

Diet and Physical Activity of Nordic Adults (NORMO2023)

English Master Questionnaire December 2023

Date of interview: _____

Name of interviewer: _____

Identification number of respondent: _____

Only text stated in bold should be read aloud for the respondent.

Q0	Please register the sex of the interviewed person	
	Male.....	<input type="checkbox"/> 1
	Female.....	<input type="checkbox"/> 2
	Other.....	<input type="checkbox"/> 3

Q1	What is your birthdate?						
	1A Day	■ ■	1B Month	■ ■	1C Year	■ ■ ■ ■	
	(1;31)		January = February = March = (January;Decem ber)	01 02 03	(1957; 2005)		

	The following questions concern what you usually eat. Please think of the last 12 months and what you eat most often, when you answer the questions.
Q2	What type of fat do you most often spread on your bread?
	If the respondent mentions butter, ask if he/she means butter or (add country specific example).

	If the respondent is in doubt whether she/he uses frying and baking margarine or table margarine, ask if the fat comes in paper wrapping (frying and baking margarine) or in a container (table margarine).	
	1 <input type="checkbox"/>	Butter
	2 <input type="checkbox"/>	Low-fat butter, $\leq 60\%$ fat, e.g. (add country specific example)
	3 <input type="checkbox"/>	Oil-butter spreads, $\geq 75\%$ fat (country specific), e.g. (add country specific examples)
	4 <input type="checkbox"/>	Low-fat oil-butter spread, $\leq 60\%$ fat, e.g. (add country specific example)
	5 <input type="checkbox"/>	Table margarine, $\geq 60\%$ fat, including vegan spread, e.g. (add country specific examples)
	6 <input type="checkbox"/>	Low-fat margarine, $\leq 40\%$ fat, e.g. (add country specific examples)
	7 <input type="checkbox"/>	Becel Pro-Activ
	8 <input type="checkbox"/>	Frying or baking margarine, $> 60\%$ fat, e.g. (add country specific examples)
	9 <input type="checkbox"/>	Fat, e.g. pig, duck, beef, or lard
	10 <input type="checkbox"/>	Coconut oil
	11 <input type="checkbox"/>	Do not use fat/spread on bread
	12 <input type="checkbox"/>	Do not eat bread If "Do not eat bread" in Q2.12 do not answer Q4
	98 <input type="checkbox"/>	Don't know

Q3	What type of fat, e.g., butter, margarine, or oil, do you and your family most often use for domestic cooking?		
	<p>If the respondent mentions butter, ask if he/she means butter or (add country specific example).</p> <p>If the respondent is in doubt whether she/he uses frying and baking margarine or table margarine, ask if the fat comes paper wrapping (frying and baking margarine) or in a container (table margarine).</p>		
	1 <input type="checkbox"/>	Butter	
	2 <input type="checkbox"/>	Oil-butter spreads, ≥75% fat (country specific), e.g. (add country specific examples)	
	3 <input type="checkbox"/>	Frying or baking margarine, >60% fat, e.g. (add country specific examples)	
	4 <input type="checkbox"/>	Table margarine, ≥60% fat, including vegan spread, e.g. (add country specific examples)	
	5 <input type="checkbox"/>	Liquid margarine, oil-margarine, ≥60% fat, e.g., (add country specific examples)	
	6 <input type="checkbox"/>	Oil, e.g., rapeseed oil, olive oil, or salad oil	
	7 <input type="checkbox"/>	Use both butter and oil at the same time	
	8 <input type="checkbox"/>	Fat, e.g., pig, duck, beef, or lard	
	9 <input type="checkbox"/>	Coconut oil	
	10 <input type="checkbox"/>	Regularly use either butter or oil	
	11 <input type="checkbox"/>	Do not use fat in cooking	
	12 <input type="checkbox"/>	We do not cook/prepare food in our household	
	98 <input type="checkbox"/>	Don't know	

