II The Oslo Health Study

Date of completion
Day Month Year

WORK SITUATION

Is your position in any way a supervisory position - in such a way that other people work under your direction or guidance? ..... Yes ☐ No ☐
(If you are disabled, unemployed or similar - describe the situation in the last job you had. This also applies to the next questions)

How many people are employed in the company/enterprise where you are working?
(e.g. hospital, branch of a bank, workshop, school etc.)

Less than 5 persons	5-19 persons	20-50 persons	More than 50 persons
☐ 1	☐ 2	☐ 3	☐ 4

	Very seldom or never	Rather seldom	Some-times	Rather often	Very often or always
If needed, can you get support and help with your work from your immediate superior?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Are your work achievements appreciated by your immediate superior?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Do you know in advance what kind of tasks to expect a month from now?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Are there rumors concerning changes at your workplace? ...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Very little or not at all	Rather little	Some-what	Rather much	Very much
Are you confident that, in 2 years from now, you will have a job that you consider as attractive as your present job?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

What was your total income last year? *(Total gross annual income, including benefits/pension, before income tax and other deductions)*

No income	Less than 50,000	50 - 100,000	100 - 150,000
☐ 1	☐ 2	☐ 3	☐ 4

150 - 200,000	200 - 300,000	300 - 400,000	More than 400,000
☐ 5	☐ 6	☐ 7	☐ 8

If you are more than one person in your household, how much did you earn altogether last year? *(Total gross annual income, including benefits/pension, before income tax and other deductions)*

No income	Less than 50,000	50 - 100,000	100 - 150,000	150 - 200,000
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

200 - 300,000	300 - 400,000	400 - 500,000	More than 500,000
☐ 6	☐ 7	☐ 8	☐ 9

Do not write here!
Health problem *Grief*
Help *Dog*

WORKING CONDITIONS AND HEALTH

Conditions in the workplace (work environment, job demands) can sometimes lead to health problems.
Have you experienced any of the following common health problems during the last month, and have they been caused, at least partly, by working conditions in your present job or in previous jobs?
(One cross for each line)

	No, not experienced this	Yes, but not job-related	Yes, job related (totally or partly)
Eye problems with itchiness, soreness, redness or watering eyes	☐	☐	☐
Nose problems with stuffiness, sneezing, or runny nose	☐	☐	☐
Chest tightness, wheezing in the chest	☐	☐	☐
Heavy breathing, wheezing when walking up hill or climbing stairs ..	☐	☐	☐
Eczema, itching skin, skin rash ...	☐	☐	☐
Impaired hearing	☐	☐	☐
Pain in neck, shoulders	☐	☐	☐
Pain in elbow, forearm, hand	☐	☐	☐
Pain in lower back region	☐	☐	☐
Extreme tiredness or exhaustion	☐	☐	☐
Sleep disturbance, problems falling asleep	☐ 1	☐ 2	☐ 3

Have you experienced other health problems the last month that may have been caused, at least partly, by working conditions in your present job or in previous jobs? ..... Yes ☐ No ☐
If «Yes», please describe the problem further:

Injuries at work may sometimes result in longstanding health problems.

Have you during the last month experienced pain, reduced mobility or reduced capacity due to injuries in your present job or in previous jobs? Yes ☐ No ☐ I have never been injured at work ☐

MUSCULO-SKELETAL PAIN

Have you during the last 4 weeks experienced moderate or strong pain and/or stiffness in your neck/shoulders, in the upper part of your back or in the lower part of your back? ..... Yes ☐ No ☐

If «Yes», please answer the three questions below.
(Only one answer for each question):

For how long have you had these pains?

Up to 1 month	1-3 months	3-12 months	1-3 years	More than 3 years
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

How satisfied are you with the health care you have been offered for your pain?

Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

MUSCULO-SKELETAL PAIN (cont.)

How sure are you that in spite of your pain, you will be able to carry on with most daily activities?

