

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 of 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 the National Institute of Public Health, Southern University.

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

To reduce the number of questions, we have additional information about your contacts with doctors and hospitals and other health information from public databases.

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

The project is notified to the Danish Data Protection Agency, and the Data Protection Agency has established procedures for the project to protect your privacy. The region of Central Denmark is responsible for the data. The study is performed by Central Denmark Region by CFK - People-Health and Quality, Olof Palmes 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 therefore send reminders to all , we do not have received from .

You can also fill in the questionnaire online 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 the 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

4340(Mon-Fri 10-20 , Sat-Sun 10-15) or send a e- mail : hvordanhardudet@rm.dk

sincerely,
FinnBreinholtLarsen, Project Manager

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 the box, and the intersection set in the right (((RIGHT,WRONG,YES,NO,YEAR))))

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)

excellent

very well
Good
Lesswell
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 do not 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

Washme

Undress me on

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 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 (angina pectoris)

Cerebral hemorrhage, cerebral thrombosis

Chronic bronchitis, emphysema,

COPD (emphysema, COPD)

Osteoarthritis

Rheumatoid arthritis

Osteoporosis (osteoporosis)

Cancer

Migraine or frequent headaches

Mental illness, which lasted or

so far it has lasted less than

6 months

Mental illness of more than

6 months

Herniated

or other back diseases

cataracts

Tinnitus(whistling,ringing in theears)

**24.Do you have othe rlong-term illnesses now,or have you haditbefore?
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 bitfrom time to time

Yes,a bitall the time

Yes,veryoccasionally

Yes,all the time

Sleep

26.Howdo you think all in all,you sleep?

Really good

Good

fairly

Rubbish

**27.In the last 4 weeks:How many hours and minutes you slep t around on a
normalweekday?**

hours Minutes

28.In the last 4 weeks:Have you got enough sleep to feel rested?

Yes, usually

Yes, but notoften enough

No,never(almostnever)

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 hadtrouble fallingasleep?

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 sleepbadly andrestless?

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 have never smoked Go to question 36 on page 11

31.How much do you smoke per.Today?

(WRITE IN)

Number of cigarettes

Number cheroots

Number of cigars

Number of pipestop

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 smoked,

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 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 consume 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 or irrational

A little foolish

Veryunwise

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 of fat on?

Butter, Marsh Farrow 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 use the following kinds of fat in cooking?

Frying Margarine

Vegetable Margarine

Butter, and the like Kærgården

Grease/palmin

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

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 (eg. 172 cm)

67. How much do you weigh throughout (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 1

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 months 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
Other loads
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 over 20 years

82. What education do you have?

(Only one X)

Going still in school

7 or fewer 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)

HF Other

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 (eg. 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).

Write what:

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)

Lærilig, 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 work wears on you physically?

Do you feel that your work wears 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