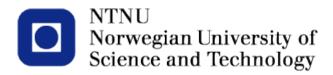
The association between physical activity, mental health, and personality: The HUNT study

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1.0 Abstract

Background: Previous studies have suggested that physically active behavior is associated with reduced symptoms of depression and anxiety. It is uncertain whether this relationship is affected by a third underlying factor. The aim of this study is to evaluate the association between physical activity (PA), symptoms of depression and anxiety, and personality traits.

Methods: During the period 2006–2008, the third phase of a population-based health survey (HUNT 3) was conducted in the county of Nord-Trøndelag in Norway. In total, 38,743 subjects aged 19 years or older completed the self-reported questionnaires on PA, mental health problems and personality in HUNT 3, of which 21,722 (56.1%) were women and 17,021 men (43.9%). The Hospital Anxiety and Depression Scale (HADS) was used to detect case-level symptoms of depression and anxiety, while the Eysenck Personality Questionnaire (EPQ) was used to measure the stable and consistent personality dimensions extroversion and neuroticism. Analysis focused on the odds of HADS-defined depression and anxiety comparing different levels of PA. Also, the linear trend between PA and personality scores was assessed.

Results: The prevalence of depression and anxiety scores above 8 was 9.5% and 14.1% respectively. Distribution of HADS-defined anxiety, scored extroversion, and scored neuroticism was higher among women compared with men, while HADS-defined depression had a higher distribution among men. The results from this cross-sectional study suggest that moderately physically active individuals have significantly lower odds of symptoms of depression and anxiety compared with less physically active individuals (p < 0.05). High PA had no further effect on mental health. A lower risk of HADS-defined anxiety was found among physically active women in comparison with physically active men. In the association with personality, lower levels of PA had a significant negative linear trend than high PA in relation to extroversion score (p < 0.01) and a significant positive linear trend with lower PA than high PA in relation to neuroticism score (p < 0.01). Small and consistent effects of the association between PA and scored extroversion and neuroticism were observed among both women and men.

Conclusion: Subjects reporting regular PA were less likely to report symptoms of depression, but only physically active women were associated with lower symptoms of anxiety. Personality may be an important underlying factor in explaining this association, but other possible mechanisms might be more elucidating.

2.0 Introduction

Mental health problems are characterized by frequent negative symptoms or ailments which significantly affect an individual's ability to function on a daily basis (Biddle & Mutrie, 2008). The present study focuses on the two most common mental health problems in Norway, namely depression and anxiety (Norwegian Institute of Public Health, 2009). Depression is defined as "the emotion of sadness, and in addition feelings of sorrow, hopelessness, gloom, lack of energy, and anhedonia" (Bjelland, 2004, p. 13). Anxiety is defined as "the emotion of fear involving feelings of tension, worry, apprehension, and dread for something considered dangerous in the future" (Bjelland, 2004, p. 13). The World Health Organization (WHO) predicts that by 2020 depression will be the second most common cause of mortality and the most incapacitating problem in the world (Murray & Lopez, 1997). The consequences of anxiety disorders may be similar to those related to depression (Myers et al., 1984; Norwegian Institute of Public Health, 2009). Further, the consequences of depression and anxiety may vary in degree of severity due to variations in intensity and duration of the symptomatic conditions (Biddle & Mutrie, 2008). During the last 20 years, studies of depression and anxiety in epidemiological health surveys have received greater focus due to the large numbers of people suffering from these disorders in modern society (Biddle & Mutrie, 2008). Possible links have been found between somatic health condition and the risk of mental health problems, but many underlying factors may affect this association (Pettit, Grover, & Lewinsohn, 2007).

2.1 Prevalence of depression and anxiety

Approximately one-third of the adult Norwegian population has suffered from a mental health problem at some point in time (Norwegian Institute of Public Health, 2011). A study of a Norwegian urban population (N = 2066) found a 12-month prevalence of 7.3% with major depression, but only the occurrence of separate anxiety disorders were reported (Kringlen, Torgersen, & Cramer, 2001). In comparison, the 12-month prevalence of depression and anxiety has been reported to be 9.5% and 17.2% respectively in a US population (Kessler et al., 2005) and 4.5% and 12.7% in a cross-European population (Alonso et al., 2004). Differences in sample characteristics, diagnostic tools, and measurement techniques may explain the variations in prevalence between the studies (Norwegian Institute of Public Health, 2009).

2.2 Physical activity and mental health problems

In this study PA is defined as "all bodily movement procedures by muscle action that increases energy expenditure" (McArdle, Katch, & Katch, 1996, p. 632). A physically active lifestyle has been found to be an effective way of improving fitness and overall health (Haskell et al., 2007). Conversely, the absence of a physically active lifestyle can adversely affect health and well-being, increasing the risk of somatic health problems such as cardiovascular diseases, hypertension, diabetes mellitus, osteoporosis, and some types of cancer (US Department of Health, 1997). In addition, regular PA is known to have a positive impact on mental health (Biddle & Mutrie, 2008; Strôhle, 2009). A number of meta-analyses of intervention studies of the effect of exercise training have revealed that exercise may have a significant moderate to high anti-depressive effect (Byrne & Byrne, 1993; Lawlor & Hopker, 2001; McDonald & Hodgdon, 1991; North, McCullagh, & Tran, 1990) and a small to moderate anxiolytic effect (Byrne & Byrne, 1993; Long & van Stavel, 1995; McDonald & Hodgdon, 1991; North et al., 1990; Petruzzello, Landers, Hatfield, Kubitz, & Salazar, 1991).

However, extending the results from intervention studies to "the real world" could lead to divergent outcomes, and therefore observational designs may be preferable when studying associations in populations as a whole (Rothman, 2002). Previous results from large-scale observational studies show that leisure-time PA has a small to moderate effect in reducing the risk of depression (Augestad, Slettemoen, & Flanders, 2008; De Moor, Beem, Stubbe, Boomsma, & De Geus, 2006; De Moor, Boomsma, Stubbe, Willemsen, & de Geus, 2008; Goodwin, 2003; Mutrie & Hannah, 2007; Harvey, Hotopf, Overland, & Mykletun, 2010; Hassmén, Koivula, & Uutela, 2000; Mikkelsen et al., 2010; Teychenne, Ball, & Salmon, 2008; Thorsen et al., 2005), but results relating to anxiety are equivocal (De Moor et al., 2006; De Moor et al., 2008; Goodwin, 2003; Mutrie & Hannah, 2007; Harvey et al., 2010; Stephens, 1988; Thorsen et al., 2005). For instance, following a cross-sectional study involving a large sample (N = 20,207) of the Norwegian population, Thorsen et al. (2005) reported that reduced symptoms of depression and anxiety were associated with increased levels of PA. However, the association between PA and symptoms of anxiety did not persist after the adjusted analyses. Few observational studies have focused on determining whether PA may have an anxiety-reducing effect and inconsistency in their results makes it doubtful whether there is a relationship between PA and anxiety (Biddle & Mutrie, 2008).

2.3 Physical activity and personality

A few lifestyle related factors have consistently been found to be associated with depression and anxiety; smoking, education, social class, social support, marital status, alcohol (Folkehelseinstituttet, 2009), and BMI (Scott et al., 2007). Also, heritable genetic factors are claimed to affect both exercise behavior (Stubbe et al., 2006) and depressive and anxious symptoms (Boomsma et al., 2000), and growing evidence has been found that during the course of life people have enduring and consistent biological dispositions which influence their "interactions with, and adaptations to, the intrapsychic, physical, and social environments" (Buss & Larsen, 2005, p. 4). In recent years there has been a progress towards a higher-order trait classification which includes basic personality traits ranging from two to seven traits (Buss & Larsen, 2005). The Eysenck Personality Questionnaire (EPQ) is one of the most established models in exercise research and has operated with two basic personality traits: extroversion (i.e., a tendency to be impulsive, sociable, assertive, energetic, seek excitement, and experience positive affect) and neuroticism (i.e., a tendency to be emotionally unstable, angry, hostile, anxious, self-conscious, and vulnerable) (Eysenck & Eysenck, 1975).

A health-behavior model could be used to explain the general associations between personality traits and somatic and mental health, whereby personality affects individual perceptions of the benefits of and barriers to performing a particular health behavior in response to the perceived risk of a particular negative health outcome (Janz & Becker, 1984). It is well known that neuroticism and extroversion are highly correlated with depression and anxiety (Klein, Kotov, & Bufferd, 2011; Middeldorp et al., 2005; Tambs, 2009), but might also directly or indirectly influence health maintenance behaviors such as PA participation through several pathways (Pettit et al., 2007). A meta-analytic review of studies published between 1969 and 2006 revealed that physically active individuals scored higher on extroversion and lower on neuroticism than physically inactive individuals (Rhodes & Smith, 2006), but the weakness of the association raises questions regarding the effect of personality on PA participation.

Few studies have investigated how personality influences the relationship between PA and mental health problems in the general population (De Moor, et al., 2006; De Moor, et al., 2008; Emery, Huppert, & Schein, 1996; Hassmén, et al., 2000). To my knowledge, only one population based observational study has investigated the association between PA and personality with both depression and anxiety. In a large (n = 19,288) Netherlands twin population aged 18-50 years, De Moor et al. (2006) detected that regular exercisers scored lower on symptoms of mental health problems, lower on neuroticism and higher on extroversion than irregular

exercisers. The association was significant irrespective of gender and age. Detailed information of intensity, duration and frequency is needed for establishing a reliable pattern of PA with mental health problems and personality. Furthermore, since former studies have not identified any gender differences in the relationship between PA, mental health problems, and personality, a stratified analysis by gender in relation with detailed self-reported information on PA may play an important role in discovering those differences.

2.4 The aims of the study

The purpose of this study is to investigate the cross-sectional association between leisure-time PA, mental health, and personality in a population-based observational survey in Norway (HUNT 3). The study focuses on the following questions:

- 1) Is there a cross-sectional association between physical activity and scores on mental health (HADS) among women and men?
- 2) Is there a cross-sectional association between physical activity and scores on the Eysenck Personality Questionnaire (EPQ) among women and men?

3.0 Materials and methods

Data were collected from The Health Survey in Nord-Trøndelag (Helseundersøkelsen i Nord-Trøndelag, HUNT), a population-based observational health survey in Norway. For the present cross-sectional study, the occurrence of leisure-time PA, personality, depression, and anxiety were all reported using questionnaires developed for HUNT 3.

3.1 Design

During the period 2006–2008, all adults in the county of Nord-Trøndelag in Norway aged 19 years or older received a posted letter with an invitation to participate in a health survey (HUNT 3). The letter included a comprehensive structured questionnaire designed to assess demographics, health, lifestyle, and personality. From the 94,149 eligible individuals invited to participate in HUNT 3, 50,839 (54.0%) returned the questionnaire. Of those, 27,779 (58.5%) were women and 23,060 (49.3%) men. During the medical examination participants were handed a second, more detailed, questionnaire. Participants either filled in and delivered the questionnaire at the facility or completed it at home and returned it by mail.

3.2 Sample

All 50,839 participants in HUNT 3 aged 19 years or older were included in the study. Of those, 12,096 (23.8%) subjects were excluded from the analysis because of missing information relating to PA, HADS, or EPQ (Figure 1). For subjects who reported 0 frequency but had missing answers on duration and intensity, a 0 score on duration and intensity was assigned. The sample then consisted of 38,743 subjects, 21,722 women (56.1%) and 17,021 men (43.9%). The mean age of the sample was 51.2 years for women and 55.1 years for men.