Very sure	Somewhat sure	Neutral	Somewhat unsure	Very unsure
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

SKIN PROBLEMS

The last week, have you had any of the following complaints:

	No	Yes, a little	Yes, quite a lot	Yes, very much
Itchy skin	☐	☐	☐	☐
Dry itchy/sore rash	☐	☐	☐	☐
Scaly skin	☐	☐	☐	☐
Itchy rash on your hands	☐	☐	☐	☐
Pimples	☐	☐	☐	☐
Other rashes on the face	☐	☐	☐	☐
Warts	☐	☐	☐	☐
Troublesome sweating	☐	☐	☐	☐
Loss of hair	☐	☐	☐	☐
Other skin problems	☐ 1	☐ 2	☐ 3	☐ 4

If «Yes»:

When did the skin problems start? *(One cross)*

The last week	The last month	1-6 months ago	More than 6 months ago
☐ 1	☐ 2	☐ 3	☐ 4

Did the doctor tell you that you have had:
(One cross for each line)

	Yes	No
Acne	☐	☐
Psoriasis	☐	☐
Atopic dermatitis	☐	☐
Handeczema	☐	☐
Skin cancer	☐	☐
An other skin disease	☐	☐

The last week, have you been embarrassed in the company of other people because of your skin? *(One cross)*

No	Now and then	Often	Very often
☐ 1	☐ 2	☐ 3	☐ 4

The last week, has your capacity of work been reduced because of your skin? *(One cross)*

No	Little	Quite a lot	Very much
☐ 1	☐ 2	☐ 3	☐ 4

The last week, have your leisure activities been reduced because of your skin? *(One cross)*

No	Little	Quite a lot	Very much
☐ 1	☐ 2	☐ 3	☐ 4

STOMACH COMPLAINTS

Have you ever had:	Yes	No
Pain in the upper part of the stomach for at least 2 week's duration?	☐	☐
Acid regurgitation or heartburn for at least 1 week's duration?	☐	☐
Have you had such complaints during the last 4 weeks?	☐	☐

How old were you the first time you had such complaints? ☐☐ years

STOMACH COMPLAINTS (cont.)

	Yes	No	What year (If more than one incident, state the last time)
Have you been examined for peptic ulcer with x-ray or endoscopy?	☐	☐	☐☐☐☐
Have you had a verified peptic ulcer?	☐	☐	☐☐☐☐
Have you had an operation for peptic ulcer?	☐	☐	☐☐☐☐
Have you had a verified infection with the bacterium which can cause peptic ulcer? *(Helicobacter pylori)*	☐	☐	☐☐☐☐
Have you received treatment (medicines) against the bacterium?	☐	☐	☐☐☐☐

	Now	Before, but not now	Never used
Are you using any medicines against acid regurgitation, heartburn or peptic ulcer?	☐	☐	☐

During the last 4 weeks how often have you been using one or more of the following medicines:
(One cross for each line)

	Daily	Every week, but not daily	More rare than every week	Not used the last 4 weeks
Balancid, Link, Titralac, Novaluzid, Gaviscon	☐	☐	☐	☐
Cimal, Cimetidin, Famotal, Gastrobitan, Noktone, Pepcid, Pepcidin, Pylorid, Ranacid, Ranatidin, Tagamet, Zantac	☐	☐	☐	☐
Losec, Lanzo, Somac	☐	☐	☐	☐
Antepsin, De-Nol	☐	☐	☐	☐
Medicine against the peptic ulcer bacterium	☐ 1	☐ 2	☐ 3	☐ 4

	Yes	No
Do you feel that the medicines relieves the pains?	☐	☐

METABOLISM

Have you ever been given the diagnosis:
(One cross for each diagnosis)

Goitre		Hyper-thyroidism		Hypo-thyroidism		Thyroid cancer	
Yes	No	Yes	No	Yes	No	Yes	No
☐	☐	☐	☐	☐	☐	☐	☐

SOCIAL CONTACT

Please state how much the following problems bothered you the last week. *(One cross for each problem)*

Fear of embarrassment causes me to avoid doing things or speaking to people:

Not at all	A little bit	Somewhat	Very much	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

I avoid activities in which I am the centre of attention:

Not at all	A little bit	Somewhat	Very much	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Being embarrassed or looking stupid are among my worst fears:

Not at all	A little bit	Somewhat	Very much	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

THOUGHTS AND FEELINGS

Below you find some questions about thoughts and feelings. If you have been different from the usual the last weeks or months, you think back to the period when you were yourself, when you answer.

