

Diet and physical activity of Nordic adults

English Master questionnaire 2014

Date of interview _____

Name of interviewer, identification number of respondent etc.

Q0 Registration of the sex of the interviewed person

Male 1

Female 2

Q1 A. What is your date of birth ?

1A Month

1B Year (19

January =01

February=02

May =03

Etc.

Q2. What is your education¹?

Basic education 1
10 years or less

Vocational education/ Practical - Upper secondary education 2
approx. 1-3 years after Basic education

Theoretical Upper Secondary education 3
approx. 2-3 years after Basic education

Short higher education – not vocational or practical 4
approx. 1-2 years after basic or secondary education

Medium higher 5
approx. 3-4 years after secondary education

Long higher education 6
approx. 5+ years after secondary education

¹ Combined school and further education. The education has to be completed.

Q3. Which description explains best where you live?

(Place only one cross)

- The Capital and suburb..... 1
- A large city (more than 50.000 inhabitants) 2
- A city of between 20.000 – 49.999 inhabitants... 3
- A town between 1000 – 19.999 inhabitants..... 4
- Country side..... 5
- Do not know 8

Q4. Do you live together with anyone? (multiple responses possible)

1= Yes, 0=No

- 4.1 Yes, with spouse/partner or cohabite 1=Yes, else 0
- 4.2 Yes, with mother/father/parents 1=Yes, else 0
- 4.3 Yes, with kids living at home (kids < 18 y) 1=Yes, else 0
- 4.4 Yes, with kids living at home (≥ 18 y) 1=Yes, else 0
- 4.5 Yes, with others 1=Yes, else 0
- 4.6 No I live alone 1=Yes, else 0

4.6 (Single Response only) If 4.6= 1 → go to question 6

Q5. How many people live in your household including yourself?

number of persons in the household

(Must be at least 2)

Q6. How tall are you?

cm.

Do not know 998

Refuse 997

Q7. How much do you weigh? (for pregnant women: the weight before pregnancy)

kg.

Do not know 998

Refuse 997

The following questions regard what you usually eat. Please keep the last 12 months in mind when you respond to the questions. You have to keep in mind what you eat *most often*

8 What type of spread/grease do you usually put on your bread? If you use more than one kind, respond to what you use the most.

If the respondent mentions butter, ask if he/she means butter or Kærgården/similar.

If the respondent is in doubt whether she/he uses margarine or vegetable margarine, ask if the grease comes in paper wrapping or in a container (if national relevance)

- 1 Butter
- 2 Oil-butter spreads, Kærgården, Bakkedal, Marklyst, Mælkebøtte, Butter Bar
- 3 Vegetable margarine 60-80%
- 4 Low fat margarine ('Lätta', 'Becel', 38% fat)
- 5 'Becel Pro-Activ'
- 6 Margarine 70-80%
- 7 Fat (pig or duck, coco)
- 8 Do not use spread/grease/fat on bread
- 98 Do not know

9 What type of fat, eg. butter, margarine or oil, do you usually use for domestic cooking? If you use more than one kind, respond regarding to what you use most.

If the respondent mentions butter, ask if he/she means butter or 'Kærgården'/ similar.

If the respondent is in doubt whether she/he uses margarine or vegetable margarine, ask if the grease comes in a paper wrapper or in a container (if national relevance)

- 01 Butter
- 02 Oil-butter spreads, Kærgården, Bakkedal, Marklyst, Mælkebøtte, Lurpak butter bar
- 03 Frying or baking margarine 70-80% fat
- 04 Vegetable margarine 60-80% fat
- 05 Fluid margarine, oil-margarine (eg 'Becel', 'Lise')
- 06 Oil (eg. rapeseed oil, olive oil, corn oil, sunflower oil, grapeseed oil, salad oil etc)
- 07 Use a mixture of oil and butter/Kærgården
- 08 Fat (pig, duck)
- 09 Do not use spread/grease/fat for cooking
- 10 We do not cook/prepare food in our household
- 11 Kasvisterolimargariinia (esim. Becel ProActivem Benecol (only Finland)
- 98 Do not know

10 How many slices of bread do you eat per day or per week?

Answer according to slice/piece/½ roll

*Grain bread also includes wholemeal bread, full grain bread and might carry the wholegrain label.
Rolls are also considered bread.*

	Slice/piece/½ roll	
	A.per day	B.per week
	or	
10.1		
Rye Bread ((Not to be asked in Sweden))		
How many slices of rye bread do you eat?		
Never eat 97	<input type="text"/>	<input type="text"/>
Do not know 98		
10.1a per day		
10.1b per week		
10.2		
White Bread or Wholegrain (not rye bread):		
How many slices of whole grain bread, with grain do you eat?	<input type="text"/> <input type="text"/>	
Never eat 97		
Do not know 98		
10.2a per day		
10.2b per week		
10.3		
How many slices of white bread, toastbread, ciabbata do you eat?	<input type="text"/>	<input type="text"/>
Never eat 97		
Do not know 98		
10.3a per day		
10.3b per week		
10.4		
How many slices of hard bread do you eat?	<input type="text"/>	<input type="text"/>
Never eat 97		
Do not know 98		
10.4a per day		
10.4b per week		

Code 99 if unanswered

11 How often do you eat fruit and vegetables during a day, a week or a month. If you do not eat fruit and vegetables every day, please think about how often you eat it in a week or in a month. Think about the last 12 months when you respond.