The Regional Committee for Ethics in Medical Research (Norway) approved the HUNT study. All participants gave their informed consent to participate in the study.

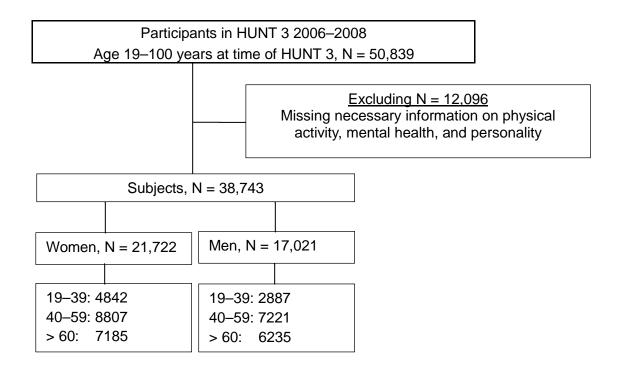


Figure 1. Flow chart showing the exclusion of participants in the HUNT 3 study of physical activity, mental health, and personality.

3.3 Measurements

3.3.1 Physical activity

The participants reported their average weekly frequency of leisure-time PA during the last 12 months prior to participation in HUNT 3 by selecting one of five response choices (0, < 1, 1, 2-3, > 4 times). Those who reported exercising once per week or more were also asked about the average duration (four categories: < 15, 15–30, 30–60, > 60 min.) and average intensity of activity (three categories: light, moderate, vigorous). The questions regarding PA from the HUNT survey have been validated with a good internal consistency in men (Kurtze, Rangul, & Hustvedt, 2008).

Among subjects who reported frequency, duration, and intensity, a summary index of PA was calculated using the following method. The frequency scale was recoded to indicate approximate times per week (0, 0.5, 1, 2.5, 5), the duration scale was estimated by approximate hours per session of PA (0, 0.12, 0.38, 0.75, 1.5), and the intensity scale was scored as in the questionnaire (1 for light, 2 for moderate, and 3 for vigorous). Furthermore, the PA index was divided into three equal categories indicating light, moderate and high PA based upon the 33rd and 66th percentiles of the score. This categorization above was performed separately among women and men.

3.3.2 Hospital Anxiety and Depression Scale (HADS)

The HADS, which consists of two subscales (total 14 items), is designed for use in health surveys. The aim is to estimate the occurrence of mental health problems in populations, and therefore symptoms of severe psychopathology are not included. The two subscales consists of seven items for depression (HADS-D) and seven items for anxiety (HADS-A) (Zigmond & Snaith, 1983), but valid HADS subscale scores were calculated for those having completed at least five of seven items. A 4-point Likert scale was used on each question, from 0 (not present) to 3 (maximally present), formulated in a readable language. This was found satisfactory when the questions was translated in Norwegian (Mykletun, Stordal, & Dahl, 2001). The classification of scores on the HADS-D and HADS-A subscales is as follows: 0–7 = normal, 8–10 = mild disorder, 11–14 = moderate disorder, and 15–21 = severe disorder. In the present analysis, a cut-off point of 8 was used on each subscale (Zigmond & Snaith, 1983). Validation studies indicate high sensitivity and specificity of a score > 8 for both HADS-D and HADS-A (Bjelland, Dahl, Haug, & Neckelmann, 2002; Herrmann, 1997).

3.3.3 Eysenck Personality Questionnaire (EPQ)

The EPQ was developed from a factor analysis of the Maudsley Personality Inventory (MPI) by Eysenck & Eysenck (1975), and is widely used for examining personality traits (Buss & Larsen, 2005). The short-form version of the EPQ consists of 12 items for aspects of extroversion-introversion and neuroticism-emotional stability. A modified version, the Eysenck Personality Questionnaire Revised-Abbreviated (EPQR-A), was used

in HUNT 3 with 6 items on the extroversion scale and a further 6 items on the neuroticism scale. The selection of combinations of items in the short-form version was based on analysis of the best predicted score from full-scale data material with a high validity for both extroversion and for neuroticism (Francis, Brown, & Philipchalk, 1992). The items on the scale are dichotomous, with a yes (1)/no (0) response to each item and the traits are sum score calculations ranging from 0 to 6 on each scale. In the present study, a higher score indicates higher distribution of the trait (Eysenck & Eysenck, 1975).

3.3.4 Confounding variables

Confounders were integrated in the main analysis as covariates if their estimated univariate linear relationship with either the HADS subscales or EPQ subscales had a significance level of p < 0.20. The following variables were identified as potential confounders: age (categorized as 19–40, 41–60, and > 60 years), body mass index (< 18.5, 18.5–24.9, 25–29.9, 30–34.9, > 35 kg/m² on the WHO scale (WHO, 2000)), marital status (unmarried, married, widowed, previously married), living with other people (yes, no), occupational activity level (mostly passive, frequently walking, frequently lifting and walking, heavy manual labor), current smoking status (yes, former, no), frequency of alcohol consumption during the 12 months prior to the study (teetotaler, < 1 time per month, 1 times per month, 2–3 times per month, 1 time per week, 2–3 times per week, 4–7 times per week), mental health problems in the family (yes, no, uncertain), and chronic somatic diseases (yes, no), including diabetes, angina pectoris, myocardial infarction, asthma, diabetes, epilepsy, arthritis, osteoporosis, stroke, pulmonary arterial obstructive disease, sarcoidosis, Bechterew's disease, and fibromyalgia. An additional analysis was performed to assess the potential interaction between age or BMI and other confounders.

3.5 Statistical analyses

Statistical analyses were carried out using SPSS Version 11. Descriptive statistical analysis included total number (N) of participants, means, standard deviations (SDs), and percentages of categorical baseline characteristics of the sample in relation to HADS-D or HADS-A scores above 8. The mean HADS-D and HADS-A scores across the subgroups of baseline characteristics were examined using one-way ANOVA

analysis. Adjusted logistic regression was used to study the association between the odds of being either depressed or anxious among each PA category in comparison with a reference category. Parameter estimates were obtained by maximum likelihood and odds ratios (ORs) generated for HADS-defined depression and HADS-defined anxiety with corresponding 95% confidence intervals (CIs).

With personality, the mean score of the distribution of EPQ-extroversion and EPQ-neuroticism according to gender were tested with independent t-tests. Analyses of the association between PA and personality were carried out by performing a general linear model (GLM) analysis was conducted to study the adjusted mean score and linear trend of EPQ-extroversion and EPQ-neuroticism across PA categories and in comparison with a reference category. Parameter estimates were achieved by beta (B) generated for extroversion and neuroticism scores with corresponding 95% CIs.

In all of the above-mentioned analyses, adjusted models were run separately for each of the PA variables (PA index, frequency, duration, and intensity) in relation to HADS and EPQ. Furthermore, all adjusted analyses were either simple (adjusting for age only) or multivariate, where the variables in the multivariate model were selected by the univariate relationship between either HADS or EPQ and possible confounding variables having a p < 0.2 as described previously. In further analyses, probabilities below p = 0.05 were regarded as statistically significant. However, a statistical significance level of p = 0.01 was chosen in the GLM analysis for trend.

4.0 Results

4.1 Physical activity

As shown in the lower half of Table 1, a total of 7201 (18.5%) individuals in the sample were physically active almost every day on a weekly basis. PA was highly related to age, and of those aged < 60 years, 7033 (30.2%) were assigned a low PA score, 10,308 (44.3%) were assigned a moderate PA score, and 5918 (25.4%) were assigned a high PA score. In comparison, of those aged > 60 years, 4655 (35.5%) were assigned a low PA score, 5019 (38.3%) were assigned a moderate PA score, and 3425 (26.1%) were assigned a high PA score.

4.2 HADS-D score with gender

Table 1 lists the numbers and percentages of levels of baseline characteristics, including PA and personality and their mean scores on the depression scale among women and men. A total of 2531 (9.5%) individuals scored > 8 on the HADS-D scale. Mean HADS-D score was 3.15 among women and 3.55 among men. Altogether, 1910 (8.8%) women and 1774 (10.4%) men scored > 8 on the HADS-D scale. When the classification of the HADS-D subscale (Zigmond & Snaith, 1983) was applied, 1454 (6.7%) women and 1359 (8.0%) men had "mild depression", 361 (1.7%) women and 333 (2.0%) men had "moderate depression", and 95 (0.4%) women and 82 (0.5%) men had "severe depression".

Table 1 Baseline characteristics and scored depression in the HUNT 3 study population.

	Women (N = 21,722)					Men (N	I = 17,02	<u>?</u> 1)
	HADS-D				HADS-D			
Characteristics	N	Mean	SD	% (>8)†	N	Mean	SD	% (>8)†
Age				*				*
19-40	4842	2.44	2.58	5.8	2887	2.77	2.68	6.8
41-60	9188	3.01	2.88	8.5	7491	3.43	2.93	9.7
>60	7692	3.73	2.90	11.1	6643	4.02	2.94	12.8
Marital status				*				*
Married/partnership	12586	3.02	2.76	7.8	11058	3.50	2.83	6.2
Unmarried	4258	2.81	2.81	7.6	3739	3.46	3.02	2.5
Divorced/separated	2294	3.48	3.20	12.1	1557	3.82	3.22	13.1
Widowed	2563	3.98	3.00	12.8	591	4.32	3.17	15.7
Occupational activity level				*				*
Sedentary	4589	2.84	2.76	7.5	4787	3.25	2.83	8.9
Frequent walking	5734	2.77	2.71	6.6	3209	3.15	2.73	8.0
Frequent walking and lifting	4511	2.77	2.64	6.3	2744	3.38	2.81	8.4
Heavy manual labor	320	3.62	3.11	11.6	2199	3.68	2.91	10.6
BMI				*				*
<18.5	182	3.85	3.59	17.6	45	5.22	4.41	28.9
18.5-24.9	8149	2.83	2.75	7.2	4107	3.38	2.92	10.0
25-29.9	8260	3.16	2.83	8.5	9016	3.48	2.85	9.6
30-34.9	3635	3.49	2.99	10.7	3168	3.80	3.02	12.1
>35	1421	3.73	3.07	13.0	636	4.15	3.19	14.3
Current smoking status				*				*
Yes	9860	2.93	2.78	10.8	4376	3.82	3.03	12.6
Former	5441	3.12	2.83	8.4	5402	3.66	2.89	10.9
No	6016	3.46	3.46	7.7	7002	3.26	2.84	8.5
Alcohol (past 12 months)				*				*
Teetotaler	1116	3.61	3.15	12.5	430	3.83	3.11	13.0
No recent drinking¤	9062	3.39	3.00	10.5	4932	3.95	3.13	13.5
2-3 times per month	4524	2.85	2.67	6.9	3901	3.37	2.78	9.2
1 time per week	3975	2.86	2.72	6.9	4342	3.32	2.78	8.5
2-3 times per week	2278	2.89	2.72	7.5	2728	3.35	2.83	8.7
4-7 times per week	392	2.98	2.84	6.9	581	3.71	3.00	11.0
Median EPQ-E score#				*				*
Lower half	10938	3.80	3.09	12.9	9233	4.18	3.09	14.7
Upper half	10847	2.47	2.46	4.7	7788	2.80	2.51	5.4
Median EPQ-N score [^]				*				*
Lower half	10938	2.01	2.06	2.1	11101	2.72	2.37	4.3
Upper half	10784	4.28	3.11	15.6	5920	5.11	3.21	21.8
Chronic somatic diseases				*				*
Yes	8691	3.73	3.07	12.2	6133	4.12	3.07	14.3
No	13031	2.74	2.66	6.5	10888	3.23	2.78	8.2
Mental health problems in				*				*
the family								
Yes	4788	3.66	3.19	13.1	2741	4.03	3.20	15.2
No	14768	2.84	2.64	6.6	12414	3.32	2.78	8.6
Uncertain	1315	3.98	3.29	14.7	1422	4.38	3.18	15.0

