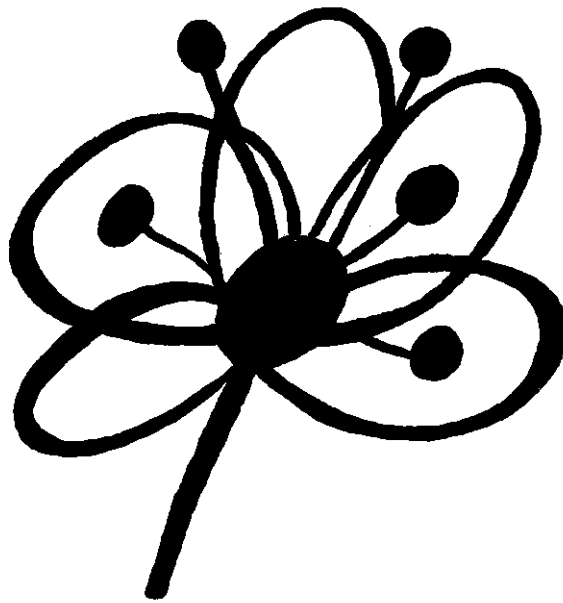


ID: _____

Attach label from blood
sample here



Interviewer _____

Start time of interview _____

End time of interview _____

To be filled in by the interviewer

Civil registration number: _____

Age: _____

Sex: _____

Community: _____

First I would like to ask a few questions about yourself

1. What is your marital status?

- single (= never married) 1
- married 2 →go to quest. 3
- separated 3
- divorced 4
- widowed 5

2. Are you living with someone as husband and wife?

- yes 1
- no 2

3. Which school education do you have? (tick the highest level obtained)

- school attendant 1
- 8th. grade or less 2
- 9-12th. grade 3
- CEGEP, completed high school, a-level 4

H28

4. Have you completed one or more educations?

- no 1
- yes 2

For greater precision, write the name of the education or the diploma or certificate that you have obtained

H29

5. Which of the following best describes your present occupational status?

SHOW CARD NO 1

	yourself	spouse/ partner
work for salary (full-time)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
work for salary (regular part-time)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
work for salary (occasionally)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
self-employed (other than hunter/fisherman)	<input type="checkbox"/> 4	<input type="checkbox"/> 4
hunter/fisherman (small/subsistence)	<input type="checkbox"/> 5	<input type="checkbox"/> 5
housework	<input type="checkbox"/> 6	<input type="checkbox"/> 6
retired or on pension	<input type="checkbox"/> 7	<input type="checkbox"/> 7
unemployed	<input type="checkbox"/> 8	<input type="checkbox"/> 8
social welfare	<input type="checkbox"/> 9	<input type="checkbox"/> 9
student	<input type="checkbox"/> 10	<input type="checkbox"/> 10
other (specify): _____	<input type="checkbox"/> 11	<input type="checkbox"/> 11

Nunavik individual 95

6a. What is your position or your job? *(Be specific: Assistant nurse at the hospital, not just "work at the hospital". Shop assistant at KNI, not just "work at the store")*

6b. Position of spouse/cohabitant?

H31a-b

7. How many rooms are there in your house or flat? *(don't count kitchen, bathroom and entrance hall)*

_____ number of rooms

H34, Nunavik household 28

8. How many people live in your house or your flat?

_____ adults and _____ children below 18

H35

9. Which of the following things do you have in your home?

SHOW CARD NO 2

	yes	no
a. video/DVD	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. cell phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. dish washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. dinghy or boat	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. dog team and sledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. snow scooter or cross-country scooter	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. automobile, car	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. internet access.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

H37

Questions about your childhood and language

10. How long time have you lived here in [name of community]?

_____ year(s) whole life..... 98

101

11. Where were you born? _____
(write the name of the town or village)

12. Where did you live when you were 10 years old? _____
(write the name of the town or village)

H45, 47

13. Where were you father and mother born?

	a. father	b. mother
village in Greenland	<input type="checkbox"/> 1	<input type="checkbox"/> 1
town in Greenland	<input type="checkbox"/> 2	<input type="checkbox"/> 2
outside Greenland.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3

