In this questionnaire we will ask you to answer some questions about your health and lifestyle. **We ask you to answer all questions.** The questions are answered by ticking the box that is most appropriate. Naturally, all answers will be treated with strict confidentiality.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
<th>Address</th>
<th></th>
<th>Post code &amp; city</th>
<th>Telephone no.</th>
<th>Cpr-no.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Do you experience pain or tightness in your chest when you are in a hurry, or when you use stairs?  
   Yes ☐ No ☐

2. Have you ever been hospitalized due to a heart attack?  
   Yes ☐ No ☐

3. Have you ever had a heart attack without being admitted to the hospital?  
   Yes ☐ No ☐

4. Have you ever had heart by-pass surgery?  
   Yes ☐ No ☐

5. Have you ever had a blockage removed from the blood vessels of your heart (angioplasty/PCI/PTCA)?  
   Yes ☐ No ☐

6. Have you ever had a thrombosis (blood clot) in your legs?  
   Yes ☐ No ☐

7. Have you ever had a thrombosis (blood clot) in your lungs?  
   Yes ☐ No ☐

8. Do you have shortness of breath, when you are in a hurry or go up a hill?  
   Yes ☐ No ☐

9. Do you have more shortness of breath, when walking at normal pace on a straight road compared to people your own age?  
   Yes ☐ No ☐

10. Do you sometimes have to stop and catch your breath, when walking down the street at your own pace?  
    Yes ☐ No ☐

11. Do you sometimes wake up at night due to shortness of breath or strenuous breathing?  
    Yes ☐ No ☐

12. Do you have shortness of breath when taking a bath or when getting dressed?  
    Yes ☐ No ☐
13. Do you have shortness of breath when sitting quietly or resting? □ Yes □ No

14. Are you often troubled by shortness of breath? □ Yes □ No

15. Do you sometimes cough during physical activity? □ Yes □ No

16. Do you cough up mucus (in the mornings or during the day) as long as 3 consecutive months a year? □ Yes □ No

17. Have you been exposed to dust or fumes over long periods of time in your job? □ Yes □ No

18. Do you sometimes experience wheezing (high-pitched whistling sound during breathing)? □ Yes □ No
   **If yes:**
   - During a cold? □ Yes □ No
   - During physical activity? □ Yes □ No
   - Without any cause? □ Yes □ No

19. Do food, medicines, grass, flowers, animal hair or anything else give you:
   - Asthma? □ Yes □ No
   - Hay fever? □ Yes □ No
   - Eczema? □ Yes □ No

20. Did you have asthma, hay fever, or eczema as a child? □ Yes □ No

21. Do you have asthma?
   **If yes:** How many years have you had asthma? Years: [ ]

22. Have you had acute bronchitis or pneumonia within the last 10 years that lead to consultation of a doctor or absence from work?
   | No | Yes, 1-5 times | Yes, 6-10 times | Yes, more than 10 times |
   | □  | □             | □              | □                        |
   | Yes | No

23. Have you within the last 10 years had:
   a) paralysis, weakness, or coordination difficulties of your face, arms, or legs? □ Yes □ No
   b) blindness or loss of vision in one or both eyes? □ Yes □ No
   c) abnormal speech, difficulty with retrieving or pronouncing words? □ Yes □ No
24. Have you ever had a stroke or a haemorrhage in the brain?  
   Yes  No

25. Do you experience pain in one or both legs:
   a) when you start walking?  
   b) when you have walked for a while?
   
   If yes: Do you have to stop, when you have walked for a while?  
   If yes: Does the pain stop, when you stop walking?

26. Have you had an acute episode of fever, bronchitis, or bladder infection within the last 4 weeks?  

27. Do you have diabetes?  
   If yes: How old were you, when you were diagnosed? ___ years

28. Do you or have you had cancer?  
   If yes: what type: ____________________________
   How old were you at the time of diagnosis? ___ years

29. Do you or have you had other chronic diseases?  
   If yes: what type: ____________________________
   How old were you at the time of diagnosis? ___ years

30. Are you or have you ever been a blood donor?  
   If yes: How many years have been a donor? ___ years

Only for women – Men should proceed to question 37

31. How old were you, when your menstruations began? ___ years  
   Yes  No

32. Have your menstruations stopped?  
   
   If yes: How old were you when your menstruations stopped? ___ years

33. How many abortions have you had? ___
34. How many children have you had? No.: 

35 How old were you at your first delivery? 

36. Have you breastfed? 

If yes: Number of months total: 

37. Do you smoke? 

If no: Have you previously smoked? 