Table 1 continued

Characteristics	N	Mean	SD	% (>8)†	N	Mean	SD	% (>8)†
Frequency of weekly PA				*				*
< 1 time per week	3647	3.94	3.26	14.4	4315	4.02	3.14	13.9
Once per week	4474	3.27	2.87	9.2	3743	3.54	2.84	9.7
2-3 times per week	9244	2.88	2.68	7.0	6119	3.28	2.79	8.5
Almost every day	4357	2.88	2.78	7.4	2844	3.41	2.89	10.2
Duration of weekly PA				*				*
<15 min.	725	4.58	3.43	18.6	755	4.46	3.23	17.6
15-30 min.	3260	3.47	2.91	10.3	2477	3.89	2.96	12.4
30-60 min.	12331	2.94	2.75	7.6	7880	3.35	2.79	8.7
>60 min.	3269	2.68	2.64	6.3	3618	3.23	2.84	8.8
Intensity of PA				*				*
Take it easy	8805	3.51	2.94	10.6	5626	3.97	3.01	13.1
I push until I lose my breath	10054	2.65	2.62	6.1	8044	3.20	2.74	7.8
I practically exhaust myself	381	2.24	2.63	5.5	679	2.46	2.59	5.2
PA index [†]				*				*
Low	6151	3.65	3.05	12.1	5537	3.87	2.98	12.3
Moderate	9160	2.93	2.71	7.2	6167	3.34	2.78	8.4
High	5209	2.64	2.64	6.1	4134	3.15	2.80	8.5

Notes: PA = physical activity; HADS-D = Hospital Anxiety and Depression Scale Depression subscale; BMI = body mass index; EPQ-E = Eysenck Personality Questionnaire subscale extroversion; EPQ-N = Eysenck Personality Questionnaire subscale neuroticism; p = No drinking in the past 2 weeks, but not a teetotaler; + = Physical activity index: sum score of frequency, duration, and intensity; # = median extroversion score of 4.0; ^ = median neuroticism score of 1.0; † >8 = sum-score of 8 or higher of HADS-D; * = sig. p-values (< 0.05) indicate results of the Pearson's chi-square test.

4.3 HADS-A score with gender

Table 2 lists the numbers and percentages of levels of baseline characteristics, including PA and personality and their mean scores on the anxiety scale among women and men. In comparison with depression, a higher prevalence of anxiety was detected in the sample, with a total of 4089 (14.2%). The mean HADS-A score was 4.37 among women and 3.53 among men. When the classification of the HADS-A subscale (Zigmond & Snaith, 1983) was applied, 3776 (17.4%) women and 1742 (10.2%) men scored > 8 on the HADS-A scale. Among those, 2435 (11.2%) women and 1215 (7.1%) men had "mild anxiety", 951 (4.4%) women and 384 (2.3%) men had "moderate anxiety", and 390 (1.8%) women and 143 (0.8%) men had "severe anxiety".

Table 2 Baseline characteristics and scored anxiety in the HUNT 3 study population.

	Women (N = 21,722)			Men (N = 17,021)				
	HADS-A			HADS-A				
Characteristics	N	Mean	Std	% (>8)†	N	Mean	Std	% (>8)†
Age				*				*
19-40	4842	4.56	3.40	18.3	2887	3.92	2.98	11.7
41-60	9188	4.36	3.55	17.6	7491	3.72	3.15	11.9
> 60	7692	4.27	3.40	16.5	6643	3.16	2.78	7.7
Marital status				*				*
Married/partnership	12586	4.22	3.36	15.9	11058	3.34	2.85	8.6
Unmarried	4258	4.63	3.48	19.2	3739	3.96	3.16	13.1
Divorced/separated	2294	4.90	3.87	22.7	1557	4.00	3.48	15.3
Widowed	2563	4.21	3.50	16.9	591	3.27	2.85	8.8
Occupational activity level				*				
Sedentary	4589	4.17	3.38	15.8	4787	3.58	3.05	10.5
Frequent walking	5734	4.24	3.34	15.8	3209	3.50	2.91	9.7
Frequent walking and lifting	4511	4.39	3.41	17.3	2744	3.58	2.91	10.3
Heavy manual labor	320	4.92	3.65	22.8	2199	3.66	3.04	10.7
BMI				*				
<18.5	182	5.27	4.13	24.7	45	4.60	3.32	20.0
18.5-24.9	8149	4.42	3.45	17.4	4107	3.60	2.94	10.0
25-29.9	8260	4.32	3.41	16.7	9016	3.49	2.97	10.0
30-34.9	3635	4.34	3.49	18.0	3168	3.51	3.06	10.6
>35	1421	4.36	3.64	18.4	636	3.76	3.33	12.4
Current smoking status				*				*
Yes	6016	4.98	3.74	23	4376	3.87	3.24	13.2
Former	5441	4.32	3.41	16.7	5402	3.46	2.97	9.8
No	9860	4.02	3.26	14.2	7002	3.36	2.84	8.5
Alcohol (past 12 months)								
Teetotaler	1116	4.07	3.57	15.9	430	3.02	3.03	7.0
No recent drinking ^x	9062	4.56	3.57	19.2	4932	3.59	3.15	11.5
2-3 times per month	4524	4.21	3.30	15.5	3901	3.49	2.86	9.1
1 time per week	3975	4.37	3.40	17.0	4342	3.55	2.91	9.8
2-3 times per week	2278	4.21	3.40	15.4	2728	3.55	2.99	10.4
4-7 times per week	392	4.21	3.47	17.6	581	3.55	3.25	11.5
Median EPQ-E score#				*				*
Lower half	10875	4.63	3.59	19.5	9233	3.75	3.14	12.0
Upper half	10847	4.11	3.31	15.2	7788	3.28	2.80	8.1
Median EPQ-N score^				*				*
Lower half	10938	2.49	2.08	2.2	11101	2.37	1.99	1.6
Upper half	10784	6.28	3.55	32.8	5920	5.71	3.55	26.4
Chronic somatic diseases				*				*
Yes	8691	4.75	3.68	20.9	6133	3.75	3.17	12.4
No	13031	4.12	3.29	15.1	10888	3.41	2.89	9.0
Mental health problems in				*				*
the family	4700	F 4.4	0.04		0744	4.50	0.50	
Yes	4788	5.44	3.94	27.0	2714	4.53	3.58	19.1
No Lla cartaire	14768	3.90	3.15	13.1	12414	3.20	2.72	7.3
Uncertain	1315	5.49	3.68	26.8	1422	4.45	3.36	17.2

Table 2 continued

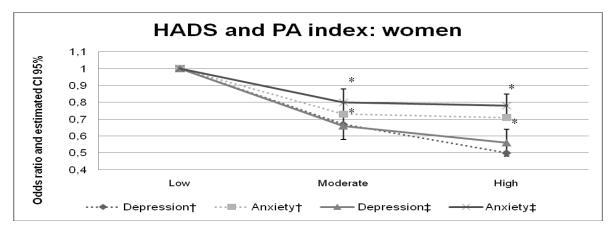
Characteristics	N	Mean	Std	%	N	Mean	Std	% (>8)†
Frequency of weekly PA				*				*
<1 time per week	3647	4.77	3.80	21.6	4315	3.64	3.13	11.7
Once per week	4474	4.41	3.46	17.9	3743	3.56	2.92	9.6
2-3 times per week	9244	4.24	3.31	15.9	6119	3.49	2.96	9.8
Almost every day	4357	4.27	3.46	16.4	2844	3.43	2.98	9.9
Duration of weekly PA				*				*
<15 min.	725	5.18	3.89	25.8	755	3.76	3.06	11.3
15-30 min.	3260	4.48	3.54	19.2	2477	3.69	3.15	11.5
30-60 min.	12331	4.30	3.39	16.5	7880	3.45	2.89	9.3
>60 min.	3269	4.21	3.36	15.7	3618	3.53	3.00	10.2
Intensity of PA				*				*
Take it easy	8805	4.48	3.50	18.6	5626	3.46	2.97	10.2
I push until I lose my breath	10054	4.21	3.35	15.6	8044	3.54	2.95	9.7
I practically exhaust myself	381	4.33	3.36	16.3	679	3.78	3.13	10.3
PA index ⁺				*				*
Low	6151	4.66	3.64	20.4	5537	3.60	3.05	10.8
Moderate	9160	4.24	3.33	16.0	6167	3.48	2.89	9.4
High	5209	4.19	3.38	15.5	4134	3.48	3.00	10.1

Notes: PA = physical activity; HADS-A = Hospital Anxiety and Depression Scale Anxiety subscale; BMI = body mass index; EPQ-E = Eysenck Personality Questionnaire subscale extroversion; EPQ-N = Eysenck Personality Questionnaire subscale neuroticism; m=10 drinking in the past 2 weeks, but not a teetotaler; + = Physical activity index: sum score of frequency, duration, and intensity; # = median extroversion score of 4.0; ^ = median neuroticism score of 1.0; † >8 = sum-score of 8 or higher of HADS-A; * = sig. p-values (< 0.05) indicate results of the Pearson's chi-square test.

4.4 The association between physical activity, depression, and anxiety

According to the calculated index, moderate and high PA were associated with a significantly lower prevalence of HADS-defined depression and anxiety compared with low levels of PA among both women and men (p < 0.05). Symptoms of depression and anxiety showed moderate reduction with increased PA levels among women, while increased PA levels were associated with a moderate reduction in HADS-defined depression and a small reduction in HADS-defined anxiety among men (Figure 2). The associations noted above were consistent among frequency, duration, and intensity (Figure 3). The observed association obtained by logistic regression analysis was found to be somewhat similar among women after adjusting for the suspected confounding effects of age, body mass index, alcohol consumption, current smoking status, mental problems in

the family, and chronic somatic diseases (Figures 2 and 3). An exception was that high intensity reached insignificant levels with HADS-defined depression among women (Figure 3). Occupational activity level had a significant univariate linear relationship with HADS-defined anxiety only (p < 0.20) and not with depression. None of the 13 different interactions tested for, between PA variables and the covariates in the models predicting either depression or anxiety had significant p-values. Among men, the association of PA levels with HADS-defined depression was unaltered from the univariate analysis, but both moderate and high PA reached insignificant levels with HADS-defined anxiety in the adjusted analysis (p > 0.05) (Figure 2).



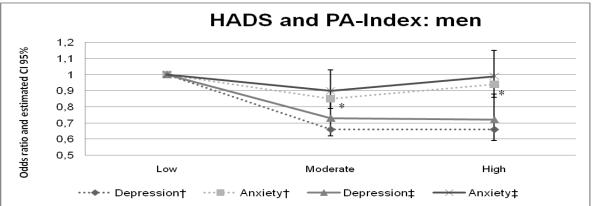


Figure 2 Adjusted odds ratio from the logistic regression analysis of the association between HADS subscales and PA among women and men.