H48

14. What was your father's and mother's occupation when you were 10 years old?

	a. father	b. mother
hunter/fisherman (full-time)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
wage earner combined with hunting/fishing	<input type="checkbox"/> 2	<input type="checkbox"/> 2
full-time wage earner	<input type="checkbox"/> 3	<input type="checkbox"/> 3
self-employment	<input type="checkbox"/> 4	<input type="checkbox"/> 4
housewife/hunter's wife	<input type="checkbox"/> 5	<input type="checkbox"/> 5
other, what? _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6
don't know	<input type="checkbox"/> 8	<input type="checkbox"/> 8

H49

15. Would you describe yourself as a Greenlander or a Dane?

Greenlander	<input type="checkbox"/> 1
Dane	<input type="checkbox"/> 2
both Greenlander and Dane	<input type="checkbox"/> 3
other, specify? _____	<input type="checkbox"/> 4
don't know	<input type="checkbox"/> 5

H50

16. Are or were your grandparents Greenlanders or Danes?

	Greenlander	Dane or other	don't know
a. maternal grandmother	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
b. maternal grandfather	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
c. paternal grandmother.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
d. paternal grandfather	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

H51

17. How well do you speak Greenlandic and Danish?

	a. Greenlandic	b. Danish
without difficulty	<input type="checkbox"/> 1	<input type="checkbox"/> 1
fairly well	<input type="checkbox"/> 2	<input type="checkbox"/> 2
with difficulty	<input type="checkbox"/> 3	<input type="checkbox"/> 3
not at all	<input type="checkbox"/> 4	<input type="checkbox"/> 4

H52

18. How well do you read Greenlandic and Danish?

	a. Greenlandic	b. Danish
without difficulty	<input type="checkbox"/> 1	<input type="checkbox"/> 1
fairly well	<input type="checkbox"/> 2	<input type="checkbox"/> 2
with difficulty	<input type="checkbox"/> 3	<input type="checkbox"/> 3
not at all	<input type="checkbox"/> 4	<input type="checkbox"/> 4

H52

The next questions are about your community and the things that you do with your family and friends and other people in your community

19. How often do you get together with people to play games, sports, or other recreational activities (do not include bingo in this question)?

very often	<input type="checkbox"/> 1
often	<input type="checkbox"/> 2
sometimes	<input type="checkbox"/> 3
rarely	<input type="checkbox"/> 4
never	<input type="checkbox"/> 5

20. How often do you participate in any activities where people come together to do work for the benefit of the community (do not include bingo in this question)?

- very often 1
- often 2
- sometimes 3
- rarely 4
- never 5

21. How strong is the feeling of togetherness or closeness in your village?

- very close 1
- somewhat close 2
- neither distant nor close 3
- somewhat distant 4
- very distant 5

Nunavik individual 83

22. How often do you find that you have someone to have a good time with?

- all of the time 1
- most of the time 2
- sometimes 3
- rarely 4
- never 5

Nunavik individual 71

23. How often do you have someone to talk to if you feel troubled or for some reason need emotional support?

- all of the time 1
- most of the time 2
- sometimes 3
- rarely or never 4

Nunavik individual 71

24. How often does someone make you feel worried or demand too much from you in your everyday life?

- all of the time 1
- most of the time 2
- sometimes 3
- rarely or never 4

Nunavik individual 73

25. Are you ever alone when you would in fact prefer to be with others?

- no 1
- yes, but rarely 2
- yes, once in a while 3
- yes, often 4

Hprofil 72

26. Under normal circumstances how often are you together with family or friends? The question is not about the people who live in the same house or flat as you.

