SUPPL. QUESTIONNAIRE, THE OSLO HEALTH STUDY

Date of completion: Day ☐☐ Month ☐☐ Yr ☐☐☐☐

T1. SCHOOLING/STUDIES AND WORK

1.1 What education is the highest you have completed?
(Only one cross permitted)

Less than 7 yrs basic education..... ☐ 0

Basic school 7-10 yrs, "framhaldsskole" (continuation school) folk high school ☐ 1

"Realskole" (high school), vocational school,
1-2 yrs upper secondary school..... ☐ 2

"Artium" (university entrance), economic college,
general subjects course at upper secondary school.... ☐ 3

Regional College/University, less than 4 yrs..... ☐ 4

Regional College/University, 4 yrs or more..... ☐ 5

	Yes	No
1.2 Do you do shift work, night work or have rotating hours of work?	☐	☐

1.3 If you have paid work or do unpaid work, how would you describe your work? *(One cross only)*

Mainly sedentary work? ..... ☐ 1
(e.g. desk work, assembly work)

Work involving a lot of walking?..... ☐ 2
(e.g. shop assistant, light industrial work, teaching)

Work involving a lot of walking and lifting?..... ☐ 3
(e.g post delivery, caring work, building and construction work)

Heavy physical work?..... ☐ 4
(e.g forestry work, heavy agricultural work, heavy building and construction)

1.4 Can you <u>yourself</u> decide how your work should be organised? *(One cross only)*

No, not at all..... ☐ 1

To a small degree..... ☐ 2

Yes, very largely..... ☐ 3

Yes, I decide myself..... ☐ 4

T2. LOCAL ENVIRONMENT/NETWORK AND HOUSING

	Yes	No
2.1 Do you feel you have enough good friends?.....	☐	☐

2.2 How often do you usually take part in some kind of club/social activity, e.g. "sewing circle", sports club, political association or other club or society? *(One cross only)*

Never, or a few times a year ..... ☐ 1

1-3 times a month ..... ☐ 2

About once a week ..... ☐ 3

More than once a week ..... ☐ 4

Do not write here:

2.3 (livssyn))	*2.6 (Kommune/Land)*	*2.7 (far født)*	*(mor født)*	*7.10 (hjelp))*	*8.1 (grunnlag)*
☐☐	☐☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐	☐☐

T2. LOCAL ENVIRONMENT/NETWORK AND HOUSING (cont.)

2.3 What religion do you belong to?

Hinduism	Buddhism	Islam	Catholicism
☐ 1	☐ 2	☐ 3	☐ 4

State Church	Other (moral/religious community)	None
☐ 5	☐ 6	☐ 7

State what you mean by "OTHER": _____

2.4 How often do you usually attend religious services in church or other meetings in your religious/moral community?
(If not relevant, put 0)

No. times per month ☐☐

2.5 Do you find strength and comfort in your faith?

Often	Sometimes	Seldom	Never	Not relevant
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2.6 In what municipality did you live when you reached the age of 1 yr.?
(If you were not living in Norway, state which country instead of which municipality)

_____

2.7 Where were your parents born?

	Norway	Another country	Which country:
Father:	☐	☐	Father: _____
Mother:	☐	☐	Mother: _____

2.8 What kind of housing do you live in? *(One cross only)*

Detached one-family house/villa..... ☐ 1
Farm..... ☐ 2
Block apartment/terraced flat..... ☐ 3
Row house/2-4 family house ..... ☐ 4
Other kind of housing..... ☐ 5

2.9 How large is your residential unit? ca. ☐☐☐ sq. m. (gross)

	Yes	No
2.10 Do you have a fitted carpet in your sitting-room?	☐	☐
2.11 Do you have a cat in your house/apartment?	☐	☐

2.12 Are you troubled by: *(One cross for each line)*

	Not troubled	Somewhat troubled	Very troubled
Damp, draughts, cold in your house/apartment	☐	☐	☐
Other forms of poor indoor climate.....	☐	☐	☐
Traffic noise (from cars, trams, trains or aircraft).....	☐	☐	☐
Other noise (enterprise, building site etc.).....	☐	☐	☐
Noise from neighbours	☐	☐	☐
Poor drinking water.....	☐	☐	☐
Air pollution from traffic.....	☐	☐	☐
Air pollution due to wood or oil heating, factory etc.....	☐	☐	☐

T3. HABITS

3.1 Do you smoke from time to time?

☐ No, smoke daily ☐ No, do not smoke

☐ Yes, cigarettes ☐ Yes, pipe ☐ Yes, cigars/cigarillos

3.2 Have you, during one or more periods in the last 5 years, drunk so much alcohol as to hamper you socially or at work?