Q4	Next, I will ask how much of different types of bread you eat. Specify your answer in number of slices or ½-bread rolls.			
		Slice/½-bread roll		
		A. Per day	OR	B. Per week
	White and whole grain bread			
4.1	<p>How many slices of <u>white</u> bread, e.g. toast bread and ciabatta do you eat <u>per day or per week</u>?</p> <p>If less than 1 per week, please tick off “Eat less than 1 slice per week”.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

	<p>Q4.1 control: If slices of white bread > 15 per day (105 slices per week): "Is it correct that the number of slices you have indicated for white bread exceeds 15 slices per day?"</p> <p>No – Go to Q4.1 Yes – Go to Q4.2</p>			
	<p>97 Eat less than 1 slice per week</p> <p>98 Don't know</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
4.2	<p>How many slices of <u>wholegrain</u> bread (insert country specific term), do you eat <u>per day or per week</u>? (NOT rye bread and hard bread)</p> <p>If less than 1 per week, please tick off "Eat less than 1 slice per week".</p> <p>Q4.2 control: If slices of wholegrain bread > 15 per day (105 slices per week): "Is it correct that the number of slices you have indicated for wholegrain bread exceeds 15 slices per day?"</p> <p>No – Go to Q4.2 Yes – Go to Q4.3</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
	<p>97 Eat less than 1 slice per week</p> <p>98 Don't know</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		
Rye bread				
4.3	<p>How many slices of <u>rye</u> bread (include country specific definition if needed) do you eat <u>per day or per week</u>?</p> <p>If less than 1 per week, please tick off "Eat less than 1 slice per week".</p> <p>Q4.3 control: If slices of rye bread > 15 per day (105 slices per week): "Is it correct that the number of slices you have indicated for rye bread exceeds 15 slices per day?"</p> <p>No – Go to Q4.3 Yes – Go to Q4.4</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

	97	Eat less than 1 slice per week	<input type="checkbox"/>		
	98	Don't know	<input type="checkbox"/>		
Hard bread/ crisp bread					
4.4	<p>How many pieces of <u>hard</u> bread do you eat <u>per day</u> or <u>per week</u>?</p> <p>If less than 1 per week, please tick off "Eat less than 1 piece per week".</p> <p>Q4.4 control: If pieces of hard bread > 15 per day (105 pieces per week): "Is it correct that the number of pieces you have indicated for hard bread exceeds 15 slices per day?"</p> <p>No – Go to Q4.4 Yes – Go to Q5</p> <p>Validation of Q4.1-Q4.4: If total number of slices > 25 per day (175 slices per week): "Is it correct that the total number of slices you have indicated for bread exceeds 25 slices per day?".</p> <p>No - "We will go back to the first question about bread again." Yes – Go to Q5</p>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	97	Eat less than 1 slice per week	<input type="checkbox"/>		
	98	Don't know	<input type="checkbox"/>		

Q5	<p>Next, I will ask about your intake of fruits and vegetables.</p> <p>Think about your average intake in a day, week, or month.</p> <p>Do not count potatoes and small portions such as a slice of cucumber.</p>																
5.1	<p>How often do you eat vegetables, root vegetables, chickpeas, lentils, beans, etc.?</p> <p>This includes fresh, frozen, and canned or jarred versions, eaten alone or in a dish.</p>																
	5.1A Times per month				5.1B Times per week						5.1C Times per day						
	Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97										Never eat it – Go to Q5.3						<input type="checkbox"/>
	98										Don't know - Go to Q5.3						<input type="checkbox"/>

