



(Affix Label Here)

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

d d M M M y y y y  
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Circle Visit: <sup>1</sup>Visit 1 <sup>3</sup>Visit 2 <sup>4</sup>Visit 2 (New Participant)

Form Version Date: 13/03/2015

### Socio-Demographic Information (Danish Version, Visit 2)

#### Section A – Please Mark the Appropriate Box Below:

- <sup>1</sup> ..... This Form was Administered via a DFR/Proxy (**Go to Section B**)
- <sup>2</sup> ..... This Form was Administered In-Person by Study Personnel
- <sup>3</sup> ..... This Form was Administered via Telephone by Study Personnel
- <sup>4</sup> ..... This Form was Mailed and Self-Administered by Participant
- <sup>5</sup> ..... This Form was Administered by Other: \_\_\_\_\_

#### Section B. Proxy Tracking.

**B2. Denmark:** What is proxy's relationship to the Study Participant?

- <sup>1</sup> ..... Spouse
- <sup>2</sup> ..... Child (Daughter/Son)
- <sup>3</sup> ..... Sibling (Brother/Sister)
- <sup>4</sup> ..... Niece/Nephew
- <sup>5</sup> ..... Other (Please Specify): \_\_\_\_\_
- <sup>6</sup> ..... Caregiver

**B3.** Please provide the reason that you are completing this form on behalf of or instead of the Study Participant (Please X All that Apply)

- |   |   |
|---|---|
| <input type="checkbox"/> <sup>1</sup> ..... Physical Illness/Serious incapacitating illness | <input type="checkbox"/> <sup>1</sup> ..... Dementia/Cognitive impairment   |
| <input type="checkbox"/> <sup>1</sup> ..... Hearing impairment                              | <input type="checkbox"/> <sup>1</sup> ..... Too Busy/Unavailable            |
| <input type="checkbox"/> <sup>1</sup> ..... Nursing home or long-term care                  | <input type="checkbox"/> <sup>1</sup> ..... Unable to be reached or located |
| <input type="checkbox"/> <sup>1</sup> ..... Visual impairment                               | <input type="checkbox"/> <sup>1</sup> ..... Fatigue/Too overwhelmed         |
| <input type="checkbox"/> <sup>1</sup> ..... Self-doubt/Fearfulness about own limitations    | <input type="checkbox"/> <sup>1</sup> ..... Uninterested/Unmotivated        |
| <input type="checkbox"/> <sup>1</sup> ..... Other: _____                                    |   |

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

*Note: Questions 1 and 2 will be completed by the Interviewer, if needed. Please proceed to Q3a.*

**\*Q1. Date of Birth:**

Day: \_\_\_\_ \_\_\_\_      Month: \_\_\_\_ \_\_\_\_      Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*(Example: dd/mm/yyyy where dd=1-31; mm=1-12)*

**\*Q2. Which item was used to provide proof of age?**

- 1 .....Birth certificate
- 2 .....Church record
- 3 .....Family bible
- 4 .....Military record
- 5 .....Census record
- 6 .....Passport
- 7 .....Driver's license
- 8 .....No official source
- 9 .....CPR-Register
- 10 .....Other (Please Specify) \_\_\_\_\_

**\*Q2a. Date of birth verified?**

- 1 .....Yes
- 0 .....No, reason \_\_\_\_\_

**\*Q3a. Were you born in Denmark?**

- 1 .....Yes
  - 0 .....No
- Go to Q4a**

**Q3b. In what city/town, county and state were you born?**

City/Town: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

**Go to Q5**

**Q4a. In what country were you born?** \_\_\_\_\_

**Q4b. When did you come to Denmark?**

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_      **OR**      Age: \_\_\_\_ \_\_\_\_ \_\_\_\_

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**Q5.** Where did you live the majority of your childhood, prior to reaching the age of 16 years?

