equivalent
Margarine or vegetable margarine
Grease
Eating bread without fat on

51. How often do you eat the following types of cold cuts?
Cold cuts, meat
Fish spreads
Eggs
Laying on salads or mayonnaise salads

52. How often do you eat the following kinds of hot food?
Meat (beef, veal, pork or lamb)
Poultry (eg. Chicken, turkey, duck)
Fish
Vegetables and vegetarian dishes

53. How often do you eat the following kinds of vegetables?
Mixed salad, raw vegetables
Other raw vegetables
Prepared vegetables
(boiled, baked, fried, casserole or wok dishes)

54. How often do you or others in your household the following kinds off at in 15 cooking?
Frying Margarine
Vegetable Margarine
Butter, and the like Kærgården
Grease/palm
olive oil
Maize, sunflower or
grapeseed
Rapeseed oil, cooking oil, salad oil
Creates food without fat
If you know it, for example, because you get food from outside, tick here

55. How many servings of fruit do you usually eat?
1 serving = 1 piece or 1 cup - INCLUDE stewed fruit and fruit pulp.

56. How do you assess your diet altogether?
Very healthy
Healthy
Fairly healthy
Unhealthy
Very unhealthy

57. Want to eat healthier?
(Only one X)
Yes No Do not know

Movement in daily life
58. How many days a week are you physically active at least 30 minutes a day?

Include moderate or vigorous physical activity in which you breathe faster, get
touched your muscles and use your powers - eg. exercise or competitive sports,
heavy gardening, brisk walking, bicycling at a moderate or fast pace or physical
strenuous work. Include both work and leisure.

No days
1 day
2 days
3 days
4 days
5 days
6 days
Every day

59. Play Sports at your leisure, or participate regularly in other activities
providing exercise?
No
Yes
If yes, please specify

60. If you look at the past year, what would you say best description of your physical activity during leisure time?
(Only one X)
Coach hard and competitive sports regularly and several times a week
Exercising sports or carrying heavy gardening
or the like at least 4 hours per week
Walk, bike or other light exercise at least 4 hours per week
(INCLUDES undaytrips, light gardening and cycling/walking to work)
Reading, watching TV or other sedentary employment

61. How do you rate your physical fitness?
(Only one X)
Really good
Good
fairly
Less good
bad

62. Would you like to be more physically active?
(Only one X)
Yes
No
Do not know

63. On a normal week: How often do you cycle to and from work?
Winter (Only one X) Summer (Only one X)
0 days 0 days
One day one day
2 days 2 days
3 days 3 days
4 days 4 days
5 days 5 days
6 days 6 days
7 days 7 days

64. What is your main means of transport when traveling to and from work, or education?
(Only one X)
I'm not in work or education  Go to question 66 page 18
Car
Bus
Train
The moped, scooter, motorcycle
Bicycle
I walk or run
Other
65. How far do you have to work or school? Include only one way.

Enter the number of miles

Height and weight
66. How tall are you (without shoes)?

Write height cm (e.g., 172 cm)
67. How much do you weigh throughout tkg (without clothes)?
Write kg weight
68. How do you assess your own weight?
(Only one X)
Too low
A little too low
Customize
A little too high
Too high
69. Want to lose weight?
(Only one X)
Yes, very much
Yes, to some extent,
No
Do not know

At the doctor
70. Have you been by your own physician during the last 12 months?
Yes
No  Go to question 72
71. Have your own doctor during the past 12 month advised you:
Quitting smoking
Losing you
To gain weight
Exercising
alcohol consumption
Changing your eating habits
Taking it easy

72. Specify how easy or difficult you find the following - think of your experience:
Ensure that health professionals understand your problem correctly
Be able to talk about your health problems with health personnel
Filling out forms with health information correctly
Having good conversations about our health with doctors
Just follow the instructions given to you by your health care professional
Read and understand written health information
Continue to ask medical staff until you understand it, you need
Read and understand all information on medicine packages
Ask questions to the healthcare professional
To get the information you need
Understand what medical staff wants you to do

Attitudes

73. Imagine that two people discussing various issues. One person says one position and another person said another position.