(PA = physical activity; CI = confidence interval; * = statistically significant p-value (< 0.05) from the logistic regression analysis; † = adjusted for age; ‡ = adjusted for age, BMI, alcohol consumption during last 12 months, current smoking status, chronic somatic diseases, mental health problems in the family, and marital status; PA index = calculated index of sum score of frequency, duration, and intensity).

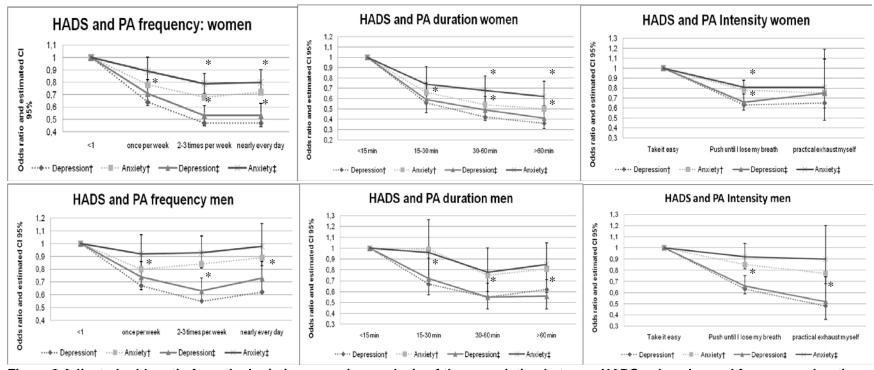


Figure 3 Adjusted odds ratio from the logistic regression analysis of the association between HADS subscales and frequency, duration, and intensity of activity among women and men.

(PA = physical activity; CI = confidence interval; * = statistically significant p-value (< 0.05) from the logistic regression analysis; † = adjusted for age; ‡ = adjusted for age, BMI, alcohol consumption during last 12 months, current smoking status, mental health problems in the family, chronic somatic diseases, and marital status; PA index = calculated index of sum score from frequency, duration, and intensity).

4.5 Physical activity and personality

A t-test analysis revealed that women scored significantly higher than men on EPQextroversion (p = 0.001) and EPQ-neurotisism (p = 0.001) (results not shown). There was a significant (p < 0.01) negative trend across lower PA index levels with EPQ-extroversion score and a statistically significant (p < 0.01) positive trend across lower PA index levels with EPQ-neuroticism score in comparison with high PA. This linear trend was similar after accounting for the possible confounding effects of age, alcohol consumption, smoking status, chronic somatic diseases, and mental problems in the family (Tables 3 and 4). None of the 8 different interactions tested for reached statistical significance (p > 0.20) in the relationship between PA variables and either EPQ-extroversion or EPQ-neuroticism. While lower EPQextroversion score had a significant negative trend with lower frequency and intensity of activity among both women and men (p < 0.01), lower duration of activity had a significant negative trend with scored EPQ-extroversion (p < 0.01) only among women (Table 3). EPQneuroticism score had a positive trend among individuals with lower frequency and duration of activity (p < 0.01). Although intensity of activity had a significant trend with EPQneuroticism score (p < 0.01), only light intensity of activity among women was significantly associated with a higher score on EPQ-neuroticism compared with those who practically exhausted themselves (p < 0.05) (Table 4).

Table 3 adjusted beta (β) from general linear model analysis for extroversion in relation to physical activity in women and men.

	<u>Extroversion</u>							
	Wo	men (N = 21,	<u>,722)</u>	<u>Men</u>				
PA A	Adjusted¤	Adjusted+	CI 95%	Adjusted¤	Adjusted+	CI 95%		
PA Index+								
Low	-0.20	-0.22	-0.27 to -0.17	-0.07	-0.09	-0.15 to -0.04		
Moderate	-0.11	-0.11	-0.16 to -0.07	-0.05	-0.06	-0.11 to -0.01		
High	Ref	Ref		Ref	Ref			
P for trend			*			*		
R^2			0.049			0.028		
Frequency of weekly P	Α							
<1	-0.25	-0.28	-0.34 to -0.22	-0.12	-0.14	-0.21 to -0.08		
1 time per week	-0.11	-0.14	-0.19 to -0.08	-0.04	-0.06	-0.13 to 0.00		
2-3 times per week	-0.06	-0.07	-0.12 to -0.03	-0.00	-0.02	-0.08 to 0.05		
Almost every day	Ref	Ref		Ref	Ref			
P for trend			*			*		
R ²			0.051			0.029		
Duration of weekly PA								
< 15 min.	-0.11	-0.09	-0.20 to 0.02	-0.02	-0.03	-0.13 to 0.08		
15-30 min.	-0.19	-0.18	-0.25 to -0.12	-0.04	-0.04	-0.11 to 0.03		
30 min - 1 hr	-0.09	-0.08	-0.13 to -0.03	-0.04	-0.03	-0.08 to 0.02		
>1 hr	Ref	Ref		Ref	Ref			
P for trend			*					
R^2			0.047			0.029		
Intensity of PA								
Take it easy	-0.28	-0.29	-0.42 to -0.15	-0.20	-0.22	-0.33 to -0.11		
Push until I lose my bre	eath -0.16	-0.17	-0.30 to -0.03	-0.15	-0.16	-0.26 to -0.05		
Practically exhaust mys	self Ref	Ref		Ref	Ref			
P for trend								
R^2			* 0.070			* 0.065		

Notes: PA = physical activity; CI = confidence interval; R^2 = coefficient of determination; * = p-value (< 0.01) of the general linear model analysis with PA variables as covariates; a = adjusted for age; b = adjusted for age, alcohol consumption, current smoking status, chronic somatic diseases, and living with others; + = Physical activity index: sum score of frequency, duration, and intensity.

Table 4 adjusted beta (β) from general linear model analysis for neuroticism in relation to physical activity in women and men.

			<u>Ne</u>	uroticism			
	We	omen (N = 2	1,722)	Men	n (N =17,021)		
PA	Adjusted ¤	Adjusted#	CI 95%	Adjusted¤	Adjusted#	CI 95%	
PA Index+							
Low Moderate High P for trend	0.40 0.06 Ref	0.30 0.05 Ref	0.23 to 0.39 -0.01 to 0.10	0.21 -0.00 Ref	0.17 0.01 Ref	0.11 to 0.24 -0.05 to 0.07	
R^2			0.070			0.065	
Frequency of weekly PA							
1 time per week	0.14	0.14	0.06 to 0.21	-0.01	0.03	-0.05 to 0.11	
2-3 times per week	-0.03	-0.02	-0.09 to 0.04	-0.05	-0.01	-0.08 to 0.06	
Almost every day	Ref	Ref		Ref	Ref		
P for trend			*			*	
R^2			0.072			0.066	
Duration of weekly PA							
< 15 min	0.80	0.59	0.44 to 0.74	0.52	0.44	0.32 to 0.56	
15-30 min	0.31	0.21	0.12 to 0.29	0.30	0.24	0.16 to 0.32	
30 min - 1 hr	0.10	0.09	0.02 to 0.15	0.06	0.06	-0.00 to 0.12	
> 1 hr P for trend	Ref	Ref	*	Ref	Ref	*	
R ²			0.071			0.069	
Intensity of PA							
Take it easy	0.33	0.26	0.07 to 0.44	0.21	0.11	-0.02 to 0.23	
Push until I lose my breath	0.01	0.01	-0.17 to 0.19	0.02	-0.01	-0.13 to 0.11	
Practically exhaust my self P for trend	Ref	Ref	*	Ref	Ref	*	
R ²			0.070			0.065	

Notes: PA = physical activity; CI = confidence interval; R^2 = coefficient of determination; * = p-value (< 0.01) of the general linear model analysis with PA run as covariate; a = adjusted for age; b = adjusted for age, alcohol consumption, current smoking status, chronic somatic diseases, and living with others; + = Physical activity index: sum score of frequency, duration, and intensity.

5.0 Discussion

The purpose of the study was to examine the cross-sectional association between physical activity (PA), mental health, and personality in a Norwegian health survey. The primary findings are that individuals with higher levels of leisure-time PA had fewer symptoms of depression and anxiety measured by HADS, and scored higher on extroversion and lower on neuroticism in comparison with individuals with less leisure-time PA. Compared to low PA levels, moderate levels were related to lower scores of mental health problems after adjusting for possible confounders. Higher amounts of PA were not related to further reductions in HADS scores. Furthermore, lower risk of HADS-defined anxiety was observed among physically active women compared with physically active men. The Eysenck Personality score was weakly, but consistently, related to levels of PA among both women and men in the multivariate models.

The prevalence of depression (9.5%) score from the present study was somewhat higher compared to that of a previous clinical Norwegian study (7.3%; Kringlen et al., 2001). The present study found a lower prevalence of HADS-defined anxiety (14.2%) compared with a US population (18.1%; Kessler et al., 2005), and this is in accordance with an earlier report which claims that the Norwegian population has a lower occurrence of anxiety in comparison with other westernized populations (Norwegian Institute of Public Health, 2009). The scored HADS was diverse between genders, where women scored lower on HADS-defined depression and higher on HADS-defined anxiety than men. The observation of lower HADSdefined depression among women was unexpected since earlier studies have reported a higher rate of depressive symptoms (Kessler et al., 2005; Kringlen et al., 2001) among women compared with men. However, comparable with the results from the present study, an earlier study found a somewhat similar occurrence of HADS-defined depression in the HUNT 2 population (Augestad et al., 2008). The HADS questionnaire lacks the items which cover the somatic symptoms of depression (Bjelland et al., 2002). Therefore, an underrepresentation of HADS-defined depression among women may be present, because women are reported to have a higher occurrence of somatic symptoms with depression than men (Silverstein, 1999). Despite the shortcoming, HADS is a valid screening tool to cover the core aspects of depression according to the ICD-10 classification (Stordahl et al., 2001). In the relationship

between scored personality and gender, a higher mean extroversion and neuroticism score were observed among women than men. The result with scored extroversion diverged with the findings from a previous review investigating the interaction of scored EPQ with gender, where men scored higher in 30 of 37 included studies in comparison with women (Lynn & Martin, 1997).

Approximately 18% of the participants of this study were physically active for 30 minutes or more almost every day. Although women had higher frequency of PA than men, physically active men were found to have slightly higher duration and intensity of activity. This finding is consistent with that of a previous study (Norwegian Directorate of Health, 2009). Regular PA is well recognized as a health-related behavior that is important for both physical health (Haskell et al., 2007) and mental health (Biddle & Mutrie, 2008; Ströhle, 2009). Observational studies with wide age range have investigated the association between PA and symptoms of both depression and anxiety in the general population (Asztalos et al., 2010; De Moor et al., 2006; De Moor et al., 2008; Goodwin, 2003; Harvey et al., 2010; Mutrie, 2007; Stephens, 1988; Thorsen, et al., 2005). The findings of the present study were comparable to those of a cross-sectional study by Stephens (1988), where lower symptoms of both depression and anxiety were associated with moderate and high PA, compared with low PA in the adjusted analysis.

Teychenne, Ball & Simon (2008) claimed in their meta-analysis that too few systematic observational studies have recommended a general amount of leisure time PA in prevention of depression in the general population (Teychenne, Ball, & Salmon, 2008). This also applies to anxiety (Biddle & Mutrie, 2008). The present study indicates that PA does have mental benefits, but a dose-response relationship was not observed between HADS-defined depression and anxiety with levels of PA. Only minor changes in risk of depression were found with higher amounts of activity in comparison with moderate PA. Hence, the results from present study support the conclusion by Hassmén et al. (2000) that daily vigorous PA may not be more favorable for mental health than moderate PA because it might be associated with athletic performance or hectic schedule with everyday job and family. Thereby, daily vigorous exercise might lead to burnout, which in turn would mimic symptoms of mental health problems. It follows that specific recommendations of PA levels for mental health seem to be more complex in comparison with the recommendation of PA levels for physical health (Strôhle, 2009).