City/Town: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

**\*Q6a.** What is your current housing situation?

- 1 .....House, including Townhouse and Farm **Go to Q6b**
- 2 .....Apartment/Co-op/Condominium **Go to Q6b**
- 3 .....Assisted Living/Other Special Housing for Older Adults **Go to Q6d**
- 4 .....Nursing Home **Go to Q6e**
- 5 .....Other (Please Specify) \_\_\_\_\_ **Go to Q7, if group dwelling**

**Q6b.** How many people are living in your home apart from yourself?

\_\_\_\_\_ people **If 0, Go to Q7**

**\*Q6c.** Do you live together with? (X all that apply)

- 1 .....Spouse/Partner
- 1 .....Sisters/Brothers
- 1 .....Child (children)
- 1 .....Grandchild
- 1 .....Other Relatives
- 1 .....Close friends/friends
- 1 .....Other (Please Specify) \_\_\_\_\_

**Go to Q7**

**Q6d.** When did you move into your assisted living/other special house for older adults?

\_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy) **Go to Q7**

**Q6e.** When did you move into your nursing home?

\_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy) **Go to Q7**

**\*Q7.** What is your gender?

- 1 .....Male
- 2 .....Female

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**Q8.** Are you Spanish/Hispanic/Latino? [*Interviewer: Leave Blank*]

- 1 ..... Yes, Mexican, Mexican American/Chicano
- 2 ..... Yes, Puerto Rican
- 3 ..... Yes, Cuban
- 4 ..... Yes, Other Spanish/Hispanic Latino
- 0 ..... No, not Spanish/Hispanic/Latino

**Q9.** What is your race? (X all that apply) [*Interviewer: Leave Blank*]

- 1 ..... White
- 1 ..... Black or African American
- 1 ..... American Indian or Alaska Native
- 1 ..... Asian
- 1 ..... Native Hawaiian or other Pacific Islander
- 1 ..... Other (Please Specify) \_\_\_\_\_



*These next set of questions ask about your MAIN occupation.*

**Q11a.** What was your main occupation for most of your life? Include unpaid work that you may have done on a farm, in a business or as a homemaker. **Note: If you never worked, check the box below and skip to Q12a. If you are currently working, check the box for "Currently Working" and note your main occupation, despite your current role. Since we are interested in your main occupation, your current role (if still working), may not be your main occupation, especially if you are working part-time or on a 'side job'.**

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.) \_\_\_\_\_

- <sup>N</sup> Never worked                      **Go to Q12a**
- <sup>R</sup> Refused                                      **Go to Q12a**
- <sup>1</sup> Currently Working                      **Go to Q11b and Read Instructions Carefully Before Answering**

**Q11b.** How many subordinates did you have when you stopped working? **Note: If you are still working at your main occupation, you may enter the current number of subordinates. If you are currently unemployed or working in a job outside of your main occupation (i.e. part-time, 'side job', etc.), enter the number of subordinates you had when you stopped working from your main occupation.**

\_\_\_\_\_

**\*Q12a.** What is your current marital status?

- <sup>1</sup> .....Married, indicate age of spouse: \_\_\_\_\_ years
- <sup>2</sup> .....Separated, indicate year: \_\_\_\_\_
- <sup>3</sup> .....Divorced, indicate year: \_\_\_\_\_
- <sup>4</sup> .....Widowed, indicate year: \_\_\_\_\_
- <sup>0</sup> .....Never married                                      **Go to Q15a**

**Q12b.** In what year or what age were you when your first marriage began?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_                      **OR**                      Age: \_\_\_\_ \_\_\_\_

**Q12c.** How many times have you been married?                      \_\_\_\_ \_\_\_\_ Times

**Q13.** What is the highest degree or level of school that your spouse completed? If you were married more than once, answer this question for the spouse to which you were married the longest.