	<p>In the next question, I am <u>only</u> interested in your intake of chickpeas, lentils, beans, etc.</p> <p>Include also dishes, e.g., hummus and chili con carne.</p>																
5.2	<p>How often do you eat chickpeas, lentils, beans, or hummus?</p> <p>Validation of Q5.1 and Q5.2: If the intake frequency in Q5.2 > intake frequency in Q5.1 inform: “The intake frequency you have indicated for chickpeas, lentils and beans exceeds the intake frequency you have reported on vegetables and chickpeas, lentils, and beans. Therefore, we will go back to the question about vegetables, root vegetables, chickpeas, lentils, and beans again.”</p> <p>Q5.1 + Q5.2 control: If intake frequency in Q5.1 = intake frequency in Q5.2, ask: “Is it correct that all the vegetables and chickpeas, lentils and beans you have indicated, are chickpeas, lentils and beans?”</p> <p>No – Go to Q5.2 Yes – Go to Q5.3</p>																
	5.2A Times per month				5.2B Times per week						5.2C Times per day						
	Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97				Never eat it						<input type="checkbox"/>						
	98				Don't know						<input type="checkbox"/>						
5.3	<p>How often do you eat fruits and berries?</p> <p>Include fresh, frozen, and canned or jarred fruits and berries, eaten alone or in a dish.</p>																
	5.3A Times per month				5.3B Times per week						5.3C Times per day						
	Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97				Never eat it						<input type="checkbox"/>						
	98				Don't know						<input type="checkbox"/>						
Q6	<p>Now I will ask how often you eat and drink a number of foods and beverages.</p>																
	<p>How often do you eat</p>																
	Times per month				Times per week						Times per day						
	Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more	
6.01	<p>French fries, roasted or fried potatoes</p>																
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97	Never eat it				<input type="checkbox"/>											
	98	Don't know				<input type="checkbox"/>											

6.02	Fish and shellfish at lunch and dinner. Include fish on bread														
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.03	All types of meat, e.g. beef, veal, pork, chicken, venison or lamb at lunch and dinner. It could be minced meat, sausages, or steak. Include cold cuts of meat														
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97	Never eat it - Go to Q6.06				<input type="checkbox"/>									
	98	Don't know - Go to Q6.06				<input type="checkbox"/>									
In the next question, I am <u>only</u> interested in your intake of beef, veal, and lamb.															
How often do you eat															
6.04	Beef, veal, or lamb at lunch and dinner e.g., minced meat, sausages or steak. Include cold cuts of meat														
	Validation of Q.6.03 and Q6.04: If the intake frequency in Q6.04 > intake frequency in Q6.03 inform: “The intake frequency you have indicated for beef, veal or lamb exceeds the intake frequency you have reported on all types of meat. Therefore, we will go back to the question about all types of meat again.”														
		Times per month				Times per week						Times per day			
		Less than 1	1	2	3	1	2	3	4	5	6	1	2		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.05	Sausages at lunch and dinner														
		Times per month				Times per week						Times per day			
		Less than 1	1	2	3	1	2	3	4	5	6	1	2		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.06	Chocolate and candy														
		Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4 or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									

6.07	Cake, biscuits, pie, etc.															
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		97	Never eat it				<input type="checkbox"/>									
		98	Don't know				<input type="checkbox"/>									
6.08	Cheese e.g. (include country specific examples) (NOT low-fat cheese)															
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		97	Never eat it				<input type="checkbox"/>									
		98	Don't know				<input type="checkbox"/>									
How often do you eat or drink																
6.09	Milk and milk products e.g. (Insert 3 country specific examples). Include milk in coffee or tea (NOT plant-based alternatives)															
	Times per month				Times per week						Times per day					
	Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					97	Never eat or drink it					<input type="checkbox"/>					
					98	Don't know					<input type="checkbox"/>					
6.10	Light or sugar-free sodas, cordial, ice-tea (NOT energy drinks)															
	Times per month				Times per week						Times per day					
		Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4	4 or more
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		97	Never drink it				<input type="checkbox"/>									
		98	Don't know				<input type="checkbox"/>									

6.11	Sugary sodas, cordial, ice-tea (NOT energy drinks)															
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		97	Never drink it				<input type="checkbox"/>									
		98	Don't know				<input type="checkbox"/>									
6.12	Energy drinks e.g. (include country specific examples)															
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		97	Never drink it				<input type="checkbox"/>									
		98	Don't know				<input type="checkbox"/>									
6.13	Juice															
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	97	Never drink it	<input type="checkbox"/>	
	98	Don't know	<input type="checkbox"/>	

Q7 The following questions concern your intake of alcohol in the last 12 months. Do you drink alcohol?