	Yes	No
Do you suspect that people will exploit you if they know too much about you?	☐	☐
Do you regularly feel anxious or tense with other people?	☐	☐
Are you unwilling to get involved with people because you are afraid that they will not like you?	☐	☐
If «Yes»: Has this influenced how many friends you have got?	☐	☐
Do you continually change the way you present yourself because you really do not know who you are?	☐	☐
Do you get angry or irritable because others do not recognize your special talent and achievements as much as they should?	☐	☐

INFLUENCE AND SELF-ESTEEM

How accurate are the following statements for you?

	Not at all true	Barely true	Moderately true	Exactly true
I feel powerless most of the time	☐	☐	☐	☐
Making waves never gets you anywhere	☐	☐	☐	☐
You can't fight city hall	☐	☐	☐	☐
When I am unsure about something, I usually go along with the group	☐	☐	☐	☐
Experts are in the best position to decide what people should do or learn	☐	☐	☐	☐
Most of the misfortunes in my life were due to bad luck	☐	☐	☐	☐
Usually, I feel alone	☐	☐	☐	☐
People have no right to be angry just because they dissent in something	☐	☐	☐	☐
People have right to make their own decisions, even if they are bad ones	☐	☐	☐	☐
People should try to live their lives the way they want to	☐	☐	☐	☐
People working together can have an effect on their community	☐	☐	☐	☐
People have more power if they join together as a group	☐	☐	☐	☐
Working with others in my community can help to change things for the better	☐	☐	☐	☐
Very often a problem can be solved by taking action	☐	☐	☐	☐
I always manage to solve difficult problems if I try hard enough	☐	☐	☐	☐
If someone opposes me, I can find means and ways to get what I want	☐	☐	☐	☐
It is easy for me to stick to my aims and accomplish my goals	☐	☐	☐	☐
I am confident that I could deal efficiently with unexpected events	☐	☐	☐	☐
Thanks to my resourcefulness, I know how to handle unforeseen situations	☐	☐	☐	☐
I can solve most problems if I invest the necessary effort	☐	☐	☐	☐
I remain calm when facing difficulties because I can rely on my coping abilities	☐ 1	☐ 2	☐ 3	☐ 4

INFLUENCE AND SELF-ESTEEM (cont.)

	Not at all true	Barely true	Moderately true	Exactly true
When I am confronted with a problem, I usually find several solutions	☐	☐	☐	☐
If I am in a bind, I can usually think of something to do	☐	☐	☐	☐
No matter of what comes my way, I'm usually able to handle it	☐ 1	☐ 2	☐ 3	☐ 4

GRIEF

Have you experienced grief which has affected your health in the past or is affecting it now? *(One cross)*

Yes, once in the past	Yes, several times in the past	Yes, now	No
☐ 1	☐ 2	☐ 3	☐ 4

If you have not experienced grief that has affected/is affecting your health, go straight to DIET (Bladder)

If you have experienced such grief, what kind of health disorders did you get as a result of the episode?
(the last, episode, if you have experienced several)

Mainly bodily	Mainly emotional	Both, to about the same extent
☐ 1	☐ 2	☐ 3

About how long did the health disorders last before, or have lasted now?
(the last, if you have experienced several episodes of grief)

☐☐ weeks or ☐☐ months or ☐☐ years

If you have experienced such grief, was it a result of?
(the last, if you have experienced several episodes of grief)
(One cross for each line)

Death of:	Yes	No
Spouse (husband or wife) or partner	☐	☐
Child	☐	☐
Parent(s)	☐	☐
Other close relation	☐	☐
Friend	☐	☐
Other	☐	☐

	Yes	No
Serious illness:	☐	☐
Separation/divorce:	☐	☐
Other:	☐	☐

If «Yes» to «Other», specify:

_____

Did you receive professional help after the episode? *(the last, if you have experienced several episodes)*	Yes	No
	☐	☐

If «Yes»; **Cross off for who gave the help:**
(One cross for each line)

	Yes	No
General practitioner	☐	☐
Psychiatrist	☐	☐
Psychologist	☐	☐
Other counsellor	☐	☐
Minister of religion (priest)	☐	☐
Grief counselling group	☐	☐
Other	☐	☐

If «Yes» to «Other», specify:

_____

Were you given on prescription medicine as part of the therapy? *(last time, if you have experienced several episodes of grief)*	Yes	No
	☐	☐

DIET

Here, the main aims is that you find answers *close to* how you usually eat, even if they are not completely accurate.

