



## Personal information

Please note that you are **not** to write your name on the questionnaire! Your reply is anonymous.

### 6-8 Today's date:

9 Sex:           1       female  
                  2       male

10 Age: \_\_\_\_\_ years

11 Height: \_\_\_\_\_ cm

12 Weight: \_\_\_\_\_ kg

### 13 What is your marital status?

1	single	4	separated
2	living with partner	5	divorced
3	married	6	widowed

### 14 With whom do you live? (Please circle all that apply)

1 living alone  
2 spouse or partner  
3 own children  
4 partner's children  
5 adopted children  
6 friends  
7 biological parents  
8 others  
9 dog  
10 cat  
11 other domestic pet

### 15-16 Where do you live?

1	Copenhagen	3	In a village
2	In a large town (or suburb) of Copenhagen	4	In the country

Geographical location:

Postal Code

### 17 Type of housing:

1 own house  
2 owner-occupied flat  
3 cooperative  
4 rented house  
5 rented flat  
6 rented room  
7 student hostel (dormitory)  
8 collective  
9 others

18 If you are currently receiving training or education, please specify the type:

\_\_\_\_\_

19-24 List any higher education or vocational training you have completed also indicating the duration of each course embarked upon (for example, vocational training - 30 months; apprenticeship - 30 months; university degree - 36 months):

_____	months : _____
_____	months : _____
_____	months : _____

25-30 If you have a partner, please list the education and training that he or she has completed.

_____	months : _____
_____	months : _____
_____	months : _____

31-34 Your occupation . Please describe your occupation as precisely as possible (for example, farm owner instead of farmer, apprentice electrician instead of electrician):

\_\_\_\_\_

What does your work consist of? \_\_\_\_\_

\_\_\_\_\_

Please describe your partner's occupation (if you have a partner):

\_\_\_\_\_

What does your partner's work consist of? \_\_\_\_\_

\_\_\_\_\_

35-36 What is your (and your partner's) occupational status? (Please circle one number in each column. If you are unemployed please refer to the occupation you have had for the longest period of time.)

	You	Your partner
self-employed	1	1
assistant in spouse's business	2	2
unskilled/ semi-skilled worker	3	3
skilled worker	4	4
homemaker	5	5
salaried employee or civil servant	6	6
student	7	7
pensioner	8	8
receiving welfare benefits	9	9

37-38 If you or your partner have employees or subordinates, please state how many:

\_\_\_\_\_yourself \_\_\_\_\_your partner

39 Current sector in which you are employed:

1	public	3	unemployed
2	private unemployed	4	other

**40-41** What was the total income before taxes for yourself and your partner last year? (Please circle a number in each column)

		your- self	your partner
0	- 5.000 Euro/USD	1	1
5.001	-10.000 Euro/USD	2	2
10.001	-20.000 Euro/USD	3	3
20.001	-40.000 Euro/USD	4	4
40.001	-80.000 Euro/USD	5	5
	over 80.000 Euro/USD	6	6

**42** Does your **household** have any of the following durable consumer goods?

- 1 telephone
- 2 television
- 3 computer
- 4 videocassette recorder
- 5 washing machine
- 6 summer cottage
- 7 car
- 8 motorcycle
- 9 boat

**43** How would you describe your **current financial and material situation**?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

## Lifestyle

**44** How many hours of exhausting **exercise** (heavy breathing and sweating) do you get **a week**? (including during work)

- |   |                  |   |                 |
|---|------------------|---|-----------------|
| 1 | 0 hours          | 4 | about 2 hours   |
| 2 | about 30 minutes | 5 | 3-7 hours       |
| 3 | about 1 hour     | 6 | 8 hours or more |

**45** Your **social network**: how many close friends or family members do you have **daily contact** with (for example, see them or talk to them on the telephone)?