- 0 .....Never went to school
- 1 .....No schooling completed
- 2 .....Nursery school to 4<sup>th</sup> grade
- 3 .....5<sup>th</sup> grade or 6<sup>th</sup> grade
- 4 .....7<sup>th</sup> grade or 8<sup>th</sup> grade
- 5 .....9<sup>th</sup> grade
- 6 .....10<sup>th</sup> grade
- 7 .....11<sup>th</sup> grade
- 8 .....12<sup>th</sup> grade – No high school diploma or GED
- 9 .....High school graduate – Diploma or GED
- 10 .....Vocational Training                      *How Many Years?* \_\_\_\_\_  
(technical, agricultural trade or craft)
- 11 .....Some college credit but less than one year
- 12 .....1 or more years of college – no degree
- 13 .....Associate degree (AA, AS)
- 14 .....Bachelor's degree (BA, AB, BS)
- 15 .....Master's degree (MA, MS, Meng, Med, MSW, MBA)
- 16 .....Professional degree (MD, DDS, DVM, LLB, JD)
- 17 .....Doctorate degree (PhD, EdD)
- D .....Do Not Know
- R .....Refused

**Q13a.** Now I would like to ask whether you are currently working at a paying job.

- 0 .....No                      **Go to Q13d**
- 1 .....Yes                      **Go to Q13b**

**Q13b.** If you are currently working, how many hours per week do you currently working?

- 1 .....Full time (>=32 hours per week)
- 2 .....Part time (<32 hours/week)

**Q13c.** What is your current primary occupational role? \_\_\_\_\_

*(If you have more than one MAIN occupation, list all and include them on separate lines or clearly separate them with “;”.)*

*(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.)*

**Q13d.** Do you currently do unpaid volunteer or community work?

- <sup>0</sup> .....No **Go to Q14a**
- <sup>1</sup> .....Yes **Go to Q13e**

**Q13e.** If you are currently volunteering, how many hours per week do you currently volunteer?

- <sup>1</sup> .....Full time (>=32 hours per week)
- <sup>2</sup> .....Part time (<32 hours/week)

**These next questions ask about your spouse's MAIN occupation.**

**Q14a.** What was the main occupation of your spouse for most of his/her life? Include unpaid work that he/she may have done on a farm, in a business or as a homemaker. If you have been married more than once, answer this question for the spouse with whom you were married the longest. **Note: If he/she never worked, check the box and skip to Q15.**

(Examples of occupations include the following: janitor, farm laborer, bus driver, postal clerk, registered nurse, teacher, auto mechanic, lawyer, doctor, accountant, housewife, unpaid work on a farm, etc.) \_\_\_\_\_

- <sup>N</sup> Never worked **Go to Q15d**
- <sup>R</sup> Refused **Go to Q15d**

**Q14b.** How many subordinates did your spouse have when [he/she] stopped working? \_\_\_ \_\_\_ \_\_\_

**Q15d.** During most of your life, how hard was it for you (and your family) to pay for the very basics like food, clothing and housing?

- <sup>5</sup> .....Very Easy
- <sup>4</sup> .....Easy
- <sup>3</sup> .....OK
- <sup>2</sup> .....Hard
- <sup>1</sup> .....Very Hard
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**\* Q16a.** Do you currently own or do you rent your principal place of residence, or the place where you usually live?

- <sup>1</sup> .....Own
- <sup>2</sup> .....Rent
- <sup>3</sup> .....Other: \_\_\_\_\_
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused



**LIFE EVENTS**

*These next set of questions ask you about a number of events that commonly happen in people's lives and that can affect your health. In some cases, it will ask whether the event has happened to you or a member of your family since we last spoke to you. In other cases, it will ask only whether it happened to you. When the question asks about a spouse, we are referring to both married spouses and unmarried partners who live together. Please respond "yes" if the event happened and "no" if it did not.*

**Q18.** Have you retired or changed or lost your job during the last six months?

- <sup>1</sup> ..... Yes
- <sup>0</sup> ..... No **Go to Q19**
- <sup>K</sup> ..... Unknown **Go to Q19**