Specify who you most agree with:
Pia: There should not be imposed more restrictions on smoking
Mie: Smoking should be completely banned

Specify who you most agree with:
Svend: Taxes on tobacco must be raised to get people to stop smoking
Peter: Politicians should not interfere in people's smoking habits. Therefore, the taxes on tobacco have not been claimed

Specify who you most agree with:
Lise: Taxes on alcohol should be increased in order to get people to drink less
Anne: There is no need to raise taxes on alcohol
Specify who you most agree with:
Ole: Taxes on candy and soda should be raised so people buy less candy and soda.
Per: It's now even people's own choice how much candy and soda they will eat and drink. Therefore, taxes on candy and soda are not increased.

Specify who you most agree with:
Mette: People eat too little fruit and vegetables. Therefore, the VAT on fruit and green removed so that fruits and vegetables are cheaper.
Lisa: People are now even better to decide for themselves what they need. Therefore, I think that VAT must be the same on all products.

Specify who you most agree with:
Thor: People's health is now even their own risk. The politicians must not interfere in
Niels: It is society's responsibility to ensure that the population is healthy.

**Being with family and friends**

74. **How often are you in contact with friends, acquaintances and family who do not live with?**
The contact we mean that you are together, talking on the phone, write to each other, etc.

Family, as you do not live together with

Friends

Colleagues or classmates at leisure

Neighbors and residents in your area

People you most know from the Internet (mail, chat, forum, etc.)

75. **Does it ever happen that you are alone, even though you most want to be along with others?**
(Only one X)
Yes, often
Yes, occasionally
Yes, but rarely
No

76. Do you have someone to talk to if you have problems or need support?

(Only one X)
Yes, often
Yes, for the most part
Yes, sometimes
No, never or almost never

77. How often...

(Check one X in each line)
..do you feel isolated from others?
..do you feel that you miss someone to be with?
..do you feel left out?

78. Have you within the last 12 months felt burdened by some of the following things?

Your economy
Your housing situation
Your work situation
The relationship with your partner
Relationships with family and friends
Disease in yourself
Disease in partner, family or close friends
Deaths among your nearest
Otherloads
If other, please specify

79. How do you think your well-being and quality of life overall?

(Only one X)
Really good
Good
fairly
bad
Very bad

Children, relationships and education
80. Do you have children? Include both children living at home, and children who do not live at home.

Yes
No

81. Do you live alone or with others?

(Check one or more X)
I live alone
I live with my spouse or partner
I live with parents
I live with a child / children under 16 years
I live with young/young people (16-20 years)
I live with other adult s over 20 years

82. What education do you have?

(Only one X)
Going still in school
7 or few years of schooling Go to question 84 page 24
8-9 years of schooling Go to question 84 page 24
10-11 years of schooling Go to question 84 page 24
Student, HF exam (including HHX, HTX) Go to question 84 page 24
Other (including foreign schools) Go to question 84 page 24

83. What school or youth are you doing?

(Only one X)
9 Class
10 class
STX
HTX HHX Trade School,
Basic Education
VET (technical school)
HFOther
If other, please specify

84. Have you completed any education beyond a school or youth?
(Only one X)

No  Go to question 86
One or more short courses
(eg. skilled worker training, labor rates, etc.)

Vocational education/skilled
(eg. office or shop assistant, hairdresser, bricklayer, medical secretary,
social and health assistant, farmer)

Short higher education, 2-3 years
(eg. market economist, police officer, laboratory technician, mechanical engineer,
computer science, multimedia designer, matron, dental hygienist)

Medium-cycle higher education, 3-4 years
(eg. primary school teacher, social worker, building technician, nurse,
physiotherapist, BSc, educator, undergraduate)

Long higher education, more than 4 years
(eg. M.Sc., MA., doctor, psychologist)

other education

85. What is your education more precisely?
Write what:

86. Are you in training?
Yes
No  Go to question 88

87. What training are you doing?
Write what:

Work
88. Are you at work?
Yes  Go to question 95 on page 26
No

COMPLETE IF YOU ARE NOT WORKING
89. Have you previously worked as an employee, self-employed or assisting spouse?