	Yes	<input type="checkbox"/>	Go to Q7.1
	No	<input type="checkbox"/>	Go to Q8

7.1 How often do you drink

		98 Don't know	97 Nev er	Times per year		Times per month			Times per week						Times per day			
				1-5	6-11	1	2	3	1	2	3	4	5	6	1	2	3	4 or mor e
7.2	Beer*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Spirits**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*includes cider with 4-5% alcohol
 **include long drinks, alcopops (e.g. Breezer)

Q7.5 During the last 7 days, how many standard drinks did you have each day? - Include beer, wine and spirits

Insert standard drinks for all days. If none insert 0. If half a standard drink, please sum up to the closest number of standard drinks.

- 1 standard drink = 1 beer (33 cl.)
- 1 cider 4-6% alcohol (33 cl.)
- 1 glass of wine (12 cl.)
- 1 glass of liqueur wine e.g. port (8 cl.)
- 1 alcopop (25 cl.)
- 1 shot of spirit (4 cl.)

6 standard drinks = 1 bottle of wine (75 cl.)

	7.5.1	7.5.2	7.5.3	7.5.4	7.5.5	7.5.6	7.5.7
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	I have not consumed alcohol in the last 7 days	97	<input type="checkbox"/>
	Don't know	98	<input type="checkbox"/>
Q7.6	During the <u>last month</u>, how many times have you had five or more standard drinks on a single occasion?		
	Number of times.....	<input type="checkbox"/>	
	Don't know.....	<input type="checkbox"/>	98

	The following questions concern physical activity in your <u>leisure time</u> and when you walk or cycle to and from work, educational institution, leisure time activities etc. Your information is important even if you have not been physically active.		
	[Question 8 (moderate or harder physical activity in leisure time)]		
Q8	During the <u>last 7 days</u>, how much time <u>in total</u> did you spend on physical activity in your <u>leisure time</u> and on walking and cycling, during which your the physical effort was <u>moderate or harder</u>?		
	This type of activity increases heart rate and breathing and includes brisk walking, running and heavy gardening (examples may be country specific).		
	Round off to the nearest half hour. It is important to know if physical activity is less or more than 150 min (2½ h) and if it is more or less than 300 min (5 h)		
	Hours.....	<input type="checkbox"/>	(0;more than 35)
	Minutes.....	<input type="checkbox"/>	(0;30)
	Don't know.....	<input type="checkbox"/>	98
	Filter: If hours + minutes = 0 or "Don't know" go to Q10		
	Q8 control: If time > 35 hours, ask: " Is it correct that the time you have indicated on moderate or harder physical activity exceeds 35 hours in the last 7 days? ".		
	No	Go to Q8	
	Yes	Go to Q9	

	[Question 9 (vigorous activity in leisure time)]		
Q9	How much of the time you indicated in the last question was <u>vigorous physical activity</u>?		
	This type of activity substantially increases your heart rate, makes you sweat and makes you so out of breath that it is difficult to speak, e.g. running or		