The context in which activity is performed may affect any associations with the mental health. Subjects reporting "heavy manual labor" had higher reported symptoms of depression and anxiety in comparison with lower levels of occupational activity, which is contrast with the observed association between leisure time PA and mental health problems. Previous studies have found leisure-time PA more beneficial than work-related PA for reducing the risk of scored depression (Mutrie & Hannah, 2007; Harvey et al., 2010; Mikkelsen et al., 2010) and anxiety (Harvey et al., 2010), even in cases where the context provided similar frequency, duration, and intensity. Leisure-time activities could support a more meaningful life for individuals through preventing negative behavior (i.e., coping with stress) and promoting positive behavior (i.e., life satisfaction) (Iwasaki, 2008).

Mental health benefits of PA, defined as lower scores of depression and anxiety, did not apply equally between genders. To my knowledge, the present study is the first observational study using HADS as assessment tool that has found a gender effect between PA levels and symptoms of anxiety (Harvey et al., 2010; Thorsen et al., 2005; Mutrie, 2007), where physically active women were observed to have a lower risk of HADS-defined anxiety than physically active men. The dose of PA, were characterized differently with symptoms of depression among women and men, seems to be an important factor in the association with mental health problems between women and men. Higher frequency and duration of activity were associated with lower risk of depression and anxiety among women than men. However, the importance of intensity of activity between women and men with lower symptoms of mental health problems is in relation with the results from a previous cross sectional study (Asztalos et al, 2010), where moderate levels of intensity seems to be most important among women, while high levels of intensity seems to be most important among men. This association with intensity is in relation with the results from a previous cross sectional study (Asztalos et al., 2010). This association with gender is independent of the effects of differences in amount of PA, prevalence of HADS-defined depression and anxiety, or scored personality. A possible explanation, namely that women experience greater mental health benefits from performing health-related activities (i.e., PA) in comparison with men, has been claimed by Stephens (1986). Potential biological, somatic, psychological, and social mechanisms could elucidate this gender effect of levels of PA on the mental health (Asztalos et al., 2010; Chipperfield, Newall, Chuchmach, Swift, & Haynes, 2008; Haug, Mykletun, & Dahl, 2004; Seeman, 1997).

A third underlying variable might possibly be related with both PA and mental health and could perhaps clarify the observed relationship between levels of PA and HADS-defined depression and anxiety. Many confounding variables with scored mental health problems were identified and adjusted for in the analyses, and thus should not confound the observed association between PA and mental health in this study. Personality is suggested to be one of many demographic, sociological, and psychological determinants affecting the perception of benefits of and barriers to health-related behaviors in relation to the alleged risk of disease (Janz & Becker, 1984). The present study observed that scored more extroverted and less neurotic were associated with higher levels of PA, which supports previous studies that investigated the association between scored personality with levels of PA (De Moor et al., 2006; Rhodes & Smith, 2006).

Although this study can not state the relationship between personality and mental health problems, other previous performed studies have clearly found an association between scored low extroversion and high neuroticism with higher risk of depression and anxiety (Klein et al., 2011; Middeldorp et al., 2005; Tambs, 2009). Extroverted individuals are claimed to have less arousal than introverted individuals (Eysenck & Eysenck, 1975), and could consult PA because of challenging activities and possibility to socialize with others (Rhodes & Smith, 2006). Neurotic individuals, on the other hand, are claimed to be emotionally unstable to life events because they perceive them as threatening than individuals who scores low on neuroticism (Eysenck & Eysenck, 1975). Therefore, high scored neurotic individuals, in relation with the health behavior model, might withdraw from participating in PA or perform low levels of PA because they might perceive fewer barriers in relation with their level of arousal than high level PA (Rhodes & Smith, 2006).

Although personality is assumed to be more closely associated with levels of PA compared with environmental factors (Duncan, Spence, & Mummery, 2005), the observed modest effect of personality characteristics with levels of PA in the present study questions the importance of personality in this association. An explanation might be that personality is a biological construct that might set the stage for health behaviors such as PA, either directly or indirectly by affecting other mechanisms such as social cognition, mental health disorders, and somatic diseases (Pettit et al., 2007). Alternatively, extroversion and neuroticism are independent traits on a continuum (Eysenck & Eysenck, 1975), and therefore it is possible to score low or high of both traits (i.e., high scored extroversion and high neuroticism) which might present

diverse behavioral outcomes. Lastly, both positive and negative behavioral health outcomes might be caused of the same trait. For example, extroverted individuals are associated with health-related behaviors like PA (Rhodes & Smith, 2006), but also suggested to be associated with risky behaviors like smoking, high alcohol consumption and risky sexual behavior (Vollrath & Thorgersen, 2002).

5.1 Strengths and limitations of the study

The main strength of the present study is its population-based observational nature. This made it convenient for estimating the occurrence of PA participation, prevalence of mental health problems, and personality traits in the sample population. The wide age range made it possible to extend the result to young adulthood and elderly in the general population. Also, the large sample size made it possible to run a regression analysis controlling for possible confounding effects with a wide range of detailed self-reported variables.

The main limitation of the study is the cross-sectional design, which is only useful for the purpose of descriptive analysis (i.e., prevalence) of associations between factors. Therefore, no firm conclusion can be made regarding the causal structure of the variables which influence the relationship between PA, mental health and personality. Research with experimental design has found a causal association between increased PA and reduced mental health problems (Byrne & Byrne, 1993; McDonald & Hodgdon, 1991), it would be difficult to reach a firm conclusion that PA has the same effect of reducing the symptoms of mental health problems in all individuals in a naturalistic setting since there are several biasing factors, such as social surroundings, positive feedback by health professionals, and the expected therapeutic effect of a given program (Barbour, Edenfield, & Blumenthal, 2007). Longitudinal research is therefore needed. Two possible scenarios might arise with the function of personality in the relationship between PA and mental health: PA might be attractive to certain types of personality and over time prevent symptoms of mental health

problems developing; alternatively, personality might influence the development of mental health problems after a time, leading to a sedentary lifestyle.

This study is based upon self-reported data with satisfactory validity of the PA questionnaire (Kurtze et al., 2008), HADS (Bjelland et al., 2002) and EPQ (Francis et al., 1992). Since selfreported information of the variables above was assessed in this study in favor of direct objective measurements, misclassification or lack of reported information might have occurred and led to incorrect categorization of the included subjects in several ways; First, although the PA questionnaire from present study was more comprehensive than used in previous studies (De Moor et al., 2006; Hassmên et al., 2000), some subjects might exceed the amount of PA in relation with the choices of categories from the PA variables. Also, the PA index had low thresholds of the calculated PA categories in contrast to a previous study (Augestad et al., 2008) because of the aim of equal quantity of subjects between categories of the PA index among women and men. Secondly, the HADS questionnaire is claimed to be a satisfactory screening tool in identifying symptoms of sub-clinical mental health problems (Herrmann, 1997), but do not measure symptoms of severe psychopathology or have questions regarding the whole symptomatic description of depression and anxiety (Bjelland, 2004). This could affect the identification of subjects with depression and anxiety. Lastly, The EPQ is one of the most used trait questionnaires in exercise research now a day (Buss & Larsen, 2005). However, it is questioned if this gender difference of EPQ is a result of the personality or measuring the social manifestation between men and women (Forrest, Lewis, Shevlin, 1999). Nevertheless, self-reported questionnaires are low cost and less time consuming in measuring a phenomenon in large populations in comparison with objective measurements (Rotman, 2002).

A third limitation might be the HUNT 3 population. The HUNT 2 population was claimed to be stable, homogenous, and representative of the Norwegian population as a whole (Holmen et al., 2003), but no comprehensive studies of the HUNT 3 population have been carried out. The rural area of the HUNT 3 population might significantly differ in the frequency of PA participation (Norwegian Directorate of Health, 2004) and prevalence of mental health problems (Norwegian Institute of Public Health, 2009) in comparison with urban areas. Further, there may be variation in levels of PA on a weekly basis according to the season. Even though winters in Norway are colder in comparison with other countries, consistent levels of PA are observed throughout the season due to the popularity of winter sports and

leisure-time activities (Holmen et al., 2003). Also, a lower participation rate in HUNT 3 compared with HUNT 2. The present study found that the participation rate in the study was lowest among women and men in the youngest age group, which was also evident in the HUNT 2 study (Holmen et al., 2003). Approximately 20% of the sample did not respond to the PA, HADS, or EPQ questionnaires. A possible explanation might be that many individuals have only responded to the first questionnaire and did not respond on the follow-up questionnaire which included the questions of mental health problems and personality. Alternatively, high numbers of elderly participants above aged 60 years (37.0%) were participating, and Bjelland (2004) suggested that the reduced cognitive capacity among elderly individuals could explain significant amounts of missing information from the HUNT 2 study. The consequences of low participation rate and missing information may have led to an incorrect distribution of PA, mental health problems, and scored personality among gender and age.

Lastly, residual confounding by incorrectly measured variables or confounding variables not included in the adjusted analysis might have affected the observed associations in both directions. For example, education is associated with poorer health status and lower PA participation (Krokstad & Westin, 2002). Education was not included in the multivariate models because the HUNT 3 study linked the variable to the Central Bureau of Statistics (SSB) rather than data collected in the survey.

5.2 Further research and practical implications

Mental health problems have serious consequences for the life situation of individuals and for society as a whole. Since regular PA is relatively inexpensive and has beneficial effects on physical and mental health with few side effects in comparison with medication, health practitioners should encourage and make arrangements for people to be regularly physically active and thus prevent inactivity. Although personality is weakly related to PA, the importance for initiatives and prescribing PA for public health purposes is still central.

Further research with longitudinal design is important in detecting causal relationships in a general population in stating the relationship between PA, mental health, and personality. Longitudinal and experimental studies are also need to center on the symptomatic development of mental health problems in comparison with mental diseases, due to the consequences for individuals and society as a whole, and they should identify the risk and protective factors in the development of mental health problems. There is no doubt in that extroversion and neuroticism affects this development through different behavioral responses to environmental stimuli, and further research needs to clarify sub-components of these main personality traits or identifying other personality traits (i.e., conscientiousness) that predicts the mechanisms of participation in PA and the etiology of depression and anxiety. Also, extroversion and neuroticism could also be split into those who score high-high, high-low, low-high and low-low on the personality questionnaire. Furthermore, detailed and objective information on PA, depression, anxiety, and personality are important in verifying these underlying mechanisms. Measuring other PA (i.e., types of activity and physical fitness) and social-psychological variables (i.e., self-esteem and social environment) could be more informative in this association.

Research needs also to focus on gender differences between various age groups and the causal relationship between PA and mental health problems and personality. Women and men are biologically and behaviorally diverse, and might therefore perceive, report, or respond to environmental stimulation differently during their lifespan.

6.0 Conclusion

In my study, participants who were regularly voluntarily physically active were less likely to have symptoms of depression and anxiety. Physically active women had a lower risk of anxiety compared with physically active men. Personality is an underlying factor in the associations with levels of PA, but other possible variables may be more elucidating. The function of personality in the relationship with physical activity and mental health problems needs to be further examined.