- | | a.
family | b.
friends |
|-----------------------------|----------------------------|----------------------------|
| daily or almost daily | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| once or twice a week | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| once or twice a month..... | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| more seldom | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| never | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |

P70, Nunavik individual 74 and 75

The next questions are about your diet

27. First I would like to ask you how often you eat Greenlandic food.

<i>Nr.</i>	<i>Food item</i>	<i>How often in season*</i>	<i>How long is the season?</i>	<i>Serving size</i>	
<i>Seal and whale meat (boiled or fried)</i>					
1	Seal meat				blubber 0 ½ 1
2	Beluga and narwhal				
3	Other whale meat (minki, porpoise)				
4	Walrus				
5	When you eat seal, whale or walrus, how much is your serving size?				
6	Seal liver, seal kidney, gizzards				type:
7	Mattak				
<i>Fish (boiled, fried or frozen)</i>					
8	Cod				
9	Greenland halibut				
10	Ammassat				
11	Trout, salmon				
12	Other fish				
13	Mussels, shrimp, crab				
14	When you eat fish, what is your serving size?				
<i>Other</i>					
15	Caribou meat or muskox				
16	Caribou liver				
17	Guillemot				
18	Eider duck				
19	Other game birds				
20	When you eat game birds, what is your serving size?				
21	Eggs of game birds			eggs	
22	Berries				
<i>Dried meat and fish</i>					
23	Dried seal or whale meat				
24	Dried caribou meat				
25	Dried fish (ammassat, cod, polar cod)				
26	When you eat dried meat or fish, what is your serving size?				
27	Blubber (frozen, salted)				

D= per day; W= per week; M= per month; Y= per year

27. Now I would like to ask you how often you eat other food items.

<i>Nr.</i>	<i>Food item</i>	<i>How often during last month</i>	<i>Usual serving</i>
	<i>Meat</i>		
28	Beef		
29	Pork, e.g. chops, roast pork		
30	Lamb		
31	Poultry (chicken, turkey, duck)		
32	Meat balls, sausages		
33	Ready made dishes (canned, frozen)		
	<i>Open sandwiches</i>		
34	Sliced meat, liver paste		
35	Fish, herring		
36	Eggs		
	<i>Fruit</i>		
37	Apples, pears, bananas		
38	Oranges, grape fruit		
39	Other fresh fruit		
40	Canned fruit		
41	Fruit juice		
	<i>Vegetables</i>		
42	Mixed vegetables/frozen vegetables		
43	Potatoes		
44	Carrots		
45	Cabbage (e.g. hvidkål, rødkål, cauliflower)		
46	Tomatoes		
47	Other vegetables		
	<i>Dairy products</i>		
48	Full fat milk		
49	Low fat milk, skimmed milk		
50	Yoghurt, A38, junket		
51	Cheese		
52	Ice cream		

D= per day; W= per week; M= per month; Y= per year

27. continued....			
<i>Nr.</i>	<i>Food item</i>	<i>How often during last month</i>	<i>Usual serving</i>
	<i>Bread etc. (bought or home baked)</i>		
53	White bread		slices
54	Wholemeal bread		slices
55	Rye bread		slices
56	Butter or margarine on bread		
57	Cornflakes, Guldorn, other breakfast cereals		
58	Oatmeal, hot or cold		
59	Spaghetti, pasta		
60	Rice		
61	Beans, peas, chickpeas etc.		
	<i>Cakes and sweets</i>		
62	Cakes, Danish pastry, cookies		
63	Candy (chocolate, bars, wine gum, liquorice, etc.)		
64	Jam, marmalade, honey		
65	Pop, coke, fruit syrup (common)		bottles.....ml
66	Pop, coke (diet)		bottles.....ml
	<i>Miscellaneous</i>		
67	Pizza, burger		
68	French fries		
69	Chips		
70	Coffee and tea	Cups/day	
71	Sugar in coffee and tea	Tsp/cup	

D= per day; W= per week; M= per month; Y= per year

28. How often do you take food supplements such as, e.g. vitamin tablets?

Never 2

<i>Name of food supplement</i>	<i>How often</i>	<i>How much</i>
1.		
2.		
3.		
4.		
5.		