If you have never smoked please proceed to question 44 

38. How many years have you smoked? 

39. How old were you when you began smoking? Age: 

40. If you have stopped smoking, how old were you when you stopped? Age: 

41. If you smoke or have smoked, how much is/was your average consumption of:

Cigarettes without filter No. per day: 

Cigarettes with filter No. per day: 

Cheroots No. per day: 

Cigars No. per day: 

Pipe tobacco Packets of 40/50 g per week 

42. Do you or did you inhale? 

43. Do you use a nicotine substitution (chewing gum, patch etc.)? 

If yes: How many years have you used it? 

44. How many hours a day are you exposed to passive smoking? 

45. What is your average consumption per week of:

Whole milk: glasses Semi-skimmed milk glasses Skimmed milk glasses 

Coffee: cups Tea: cups Cola: × ½ L 

Cola light: × ½ L Soft drinks: × ½ L Diet soft drinks: × ½ L
46. **How often do you drink:**

<table>
<thead>
<tr>
<th></th>
<th>Never/ almost never</th>
<th>Several times a month</th>
<th>Several times a week</th>
<th>Daily/ almost daily</th>
<th>Average per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Bottles: □</td>
</tr>
<tr>
<td>White wine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Glasses: □</td>
</tr>
<tr>
<td>Red wine</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Glasses: □</td>
</tr>
<tr>
<td>Dessert wines</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Glasses: □</td>
</tr>
<tr>
<td>Spirits/liquors</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>Units: □</td>
</tr>
</tbody>
</table>

47. If you drink beer, is it mainly with your meals?  □ Yes  □ No

48. If you drink wine, is it mainly with your meals?  □ Yes  □ No

49. If you drink spirits, is it mainly with your meals?  □ Yes  □ No

50. How many meals do you eat per day?  No.: □

51. How many slices of bread do you eat per day?
   (One slice =1/2 slice "rugbrød", 1 slice of white bread, 1 "knækbrød" or 1/2 a bun)  No.: □

52. What type of fat do you usually put on your bread? *(only one answer)*

<table>
<thead>
<tr>
<th>Nothing</th>
<th>Butter</th>
<th>Kærgården</th>
<th>Plant marg.</th>
<th>Minarine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

53. On average, how many **times a week** do you eat the following spreads/fillings **on bread**?

Meats: □  Liver pâté: □  Fish: □  Cheese: □

54. On average, how many **times a week** do you eat the following types of main courses?

Beef/veal: □  Pork: □  Poultry: □

Fish: □  Fastfood: □
55. What types of fats do you **usually** use for preparing main courses? (**only one answer**)

<table>
<thead>
<tr>
<th>Nothing</th>
<th>Butter</th>
<th>Kærgården</th>
<th>Marg.</th>
<th>Plant marg.</th>
<th>Minarine</th>
<th>Oil</th>
<th>Andet</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
</tbody>
</table>

56. How often do you eat vegetables as a snack, as a part of breakfast or lunch, or as a main ingredient in main courses? (**only one answer**)

<table>
<thead>
<tr>
<th>Almost never</th>
<th>1-3 × a month</th>
<th>1-2 × a week</th>
<th>3-4 × a week</th>
<th>5-6 × a week</th>
<th>1 × a day</th>
<th>2-3 × a day</th>
<th>&gt;3 × a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

57. How often do you eat fruit (a whole piece of fruit or part of a fruit)? (**only one answer**)

<table>
<thead>
<tr>
<th>Almost never</th>
<th>1-3 × a month</th>
<th>1-2 × a week</th>
<th>3-4 × a week</th>
<th>5-6 × a week</th>
<th>1 × a day</th>
<th>2-3 × a day</th>
<th>&gt;3 × a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

58. How long is your education? ____. years
   (including from primary school to university level)

59. What type of education have you completed after leaving school? (**only one answer**)

- [ ] None
- [ ] Under education
- [ ] A short education (up to 3 years with books)
- [ ] Vocational training or similar (1-3 years)
- [ ] Higher education (≥3 years, e.g. teacher, nurse or similar)
- [ ] University

60. What type of employment have you had the longest after finishing your education? (**only one answer**)

- [ ] Self-employed
- [ ] Skilled worker
- [ ] Unskilled worker
- [ ] Salaried employee / white-collar worker
- [ ] Housewife / working at home
- [ ] No employment (unemployed or pensioner)
61. Do you live:
   ☐ With spouse/companion
   ☐ Alone
   ☐ With others