Please respond to both sub questions, but only one response (cross, X) on each row

Do not count small portions, eg. a slice of cucumber on bread, parsley as decoration, berries on cake etc.

	11.1a Times per month				11.1b Times per week						11.1c Times per day					
	<1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more
<p>11.1 1</p> <p>How often do you eat vegetables, pulses and/or root fruits (includes fresh, frozen, canned, glass/potted etc) DO NOT COUNT POTATOES It is vegetables such as carrots, tomatoes, cucumber, broccoli, peppers, salad, beans, chick peas, lentils, beetroot, celery and parsnip.</p> <p>Try also to include dishes that have vegetables in them, such as mixed salad, mixed vegetables, fried vegetables, vegetable soup and stews.</p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	<p>Dont Know=8 None= 7</p>															

11 How often do you eat fruit and vegetables during a day, a week or a month. If you do not eat fruit and vegetables every day, please think about how often you eat it in a week or in a month. Think about the last 12 months when you respond.

Please respond to both sub questions, but only one response (cross, X) on each row

Do not count small portions, eg. a slice of cucumber on bread, parsley as decoration, berries on cake etc.

	Times per month				Times per week						Times per day					
	<1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more
<p>11.2 How often do you eat fruit and berries (includes fresh, frozen, canned, glassed/potted etc.) . Fruit and berries include: an apple, an orange, a banana, a bunch of grapes, a plate of strawberries or fruit and berries that are part of porridge, fruit stew, or fruit salad etc.</p>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	Dont Know=8 None= 7															

12 Now I will ask you how you eat and drinks a selection of food. Please consider the past 12 months when you answer these questions.

Please answer all questions, but only cross one box on each row

		A Times per month				B Times per week						C Times per day			
		<1*	1	2	3	1	2	3	4	5	6	1	2	3	4 or more
How often do you eat/drink?		0	1	2	3	1	2	3	4	5	6	1	2	3	4
12.01	French fries, roasted/fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.02	Fish and shellfish as main course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.03	Sausage as a main course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.04	Chocolate and/or candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.05	Cake, biscuits, tart etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.06	Full fat cheese (45-60+ or 24-44% fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.07	Low fat/sugar-free fizzy drinks, cordial, ice-tea, light or sugar free drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.08	Normal fizzy drinks, cordial, ice-tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.09	Energy drinks, red bull, cult etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10	Fruit juice or Vegetable Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Dont Know=8 None= 7													

The next questions regard your physical activity

[Comment: *The interviewer reads two to three examples of physical activities. Additional examples are in italics and if the respondents have difficulties in answering, the interviewer can add some of these additional examples on request. Generally the interviewer does not read the text in italics but can use the text as a reminder or can read it on request.*]

I am going to ask you about your physical activity during the last 7 days. Your information is important even if you have not been physically active.

13a. **Do you work, attend school or university?** 1 Yes 5 No

Filter:

If No (5) in question 13a → go to question 14

13b Which one of the following descriptions best fits your occupation, or school hours?

Do not include travel to and from work or school

- (1) **Mostly sedentary work like office work** 1
Additional examples are cashier in a store or in a bank, and light manual work
- (2) **Work that requires a lot of walking like teaching** 2
Additional examples are shop assistant, light industrial work
- (3) **Work that requires a lot of walking and lifting, like a nurse** 3
Additional examples are heavy industrial work
- (4) **Heavy manual labour like heavy construction** 4
Additional examples are heavy farm work, heavy forestry

[Question 14 (moderate or harder activity)]

Next, I am going to ask you about all physical activity during your leisure time and active transportation e.g. commuting to and from work or school. include PA while running errands. Include all activity where the physical effort is moderate or harder, that is, you should include both moderate and vigorous activity. This kind of activity accelerates heart rate and breathing. Examples are brisk walking, running and heavy gardening.

Additional examples are Nordic walking, bicycling, and golf; these examples can be country specific.

Q14

During the last 7 days, how much time in total did you spend in physical activity where the physical effort was moderate or harder and lasted for at least 10 min each time? Estimate to the nearest half an hour.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if physical activity is less or more than 150 min (2½ h) and if it is more or less than 300 min (5 h)

Hours.....	<input type="text"/> <input type="text"/>
Minutes.....	<input type="text"/> <input type="text"/>
DK (Dont Know)	98

[Question 15 (vigorous activity)]

Q15

Next, I am going to ask you how much of the physical activity you indicated in the last question, was vigorous. This kind of activity causes substantial increase in heart rate and sweating, as well as rapid breathing that makes it difficult to talk.