How many times per week do you eat the following:

(One cross for each line) *(t. = times)*	Rarely/ never	1-2 t. pr. week	3-4 t. pr. week	5-6 t. pr. week	Daily
Breakfast (meal before 10 am)	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐
Dinner (hot main meal)	☐	☐	☐	☐	☐
Evening meal	☐	☐	☐	☐	☐
	1	2	3	4	5

How many hot meals do you eat normally every day?

Not every day	One per day	Two per day	Three or more per day
☐ 1	☐ 2	☐ 3	☐ 4

How would you describe the hot dishes you usually consume?

(One cross)

Traditional Norwegian dishes ..... ☐ 1

Both Norwegian and popular Non-Norwegian dishes *(such as pizza, spaghetti, taco and common Chinese food)* ☐ 2

I experiment with many new dishes ..... ☐ 3

Mainly foreign dishes *(from one country)* with some Norwegian dishes ..... ☐ 4

Foreign dishes *(from one country)* ..... ☐ 5

How much bread do you usually eat a normal weekday?

(Add up all meals. Write 0 on types you do not eat daily)
(1 slice = ½ roll/ciabatta)

White bread *(including fine rolls, pita, ciabatta etc.)* ..... *Number of slices* ☐☐

Brown bread *(including brown rolls)* ..... *Number of slices* ☐☐

Rye crispbread ..... *Number of slices* ☐☐

Do you use butter, margarine or oil on your bread? *(One cross)*

Daily	Sometimes	Rarely
☐ 1	☐ 2	☐ 3

If «Daily» or «Sometimes»:

How many slices of bread can you butter with a small package of margarine/butter?
(Portion packages of 10-12 grams from cafes etc.)

It reaches to approximately ☐ slices

How often do you eat the following food items?

(One cross for each line) *(t. = times)*	Rarely/ never	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week	Several times daily
Polony or salami sausage, cured dried meat	☐	☐	☐	☐	☐
Lean cold cuts (veal roll, beef roll, ham, turkey)	☐	☐	☐	☐	☐
Liver pate	☐	☐	☐	☐	☐
Cream cheese, French cheese, feta cheese	☐	☐	☐	☐	☐
Fat reduced/light cheese (both white and Norwegian brown cheese)	☐	☐	☐	☐	☐
Regular cheese (both white and Norwegian brown cheese)	☐	☐	☐	☐	☐
	1	2	3	4	5

DIET (cont.)

How often do you eat the following food items?

(One cross for each line) *(t. = times)*	Rarely/ never	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week	Several times daily
Jam	☐	☐	☐	☐	☐
Mayonnaise salads	☐	☐	☐	☐	☐
Mayonnaise used on bread ...	☐	☐	☐	☐	☐
Fish on bread (mackerel, sardines, herring, caviar)	☐	☐	☐	☐	☐
Eggs (boiled, fried, scrambled)	☐	☐	☐	☐	☐

How often do you eat food that is bought the following places?

(both as take-away or eaten there)

(One cross for each line) *(t. = times)*	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
Cantina/cafeteria/lunch-bar	☐	☐	☐	☐	☐
Restaurant	☐	☐	☐	☐	☐
Kiosk/hamburger bar	☐	☐	☐	☐	☐
Café/coffee-bar	☐	☐	☐	☐	☐
	1	2	3	4	5

How often do you eat the following food items?

