GENERASJON 100

Number ☐☐☐☐

Questionnaire Q1

1. Gender: ☐ Female ☐ Male 2. Birth year: ☐☐☐☐

3. Height: ☐☐☐ cm 4. Weight: ☐☐☐ kg

Education

5. What is your highest level of education?

- ☐ Primary school
- ☐ Realskole (Norwegian education)
- ☐ Yrkesskole (Norwegian type of trade school education)
- ☐ Handelsskole (Norwegian type of trade school education)
- ☐ High school
- ☐ College or University, less than 3 years
- ☐ College or University, more than 3 years

Housing and friends

6. Who do you live with? (One or more Xs)

☐ No one ☐ Spouse/partner ☐ Other people

Exercise and physical activity

By exercise we mean going for walks, skiing, swimming and working out/sports. Physical activity includes both physical activity in daily life, planned activities and exercise training.

7. 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

8. 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

9. For how long do you exercise each time? (average)

☐ Less than 15 minutes ☐ 15-29 minutes ☐ 30 min.-1 hour ☐ More than 1 hour

10. Do you have at least 30 minutes of physical activity daily? ☐ Yes ☐ No

11. If you never or seldom are physically active. What is preventing you:

☐ Poor health / functional impairment

☐ Availability of appropriate activities

☐ Distance to recreational areas

☐ Upkeep of recreational areas

☐ Lack of safety

☐ Not interested

☐ Other

12. About how many hours do you sit during a normal day? ☐☐ hours

Health and daily life

13. How is your health at the moment? ☐ Poor ☐ Not so good ☐ Good ☐ Very good

14. Do you smoke? (Put an X in only one box)

☐ No, I have never smoked

☐ No, I quit smoking

☐ Yes, cigarettes occasionally (parties/vacation, not daily)

☐ Yes, cigars/cigarillos/pipe occasionally

☐ Yes, cigarettes daily

☐ Yes, cigars/cigarillos/pipe daily

15. Do you use, or have you used snuff?

☐ No, never

☐ Yes, but I quit

☐ Yes, occasionally

☐ Yes, daily

16. How many glasses of beer, wine or spirits do you usually drink in the course of two weeks: (do not include low-alcohol beer, write 0 if you do not drink alcohol)

Number of glasses: Beer: ☐☐ Wine: ☐☐ Spirits: ☐☐

17. Do you take medication for high blood pressure?

☐ Yes ☐ No, but I have used ☐ No, never used

18. Can you do the following daily tasks without the help of others?

Walk around indoors on the same floor	☐ Yes	☐ No
Go to the toilet	☐ Yes	☐ No
Wash yourself	☐ Yes	☐ No
Take a bath or shower	☐ Yes	☐ No
Dress and undress yourself	☐ Yes	☐ No
Go to bed and get up	☐ Yes	☐ No
Eat	☐ Yes	☐ No
Prepare warm meals	☐ Yes	☐ No
Do light housework (ex: wash dishes)	☐ Yes	☐ No
Do heavier housework (ex: wash floors)	☐ Yes	☐ No
Wash clothes	☐ Yes	☐ No
Do the shopping	☐ Yes	☐ No
Pay bills	☐ Yes	☐ No
Take medicines	☐ Yes	☐ No
Go out	☐ Yes	☐ No
Take the bus	☐ Yes	☐ No

19. Have you, during the last 12 months, had any kind of:

Attack of wheezing or breathlessness?	☐ Yes	☐ No
Daily cough in periods?	☐ Yes	☐ No
Hayfever or nasal allergies?	☐ Yes	☐ No
Pain or stiffness in muscles or joints that has lasted at least 3 consecutive months?	☐ Yes	☐ No

20. How many times have you, during the last 12 months, visited any of the following:

General practitioner	☐☐ times
Another specialist outside the hospital	☐☐ times
Chiropractor	☐☐ times
Homeopath, acupuncturist, reflexologist, laying on of hands or other alternative treatment practitioner	☐☐ times

21. Have you had or do you have any of the following: (Put an X on each line)

			If Yes, how old were you the first time?
Myocardial infarction (heart attack)	☐ Yes	☐ No	☐☐ years
Angina pectoris (chest pain)	☐ Yes	☐ No	☐☐ years
Heart failure	☐ Yes	☐ No	☐☐ years
Other heart disease	☐ Yes	☐ No	☐☐ years
Stroke/brain haemorrhage	☐ Yes	☐ No	☐☐ years
Kidney disease	☐ Yes	☐ No	☐☐ years
Asthma	☐ Yes	☐ No	☐☐ years
Chronic bronchitis, emphysema or COPD	☐ Yes	☐ No	☐☐ years
Diabetes	☐ Yes	☐ No	☐☐ years
Psoriasis	☐ Yes	☐ No	☐☐ years
Eczema on hands	☐ Yes	☐ No	☐☐ years
Cancer	☐ Yes	☐ No	☐☐ years
Epilepsy	☐ Yes	☐ No	☐☐ years
Arthritis (rheumatoid arthritis)	☐ Yes	☐ No	☐☐ years
Bechterew's disease	☐ Yes	☐ No	☐☐ years
Sarcoidosis	☐ Yes	☐ No	☐☐ years
Osteoporosis	☐ Yes	☐ No	☐☐ years
Fibromyalgia	☐ Yes	☐ No	☐☐ years
Degenerative joint disease (osteoarthritis)	☐ Yes	☐ No	☐☐ years
Mental health problems you sought help for	☐ Yes	☐ No	☐☐ years
Hypothyroidism (too low metabolism)	☐ Yes	☐ No	☐☐ years
Hyperthyroidism (too high metabolism)	☐ Yes	☐ No	☐☐ years
Cataract	☐ Yes	☐ No	☐☐ years
Glaucoma (raised eye pressure)	☐ Yes	☐ No	☐☐ years

Thank you for taking the time to answer the questions,
and remember to mail in your answers!