7.0 References

- Alonso, J., Angermeyer, M. C., Bernert, S., Bruffaerts, R., Brugha, T. S., Bryson, H., et al. (2004). Prevalence of mental disorders in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatrica Scandinavica*, 109, 21–27.
- Asztalos, M., De Bourdeaudhuij, I., & Cardon, G. (2010). The relationship between physical activity and mental health varies across activity intensity levels and dimensions of mental health among women and men. *Public Health Nutrition*, *13*(08), 1207-1214.
- Augestad, L. B., Slettemoen, R. P., & Flanders, W. D. (2008). Physical activity and depressive symptoms among Norwegian adults aged 20–50. *Public Health Nursing*, 25(6), 536–545.
- Barbour, K. A., Edenfield, T. M., & Blumenthal, J. A. (2007). Exercise as a treatment for depression and other psychiatric disorders: A review. *Journal of Cardiopulmonary Rehabilitation and Prevention*, 27(6), 359–367. doi: 10.1097/01.HCR.0000300262.69645.95.
- Biddle, S. J. H., & Mutrie, N. (2008). *Psychology of Physical Activity: Determinants, Wellbeing and Interventions*. (2nd ed.). New York: Routledge.
- Bjelland, I. (2004). *Anxiety and Depression in the General Population: Issues related to assessment, comorbidity, and risk factors.* Department of Public Health and Primary Health Care, University of Bergen, Bergen.
- Bjelland, I., Dahl, A. A., Haug, T. T., & Neckelmann, D. (2002). The validity of the Hospital Anxiety and Depression Scale: An updated literature review. *Journal of Psychosomatic Research*, *52*, 69–77. doi:10.1016/S0022-3999(01)00296-3.
- Boomsma, D.I., Beem, A.L., van den Berg, M., Dolan, C.V., Koopmans, J.R., Vink, J.M., De Geus, E.J., Slagboom, P.E. (2000) Netherlands Twin Family Study of Anxious Depression (NETSAD). Journal of Twin Research;3(4):323-334.
- Buss, L. J., & Larsen, D. M. (2005). *Personality Psychology: Domains of Knowledge about Human Nature*. New York: McGraw-Hill.
- Byrne, A., & Byrne, D. G. (1993). The effect of exercise on depression, anxiety and other mood states: A review. [doi: 10.1016/0022-3999(93)90050-P]. *Journal of Psychosomatic Research*, *37*(6), 565–574.
- Chipperfield, J. G., Newall, N. E., Chuchmach, L. P., Swift, A. U., & Haynes, T. L. (2008). Differential determinants of men's and women's everyday physical activity in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 63(4), S211–S218.
- De Moor, M. H. M., Beem, A. L., Stubbe, J. H., Boomsma, D. I., & De Geus, E. J. C. (2006). Regular exercise, anxiety, depression and personality: A population-based study. *Preventive Medicine*, *42*(4), 273–279. doi: 10.1016/j.ypmed.2005.12.002.
- De Moor, M. H. M., Boomsma, D. I., Stubbe, J. H., Willemsen, G., & de Geus, E. J. C. (2008). Testing causality in the association between regular exercise and symptoms of anxiety and depression. *Archives of General Psychiatry*, *65*(8), 897–905.
- Duncan, M., Spence, J., & Mummery, W. K. (2005). Perceived environment and physical activity: A meta-analysis of selected environmental characteristics. *International Journal of Behavioral Nutrition and Physical Activity, 2*(1), 11.
- Emery, C. F., Huppert, F. A., & Schein, R. L. (1996). Health and personality predictors of psychological functioning in a 7-year longitudinal study. *Personality and Individual Differences*, *20*(5), 567–573. doi: 10.1016/0191-8869(95)00219-7.
- Eysenck, H. J., & Eysenck, S. B. G. (1975). *Manual of the Eysenck Personality Questionnaire*. London: Hodder and Stoughton.

- Francis, L. J., Brown, L. B., & Philipchalk, R. (1992). The development of an abbreviated form of the Revised Eysenck Personality Questionnaire (EPQR-A): Its use among students in England, Canada, the U.S.A. and Australia. *Personality and Individuals Differences*, 13, 442–449.
- Goodwin, R. D. (2003). Association between physical activity and mental disorders among adults in the United States. *Preventive Medicine*, *36*(6), 698–703. doi: 10.1016/S0091-7435(03)00042-2.
- Harvey, S. B., Hotopf, M., Overland, S., & Mykletun, A. (2010). Physical activity and common mental disorders. *The British Journal of Psychiatry, 197*(5), 357–364.
- Haskell, W. L., I-Min Lee, F., Pate, R. R., Powell, K. E., Blair, S. N., Franklin, B. A., et al. (2007). Physical activity and public health: Updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Circulation*, *116*(9), 1081–1093.
- Hassmén, P., Koivula, N., & Uutela, A. (2000). Physical exercise and psychological well-being: A population study in Finland. *Preventive Medicine, 30*(1), 17–25. doi: 10.1006/pmed.1999.0597.
- Haug, T. T., Mykletun, A., & Dahl, A. A. (2004). The association between anxiety, depression, and somatic symptoms in a large population: The HUNT-II study. *Psychosomatic Medicine*, *66*(6), 845-851.
- Herrmann, C. (1997). International experiences with the Hospital Anxiety and Depression Scale: A review of validation data and clinical results. *Journal of Psychosomatic Research*, *42*(1), 17–41.
- Holmen, J., Midthjell, K., Krüger, Ø., Langhammer, A., Holmen, T. L., Bratberg, G. H., et al. (2003). The Nord-Trøndelag Health Study 1995-97 (HUNT2): Objectives, contents, methods and participation. *Norsk Epidemiologi, 13,* 19–32.
- Iwasaki, Y. (2008). Pathways to meaning-making through leisure in global contexts. *Journal of Leisure Research*, 40(2), 231–249.
- Janz, N. K., & Becker, M. H. (1984). The Health Belief Model: A decade later. *Health Education & Behavior, 11*(1), 1–47.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602.
- Klein, D. N., Kotov, R., & Bufferd, S. J. (2011). Personality and depression: Explanatory models and review of the evidence. *Annual Review of Clinical Psychology, 7*(1), 269–295.
- Kringlen, E., Torgersen, S., & Cramer, V. (2001). A Norwegian psychiatric epidemiological study. *American Journal of Psychiatry*, *158*(7), 1091–1098.
- Krokstad, S., & Westin, S. (2002). Health inequalities by socioeconomic status among men in the Nord-Trøndelag Health Study, Norway. *Scandinavian Journal of Public Health*, 30(2), 113–124.
- Kurtze, N., Rangul, V., & Hustvedt, B.-E. (2008). Reliability and validity of the international physical activity questionnaire in the Nord-Trøndelag health study (HUNT) population of men. *BMC Medical Research Methodology, 8*(1), 1–9.
- Lawlor, D. A., & Hopker, S. W. (2001). The effectiveness of exercise as an intervention in the management of depression: Systematic review and meta-regression analysis of randomised controlled trials. *British Medical Journal*, 322(7289), 763.
- Long, B. C., & van Stavel, R. (1995). Effects of exercise training on anxiety: A meta-analysis. *Journal of Applied Sport Psychology, 7*(2), 167–189.
- Lynn, R., & Martin, T. (1997). Gender differences in extraversion, neuroticism, and psychoticism in 37 Nations. *Journal of Social Psychology*, 137(3), 369–373.
- McArdle, W. D., Katch, F. I., & Katch, V. L. (1996). *Exercise Physiology: Energy, Nutrition and Human Performance*. (4th ed.). London: Williams & Wilkins.
- McDonald, D. G., & Hodgdon, J. A. (1991). *The Psychological Effects of Aerobic Fitness Training Research and Theory*. New York: Springer Verlag.

- Middeldorp, C. M., Cath, D. C., Van den Berg, M., Beem, A. L., Van Dyck, R., & Boomsma, D. I. (2005). *The Association of Personality with Anxious and Depressive Psychopathology*. New York: Guilford Press.
- Mikkelsen, S. S., Tolstrup, J. S., Flachs, E. M., Mortensen, E. L., Schnohr, P., & Flensborg-Madsen, T. (2010). A cohort study of leisure time physical activity and depression. *Preventive Medicine*, *51*(6), 471–475. doi: 10.1016/j.ypmed.2010.09.008.
- Murray, C. J. L., & Lopez, A. D. (1997). Alternative projections of mortality and disability by cause 1990-2020: Global Burden of Disease Study. *The Lancet, 349*(9064), 1498–1504.
- Mutrie, N., & Hannah, M. K. (2007). The importance of both setting and intensity of physical activity in relation to non-clinical anxiety and depression. *International Journal of Health Promotion and Education*, *45*(1), 24–32.
- Myers, J.K., Weissman, M.M., Tischler, G.L., Holzer, C.E., Leaf, P.J., Orvaschel, H., et al. (1984). Six-month prevalence of psychiatric disorder in three communities: 1980 to 1982. *Archives of General Psychiatry*, 41, 959–967.
- Norwegian Directorate of Health. (2009). *Fysisk aktivitet blant voksne og eldre i Norge:*Resultater fra en kartlegging i 2008 og 2009. Helsedirektorat Rapport 15-1754. Oslo: Helsedirektoratet [Norwegian Directorate of Health].
- Norwegian Institute of Public Health. (2009). *Psykiske lidelser i Norge: Et folkehelseperspektiv.* Oslo: Folkehelseinstitutt [Norwegian Institute of Public Health]. Norwegian Institute of Public Health. (2011). *Psykisk helse i Norge. Tilstandsrapport med internasjonale sammenligninger.* Oslo: Folkehelseinstitutt [Norwegian Institute of Public Health].
- Mykletun, A., Stordal, E., & Dahl, A. A. (2001). Hospital Anxiety and Depression (HAD) scale: Factor structure, item analyses and internal consistency in a large population. The British Journal of Psychiatry, 179(6), 540–544.
- North, T. C., McCullagh, P., & Tran, Z. V. (1990). Effect of exercise on depression. *Exercise and Sport Sciences Reviews*, *18*(1), 379–416.
- Pettit, J. W., Grover, K. E., & Lewinsohn, P. M. (2007). Interrelations between psychopathology, psychosocial functioning, and physical health: An Integrative Perspective. *International Journal of Clinical and Health Psychology, 7*(2), 453-476.
- Petruzzello, S. J., Landers, D. M., Hatfield, B. D., Kubitz, K. A., & Salazar, W. (1991). A metaanalysis on the anxiety-reducing effects of acute and chronic exercise. Outcomes and mechanisms. Journal of *Sports Medicine*, *11*(3), 143–182.
- Rhodes, R. E., & Smith, N. E. I. (2006). Personality correlates of physical activity: A review and meta-analysis. *British Journal of Sports Medicine*, *40*(12), 958–965.
- Rothman, K. J. (2002). Epidemiology: An Introduction. New York: Oxford University Press.
- Scott, K. M., Bruffaerts, R., Simon, G. E., Alonso, J., Angermeyer, M., de Girolamo, G., et al. (2007). Obesity and mental disorders in the general population: results from the world mental health surveys. *Int J Obes*, *32*(1), 192-200.
- Seeman, M. V. (1997). Psychopathology in Women and Men: Focus on Female Hormones. *American Journal of Psychiatry, 154*(12), 1641-1647.
- Stephens, T. (1986). Health Practices and Health Status: Evidence from the Canada Health Survey. *American Journal of Preventive Medicine*, *2*, 24-30.
- Stephens, T. (1988). Physical activity and mental health in the United States and Canada: Evidence from four population surveys. Journal of *Preventive Medicine, 17*(1), 35–47.
- Stubbe, J.H., Boomsma, D.I., Vink, J.M., Cornes, B.K., Martin, N.G., et al. (2006). Genetic Influences on Exercise Participation in 37.051 Twin Pairs from Seven Countries. PLoS ONE 1(1): e22. doi:10.1371/journal.pone.0000022.
- Silverstein, B. (1999). Gender Difference in the Prevalence of Clinical depression: The role played by depression associated with somatic symptoms. *American Journal of Psychiatry*, *156*(3), 480–482.