(One cross for each line) *(t. = times)*	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
Grilled chicken	☐	☐	☐	☐	☐
Other main dishes with chicken or turkey	☐	☐	☐	☐	☐
Hot dog, hamburger, cheeseburger	☐	☐	☐	☐	☐
Pizza	☐	☐	☐	☐	☐
Other dishes with meat	☐	☐	☐	☐	☐
Fish fingers, crumb fried fish	☐	☐	☐	☐	☐
Other main dishes with fish	☐	☐	☐	☐	☐
Shrimps and other shellfish/seafood	☐	☐	☐	☐	☐
Dishes with lentils or beans	☐	☐	☐	☐	☐
Boiled potatoes	☐	☐	☐	☐	☐
Pommes frites/chips	☐	☐	☐	☐	☐
Potato salad, mashed potatoes	☐	☐	☐	☐	☐
Other dishes with potatoes	☐	☐	☐	☐	☐
Spaghetti, macaroni, pasta	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐
Couscous, Bulgur *(cracked wheat)*	☐	☐	☐	☐	☐
Chapati *(unleavened Asian bread)*	☐	☐	☐	☐	☐
	1	2	3	4	5

How often do you eat hot meals that are prepared the following ways?

(One cross for each line) *(t. = times)*	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
The ingredients were fried first and then boiled to a casserole ..	☐	☐	☐	☐	☐
Fried in a pan	☐	☐	☐	☐	☐
Fried in the oven or grilled	☐	☐	☐	☐	☐
Prepared in a wok	☐	☐	☐	☐	☐
Only boiled or steamed (including boiled casseroles or soups)	☐	☐	☐	☐	☐
Cooked in a microwave oven	☐	☐	☐	☐	☐
Deep fried	☐	☐	☐	☐	☐
	1	2	3	4	5

DIET (cont.)

How often do you eat these vegetables?
(both boiled and raw, in dishes and as a side dish)
(One cross for each line)
(t. = times)

	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
Frozen mixed vegetables	☐	☐	☐	☐	☐
Carrots	☐	☐	☐	☐	☐
Cauliflower, common cabbage, Brussels sprouts	☐	☐	☐	☐	☐
Broccoli	☐	☐	☐	☐	☐
Squash or aubergine	☐	☐	☐	☐	☐
Green beans	☐	☐	☐	☐	☐
	1	2	3	4	5

How often do you eat these sauces, gravies or dressings?
(One cross for each line)
(t. = times)

	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
White or brown gravy	☐	☐	☐	☐	☐
Sauces/gravies based on cream, sour cream or crème fraîche	☐	☐	☐	☐	☐
Béarnaise, hollandaise	☐	☐	☐	☐	☐
Melted butter or margarine	☐	☐	☐	☐	☐
Oil and vinegar dressing (vinaigrette)	☐	☐	☐	☐	☐
Dressing made of sour cream	☐	☐	☐	☐	☐
Ready made dressings (Thousand Island etc.)	☐	☐	☐	☐	☐
Ketchup	☐	☐	☐	☐	☐
	1	2	3	4	5

How many of your hot meals are usually vegetarian on a weekly basis? *(no meat, chicken or fish) (One cross)*

Rarely/ never	1-2 t. pr. week	3-4 t pr. week	5-6 t. pr. week	Daily
☐	☐	☐	☐	☐
1	2	3	4	5

How much meat, chicken or fish do you usually take on your plate compared to the other foods you eat for dinner?
(potatoes, rice, vegetables, gravy, bread etc.) (One cross)

Over 1/3 meat, fish or chicken	Around 1/3 meat, fish or chicken	Less than 1/3 meat, fish or chicken	Little or no meat, fish or chicken
☐	☐	☐	☐
1	2	3	4

How much soft drinks, lemonade or squash do you normally drink?
(One cross for each line)
(1/2 l. = 3 glasses, gl. = glass)

	Rarely/ never	1-6 gl. pr. week	1 gl. pr. day	2-3 gl. pr. day	4 gl. or more pr. day
Soft drinks with sugar	☐	☐	☐	☐	☐
Soft drinks with artificial sweetener	☐	☐	☐	☐	☐
Lemonade or squash with sugar	☐	☐	☐	☐	☐
Lemonade or squash with artificial sweetener	☐	☐	☐	☐	☐
	1	2	3	4	5

DIET (cont.)