**Q18a.** When did this happen?

- <sup>1</sup> ..... During the last month
- <sup>0</sup> ..... Not during the last month
- <sup>D</sup> ..... Don't Know

**Q18b.** Was this job change, loss, or retirement positive or negative?

- <sup>1</sup> ..... Positive
- <sup>0</sup> ..... Negative
- <sup>D</sup> ..... Don't Know

**Q19.** Have you had a grandchild born during the last six months?

- <sup>1</sup> ..... Yes
- <sup>0</sup> ..... No
- <sup>K</sup> ..... Unknown

**Q20.** Has caring for a sick or disabled relative become a significant problem for you during the last six months?

- <sup>1</sup> ..... Yes
- <sup>0</sup> ..... No **Go to Q21**
- <sup>K</sup> ..... Unknown **Go to Q21**

**Q20a.** Has providing care become significantly harder in the last month?

- <sup>1</sup> ..... Yes
- <sup>0</sup> ..... No
- <sup>D</sup> ..... Don't Know

**Q21.** Has there been a significant change in your personal finances during the last six months?

- <sup>1</sup> ..... Yes
- <sup>0</sup> ..... No **Go to Q22**
- <sup>K</sup> ..... Unknown **Go to Q22**

**Q21a.** When did this happen?

- <sup>1</sup> ..... During the last month
- <sup>0</sup> ..... Not during the last month
- <sup>D</sup> ..... Don't Know

**Q21b.** Was this change positive or negative?

- <sup>1</sup> ..... Positive
- <sup>0</sup> ..... Negative
- <sup>D</sup> ..... Don't Know

**Q22.** Did you or a very close friend or close family member have a serious accident or illness during the last six months?

- <sup>1</sup> ..... Yes
- <sup>0</sup> ..... No **Go to Q23**
- <sup>K</sup> ..... Unknown **Go to Q23**

**Q22a.** When did this accident or illness occur?

- <sup>1</sup> ..... During the last month
- <sup>0</sup> ..... Not during the last month
- <sup>D</sup> ..... Don't Know

**Q23.** Have you, your spouse or partner, or a member of your immediate family been assaulted or robbed during the last six months?

- 1 .....Yes
- 0 .....No **Go to Q24**
- K .....Unknown **Go to Q24**

**Q23a.** When did this assault or robbery occur?

- 1 .....During the last month
- 0 .....Not during the last month
- D .....Don't Know

**Q24.** Have you had any important relationships, for example with your spouse or a good friend, become significantly worse during the last six months?

- 1 .....Yes
- 0 .....No **Go to Q25**
- K .....Unknown **Go to Q25**

**Q24a.** When did this relationship worsen?

- 1 .....During the last month
- 0 .....Not during the last month
- D .....Don't Know

**Q25.** Did someone you were close to die during the last six months?

- 1 .....Yes
- 0 .....No **Go to Q26**
- K .....Unknown **Go to Q26**

**Q25a.** When did this person die?

- 1 .....During the last month
- 0 .....Not during the last month
- D .....Don't Know

**Q25b.** What was this person’s relationship to you?

- 1 .....Spouse
- 2 .....Brother
- 3 .....Sister
- 4 .....Mother
- 5 .....Father
- 6 .....Child
- 7 .....Other Relative
- 8 .....Friend
- 9 .....Pet
- 10 .....Other (Please Specify)\_\_\_\_\_

**Q26.** Have any other important things happened to you or your spouse or partner in the last six months that made this period significantly different from a typical year?

- 1 .....Yes
- 0 .....No **End Here**
- K .....Unknown **End Here**

**Q26a.** What Happened (continue on a separate page if necessary)?

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**Q26b.** Was it positive or negative?

- 1 .....Positive
- 0 .....Negative
- D .....Don’t Know