Examples are running or playing soccer *Additional examples are fast bicycling, badminton or tennis, and cross-country skiing; these examples can be country specific.*

During the last 7 days, how much time in total did you spend during leisure time in vigorous physical activity that lasted for at least 10 min each time? Estimate to the nearest half hour.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if physical activity is less or more than 75 min (1 h and 15 min) and if it is more or less than 150 min (2½h)

Hours.....	<input type="text"/> <input type="text"/>
Minutes.....	<input type="text"/> <input type="text"/>
DK (Dont Know)	98

[Question 16a (Sedentary time: TV watching)]

Interviewer: During the last 7 days, how much time per day on average did you spend sitting and watching TV during your leisure time? Estimate it to the nearest half hour. Include videos, DVD and console games (PlayStation, Xbox, etc) played on TV screen.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if average time is less or more than 1 hour and if it is more or less than 2½ hours

Hours.....	<input type="text"/> <input type="text"/>
Minutes.....	<input type="text"/> <input type="text"/>
DK (Dont Know)	98

[Question 16b (Sedentary time: Computer screen time)]

During the last 7 days, how much time per day on average did you spend in front of a computer screen during your leisure-time? Estimate to the nearest half an hour. Include video-games, mobile phone games and internet use, and TV programs watched on a computer screen; include home work.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if average time is less or more than 1 hour and if it is more or less than 2½ hours

Hours.....
Minutes.....
DK (Dont Know)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
98	

[Question 17 (classification of leisure-time physical activity)]

Choose one of the following descriptions that best fits your leisure time activity during the last 7 days.

(1) Reading, watching TV or other sedentary activity?

1

(2) Walking, cycling, or other forms of light exercise that lasted for at least 4 hours during the last 7 days. Include walking or cycling to and from place of work, Sunday-walking, etc.

2

(3) Participation in recreational sports, heavy gardening, etc., where the duration of the activity lasted for at least 4 hours in total during the last 7 days.

3

(4) Participation in hard training or sports competitions, regularly several times during the last 7 days.

4

Question 18	Now I will ask you how often you drink a selection of beverages. Please consider the past 12 months when you answer these questions.																
	Please answer all questions, but only cross one box on each row																
		Never	Times per year		Times per month			Times per week						Times per day			
			1-5	6-11	1	2	3	1	2	3	4	5	6	1	2	3	4 or more
11	Beer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Spirits**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Including cider with 4-5% alcohol content

**Including long drinks, alcopops

Question 18 **During the previous month, how many times have you had five or more units of alcohol at a single occasion?**

a Number of times.....

A unit of alcohol could be:
 1 beer = 1 unit
 1 alcopop = 1 unit
 1 glass of wine = 1 unit a bottle of wine = 6 unit
 1 shot of liquor or spirit = 1 unit

Question 19	Do you <u>currently</u> smoke tobacco on a daily basis, less than daily or not at all?		
Daily	<input type="checkbox"/>	1	End section
Less than daily	<input type="checkbox"/>	2	Go to 19a
Not at all	<input type="checkbox"/>	3	Go to 19b
Don't know	<input type="checkbox"/>	8	End section

Question 19 a **Have you smoked tobacco daily in the past?**

Yes	<input type="checkbox"/>	1	End section
No	<input type="checkbox"/>	2	End section
Don't know	<input type="checkbox"/>	8	End section

Question In the <u>past</u>, have you smoked tobacco on a daily basis, less than daily or not at all? 19 b			
Daily	<input type="checkbox"/>	1	
Less than daily	<input type="checkbox"/>	2	
Not at all	<input type="checkbox"/>	3	
Don't know	<input type="checkbox"/>	8	

Question Do you <u>currently</u> use snuff on a daily basis, less than daily or not at all? 20 (not relevant for Denmark)			
Daily	<input type="checkbox"/>	1	End section
Less than daily	<input type="checkbox"/>	2	Go to 20a
Not at all	<input type="checkbox"/>	3	Go to 20b
Don't know	<input type="checkbox"/>	8	End section

Question Have you used snuff <u>daily</u> in the past? 20a (not relevant for Denmark)			
Yes	<input type="checkbox"/>	1	End section
No	<input type="checkbox"/>	2	End section
Don't know	<input type="checkbox"/>	8	End section

Question In the <u>past</u>, have you used snuff on a daily basis, less than daily or not at all? 20b (not relevant for Denmark)			
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Daily	<input type="checkbox"/>	1	
Less than daily	<input type="checkbox"/>	2	
Not at all	<input type="checkbox"/>	3	
Don't know	<input type="checkbox"/>	8	