Yes, at work	Yes, socially	Yes, both at work and socially	No, never
☐	☐	☐	☐
1	2	3	4

3.3 Have any of the following limited your possibilities to buy the food you prefer? *(One cross for each line)*

	To a very large degree	To quite a large degree	To a fairly small degree	To a very little degree
Poor availability.....	☐	☐	☐	☐
Poor quality	☐	☐	☐	☐
Too high price.....	☐	☐	☐	☐
	1	2	3	4

3.4 Do you drink the new "Extra light" semi-skimmed milk *(with vitamin D)*? *(One cross only)*

Yes ☐ 1 **No/do not drink milk** ☐ 2

If "YES":

Do you drink this: *(One or more than one cross allowed)*

Instead of whole cream milk	Instead of semi-skimmed milk	Instead of skimmed milk	Other
☐	☐	☐	☐

T4. ILLNESS IN THE FAMILY

4.1 Cross off for the relatives who have or have had any of the illnesses: *(One cross on each line)*

	Mother	Father	Brother	Sister	Child	None of these
Stroke or cerebral haemorrhage.....	☐	☐	☐	☐	☐	☐
Heart attack (cardial infarction) before the age of 60 ..	☐	☐	☐	☐	☐	☐
Asthma.....	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Diabetes.....	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

4.2 If any of your relatives have diabetes, at what age did they develop diabetes?

Don't know, not relevant	Mother's age	Father's age	Brother's age	Sister's age	Child's age
☐	☐☐	☐☐	☐☐	☐☐	☐☐

	Yes	No
4.3 Do you have old, chronically ill or handicapped family members in your care?	☐	☐

If "NO", go straight to item 5.1

	Yes	No
4.4 Is home help or home nursing available to you or your family to the extent that you want it?	☐	☐

T5. OWN HEALTH

5.1 Have you at any time had:
One cross for each question. State also how old you were at the time. If this has happened several times, state how old you were the first time.

	Yes	No	Age first time
Whiplash ?	☐	☐	☐☐
Serious injury leading to hospitalisation?	☐	☐	☐☐
Migraine?	☐	☐	☐☐

5.2 Have you, in the course of the last two weeks, felt:
(Cross off for each line)

	No	A little	Quite a bit	Very
Nervous and unsettled?	☐	☐	☐	☐
Troubled by anxiety ("angst")	☐	☐	☐	☐
Secure and calm?	☐	☐	☐	☐
Irritable?	☐	☐	☐	☐
Happy and optimistic?	☐	☐	☐	☐
Sad/depressed?	☐	☐	☐	☐
Lonely?	☐	☐	☐	☐
	1	2	3	4

	Yes	No
5.3 Do you cough nearly every day during certain periods of the year?	☐	☐

If "NO", go straight to item 5.6.

	Yes	No
5.4 Is the cough usually accompanied by sputum (phlegm)?	☐	☐
5.5 Have you had such a cough for as long as 3 months at a time in the course of both the last two years?	☐	☐
5.6 Have you, in the course of the past year, been troubled by pain and/or stiffness in muscles and joints that has lasted for at least 3 months at a stretch?	☐	☐

If "NO", go straight to item 5.11

5.7 How long have the troubles lasted in all? *ca.* ☐☐ *yrs and* ☐☐ *mths*

5.8 Have these troubles reduced your work capacity during the past year?
(This applies also to work in the home. One cross only)

No/Insignificantly	To some degree	To a significant degree	Don't know
☐1	☐2	☐3	☐4

	Yes	No	Not employed
5.9 Have you had sick leave because of these troubles during the past year?	☐	☐	☐

	Yes	No
5.10 Have these troubles led to reduced activity in your free time?	☐	☐

5.11 Has your weight changed in the course of the last 5 years ?

No/ insignificantly	A little up	A lot up	A little down	A lot down	Much up and down
☐	☐	☐	☐	☐	☐
1	2	3	4	5	6

5.12 How often are you troubled by sleeplessness? *(One cross only)*

Never, or a few times a year ☐1
1-2 times a month ☐2
About once a week ☐3
More than once a week ☐4

	Yes	No
5.13 Have you, during the past year, been troubled by sleeplessness to an extent that this has affected your capacity to work?	☐	☐

T5. OWN HEALTH (cont.)