- |   |         |   |           |
|---|---------|---|-----------|
| 1 | none    | 4 | 3 a day   |
| 2 | 1 a day | 5 | 4 or more |
| 3 | 2 a day |   |           |

**46** Do you have a friend with whom you can discuss any subject - and do?

- 1 yes                      2 not sure                      3 no

**47** Your **eating habits**?

(Please circle the lines that apply to you)

- 1 I eat what I like
- 2 I think my diet is healthy
- 3 I think my diet is not healthy enough
- 4 I have a low-calorie diet to maintain or lose weight
- 5 I eat ready-to-eat dishes or fast food at least once a week
- 6 I am a vegetarian
- 7 Information campaigns influence my eating habits

**48-52** How much **alcohol** did you drink in the last complete weekday (Monday, Tuesday, Wednesday or Thursday)?

- ordinary beer (number of 33-cl bottles): \_\_\_\_\_
- strong beer (number of 33-cl bottles): \_\_\_\_\_
- red or white wine (number of glasses): \_\_\_\_\_
- dessert wine (number of glasses): \_\_\_\_\_
- spirits (number of drinks): \_\_\_\_\_

**53-57** How much **alcohol** did you drink **in total last weekend** (including Friday, Saturday and Sunday)?

- ordinary beer (number of 33-cl bottles): \_\_\_\_\_
- strong beer (number of 33-cl bottles): \_\_\_\_\_
- red or white wine (number of glasses): \_\_\_\_\_
- dessert wine (number of glasses): \_\_\_\_\_
- spirits (number of drinks): \_\_\_\_\_

**58** Was your **alcohol** consumption **typical** of your normal level in the past week?

- 1 yes
- 2 no, more than typical
- 3 no, less than typical

**59-63** Do you smoke?

- 1 yes, daily
- 2 yes, now and then
- 3 no, I stopped less than a year ago
- 4 no, I stopped more than a year ago
- 5 no, I have never smoked

*If yes*, how much do you smoke on average:

- number of cigarettes daily \_\_\_\_\_
- number of cheroots daily \_\_\_\_\_
- number of cigars daily \_\_\_\_\_
- amount of smoking tobacco (grams) \_\_\_\_\_

**64** Have you ever tried any of the following **drugs**:

- |                            |                     |
|----------------------------|---------------------|
| 1 hash                     | 8 ecstasy           |
| 2 LSD                      | 9 methadone         |
| 3 psilositybin (mushrooms) | 10 heroin, morphine |
| 4 mescaline (cactus)       | 11 tranquilizers    |
| 5 amphetamine, speed       | with alcohol        |
| 6 cocaine                  | 12 none             |
| 7 crack                    |                     |

# Illness

**65 -66** In relation to your **health**, how do you feel now? (Please circle a number in each column)

	physical health	mental health
very well	1	1
well	2	2
neither well nor ill	3	3
ill	4	4
very ill	5	5

**67** In the **last year**, how many days of work have you missed due to **illness**? ( Or, if you are unemployed, how many days would you have been too ill to work had you been in employment?)

1	0 - 3 days	4	31 - 100 days
2	4 - 10 days	5	101 - 300 days
3	11 - 30 days	6	301 - 365 days

**68.** If you suffer from illness or a health problem do you try to treat it by changing your outlook on life or your lifestyle?

1	no	2	not sure	3	yes
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**69** Do you receive alternative health care now?

1	yes
2	no, but i did previously
3	no, and i have never received it

**70** Have you ever undergone an operation under full **anesthesia**?

1	no	2	not sure	3	yes
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**71-86** Do you have any of the following health problems **now**? (Please circle a number in each row)

	no	yes, some-	yes, a lot what
pain or discomfort in shoulder or neck?	1	2	3
pain or discomfort in back or buttocks?	1	2	3
pain or discomfort in arms or hands, legs, knees, hips or joints?	1	2	3
headache	1	2	3
a rapid heart beat?	1	2	3
uneasiness nervousness, restlessness or anxiety?	1	2	3
stress	1	2	3
difficulty sleeping (insomnia)?	1	2	3
melancholy, depression or unhappiness?	1	2	3
tiredness?	1	2	3
stomach pain or stomachache?	1	2	3
indigestion, diarrhea or constipation?	1	2	3
eczema, rash, or itching?	1	2	3
cold, head cold, or cough?	1	2	3
difficulty in breathing or breathlessness?	1	2	3
discomfort in the sexual organs(f)	1	2	3

**87** Did the health problems have anything to do with a certain illness or the treatment of it?

1	no	2	not sure	3	yes
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**88-90** Do you have an **illness or disorder** for which you are receiving medical treatment now?