- Stordahl, E., Bjartveit Krûger, M., Dahl, N. H., Krûger, Ø., Mykletun, A., & Dahl, A. A. (2001). Depression in relation to age and gender in the general population: The Nord-Trøndelag health study (HUNT). *Acta Psychiatrica Scandinavica*, 104(3), 210–216.
- Ströhle, A. (2009). Physical activity, exercise, depression and anxiety disorders. *Journal of Neural Transmission*, *116*(6), 777–784.
- Tambs, K. (2009). Genetisk psykiatrisk epidemiologi: Litt om historie og metode og noen eksempler fra angst-og depresjonsstudier. *Norsk Epidemiologi, 12*(3), 189–198.
- Thorsen, L., Nystad, W., Stigum, H., Dahl, O., Klepp, O., Bremnes, R. M., et al. (2005). The association between self-reported physical activity and prevalence of depression and anxiety disorder in long-term survivors of testicular cancer and men in a general population sample. *Supportive Care in Cancer*, *13*(8), 637–646.
- Teychenne, M., Ball, K., & Salmon, J. (2008). Physical activity and likelihood of depression in adults: A review. [doi: DOI: 10.1016/j.ypmed.2008.01.009]. *Preventive Medicine*, *46*(5), 397-411.
- US Department of Health. (1997). *Physical Activity and Health: A Report of the Surgeon General.* Atlanta: National Center for Chronic Disease Prevention and Health Promotion.
- Zigmond, A. S., & Snaith, R. P. (1983). The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica*, *67*(6), 361–370.
- Vollrath, M., & Torgersen, S. (2002). Who takes health risks? A probe into eight personality types. *Personality and Individual Differences*, 32(7), 1185-1197
- WHO. (2000). Obesity: preventing and managing the global epidemic. Report of a WHO Consultation. *WHO Technical Report Series 894*. Geneva: World Health Organization.

I	l l
HUNT 3 Questionnaire 1	Illness and Injury
Health and daily life 1. How is your health at the moment? Poor Not so good Good Very good	Yes No 8. Have you had any kind of attack of wheezing or breathlessness during the last 12 months?
Yes No 2. Do you suffer from long-term (at least 1 year) illness or injury of a physical or psychological nature that impairs your functioning in your daily life?	9. Have you at any time during the last 5 years taken medicine for asthma, chronic bronchitis, emphysema or COPD? 10. Do you take or have you taken medication for high blood pressure?
Would you describe your impairment as slight, moderate or severe? Slight Moderate Severe	11. Have you had or do you have If Yes, how old any of the following:
Motor ability impairment	(Put an X on each line) Yes No Ex: (34 years old) Myocardial infarction (heart attack) Angina pectoris (chest pain) Heart failure Other heart disease Stroke/brain haemorrhage Time Yes No Ex: (34 years old) years old years old years old years old
3. Do you have physical pain now that has lasted more than 6 months? Yes No	Kidney disease
4. How strong has your physical pain been during the last 4 weeks? No Very Mild Moderate Strong Very pain mild strong	Diabetes
5. To what extent has your physical health or emotional problems limited you in your usual socializing with family or friends during the last 4 weeks? Very Very Not at all little Somewhat Much socialize	Cancer
Health services 6. During the last 12 months, have you	Sarcoidosis years old
visited any of the following: Yes No General practitioner Image: Comparison of the following: Image: Comparison of the following: Another specialist outside the hospital Image: Comparison of the following: Image: Comparison of the following:	Osteoporosis Fibromyalgia Degenerative joint disease (osteoarthritis) Osteoporosis years old years old years old
Consultation w/ a doctor without being admitted to the psychiatric out-patient dept.	Mental health problems you sought help for years old
Chiropractor Homeopath, acupuncturist, reflexologist, laying on of hands or other alternative treatment practitioner	12. Has it ever been verified that you had high blood sugar (hyperglycaemia)? Yes No If Yes, in what situation was this discovered the first
7. Have you been admitted to hospital in the last 12 months?	time? At a health examination

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Injuries 13. Have you ever had: If Yes, how old were you the first time Yes No Ex: (34 years old)	Smoking 18. Did any of the adults where you grew up smoke indoors? 19. Did your mother smoke when you were growing up?
Hip fracture	5
Fractured wrist/forearm	20. Do you smoke? (Put an X in only one box) No, I have never smoked
dorsal vertebrae?	-
Whiplash years old	If you never smoked, skip to question 22
Illness in immediate family 14. Do your parents, siblings or children have, or have they had, the following illnesses? (one X per line) Don't	No, I quit smoking Yes, cigarettes occasionally (parties/vacation, not daily) Yes, cigars/cigarillos/pipe occasionally
res ino know	Yes, cigarettes <u>daily</u>
Stroke or brain haemorrhage before the age of 60 Myocardial infarction (heart attack)	Yes, cigars/cigarillos/pipe <u>daily</u>
Asthma Allergies/hay-fever/nasal allergies Chronic bronchitis, emphysema or COPD	21A. Answer this if you smoke daily now or previously smoked daily: 1. How many cigarettes do/did you usually smoke daily? 2. How old were you when you years old
Cancer	3. If you previously smoked
Mental health problems	daily, how old were you when you quit smoking?
Osteoporosis	
Kidney disease (not kidney stone, urinary tract infection, urinary incontinence)	21B. Answer this if you smoke/previously smoked occasionally, but not daily: 1. How many cigarettes do/did pr mo. Cigarettes you usually smoke in a month?
Diabetes	2. How old were you when you started smoking occasionally?
15. Have your parents' siblings, your cousins or either of your grandparents been diagnosed with diabetes (type 1 or type 2)?	3. If you previously smoked occasionally, how old were you when you quit?
Yes	22. Do you use, or have you used snuff?
How do you feel?	No pover Yes,
16. In the last two weeks, have you felt: (one X per line) A good Very	occasionally
No A little amount much Confident and calm	Yes, but I quit
Happy and optimistic	If Yes,
Nervous and restless	How old were you when you began using snuff?
Troubled by anxiety	years old
Irritable	
Down/depressed	How many portions snuff do/did you use <u>a month?</u>
Lonely	Portions snuff a month
17. Has anyone at any time in your life tried to oppress, degrade or humiliate you over an extended period of time? Yes No	If you use(d)/smoke(d) both cigarettes and snuff, which did you begin with first? Snuff About the same time
	(within 3 months)

Γ	Т	7
Did you begin using snuff to try to que on smoking?	uit or cut down	Alcohol
No		28. About how often in the last 12 months did you drink alcohol? (do not include low-alcohol beer)
Yes, to guit smoking Yes, to cut dow	vn on	4-7 times a week About once a month
smoking	Ш	2-3 times a <u>week</u> A few times a <u>year</u>
Diet		About once a week Not at all the last year
23. How often do you normally eat th (one X on each line)	ese foods?	2-3 times a month Never drink alcohol
0-3 1-3 times a times month a	4-6 times Once Twice or a a day more a week	29. Did you drink alcohol during the last 4 weeks? Yes No
Fruits, berries		If Yes,
Vegetables		Did you drink so much that you felt very intoxicated (drunk)?
Chocolate/candy		No Yes, 1–2 times Yes, 3 times or more
Boiled potatoes		100, 1 2 times 100, 0 times of more
Pasta/rice		30. How many glasses of beer, wine or spirits do
Sausages/hamburgers		you usually drink in the course of two weeks: (do not include low-alcohol beer, write 0 if you do not drink alcohol)
High-fat fish on bread		,
or for dinner (salmon, trout, herring,		Beer Wine Spirits
mackerel, haddock)		Number of glasses
24. Do you take the following dietary	supplements?	
(One X for each supplement)	sianally Na	31. How often do you drink <u>5 glasses or more</u> of beer, wine or spirits in one sitting?
Yes, daily Occa	sionally No	Never Monthly Weekly Daily
Omega-3 capsules		_
Vitamins and/or		Exercise
minerals		By exercise we mean going for walks, skiing, swimming and working out/sports.
25. How many glasses do you usuall		32. How often do you exercise? (on the average)
following? ½ litre = 3 glasses (one	2-3 4 al or	Never
Seidom/ gl. a	day gl. a more	Less than once a week
Water, Farris, etc.	day a day	Once a week
Whole milk		2-3 times a week
(sweet/sour)		Nearly every day
Other milk		33. If you exercise as often as once or several times a
Soda/juice w/sugar	ппп	week: How hard do you exercise? (average)
Soda/juice w/out		I delice it account despitement and of broads as broads.
sugar		I take it easy, I don't get out of breath or break a sweat
Juice or nectar		I push myself until I'm out of breath and break into a sweat
26. How many cups of coffee do you (write 0 if you do not drink coffee/tea da		I practically exhaust myself
Boiled Other	Tea	
coffee coffee Number of		34. For how long do you exercise each time?(average)
cups		Less than 15 minutes 30 min1 hour
27. How many cups of coffee do you	drink in the	15-29 minutes
evening (after 6pm)?	William III	activity daily at work or in your leisure time?
Number	of cups	Yes No
		36. About how many hours do you sit during a normal day? (include work hours and leisure time)
		hours
		Insure

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Employment 37. If you have had paid or unpaid employment, how would you describe your job? (One X only) Work that mostly involves sitting (ex: desk work, assembly worker) Work that requires much walking (ex: clerk, light industry worker, teacher)	Childhood – When you were 0-18 years old 47. Who did you grow up with? Mother
Work that requires much walking and lifting (ex: mail carrier, nurse, construction worker) Heavy physical labour (ex: forester, farmer, heavy construction worker)	48. Did your parents leave each other, or get a divorce, when you were a child? No Yes, before I was 7 years old Yes, when I was 7-18 years old
Height/Weight 38. About how tall were you at age 18? cm Don't remember 39. About how much did you weigh at age 18?	49. Did either of your parents die when you were a child? No
kg Don't remember 40. Are you satisfied with your weight now? Yes No, don't weigh No, weigh too	50. Did you grow up with pets? No
41. Have you tried to diet in the last 10 years? No Yes, a few Yes, many times	51. How much milk or yoghurt did you usually drink? Seldom/
42. Do you weigh at least 2 kg less than you did 1 year ago? Yes No	52. Did you grow up on a farm Yes No
If Yes, what is the reason for this? Dieting Illness/stress Don't know	53. When you think about your childhood, would you describe it as: Very good Average Very difficult
Serious events in the last 12 months 43. Has a member of your immediate family died? (Child, spouse/partner, sibling or parent) Yes No	In General 54. Thinking about your life at the moment, would you say that you by and large are satisfied with life, or are you mostly dissatisfied? (One X only)
44. Have you been in imminent mortal danger because of a serious accident, catastrophe, violent situation or war? Yes No	Very satisfied Satisfied Somewhat satisfied
45. Has your relationship with your spouse or long-term partner ended? Yes No	A bit of both Somewhat dissatisfied Dissatisfied
46. If you answered Yes to one or more of the above questions (43, 44 or 45), how much have you reacted to this in the last 7 days? Not at all A little Very much	Very dissatisfied