5.14 To what degree do the following vary with the seasons? *(Either up or down, gets better or gets worse)*
(One cross for each line)

	No change	Little change	Moderate change	Big change	Very big change
Length of sleep.....	☐	☐	☐	☐	☐
Social activities.....	☐	☐	☐	☐	☐
Mood/spirits.....	☐	☐	☐	☐	☐
Weight.....	☐	☐	☐	☐	☐
Appetite.....	☐	☐	☐	☐	☐
Initiative/drive, energy...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5.15 If one or more of the above mentioned things vary with the seasons, during which time of the year do you feel worst?
(Cross off for one or more months)

January	February	March	April	May	June
☐	☐	☐	☐	☐	☐
July	**August**	**September**	**October**	**November**	**December**
☐	☐	☐	☐	☐	☐

5.16 If some of the things mentioned in the above questions vary with the seaons of the year, to what degree do you feel this to be a problem? *(One cross only)*

No problem	Slight degree	Moderate degree	Marked degree	Serious problem	Completely disabilitating
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

T6. SERIOUS (PERSONAL) OCCURRENCES AND PROBLEMS

6.1 Have you experienced any of the following occurrences or problems in the course of the last six months?
(One cross for each line)

	Yes	No
You yourself have suffered a serious illness, injury or assault.....	☐	☐
One of those closest to you has been seriously ill injured or assaulted.....	☐	☐
Your mother or father, your husband/partner or child has died.....	☐	☐
A close family friend or another relative (aunt, cousin, grandparent) has died.....	☐	☐
You became separated/divorced due to difficulties in your marriage.....	☐	☐
You have broken a long-lasting relationship.....	☐	☐
You have had a serious problem (e.g. disagreement) with a close friend, neighbour, relative or partner.....	☐	☐
You have become unemployed or have searched unsuccessfully for a new job for more than a month.....	☐	☐
You have been dismissed from your job.....	☐	☐
You have had serious economic problems	☐	☐
You have had problems with the police and have been tried in court.....	☐	☐
Something you valued highly was lost or stolen.....	☐	☐

	Yes	No	Not relevant
You have found it difficult to get a babysitter.....	☐	☐	☐
You have had problems with your children (upbringing, school, discipline).....	☐	☐	☐
You are living with someone who has drink (alcohol) problems.....	☐	☐	☐

T6. SERIOUS (PERSONAL) EVENTS AND PROBLEMS (cont.)

		Yes	No
6.2	**Have you ever experienced war at close quarters?**	☐	☐
	If "YES": **Were you in that case injured?**	☐	☐
6.3	**Have you been imprisoned or interned for political reasons?**	☐	☐
6.4	**Have you been tortured?** *(systematic physical or mental maltreatment)*	☐	☐

		Yes	No	Not relevant
6.5	**Do you still have upsetting memories about injury, imprisonment or torture?**	☐	☐	☐
6.6	**Do you still have nightmares about this experience?**	☐	☐	☐
6.7	**Do you still have bodily injury as a result of what happened?**	☐	☐	☐
6.8	**Have you, in the course of the last three months, consulted a doctor because of painful or problematic feelings, thoughts or actions?**	☐	☐	☐

T7. MEDICAL SERVICES

7.1 **How many different doctors have treated you in the course of the last 12 months, not including treatment in hospital or outpatient dept.?** *Number doctors* ☐☐

If you have not been to a doctor, write 0.

7.2 **What kind of doctor (excluding hospital and outpatient dept.) did you visit on the last occasion?**

General practitioner ☐1 **Specialist** ☐2

7.3 **How satisfied were you with your last visit to a doctor** (excluding hospital/outpatient dept.)? *(One cross only)*

Very satisfied	Moderately satisfied	Not satisfied
☐1	☐2	☐3

7.4 **What did you pay when you last visited a doctor?**

	General practitioner	Specialist outside hospital
Less than 200 kr	☐	☐
200 - 500 kr	☐	☐
More than 500 kr	☐	☐

		Yes	No
7.5	**Did you have a card entitling you to free treatment and medication ("frikort") in 1999?**	☐	☐

		Yes	No
7.6	**Do you have any of the following:** *(one cross for each line)*		
	Membership of a private health clinic	☐	☐
	Own private health insurance	☐	☐
	Health insurance through your job?	☐	☐
7.7	**Do you always attend the same (your own) doctor/medical centre?**	☐	☐

7.8 **Do you get an appointment with your own doctor quickly enough when you need one?**

Yes, as a rule	Sometimes	Seldom
☐1	☐2	☐3

If you are a man, and do not have an immigrant background, thank you for your help.
You are not required to answer the rest of the questionnaire.

If you are a women, and do not have an immigrant background, go straight to T9.

If you do have an immigrant background, please continue here.

T7. MEDICAL SERVICES (cont.)