29. What kind of fat do you use most often?

	for cooking?	on bread?
I don't use fat	<input type="checkbox"/> 1	<input type="checkbox"/> 1
butter	<input type="checkbox"/> 2	<input type="checkbox"/> 2
lard	<input type="checkbox"/> 3	<input type="checkbox"/> 3
shortening	<input type="checkbox"/> 4	<input type="checkbox"/> 4
plant margarine	<input type="checkbox"/> 5	<input type="checkbox"/> 5
margarine (hard)	<input type="checkbox"/> 6	<input type="checkbox"/> 6
oil, specify?: _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7
other, specify?: _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8
don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Nunavik household 36 and 37

**30. Which of the following ways do you most often eat seal and whale?
(mark all that apply)**

a. panfried	<input type="checkbox"/> 1
b. boiled	<input type="checkbox"/> 1
c. oven roasted	<input type="checkbox"/> 1
d. raw, frozen, dried	<input type="checkbox"/> 1
e. don't know	<input type="checkbox"/> 8

Nunavik household 40

**31. Which of the following ways do you most often eat your other meat?
(mark all that apply)**

a. panfried	<input type="checkbox"/> 1
b. boiled	<input type="checkbox"/> 1
c. oven roasted	<input type="checkbox"/> 1
d. raw, frozen, dried	<input type="checkbox"/> 1
e. don't know	<input type="checkbox"/> 8

32. Compared to 5 years ago, do you now eat more or less of the following?

	The same	A little more	Twice as much or more	A little less	Half as much or less
a. Seal meat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Whale meat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Game birds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Fish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

33. Within the past three months how often have you eaten a main course of your own or your family's catch from hunting/fishing?

every day	<input type="checkbox"/> 1
4-6 times a week	<input type="checkbox"/> 2
1-3 times a week	<input type="checkbox"/> 3
2-3 times a month	<input type="checkbox"/> 4
less often	<input type="checkbox"/> 5
never	<input type="checkbox"/> 6

H19

The next questions are about your health

34. How would you rate your health?

excellent	<input type="checkbox"/> 1
good	<input type="checkbox"/> 2
fair	<input type="checkbox"/> 3
poor	<input type="checkbox"/> 4
very poor	<input type="checkbox"/> 5

H6

35. Have you within the last 14 days been bothered by any of the following forms of pain or discomfort? (please tick each line)

SHOW CARD NO 3

	no	bothered a little	bothered a lot
a. pain or discomfort in shoulder or neck	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. pain or discomfort in your back/small of your back	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. pain or discomfort in arms, hands, legs, knees, hips or joints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. headache	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. palpitations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. anxiety, nervousness, agitation or fear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. sleeping problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. felt depressed or unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. stomach ache	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. indigestion, diarrhoea/constipation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. genital discomfort (pain, itching, discharge)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. eczema, rash, itching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. colds, rhinitis, coughing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. respiratory trouble, breathlessness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. toothaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H8

36. Have you within the past 14 days found it difficult to do the things you normally do because of illness or injury?

yes, number of days _____ 1
 no 2

37. Do you suffer from any long-standing illness, after-effect of an injury, handicap or other long-standing disorder?

yes 1
no 2

if yes: which illness or handicap?

1. _____
2. _____
3. _____

H9

38. Did a doctor ever tell you that you had diabetes?

yes 1
no 2 → go to quest. 40

39. If yes
How is your diabetes treated now?
(answer each line)

	yes	no
a. dietary advice	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. physical exercise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. insulin	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. no treatment	<input type="checkbox"/> 8	

H10a

40. Did a doctor ever tell you that you suffered from hypertension?

yes 1
no 2 → go to quest. 42

**41. If yes
How are you now treated for hypertension?**

	yes	no
a. dietary advice	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. physical exercise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. no treatment.....	<input type="checkbox"/> 8	