1	no	2	yes
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**If yes:** please state, as accurately as possible, the **diagnosis** of the illness or the nature of the handicap: (such as pollen allergy or depression )

What treatment or **medication** are you receiving?  
(Please write the brand name)

**91-123** Do you have any of the following illnesses or disorders **now**? (Please circle a number in each line)

	no	yes
impaired hearing	1	2
impaired sight	1	2
back problems	1	2
diabetes	1	2
mental illnesses	1	2
epilepsy	1	2
paralysis in any part of the body	1	2
high blood pressure	1	2
coronary thrombosis	1	2
cerebral hemorrhage or cerebral thrombosis	1	2
chronic bronchitis	1	2
allergy (not hayfever)	1	2
hayfever	1	2
eczema	1	2
psoriasis	1	2
lupus erythematosus	1	2
ulcer	1	2
gallstones	1	2
kidney stones	1	2
HIV-positive	1	2
AIDS	1	2
cancer	1	2
congenital illnesses	1	2
amputation of arms or legs	1	2
venereal diseases	1	2
anorexia/bulimia	1	2
removal of a tumor in the breast (f)	1	2
removal of the entire breast (f)	1	2
menstrual problems (f)	1	2
diseases of the female sexual organs (not venereal diseases) (f)	1	2
had a cone biopsy performed (f)	1	2
had your uterus removed (f)	1	2

**124** Have you ever had an abortion? (f)

1	no	3	yes, twice
2	yes, once	4	yes, 3 or more times

**125** Have you ever had a miscarriage? (f)

1	no	2	not sure	3	yes
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## Quality of Life

**195-210 My life** mainly focuses on:  
(please circle a number in each line)

	yes	not sure	no
surviving	1	2	3
making money	1	2	3
my job	1	2	3
being creative	1	2	3
sex	1	2	3
feeling good	1	2	3
fulfilling my needs	1	2	3
my relationship with my partner	1	2	3
my children or having children	1	2	3
having good friends	1	2	3
living in harmony with myself	1	2	3
self-realization	1	2	3
my career	1	2	3
making the world a better place	1	2	3
serving God	1	2	3

others:

**211** How are you **feeling** now?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

**212** How **satisfied** are you with your life now?

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

**213** How **happy** are you now?

- 1 very happy
- 2 happy
- 3 neither happy nor unhappy
- 4 unhappy
- 5 very unhappy

**214** How would you assess the **quality of your life** now? (base your answer on what you believe quality of life to be)

- 1 very high
- 2 high
- 3 neither high nor low
- 4 low
- 5 very low

## Section A

The following questions concern your **current satisfaction** with life. Please answer all questions even if you do not have parents, a partner nor children.

**215-224** At present how satisfied are you with: (Please note that you can be satisfied even with, for instance, poor health.)

	very satisfied	satis- fied	neither /nor	dis- satis'	very dis'
your <b>health</b> ?	1	2	3	4	5
your <b>material and financial situation</b> ?	1	2	3	4	5
your situation with your <b>partner</b> ?	1	2	3	4	5
your <b>parents</b> (please answer even if your parents are not alive) ?	1	2	3	4	5
your situation with regard to <b>children</b> (please answer even if you do not have children)?	1	2	3	4	5
your relationships with <b>friends</b>	1	2	3	4	5
your relationships with <b>acquaintances</b> ?	1	2	3	4	5
the <b>community</b> around you?	1	2	3	4	5
<b>nature</b> in your local environment?	1	2	3	4	5
your job situation	1	2	3	4	5

**225** How well did Section A (questions 215-224) enable you to express **your quality of life**?

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

## Section B

**226-227** Do you have a **partner**?

- 1 yes
- 2 not sure
- 3 no, but I have had one.
- 4 no, and I have never had one

*If yes*, how long have you been with your present partner?

1 0-1 year	5	5-10 years
2 1-2 years	6	10-25 years
3 2-3 years	7	more than 25 years
4 3-5 years		

**228-248 Do you have children?**

(If necessary, please circle more than one number)

- 1 yes, biological children
- 2 yes, my partner's children
- 3 yes, adopted children
- 4 no, but I or my partner is pregnant
- 5 no, I/we are involuntarily childless
- 6 no, I/we have chosen not to have children
- 7 no

*If yes, please state the sex and age of your children:*

	boy	girl	age
1st child (oldest)	1	2	
2nd child	1	2	
3rd child	1	2	
4th child	1	2	
5th child	1	2	

Did you have these children with your present partner?

	yes	no
1st child (oldest)	1	2
2nd child	1	2
3rd child	1	2
4th child	1	2
5th child	1	2

Are you living with your children?

	yes	no
1st child (oldest)	1	2
2nd child	1	2
3rd child	1	2
4th child	1	2
5th child	1	2

**249 Were you adopted as a child?**

- 1 no
- 2 not sure
- 3 yes

**250 Are both your parents (or adoptive parents) alive?**

- 1 yes
- 2 no, only one of them
- 3 no, none of them
- 4 do not know

**251-260 How many brothers and sisters (or half brothers and half sisters) do you have and how old are they:**

	brother	sister	half brother	half sister	age
1st sibling (oldest)	1	2	3	4	
2nd sibling	1	2	3	4	
3rd sibling	1	2	3	4	
4th sibling	1	2	3	4	
5th sibling	1	2	3	4	

**261 Are you a twin?**

- 1 no
- 2 no, triplet
- 3 yes, fraternal
- 4 yes, identical

**262 -296 A good relationship consists of:**

- good and useful communication
- an emotional fellowship
- being equal, open and honest toward each other
- being able to talk about all important issues
- a relationship that is not characterized by unresolved conflicts, suppression and dominance or sexual problems.

**Compared with this, how good is your current relationship with:** (Circle the numbers which suit your life. Please leave out people you have never been in contact with or who are dead)

	Very good	good	Neither /nor	Poor	Very Poor
your present partner	1	2	3	4	5
your last partner	1	2	3	4	5
your previous partners	1	2	3	4	5
1st child (oldest)	1	2	3	4	5
2nd child	1	2	3	4	5
3rd child	1	2	3	4	5
4th child	1	2	3	4	5
5th child	1	2	3	4	5
biological father	1	2	3	4	5
biological mother	1	2	3	4	5
stepfather	1	2	3	4	5
stepmother	1	2	3	4	5
adoptive father	1	2	3	4	5
adoptive mother	1	2	3	4	5
maternal grandmother	1	2	3	4	5
maternal grandfather	1	2	3	4	5
paternal grandmother	1	2	3	4	5
paternal grandfather	1	2	3	4	5
1st sibling (oldest)	1	2	3	4	5
2nd sibling	1	2	3	4	5
3rd sibling	1	2	3	4	5
4th sibling	1	2	3	4	5
5th sibling	1	2	3	4	5
partner's father	1	2	3	4	5
partner's mother	1	2	3	4	5
partner's siblings	1	2	3	4	5
partner's friends	1	2	3	4	5
your grandchildren	1	2	3	4	5
your other relatives	1	2	3	4	5
your friends	1	2	3	4	5
your fellow workers	1	2	3	4	5
your acquaintances	1	2	3	4	5
yourself	1	2	3	4	5
the community	1	2	3	4	5
around you	1	2	3	4	5
nature around you	1	2	3	4	5

**297 How well does Section B (questions 226-296) enable you to express your quality of life?**

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

## Section C

The following questions deal with family, work and leisure time.

**298** How do you feel when you are at home?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

**299** How do you feel when you are at work (if you do not have a job, how do you feel in your everyday life)?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

**300** How do you feel in your **leisure time**?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poorly
- 5 very poor

**301** How well does Section C (questions 297-299) enable you to express **your quality of life**?

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

**302-303** How good is your work environment? (If you do not have any work, please go to the next question)

	socially physically	
very good	1	1
good	2	2
neither good nor poor	3	3
poor	4	4
very poor	5	5

**304** Do you feel that your work is **meaningful**? (If you do not have any work, please assess your normal daily activities)

- 1 very meaningful
- 2 meaningful
- 3 neither meaningful nor meaningless
- 4 meaningless
- 5 very meaningless

## Section D

The following questions deal with how well your needs are fulfilled.

**305** How well are your **basic biological needs** being fulfilled now? (that is. your physical needs such as food, clothing, heating, housing, sleep, sex, safety and security .)

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly
- 6 I do not have these needs

**306** How well are your **social needs** being fulfilled now?

(that is, your needs for warm human contact, recognition, friendship and social acceptance).

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly
- 6 I do not have these needs

**307** How well is your **need to be useful** being fulfilled now (that is, your need to help other people and your contribution to making the world a better place)?

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly
6. I do not have this need

**308** How well is your need for an **exciting and varied life** being fulfilled now (that is, your need to have an exciting and varied life with various experiences and actions)?

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly
- 6 I do not have these needs

**309** How well is your **need to realize you life potential** being fulfilled now (that is, your need to



develop insight and the ability to take action that will enable you to live in ever increasing harmony with yourself)?

- 1 very well
- 2 well
- 3 neither well nor poor
- 4 poorly
- 5 very poorly
- 6 I do not have these needs

**310** How well does section D (questions 303-309) enable you to express **your quality of life**?

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

**311** How well are **your needs** being fulfilled now

1. very well
2. well
3. neither well nor poorly
4. poorly
5. very poorly

**312** How many of the following societal norms do you fulfill now? (Societal norms here means having a) a job; b) education c) nuclear family; and d) at least 2 friends in whom you can confide everything and do so.)

- 1 all four
- 2 three of four
- 3 two of four
- 4 one of four
- 5 none

**313** How good is **your peace of mind** (your inner equilibrium and state of health) now?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

**314** How well are you realizing your **deepest desires** now?

1. very well
2. well
3. neither well nor poorly
4. poorly
5. very poorly

**315** How **meaningful** is your life now?

- 1 very meaningful
- 2 meaningful
- 3 neither meaningful nor meaningless
- 4 meaningless
- 5 very meaningless

# Evaluation and criticism of the questionnaire (1-315)

**316** How **easy** did you find it to fill out the questionnaire?

- 1 very easy
- 2 easy
- 3 neither easy nor difficult
- 4 difficult
- 5 very difficult

**317** Did you find it **strenuous** to fill out the questionnaire?

- 1 not strenuous
- 2 strenuous
- 3 very strenuous

**318** How was your mood when you filled out the questionnaire

- 1 better than usual
- 2 usual
- 3 worse than usual

**319** How **long** did it take you to fill out the questionnaire?

- 1 less than 30 minutes
- 2 30 minutes to 1 hour
- 3 1-2 hours
- 4 2-4 hours
- 5 more than 4 hours

**320-321** While going through the questionnaire, did you come across any questions you felt we should not have asked? (**unethical** questions)?

- 1 no
- 2 not sure
- 3 yes

**If yes or in doubt**, please explain the reason:(please note the number of the question)

**322** Would you like to comment on any of the answers you have given, or the questions you have been asked?

Would you like to remark on the investigation or express your own view on quality of life? If so, please feel free to write any comments, favorable or otherwise, below.

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**323-324** Did the questionnaire cover all the dimensions that relate to **your** quality of life?

- 1 yes
- 2 not sure
- 3 no

**If you answered no or not sure**, please state which topics have not been included:

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