



(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>6</sup>Visit 3 <sup>7</sup>Visit 3 (New Participant)

Form Version Date: 12/11/2020

**Socio-Demographic Information  
(Danish Version, Visit 3)**

**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: _____                                    |                                                                            |

*Note: Questions 1 and 2 will be completed by the Interviewer, if needed (New participants: YES; Returning participants: check prefill sheet).*

New Participants: Please proceed to Q3a.  
Returning Participants: Please proceed to Q6a.

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

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

*(Example: dd/mm/yyyy where 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?** \_\_\_\_\_

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

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

**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**

**Returning Participants Please Proceed to Q9a**

**\*Q7.** What sex were you assigned at birth?

- 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) \_\_\_\_\_

***New Participants Proceed to Q10***

**Q9a.** Since our previous home visit, have you completed an additional degree or higher level of educational attainment?

- 1 ..... Yes                    **Go to Q10**
- 0 ..... No                      **Go to Q12a**



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**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?

- 1 .....Married, indicate age of spouse: \_\_\_\_\_ years
- 2 .....Separated, indicate year: \_\_\_\_\_
- 3 .....Divorced, indicate year: \_\_\_\_\_
- 4 .....Widowed, indicate year: \_\_\_\_\_
- 0 .....Never married **Go to Q13a**

*New Participants Please Proceed to Q12b.*

**Q12a1.** Have you re-married since [enter date of last in person visit]?

- 1 .....Yes **Go to Q12c**
- 0 .....No **Go to Q13a**

**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



**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)

*If never married or returning participant, please proceed to Q15d.*

**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?               

**Returning Participants, please respond ONLY if Q15d is highlighted, otherwise proceed to Q18.**

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

- <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?

- 1 .....Own  
 2 .....Rent  
 3 .....Other: \_\_\_\_\_  
 D .....Don't Know  
 R .....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 in the last six months. 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?

- 1 .....Yes  
 0 .....No **Go to Q19**  
 K .....Unknown **Go to Q19**

**Q18a.** When did this happen?

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

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

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

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

- 1 .....Yes  
 0 .....No  
 K .....Unknown

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

- 1 ..... Yes
- 0 ..... No **Go to Q21**
- K ..... Unknown **Go to Q21**

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

- 1 ..... Yes
- 0 ..... No
- D ..... Don't Know

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

- 1 ..... Yes
- 0 ..... No **Go to Q22**
- K ..... Unknown **Go to Q22**

**Q21a.** When did this happen?

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

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

- 1 ..... Positive
- 0 ..... Negative
- D ..... 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?

- 1 ..... Yes
- 0 ..... No **Go to Q23**
- K ..... Unknown **Go to Q23**

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

- 1 ..... During the last month
- 0 ..... Not during the last month
- D ..... 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

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

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

**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