42. Did a doctor ever tell you that you had elevated or high cholesterol?

yes 1
no 2 → go to quest. 44

**43. if yes
How are you now treated for elevated cholesterol?**

	yes	no
a. dietary advice	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. physical exercise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. no treatment.....	<input type="checkbox"/> 8	

44. Did a doctor ever tell you that you suffered from

	yes	no
a. heart attack	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. other heart disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2

H10c,d,e

45. Have your parents or siblings had one or more of the following diseases?
(biological parents and full siblings)

	parents	siblings	no
a. diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
b. heart attack	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
c. stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
d. hypertension	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
e. obesity or severe overweight.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0

I35, Nunavik clinical 6

46. Do you currently take any form for prescription or non-prescription drugs?
(remember painkillers, hormones etc)

yes 1
 no 2

If yes, which?

a. _____ b. _____
 c. _____ d. _____
 e. _____ f. _____
 g. _____ h. _____

I02, comparable to Nunavik household 22

Questions to women

If respondent is a man, Go to question 51

47. Have you ever been pregnant?

yes 1
 no 2 → go to quest. 50

I03+Nunavik individual 13

48. Now I would like to ask you how many children you have you given birth to and for how long you breastfeed each of these (exclusively or partly)?

Child no.	year of birth	breast fed for (months)
1		
2		
3		
4		
5		
6		
7		
8		

49. Were you ever diagnosed with diabetes while pregnant?

no 2→go to quest. 50
 yes 1

if yes

a. which year? _____

b. did your diabetes disappear after you gave birth?

yes 1
 no 2

50. Have you periods stopped?

yes 1
 no 2

If yes:

How old were you at your last period? _____ years

The following questions are about heart disease
this is our slightly modified version of the Rose questionnaire

51. Have you ever had pain or discomfort in your chest?

yes 1
no 2 → go to quest. 57

I04-05, Nunavik clinical 7 and 8

52. Do you get the pain or discomfort when walking?

yes 1
no 2 → go to quest. 57

I07, Nunavik clinical 10

53. What do you do if you get pain in your chest while walking?

stop 1
slow down 2
keep on walking 3 → go to quest. 57
take nitroglycerine and keep walking 4

I08, Nunavik clinical 11

54. If you stop, what happens?

the pain continues 1 → go to quest. 57
the pain disappears 2

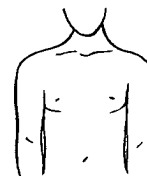
55. How fast does the pain disappear:

in 10 min. or less 1
in more than 10 min. 2 → go to quest. 57

I09, Nunavik clinical 12-12a

56. Where is the pain located? (you may show it on the sketch)

- a. behind the upper or middle part of the sternum 1
- b. behind the lower part of the sternum 1
- c. left side of the chest 1
- d. in the left arm 1
- e. other places 1



110, Nunavik clinical 13

**The following questions are about physical activity during the last 7 days.
The first part is about your work, including professional hunting and
fishing but not housework**

this is our modified version of the long IPAQ

57. Are you currently engaged in paid work outside your home?

- yes 1
- no 2 → go to quest. 64

58. During the last 7 days, how many days did you engage in vigorous physical activity at work? Only mention activities that last at least 10 minutes. (Hard physical activity is activity which is very physically demanding and which increases your breathing a lot; for instance heavy lifts, heavy construction work, mounting stairs)

- _____ days per week
- I don't have hard physical work 2 → go to quest. 60

59. How much time did you usually spend on one of those days doing vigorous physical activities as part of your work?

- _____ hours per day
- _____ minutes per day

60. During the last 7 days, on how many days did you do moderate physical activities as part of your work? (Moderate activity is less strenuous and increases breathing somewhat; for instance lifting less heavy objects)

_____ days per week

no moderate physical activity at work 2→ go to quest. 62

61. How much time did you usually spend on one of those days doing moderate physical activities as part of your work?

_____ hours per day

_____ minutes per day

62. During the last 7 days, on how many days did you walk as part of your work at least 10 minutes at a time? Do not count walking to and from your place of work.