	playing soccer.		
	Round off to the nearest 15 minutes. It is important to know if physical activity is less or more than 75 min (1 h and 15 min) and if it is more or less than 150 min (2½ h)		
	Hours.....	<input type="text"/> <input type="text"/>	(0;more than 21)
	Minutes	<input type="text"/> <input type="text"/>	(0;45)
	Don't know.....	<input type="checkbox"/>	98
	Q9 control: If time > 21 hours, ask "Is it correct that the time you have indicated for vigorous physical activity exceeds 21 hours in the last 7 days?"		
	No –	Go to Q9	
	Yes –	Go to Q10	
	Q8 + Q9 control: If time in Q8 = time in Q9, ask: "Is it correct that all the time you have indicated for moderate or harder physical activity, is vigorous physical activity?"		
	No –	Go to Q9	
	Yes –	Go to Q10	
	Validation of Q8 and Q9: If time in Q9 > time in Q8 inform: "The time you have indicated for vigorous physical activity exceeds the time you have reported on moderate or harder physical activity. Therefore, we will go back to the question about moderate or harder physical activity again."		

Q10	[Question 10 (Walking and cycling as transportation)]		
Q10.1	During the last 7 days, on how many days did you walk or cycle for at least 10 minutes continuously to get to and from places? Include electric cycling.		
	Days	<input type="text"/> <input type="text"/>	(0;7)
	Don't know.....	<input type="checkbox"/>	98
	If "0 days" or "Don't know" go to Q11		
Q10.2	How much time do you spend on walking or cycling to get to and from places on a typical day? (during the last 7 days)		
	Hours per day	<input type="text"/> <input type="text"/>	(0;24)
	Minutes per day	<input type="text"/> <input type="text"/>	(0;50)
	Don't know.....	<input type="checkbox"/>	98
	Q10 control: If time > 28 hours, ask: "Is it correct that the time you have indicated for walking or cycling exceeds 28 hours in the last 7 days?"		
	No –	Go to Q10.2	
	Yes –	Go to Q11	

	[Question 11 (Sedentary leisure time)]		
	The next question concerns your sedentary leisure time in front of a screen.		
Q11	During the <u>last 7 days</u>, how much time did you spend on average <u>per day</u> sitting in front of a <u>screen in your leisure time</u>? Include all screen time such as internet use, films, and TV programs streamed over the internet that are watched on e.g. a TV or mobile phone screen, and computer or console games, such as (add country specific examples). Round off to the nearest half hour		
	Hours.....	<input type="checkbox"/> <input type="checkbox"/>	(0;more than 18)
	Minutes	<input type="checkbox"/> <input type="checkbox"/>	(0;30)
	Don't know	<input type="checkbox"/>	98
	Q11 control: If time > 18 hours, ask: "Is it correct the time you have indicated sitting in front of a screen in your leisure time exceeds 18 hours per day?"		
	No – Yes –	Go to Q11 Go to Q12	

	[Question 12 (tobacco, snuff, and e-cigarettes)]		
	The next questions concern use of tobacco, snuff, nicotine pouches and e-cigarettes.		
Q12	Do you <u>currently</u> use tobacco, snuff, nicotine pouches or e-cigarettes or have you used it in the past?		
	Yes	<input type="checkbox"/>	Go to Q12.1
	Never	<input type="checkbox"/>	Go to Q15
Q12.1	Do you <u>currently</u> smoke tobacco daily, less than daily or not at all?		
	Daily	<input type="checkbox"/> 1	Go to Q13
	Less than daily.....	<input type="checkbox"/> 2	Go to 12.2
	Not at all	<input type="checkbox"/> 3	Go to 12.3
	Do not wish to answer.....	<input type="checkbox"/> 97	Go to Q13
Q12.2	Have you smoked tobacco daily in the past?		
	Yes.....	<input type="checkbox"/> 1	Go to Q13
	No	<input type="checkbox"/> 2	Go to Q13

	Do not wish to answer	<input type="checkbox"/> 97	Go to Q13	
Q12.3	In the <u>past</u>, have you smoked tobacco daily, less than daily or not at all?			
	Daily	<input type="checkbox"/> 1	Go to Q13	
	Less than daily	<input type="checkbox"/> 2	Go to Q13	
	Not at all	<input type="checkbox"/> 3	Go to Q13	
	Do not wish to answer	<input type="checkbox"/> 97	Go to Q13	