Do you use sugar or sugar substitute tablets in tea/coffee? ..... Yes ☐ No ☐

If Yes : **Note how much do you totally use per day.**
(write 0 on the types you don't use)

Number of lumps of sugar per day	Number of teaspoons sugar per day	Number of sugar substitute tablets per day
☐☐	☐☐	☐☐

How often do you eat the following food items?
(One cross for each line)
(t. = times)

	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
Danish pastry	☐	☐	☐	☐	☐
Sweet bun, currant bun	☐	☐	☐	☐	☐
Cakes, sweet biscuits	☐	☐	☐	☐	☐
Waffles, doughnuts	☐	☐	☐	☐	☐
Chocolate, sweets, candies	☐	☐	☐	☐	☐
Dried fruit *(figs, dates)*	☐	☐	☐	☐	☐
Salty snacks/chips, fat reduced	☐	☐	☐	☐	☐
Salty snacks/chips, ordinary	☐	☐	☐	☐	☐
Peanuts, other nuts	☐	☐	☐	☐	☐
Ice cream	☐	☐	☐	☐	☐
Desserts	☐	☐	☐	☐	☐
Yoghurt	☐	☐	☐	☐	☐
Muesli, corn flakes, oat porridge	☐	☐	☐	☐	☐
Olives	☐	☐	☐	☐	☐
Spring rolls, samosa, kofta	☐	☐	☐	☐	☐
	1	2	3	4	5

How often do you/your household use these items for preparation of foods? *(for frying, baking, in gravies or in dishes)*
(One cross for each line)
(t. = times)

	Rarely/ never	1-3 t. pr. month	1-2 t. pr. week	3-4 t. pr. week	5-7 t. pr. week
Hard margarine	☐	☐	☐	☐	☐
Soft margarine	☐	☐	☐	☐	☐
Butter/butter-margarine mixes	☐	☐	☐	☐	☐
Oils	☐	☐	☐	☐	☐
Ghee (semi-fluid butter)	☐	☐	☐	☐	☐
Coconut butter	☐	☐	☐	☐	☐
	1	2	3	4	5

Are you satisfied with your body weight? ..... Yes ☐ No ☐

If «No»:

What body weight would you be satisfied with? ☐☐☐ whole kg

Have you tried to loose weight the last year?.... Yes ☐ No ☐

DIET (cont.)

When did you eat yesterday? *(from 6 am yesterday morning to 5 am this night)* Put a cross in the first box if you did not eat any of the alternatives.
(Put at least one cross for each line)

(Write at least one or more marks per line)	Didn't eat this	Times of the day (from morning afternoon, to night) 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05
Bread or cereal-based meal *(i.e. sandwiches, corn flakes, porridge)*	☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Light meal *(i.e. salad, soup, omelette, one slice of pizza)*	☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Larger meal *(i.e. dinner, hamburger with chips and salad)*	☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Sweet snack *(i.e. cake, biscuits, chocolate, sweets)*	☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Salty snack *(i.e. potato chips, nuts)*	☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Fruit or sticks of vegetables	☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Which day of the week was yesterday? Monday ☐1 Tuesday ☐2 Wednesday ☐3 Thursday ☐4 Friday ☐5 Saturday ☐6 Sunday ☐7

KEEPING DOGS

	Yes	No	Number of dogs
Is there one or more dogs in your houshold?	☐	☐	☐☐

If Yes, which breed? *(Use capital letters)*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If you don't have a dog, would you have liked to have one if you could? *(One cross)*

No	Yes, but I can not	Yes, but not allowed in household
☐ 1	☐ 2	☐ 3

Is there other pets in your household?

No	Yes, cat	Yes, other pet
☐	☐	☐

The next questions is for dog-owners only.
If you do not have a dog, please go to LEAKAGE OF URINE

How many years have you had a dog? *(One cross)*

Less than 1 year	1-2 years	2-4 years	More than 4 years
☐ 1	☐ 2	☐ 3	☐ 4

Who has the daily responsibilty for the dog?

Myself	A child	A partner	Other
☐ 1	☐ 2	☐ 3	☐ 4

Your own daily company with the dog, including week-ends?