_____ days per week

do not walk at work 2→ go to quest. 64

63. How much time did you usually spend on one of those days walking as part of your work?

_____ hours per day

_____ minutes per day

The next questions are about transport from place to place

64. During the last 7 days, on how many days did you travel in a motor vehicle like a car, bus or snowmobile?

_____ days per week

did not travel by car, bus or snowmobile 2→ go to quest. 66

65. How much time did you usually spend on one of those days traveling in a car, bus or snowscooter?

_____ hours per day

_____ minutes per day

66. During the last 7 days, on how many days did you bicycle to go from place to place for at least 10 minutes?

_____ days per week

did not bicycle 2→ go to quest. 68

67. How much time did you usually spend on one of those days to bicycle from place to place?

_____ hours per day

_____ minutes per day

68. During the last 7 days, on how many days did you walk to go from place to place for at least 10 minutes?

_____ days per week

did not walk from place to place 2→ go to quest. 70

69. How much time did you usually spend on one of those days walking from place to place?

_____ hours per day

_____ minutes per day

The next questions are about work in and around your home, for instance housework, repair and maintenance, and taking care of children and other family members. Include only physical activity done at least 10 minutes at a time.

70. During the last 7 days, on how many days did you do vigorous physical activities in your home? *(for instance heavy lifting, shovelling snow, digging, fetching water)*

_____ days per week

did not do vigorous physical activity at home 2→ go to quest. 72

71. How much time did you usually spend on one of those days doing vigorous physical activities in your home?

_____ hours per day

_____ minutes per day

72. On how many days did you do moderate activities in your home? *(for instance repair work, repair of equipment, cleaning, washing clothes, taking care of children or elderly people)*

_____ days per week

did not do moderate physical activity at home..... 2→ go to quest. 74

73. How much time did you usually spend on one of those days doing moderate physical activities in your home?

_____ hours per day

_____ minutes per day

The next questions are about exercise, sports and other types of physical activity in your leisure time. Do not include activities that you have already described above

74. During the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?

_____ days per week

did not walk in leisure time 2→ go to quest. 76

75. How much time did you usually spend on one of those days walking in your leisure time?

_____ hours per day

_____ minutes per day

76. During the last 7 days, on how many days did you do vigorous physical activities in your leisure time? (for instance aerobics, running, martial arts, football, skiing)

_____ days per week

no vigorous physical activity in leisure time 2→ go to quest. 78

77. How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time?

_____ hours per day

_____ minutes per day

78. During the last 7 days, on how many days did you do moderate physical activities in your leisure time? (for instance bicycling or swimming at a leisurely pace, hiking)

_____ days per week

no moderate activity in leisure time 2→ go to quest. 80

79. How much time did you usually spend on one of those days doing moderate physical activities in your leisure time?

_____ hours per day

_____ minutes per day

The last questions are about the time you spent sitting on your work and in your leisure time (*for instance at a desk, visiting friends, reading, watching TV, in front of the computer. Do not include time spent sitting in a motor vehicle*).

80. During the last 7 days, how much time did you usually spend sitting on a weekday?

_____ hours per day

_____ minutes per day

81. During the last 7 days, how much time did you usually spend sitting on a weekday?

_____ hours per day

_____ minutes per day

Questions about smoking

82. Do you smoke?

yes, daily

yes, but some days I don't smoke

no

1 →go to quest. 84

2 →go to quest. 84

3

H22

83. Have you smoked earlier?

yes 1
no 2 →go to quest. 86

If yes:

When did you quit smoking? _____ year

H23

84. How much do you or did you smoke a day on average?

Previous smokers:

How much did you smoke a day on average?

- a. number of cigarettes a day _____
- b. number of cheroots a day _____
- c. number of cigars a day _____
- d. bags of pipe tobacco (50 g) a week _____

H24

85. How old were you when you started smoking on a daily basis?

_____ years old

H25

86. Are there any restrictions against smoking in your home?

yes 1
no 2 →go to quest. 87

If yes: How is smoking restricted in your home?