62. How many children do you have? [ ]

63. How many persons in the household including yourself? No.: [ ]

64. Do you have a:
   Yes  No
   Dog  ☐  ☐
   Cat  ☐  ☐
   Other pets  ☐  ☐
   If yes: What pets: ____________________________

65. Are you:
   ☐ Married/in a relationship
   ☐ Not married
   ☐ Separated/divorced
   ☐ Widow/widower

66. What was the total income of your household before tax last year? (only one answer)
   ☐ Less than 100,000 kr.
   ☐ Between 100,000 kr. and 200,000 kr.
   ☐ Between 200,000 kr. and 400,000 kr.
   ☐ Between 400,000 kr. and 600,000 kr.
   ☐ Between 600,000 kr. and 800,000 kr.
   ☐ More than 800,000 kr.

67. How many people in your household have contributed to the income? [ ]

   Yes  No

68. Do you often feel nervous or stressed?  ☐  ☐

69. Do you often feel tired?  ☐  ☐

70. Have you had the feeling that you are not accomplishing much lately?  ☐  ☐

71. Has it become more difficult for you to complete tasks that require complete focus/concentration lately?  ☐  ☐

72. Do you have a feeling of hopelessness?  ☐  ☐

73. Do you feel in good health?  ☐  ☐
74. Indicate your PHYSICAL ACTIVITY DURING WORK **within the last year** (should also be answered by housewives, students, unemployed, while pensioners should proceed to question 75). **(only one answer)**

I. Primarily sitting most of the time  
   e.g. desk job, housewife without children and with a maid  

II. Sitting and standing, sometimes walking  
   e.g. shop assistant, teacher, housewife who does all washing and cleaning herself without small children  

III. Mostly walking, sometimes lifting  
   e.g. mailman, healthcare worker, housewife who does all washing and cleaning herself with 1 or more small children  

IV. Heavy labour  
   e.g. movers, construction workers  

<table>
<thead>
<tr>
<th>If you ticked III or IV: Do you often lift heavy loads?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

75. Indicate your LEISURE TIME PHYSICAL ACTIVITY (including transport to and from work) **within the last year** **(only one answer)**

I. Almost completely physically inactive or light physical activity up to 2 hours a week.  
   e.g. reading, television, cinema  

II. Light physical activity from 2-4 hours a week.  
   e.g. walks, biking, light gardening, light exercise  

III. Light physical activity for more than 4 hours a week or more intense physical activity from 2-4 hours a week  
   e.g. fast walking and/or fast cycling, laborious gardening, heavy exercise with sweating or breathlessness  

IV. Intense physical activity for more than 4 hours a week or regular intense training potentially with participation in competitions several times a week  

<table>
<thead>
<tr>
<th>If you ticked III or IV: Does your training involve weight-lifting or heavier strength/weight training?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

76. Have you markedly changed your exercise habits within the last year?  

<table>
<thead>
<tr>
<th>If Yes:</th>
<th>To more exercise</th>
<th>To less exercise</th>
</tr>
</thead>
</table>
77. How many **biological** siblings do you have? No.:_

78. Have your **biological** parents or **biological** siblings had:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mother</th>
<th>Father</th>
<th>One or more siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>A heart attack?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A stroke / brain haemorrhage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetes?</td>
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<td></td>
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<tr>
<td>High blood pressure?</td>
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<td></td>
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<tr>
<td>High cholesterol?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cancer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of cancer</td>
<td>--------</td>
<td>--------</td>
<td>----------------------</td>
</tr>
</tbody>
</table>

If your parent or siblings have had a heart attack or a stroke/brain haemorrhage how old were they the first time?

Mother: 
Father: 
Siblings: 

79. What education did your (biological) parents have?

<table>
<thead>
<tr>
<th>Education</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>None or a short education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational training or similar (1-3 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher education (≥3 years, e.g. teacher, nurse and so forth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td></td>
<td></td>
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</tbody>
</table>

80. Within the last 12 months, have you been to:

<table>
<thead>
<tr>
<th>Place</th>
<th>Yes</th>
<th>No</th>
<th>If yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A general practitioner (GP) (Praktiserende læge)?</td>
<td></td>
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<td></td>
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<tr>
<td>A specialist?</td>
<td></td>
<td></td>
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<tr>
<td>An emergency room or an out patient clinic?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Been submitted to a hospital?</td>
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</table>