Q13	Do you <u>currently</u> use snuff or nicotine pouches pouches daily, less than daily or not at all?			
	Daily	<input type="checkbox"/> 1	Go to Q14	
	Less than daily	<input type="checkbox"/> 2	Go to 13.1	
	Not at all	<input type="checkbox"/> 3	Go to 13.2	
	Do not wish to answer	<input type="checkbox"/> 97	Got to Q14	
Q13.1	Have you used snuff or nicotine pouches <u>daily</u> in the past?			
	Yes	<input type="checkbox"/> 1	Go to Q14	
	No	<input type="checkbox"/> 2	Go to Q14	
	Do not wish to answer.....	<input type="checkbox"/> 97	Go to Q14	
Q13.2	In the <u>past</u>, have you used snuff or nicotine pouches pouches daily, less than daily or not at all?			
	Daily	<input type="checkbox"/> 1	Go to Q14	
	Less than daily	<input type="checkbox"/> 2	Go to Q14	
	Not at all	<input type="checkbox"/> 3	Go to Q14	
	Do not wish to answer	<input type="checkbox"/> 97	Go to Q14	
Q14	Do you <u>currently</u> use e-cigarettes with or without nicotine daily, less than daily or not at all?			
	Daily	<input type="checkbox"/> 1	Go to Q15	
	Less than daily	<input type="checkbox"/> 2	Go to 14.1	
	Not at all	<input type="checkbox"/> 3	Go to 14.2	
	Do not wish to answer	<input type="checkbox"/> 97	Go to Q15	
Q14.1	Have you used e-cigarettes <u>daily</u> in the past_1?			
	Yes.....	<input type="checkbox"/> 1	Go to Q15	

	No	<input type="checkbox"/> 2	Go to Q15	
	Do not wish to answer.....	<input type="checkbox"/> 97	Go to Q15	
Q14.2	In the past, have you used e-cigarettes daily, less than daily or not at all?			
	Daily	<input type="checkbox"/> 1	Go to Q15	
	Less than daily	<input type="checkbox"/> 2	Go to Q15	
	Not at all	<input type="checkbox"/> 3	Go to Q15	
	Do not wish to answer	<input type="checkbox"/> 97	Go to Q15	
	Finally, I will ask you some questions about your education, height, and weight			
Q15	What is your highest completed education?			
	Primary education (10 years or less)	<input type="checkbox"/> 1		
	Vocational upper secondary education (approx. 2–5 years, most common: 3 years after primary education)(add country specific example)	<input type="checkbox"/> 2		
	General upper secondary education (approx. 2-5 years, most common: 3 years after primary education)(add country specific example)	<input type="checkbox"/> 3		
	Short-cycle tertiary education (approx. 2-3 years after secondary education)(add country specific example)	<input type="checkbox"/> 4		
	Bachelor's or equivalent level (approx. 3-4 years after secondary education) (add country specific example)	<input type="checkbox"/> 5		
	Master's or equivalent level (approx. 5+ years after secondary education)(add country specific example)	<input type="checkbox"/> 6		
	Doctoral or equivalent level (approx. 3 years after master's or equivalent level)	<input type="checkbox"/> 7		
	Don't know	<input type="checkbox"/> 98		

Q16	How tall are you without shoes? Decimal numbers must be indicated with "." and not with ","	
	<input type="text"/> <input type="text"/> <input type="text"/> cm.	
	Do not wish to answer.....	<input type="checkbox"/> 97
	Don't know.....	<input type="checkbox"/> 98
Q17	How much do you weigh without clothes and shoes? (For pregnant women: the weight before pregnancy) Decimal numbers must be indicated with "." and not with ","	
	<input type="text"/> <input type="text"/> <input type="text"/> kg.	
	Do not wish to answer.....	<input type="checkbox"/> 97
	Don't know.....	<input type="checkbox"/> 98