(mark all that apply)

- a. smoking is forbidden inside the house 1
- b. smoking is allowed in certain rooms or places only 1
- c. smoking is forbidden in the presence of young children 1
- d. other restriction: specify _____ 1

Nunavik, household

Use of health care services

87. Have you within the past 3 months been in contact with the health care services because you yourself were ill? (state only contacts due to your own illness - not that of children)

- | | yes | no |
|---|----------------------------|----------------------------|
| a. health assistant, nurse or medicine store-keeper in village .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. health assistant or nurse at a hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. dentist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. midwife | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. other, whom: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

If the answer is no to all → go to quest. 89

P37

88. At any of these consultations have you been dissatisfied e.g. with the examination, treatment or the behaviour of the personnel?

- | | |
|--------------------------|--|
| no | <input type="checkbox"/> 1→go to quest. 89 |
| yes, once | <input type="checkbox"/> 2 |
| yes, several times | <input type="checkbox"/> 3 |
| don't know | <input type="checkbox"/> 8→go to quest. 89 |

why were you dissatisfied?

P38

89. Where do you find it best for a woman to give birth if all pregnancy examinations are normal?

[do not read the answers to the interview person]

- in the home (in village) 1
- in the home (in town) 2
- at the nursing station 3
- at the local hospital 4
- in the maternity ward in Nuuk 5
- in Denmark..... 6
- don't know 8

P48

90. Sometimes you know in advance that the birth may be complicated e.g. that a caesarean section must be made. Where do you think that such a complicated birth should take place?

[do not read the answers to the interview person]

- in the home (in village) 1
- in the home (in town) 2
- at the nursing station 3
- at the local hospital 4
- in the maternity ward in Nuuk 5
- in Denmark..... 6
- don't know 8

P49

91. Which language do you usually speak when you are consulting the doctor?

- we both speak Danish 1
- we both speak Greenlandic 2
- by means of an interpreter..... 3

P44

92. Do you feel that sometimes you and your doctor misunderstand each other due to language problems?

- no, never..... 1
- yes, but not often 2
- yes, now and then 3
- yes, often 4

P45

Finally I would like to ask you a few questions about the Greenland Public Health Programme

94. Did you ever hear about the Greenland Public Health Programme, which is also called Inuuneritta?

yes 1
no 2

95. Do you know some of the topics of the Public Health Programme? Please list all

96. Now I will read the topics of the Public Health Programme. Please indicate the three topics that you find most important.

SHOW CARD 4

	1	2	3
Alcohol, violence, drugs, sexual abuse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Diet and exercise/diabetes and heart disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sexual life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Suicides	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Dental health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Pregnancy, children and youth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Clinical measurements

b. height _____ cm

c. weight _____ kg

d. waist circumference _____ cm

e. hip circumference _____ cm

f. blood pressure 1/ _____ / _____ mm Hg

..... 2/ _____ / _____ mm Hg

..... 3/ _____ / _____ mm Hg

K09

Ultrasound Greenland

Sonographer ID: _____ (3 initials)

Scan date : _ / _ / _ _ _ _ (day/month/year)

Confirm measurements made by circling Y/N, when no provide comments.

1. Abdominal fat measurement

Midline	Y	N	_____, __ cm
Right	Y	N	_____, __ cm
Left	Y	N	_____, __ cm
Subcutaneous midline	Y	N	_____, __ cm

Comments:

2. Liver fatty infiltration score

Scan location	Scan made
Right liverlobe (long scan)	Y N
Right liverlobe (trans scan)	Y N
Left liverlobe (long scan)	Y N
Left liverlobe (trans scan)	Y N

Score 1. normal 2. minimal 3. moderate 4. severe

Reference scan spleen	Y N
Reference liverlobe (most representative)	Y N

Comments:
