



(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: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 13/03/2015

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

Section A – Please Mark the Appropriate Box Below:

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

Section B. Proxy Tracking.

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

- ¹Spouse
- ²Child (Daughter/Son)
- ³Sibling (Brother/Sister)
- ⁴Niece/Nephew
- ⁵Other (Please Specify): _____
- ⁶Caregiver

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

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Note: Please disregard that the question numbering is out of sequence.

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

- 1House, including Townhouse and Farm **Go to Q6b**
- 2Apartment/Co-op/Condominium **Go to Q6b**
- 3Assisted Living/Other Special Housing for Older Adults **Go to Q6d**
- 4Nursing Home **Go to Q6e**
- 5Other (Please Specify): _____ **Go to Q9a if Group**

Dwelling

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

_____ people **If 0, Go to Q9a**

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

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

Go to Q9a

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

___ / ___ / ___ (dd/mm/yyyy) **Go to Q9a**

Q6e. When did you move into your nursing home?

___ / ___ / ___ (dd/mm/yyyy) **Go to Q9a**

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

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

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Q12c. How many times have you been married? _____ Times

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

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

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

- ¹Full time (>=32 hours per week)
- ²Part 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?

- ⁰No **Go to Note above Q15d**
- ¹Yes **Go to Q13e**

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

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

Note: *If Q15d is highlighted, please answer. If Q15d is not highlighted, please 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?

- ⁵Very Easy
- ⁴Easy
- ³OK
- ²Hard
- ¹Very Hard
- ^DDon't Know
- ^RRefused

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 past 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 past six months?

- ¹ Yes
- ⁰ No
- ^K Unknown

Q20. Has caring for a sick or disabled relative become a significant problem for you during the past 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?

- ¹Yes
- ⁰No
- ^DDon't Know

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

- ¹Yes
- ⁰No **Go to Q22**
- ^KUnknown **Go to Q22**

Q21a. When did this happen?

- ¹During the last month
- ⁰Not during the last month
- ^DDon't Know

Q21b. Was this change positive or negative?

- ¹Positive
- ⁰Negative
- ^DDon't Know

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

- ¹Yes
- ⁰No **Go to Q23**
- ^KUnknown **Go to Q23**

Q22a. When did this accident or illness occur?

- ¹During the last month
- ⁰Not during the last month
- ^DDon't Know

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

- 1 Yes **Go to Q24**
 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 past six months?

- 1 Yes **Go to Q25**
 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 past six months?

- 1 Yes **Go to Q26**
 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

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Q25b. What was this person's relationship to you?

- 1Spouse
- 2Brother
- 3Sister
- 4Mother
- 5Father
- 6Child
- 7Other Relative
- 8Friend
- 9Pet
- 10Other (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?

- 1Yes
- 0No **End Here**
- KUnknown **End Here**

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

Q26b. Was it positive or negative?

- 1Positive
- 0Negative
- DDon't Know