



(Affix Label Here)

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

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

Date Form Filled Out:

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

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

**Socio-Demographic Information  
(Danish Version)**

***For Internal Use Only*** – Please Mark the Appropriate Box Below:

- 1 .....This Form was Administered via a DFR/Proxy
- 2 .....This Form was Administered In-Person by Study Personnel
- 3 .....This Form was Administered via Telephone by Study Personnel
- 4 .....This Form was Mailed and Self-Administered by Participant
- 5 .....This Form was Administered by Other: \_\_\_\_\_

***Interviewer:*** Please ask participant for verification of their date of birth and complete Questions 1 and 2.

\*P1. Date of Birth: Day: \_\_\_\_ \_\_\_\_ Month: \_\_\_\_ \_\_\_\_ Year: \_\_\_\_ \_\_\_\_  
(Example: 10 JUN 2005)

\*P2. 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) \_\_\_\_\_

\*P2a. Date of birth verified?

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

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\*P3a. Were you born in Denmark?

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

**Go to Q4a**

P3b. In what city/town, county and state were you born?

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

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

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

**Go to Q5**

P4a. In what country were you born? \_\_\_\_\_

P4b. When did you come to Denmark?

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

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

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

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

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

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

\*P6a. What is your current housing situation?

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

P6b. How many people are living in your home apart from yourself? \_\_\_\_\_ people **If 0, Go to Q7**

\*P6c. Do you live together with? (X all that apply)

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

**\*P7.** What is your gender?

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

8. 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

9. 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)\_\_\_\_\_

**\*P10.** What is the highest degree or level of school that you have completed?

- 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

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*Now I would like to ask about your MAIN occupation.*

11a. 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. ***Interviewer Note: If [he/she] never worked, check the box below and skip to Q12a. If participant is currently working, check the box for "Currently Working" and note the participant's main occupation, despite [his/her] current role. Since we are interested in the participant's main occupation, [his/her] current role (if still working), may not be [his/her] main occupation, especially if the participant is 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.) \_\_\_\_\_

- |                                       |                   |  |
|---------------------------------------|-------------------|--|
| <input type="checkbox"/> <sup>N</sup> | Never worked      | <b>Go to Q12a</b>  |
| <input type="checkbox"/> <sup>R</sup> | Refused           | <b>Go to Q12a</b>  |
| <input type="checkbox"/> <sup>1</sup> | Currently Working | <b>Go to Q11b and Read Instructions Carefully Before Answering</b> |

11b. How many subordinates did you have when you stopped working? ***Interviewer Note: If the participant is still working at [his/her] main occupation, you may enter the current number of subordinates. If the participant is currently unemployed or working in a job outside of [his/her] main occupation (i.e. part-time, 'side job', etc.), enter the number of subordinates the participant had when [he/she] stopped working from [his/her] main occupation.***    \_\_\_\_  \_\_\_\_  \_\_\_\_\_

**\*P12a.** What is your current marital status?

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | <sup>1</sup> .....Married, indicate age of spouse: _____years  |                   |
| <input type="checkbox"/> | <sup>2</sup> .....Separated, indicate year:  ____  ____  _____ |                   |
| <input type="checkbox"/> | <sup>3</sup> .....Divorced, indicate year:  ____  ____  _____  |                   |
| <input type="checkbox"/> | <sup>4</sup> .....Widowed, indicate year:  ____  ____  _____   |                   |
| <input type="checkbox"/> | <sup>0</sup> .....Never married                                | <b>Go to Q15a</b> |

12b. In what year or what age were you when your first marriage began?

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

12c. How many times have you been married?    \_\_\_\_  \_\_\_\_\_ Times

P13. 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. *(Please Use Response Form in Appendix B)*

- 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

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*Now I would like to ask about your spouse's MAIN occupation.*

14a. 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. **Interviewer 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 Q15a**
- <sup>R</sup> Refused                              **Go to Q15a**

14b. How many subordinates did your spouse have when [*he/she*] stopped working?   \_\_\_\_  \_\_\_\_  \_\_\_\_

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

15. 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? (*Please use Response Form in Appendix B*)

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

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\*P16. Do you currently own or do you rent your principal place of residence, or the place where you usually live?

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