7.9 Does anyone help by translating for you when you visit the doctor?

Have not been to a doctor in Norway	Yes, usually	Sometimes	No	Not relevant (do not need/want such help)
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7.10 If you did receive this kind of help the last time you visited a doctor, was this: *(One cross only)*

Professional interpreter..... ☐ 1

Adult relative/friend..... ☐ 2

Own young children..... ☐ 3

Other *(who)*:_____ ☐ 4

Not relevant/have not used an interpreter..... ☐ 5

Have not been to a doctor in Norway..... ☐ 6

7.11 Do you think that in Norway you have received the medical services you need?

Yes, always	Yes and no	No	Have not needed such help	Don't know
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7.12 Do you think the medical service you have received is better or not as good as a Norwegian would have received?

Not as good treatment	Same treatment	Better treatment	Have had no need	Don't know
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7.13 Have you been to a dentist after coming to Norway? *(One cross only)*

Yes, for routine check-up and maintenance..... ☐ 1

Yes, for acute pain/toothache ..... ☐ 2

No..... ☐ 3

7.14 Have you received the information you need on contraception/ prevention of pregnancy? *(One cross only)*

Yes, from health personnel..... ☐ 1

Yes, from others..... ☐ 2

No..... ☐ 3

Not relevant ..... ☐ 4

7.15 If you have visited your earlier home country, did you take vaccines or medicines against various diseases, e.g. malaria? *(One cross only)*

Have not visited my home country..... ☐ 1

Yes, I took vaccine/medicine..... ☐ 2

No, I did not take vaccine/medicine..... ☐ 3

If "NO", to question 7.15:

7.16 Why didn't you take such vaccine/medicine?

Did not need it..... ☐ 1

Did not know where to go it..... ☐ 2

Did not bother about it..... ☐ 3

T8. IMMIGRANTS IN NORWAY

8.1 What was your reason for coming to Norway? *(One cross only)*

Work	Marriage to a Norwegian	To join my family	Refugee
☐ 1	☐ 2	☐ 3	☐ 4

Have Norw. parents	Allowed to stay for humanitarian reasons	Was born in Norway	Other
☐ 5	☐ 6	☐ 7	☐ 8

If "OTHER", state the reason: _____

8.2 When did you move/come to Norway?

Year ☐☐☐☐ *Was born in Norway* ☐

8.3 In your opinion, how good is your knowledge of Norwegian? ***(One cross only)***

Very good	Good	Average	Rather poor	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

8.4 How often have you in the course of the past year: *(Cross off for each line)*

	Daily	Weekly	Less often	Never
Read a newspaper in your own language.....	☐	☐	☐	☐
Read a newspaper in Norwegian.....	☐	☐	☐	☐
Have had a visit from a Norwegian.....	☐	☐	☐	☐
Have received help/support from a Norwegian	☐	☐	☐	☐
Taken part in meetings arranged by your own countrymen.....	☐ 1	☐ 2	☐ 3	☐ 4

8.5 Have you, in this country, been denied to rent or buy a house or apartment because of your immigrant background? *(One cross only)*

Yes, I'm sure of it..... ☐ 1

Yes, I suspect this is the case..... ☐ 2

No..... ☐ 3

Don't know..... ☐ 4

8.6 Have you, in this country, in the course of the last 5 years been refused a job you had applied for because of your immigrant background? *(One cross only)*

Yes, I'm sure of it..... ☐ 1

Yes, I suspect this is the case..... ☐ 2

No ..... ☐ 3

Don't know..... ☐ 4

8.7 If you have moved to Norway, have you changed your consumption of the following foods since you came to Norway?
(Cross off for each line)

	Use more	Use less	Same as in home country
Milk/yoghurt	☐	☐	☐
Butter.....	☐	☐	☐
Margarine.....	☐	☐	☐
Oil	☐	☐	☐
Meat	☐	☐	☐
Vegetables	☐	☐	☐
Fruit	☐ 1	☐ 2	☐ 3

T9. TO BE ANSWERED BY WOMEN ONLY

9.1 **Have you ever been troubled by pelvic pain/pelvic girdle dysfunction/relaxation?**

No	Yes, once	Yes, several times
☐ 1	☐ 2	☐ 3

If "YES":

	Yes	No
Did the pain in your pelvis occur in connection with pregnancy?	☐	☐

9.2 **If you have given birth, state the year of birth of each of your children, how many months you breast-fed the child and how many months you were troubled by pain in your pelvis after the birth.**
(If you did not have pain in your pelvis, write 0.
If you did not breast-feed, write 0).

Child	*Year of birth*	*No. Mths breast feeding:*	*No. mths troubled by pain in pelvis*
1. Child	☐☐☐☐	☐☐	☐☐
2. Child	☐☐☐☐	☐☐	☐☐
3. Child	☐☐☐☐	☐☐	☐☐
4. Child	☐☐☐☐	☐☐	☐☐
5. Child	☐☐☐☐	☐☐	☐☐
6. Child	☐☐☐☐	☐☐	☐☐

(If you have given birth to more than 6 children, continue on an extra sheet)