(Cross once for each line)	Less than 1/2 hour	1/2-1 hour	1-2 hours	More than 2 hours
Walking	☐	☐	☐	☐
Active (play/training)..	☐	☐	☐	☐
Passive company	☐ 1	☐ 2	☐ 3	☐ 4

Please consider the following statements: *(Cross once for each line)*

	Disagree	Partly disagree	Uncertain	Partly agree	Agree
The dog lightens contact with other people	☐	☐	☐	☐	☐
The dog has positive influence on my psychological health	☐	☐	☐	☐	☐
The dog makes me feel safer	☐	☐	☐	☐	☐
The dog makes me more physical active	☐	☐	☐	☐	☐
I am satisfied with the dogs behaviour	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

THE REMAINING SHOULD BE ANSWERED ONLY BY WOMEN:

LEAKAGE OF URINE

	Yes	No
Do you have leakage of urine (no matter how much) at least <u>two times pr. month</u>?	☐	☐

If «No» - move further to LEAKAGE OF GAS/STOOL.
If «Yes»: **How often do you have leakage of urine?** *(One cross)*

Only few times pr. month	One or more times pr. week	Each day and/or night
☐ 1	☐ 2	☐ 3

How much urine do you leak each time? *(One cross)*

Drops or little ..... ☐ 1
Small dashes or more ..... ☐ 2

LEAKAGE OF URINE (cont.)

Do you have leakage of urine in conjunction to:	Yes	No
Coughing, sneezing or laughter?	☐	☐
Lifting?	☐	☐

	Yes	No
Does it happen that you leak urine in conjunction to strong impulse to urinate?.....	☐	☐

How do you feel about your leakage of urine? *(One cross)*

No problem	Small problems	Problematic	Major problems	Very problematic
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	Yes	No
Have you ever asked for help concerning your urine leakage?	☐	☐

If «Yes»: **Who have you asked for help?**

Physiotherapist	General practitioner	Specialist/ hospital	Other
☐	☐	☐	☐

	Yes	No
Do you have received treatment for urine leakage?	☐	☐

If «Yes»: **What treatment have you received?**

Pelvis floor exercise	Medicaments	Operation	Electrical stimulation	Other
☐	☐	☐	☐	☐

GAS/STOOL LEAKAGE

	Yes	No	Not sure
Have you a chronic intestinal disease?	☐	☐	☐

	No	Yes, gas	Yes, stool
Have you leakage of gas/stool?	☐	☐	☐

If «No», go to «ENCROACHMENT AND VIOLENCE»

How often do you have leakage of gas/stool?
(Cross <u>once</u> for gas and <u>once</u> for stool)

	Gas	Stool
Few times pr. year	☐ 1	☐ 1
Few times pr. month	☐ 2	☐ 2
One or more times pr. week	☐ 3	☐ 3
Each day and/or night	☐ 4	☐ 4

How do you feel about your leakage of gas/stool? *(One cross)*

No problem	Small problems	Problematic	Major problems	Very problematic
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Have you ever asked for help concerning your leakage of gas/stool?

No	Yes, for leakage of gas	Yes, for leakage of stool
☐	☐	☐

Who have you asked for help?

Physiotherapist	General practitioner	Specialist/ hospital	Other
☐	☐	☐	☐

	Yes	No
Have you received treatment for leakage of gas/stool?	☐	☐

If «Yes»: **What treatment have you received?**

Pelvis floor exercise	Medicaments	Operation	Anal plug	Other
☐	☐	☐	☐	☐

ENCROACHMENT AND VIOLENCE

	No, never	Yes, as a child (below 18 year of age)	Yes, as an adult (18 years or above)	Who did this to you? *(in case of more than one category of perpetrator, you may put a cross in more than one appropriate box)* Stranger	Family or relative	Partner (somebody you are or have been living with)	Other person known to you	Has this happened the <u>last 12 months</u>? Yes	No
Have you ever been intimidated, degraded or humiliated by anyone? (Emotionally abused)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Has anyone ever <u>threatened</u> to hurt you or someone close to you?.....	☐	☐	☐	☐	☐	☐	☐	☐	☐
Have you ever been physically attacked/physically abused?	☐	☐	☐	☐	☐	☐	☐	☐	☐
Have you ever been sexually abused?	☐	☐	☐	☐	☐	☐	☐	☐	☐
Has anyone ever raped you or tried to rape you?	☐ 1	☐ 2	☐ 3	☐ 1	☐ 2	☐ 3	☐ 4	☐ 1	☐ 2