Yes
No  Go to question 102 page 28

90. When was your last employment?
Year Month

91. What was your last occupation?
(Only one X)
Self-employed farmer
Otherwise self-
Assisting spouse
skilled
unskilled
Technician, official (e.g. Doctor, clerk, school teacher)
Apprentice, trainee
other jobs

92. What was your position more accurately?

Specific: for example,
shop assistant in the supermarket (not just employed by the store), Head of credit union
(not just Unit).
Writewhat:

93. Were you publicly employed in your last job?
Yes
No

94. Was your last employment, a management job?
(Only one X)

No
Yes, I had 1-9 subordinates
Yes, I had 10-19 subordinates
Yes, I had 20 subordinates or more

COMPLETE IF YOU HAVE ANY WORK
95. What is your current position?
(Only one X)
Self-employed farmer
Otherwise self-
Assisting spouse
skilled
unskilled
Technician, official
(eg. doctor, clerk, school teacher)
Laerlig, student
other jobs

96. What is your position more accurately?
Specific: for example,
shop assistant in the supermarket (not just employed by the store), Head of credit union
(not just Unit).
Write what:

97. Are you public officer?

Yes
No

98. Do you have a management job?
(Only one X)
No
Yes, I have 1-9 subordinates
Yes, I have 10-19 subordinate
Yes, I have 20 subordinate or more

99. How many hours do you work per week?
Enter the number of hours per week

100. Here are some questions about how you experience your present work.

How often it happens that you do not reach all your work?

If this happens, there is conflict between your work and private life, making you want
will be "in both places at once"?

Do you feel that your work takes so much of your energy, compromising your private life?

Do you feel that your work takes so much of your time, compromising your private life?

Says family or friends that you work too much

Can you influence how you do your work?

Do you feel that your workwear on you physically?

Do you feel that your workwear on you psychologically?

Do you feel that you get recognition for your work?

Are you overall satisfied with your work?

101 How would you describe the physical demands of your main job?

Mainly sedentary jobs that do not require physical exertion
Work extensively performed standing or walking, but otherwise does not require physical exertion
Standing or walking work with some lifting or carrying work
Heavy or fast work is strenuous

THE FOLLOWING QUESTIONS MUST BE COMPLETED, WHETHER YOU ARE IN WORK OR NOT

102 Do you feel that your work is reduced?

This refers to a more permanent reduction working capacity, not decrease as due to temporary
illness, etc.(Only one X )NoYes, a bitYes, someYes, very

103 How would you describe the area you live in?
(Only one X )City (1,000 inhabitants or more)Village (less than 1,000 inhabitants)Land Area

104 Do you or others in your household....
Yes No... The accommodation you live in?... A car?

105 What was your income in 2012 before taxes and other deductions?

(Only one X )0-99000 £
100000-149000 AUD
150000-249000 AUD
250000-374000 AUD
375000-524000 AUD
525000-699000 AUD
700000-849000 AUD
850,000 and above

Then there are no more questions - but do you want to elaborate on something or comment on it,
you can do so here:

Thanks for the help!
Tear this page off.
Please return the completed form in the stamped addressed envelope
postage is paid.

The CFK Public Health and Quality in Central Denmark Region, which coordinates
study. Only staff here who have access to the questionnaires, which
will be treated confidentially.

You can read about the study and its results on the website:
www.hvordanhardudet.rm.dk

If you have questions about the survey, please feel free to call us at
phone 7841 4340 (Mon-Fri 10-20, Sat-Sun 10-15) or send an email to
hvordanhardudet@rm.dk

Dear citizen
You are one of 54,000 people in Central Jutland, receiving the questionnaire on health and health:
How are you? We hope you would like to participate in study
How are you? is a study of the health of your community, in the region and throughout Denmark.
The more we know about the health, the better we can plan treatment, prevention and rehabilitation.

You have been randomly selected for the survey among all citizens over 15 years. It is, of course, volunteer to participate, but the more people who answer the questions, the better we can use the survey results.

We hope that you will take the time to fill out the questionnaire and send it back (postage paid). You can also complete the form online, see below. Your responses treated confidentially.

Call by phone 7841 4340 if you have any questions about the survey or send us an email to hvordanhardudet@rm.dk. See also the website: www.hvordanhardudet.rm.dk With your answer to How are you? we get an invaluable knowledge and a good basis to promote health in your community.

Thank you in advance for your participation. Sincerely, 29 January 2013

You can complete the form online. Go to www.hvordanhardudet.dk and enter the participant number and password.

Bent Hansen
Regional Council Chairman
Central Denmark Region