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Dear HUNT participant Thank you for taking part in this health study. We ask that you co are similar to questions you have previously answered, it is impor be used in research and preventative health care. Researchers we that the information cannot be traced back to the individual partic	rtant that you answer all the questions. The information will vill only have access to anonymous information; this means
Please complete the questionnaire and send it in as soon as pos-	
Date completed 20	Vigorous physical activity
Housing and Friends Who do you live with? (One or more Xs) No one	How many hours in total are you in front of a computer screen? (Write 0 if you don't use a computer) Work hours Leisure hours
Spouse/partner	How many hours do you watch TV/video/DVD daily?
Other people over 18 years old	Less than 1 hour 4-6 hours
Other people under 18 years old Number of	1-3 hours More than 6 hours
people under 18	Culture/Life Philosophy
Are there any pets in your home? No Yes, Yes, Yes, Other animals w/ fur/birds	How often in the last 6 months have you been to: (One X per line) More than 1-3 x 1-6 x Never 3 x /mo. /mo /6
cat dog animais w/tu//bilds	mos. Museum/art exhibition
Do you have friends that can Yes No help you when you need them?	Concert, theatre, film
neip you when you need them?	Church/chapel
Do you have friends that you can Yes No speak to confidentially?	Sports event
Your Surroundings (neighbourhood/group of farms)	How many times in the last 6 months have you
I feel a strong sense of community with the people who live here (One X) Strongly Somewhat Not sure Somewhat Strongly	participated in the following: (One X per line) More 1x 1-3x 1-5x Never than /week /mo. /6 1x mos.
agree agree disagree disagree	Association or club
We do not trust each other here (One X) Strongly Somewhat Not sure Somewhat disagree disagree	theatre Parish work Outdoor activities Dance Worked out, sports
Strongly Somewhat Not sure Somewhat Strongly agree disagree disagree	Which life philosophy is most like yours? (One X only) Christian
Physical Activity	Humanistic Other
How much of your leisure time have you been physically active in the last year? Weekly average for the year. Commute counts as leisure time. Hours a week None Less 1-2 3	When something bad happens in my life, I think that it happened for a purpose. No Yes Don't know
Low physical activity no	I seek God's help when I need strength and solace. Never Sometimes Often
- 1	-

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	Pain on one side of the head (right or left)		
	Worsening with physical activity	\Box	
Personality	Nausea and/or vomiting	\Box	
Describe yourself as you <u>normally</u> are:	Hypersensitivity to light and/or noise		
Are you a life of the party type person?	Before or during the headache, have	Yes	No
Are you mostly quiet and reserved when you are around other people? Do you like meeting new people?	you had temporary: (One X per line) Visual disturbances (zigzag lines, flickering/flashing light, fogged vision) Numbness in half of your face or hand		
Do you like to have a lot of life and excitement around you? Are you a relatively lively person?	Write the number of days you have been absent from work or school in	<u></u>	Ш
Do you usually take the first step to make new friends? Are you often worried?	the last month because of headaches Respiratory Tract		days
Are your feelings easily hurt?		Yes	No
Do you often feel that you lose interest?	Do you cough daily in periods of the year?		
Do you have nervous problems?	If Yes: Do you usually bring up phlegm when		
Do you often feel tired and indifferent/unmotivated without reason? Do you worry that terrible things might	coughing? Have you had a cough with phlegm for periods of at least 3 months during		
happen?	each of the last two years?	Ш	Ш
Headaches	Do you have or have you had hayfever or nasal allergies?		
Have you had headaches in the last year? Yes No	/f Yes: Have you had hayfever/allergy	П	П
If No, skip to Respiratory Tract	symptoms in the last 12 months?	_	_
If Yes, what type of headache? Migraine Other headache	In the <u>last 12 months</u> have you woken during the night because you were short of breath?		
Average number of days a month with headaches: Less than 1 day 1-6 days 7-14 days More than 14 days	Muscles and Joints		
	In the last year, have you had pain or stiff muscles or joints that has lasted at least 3 consecutive months?		in
What is the average strength of your headaches? Mild (does not affect activity)	Yes	No to que:	Stion 30
Moderate (affects activity)	If Yes,	•	
Strong (hinders activity)	Where have you had this pain or stiffness (Neck FIGURE	(One or	more Xs)
How long does the headache usually last? Less than 4 hours	Shoulders		
4 hours – 1 day More than 3	Upper back		
days	Lower back		
Are the headaches usually characterized by or accompanied by:	Wrists/hands		
(One X per line) Yes No Throbbing/thumping pain	Hips		
Pressing pain	Knees		
			ı
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Ankles/feet	12 months:	
Have you had this Yes No pain/stiffness on both the right	Never A litt Nausea	le Much
and left side of your body?	Heartburn/acid regurgitation	
Does this pain/stiffness hinder your daily activities?	Diarrhoea	
Yes No	Constipation	
Work	Alternating constipation and diarrhoea	
Leisure	Bloating	
Have you had back surgery? Yes No		
If Yes, Type of back surgery Prolapse/sciatica surgery Fixation Other	How You Feel Read each item below and place an X next to that comes closest to how you have been feeling past week (only one X per item). Do not take to over your replies; your immediate reaction to exwill probably be more accurate than a long, tho response. I feel tense or 'wound up'	ng in the oo long ach item
Metabolism	Not From time to A lot of Mo	ost the
Has it ever been verified that you have/have had: Hypothyroidism (too low metabolism) Hyperthyroidism (too high metabolism) If Yes, write age first time Ex: (45 yrs old) yrs old yrs old	I still enjoy the things I used to enjoy Definitely as much Only a little Not quite so much Hardly at all	□ □
If Yes: Did you take Neo-Mercazole? Have you had radioiodine treatment? yrs old yrs old	I get a sort of frightened feeling as if someth awful is about to happen Very definitely and A little, but it quite badly A lossn't worry me yes, but not too A lossn't worry me hadly	ning
Abdomen Have you had stomach pain or discomfort in the last 12 months? Yes, Yes, a little No, never never	I can laugh and see the funny side of things As much as I Definitely not so much now Not quite so much Not at all now	
If No, skip to question 34 If Yes:	Worrying thoughts go through my mind	
Is it localized in the upper stomach? Yes No	A great deal of the Not too often time A lot of the time Very little	
In the last 3 months, have you had this as often as 1 day a week for at least 3 weeks?	I feel cheerful	
Is the pain/discomfort relieved by having a bowel movement?	Never Sometimes Not often Most of the time	
Is the pain/discomfort related to more	I can sit at ease and feel relaxed Definitely Not often	
Is the pain/discomfort related to the stool being softer or harder than normal?	Usually Not at all	
Do you have this pain/discomfort after	I feel as if I'm slowed down Nearly all the time Sometimes	
To what degree have you had the following in the last	Very often Not at all	
F	3	4

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I get a sort of frightene the stomach Not at all Occasionally I have lost interest in modefinitely I don't take as much care as I should I feel restless as if I have very much indeed Quite a lot	Quite Very app I ma as m I tak care	e often v often eearance y not take nuch care e just as m	quite nuch move nuch	s' in	Alcohol If you do not of Have you everyour alcohol Have other performed alcohol? Have you everyour use of allohol alcohol alcohol? Have you everyour use of alcohol alcohol? Have you everyour use of alcohol alcohol?	er felt tha intake? eople ev er felt ba lcohol? er had a pick-me	at you s er critic d or gui drink fir e-up or t	hould resisted your litty becarst thing to calm	educe ur use use of in the	Yes	No D
I look forward with enjorens As much as I ever did Rather less than I used to I get sudden feelings of Very often indeed Quite often	Defii than Hard f pani Not	nitely less I used to dly at all c very often at all			How many picture Put an X for each White bread Wholemeal/medium ground			o you us 2-3 pr day	4-5 pr day	6 or mo	
I can enjoy a good boo programme Often	Not	adio or T often / seldom	V		Multigrain wholemeal/ coarsely ground						
Sleep					How often do (One X for each		-		a 5-6	S x	Every- day
Snored loudly (bothersome Stopped breathing when yo were sleeping (Sleep apnoe Had difficulty falling asleep night Woken up repeatedly durin night Woken too early and couldness to the store of the sto) a) at g the	ns have y Seldom /never	You: Sometimes	Several x a week	Breakfast Lunch Warm dinner Supper/ evening snack Other meal Midnight snack (24.00- 06.00)]]]]	
get back to sleep Felt sleepy during the day Sweat while sleeping (night time) Woken with a headache Felt an uncomfortable or pi and needles feeling in your	-				What type of each line) On bread For cooking	fat do ye	Hard marg.	Soft/ligh margarin	t Oi		on't

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Dental Health Have you been to the dentist in Yes No the last 12 months?
How would you say your dental health is? Very bad Good Good
Bad Very good
ок 🗌
Is good dental health important to you? Very much A little
Much Svært lite
Somewhat
Use of Non-Prescription Medicine
How often have you taken non-prescription medicine for the following problems in the last month:
Seldom/ 1-3 x a 4-6 x a Daily
never week week Heartburn/ acid
Headache
Pain in muscles/joints
Have you taken any of these non-prescription medicines at least once a week in the last month? Paracetamol, Paracet, Panodil, Pamol, Pinex, Perfalgan Albyl E (500 mg), Aspirin, Globoid, Dispril Ibuprofen, Ibux, Ibuprox, Ibumetin, Brufen Naproxen, Naprosyn, Ledox Other
How You Feel Now Do you feel, for the most part, strong and fit or tired
and worn out? Very strong and fit
Strong and fit
Somewhat strong and fit
Somewhat in between
Somewhat tired and worn out
Tired and worn out
Very tired and worn out

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Additional Section Employment Is your work so physical	ally der	nanding	g that you			Eating Habits Below are listed things the habits. Put an X in the boapply to you. (Put an X for	xes ac	cording t		
often physically worn o one X)	ut afte	r a day'	s work?	(Only		When I first begin seting	Never	Seldom	Often	Always
Yes, nearly always	Seldo		-4			When I first begin eating, it is difficult to stop.				
Quite often	Never	, or almo	st never	Ш		I spend too much time thinking about food.				
Does your work require attention that you often						I feel that food controls my life.				
work? (Only one X) Yes, nearly always	Seldo		aitei a u	ay s □		I cut my food into small pieces.				
Quite often		, or almo	st never			I take longer than others to eat my meals.				
All things considered, h	now mu	ıch do v	ou enjov	/ your		Older people think I'm too thin.				
work? (Only one X) A great deal		ot much				I feel that others pressure me to eat.				
A fair amount	No	ot at all				I vomit after I have eaten.				
Your Feelings in the Las	st 14 D	ays				Gambling				
In the last two weeks, h	ave yo	u: (One	X for each	line)					Yes	No
Been continuously afraid and anxious	No	A little	A good amount	Very much		Have you ever felt the ne with continuously increa of money?				
Felt tense and restless						Have you ever had to lie	1 0 noon	lo who		
Felt hopelessness when you think about the future						Have you ever had to lie are important to you abo you lost gambling?				
Felt down and sad										
Worried too much about various things	Ш	Ш	Ш	Ш						
Life Events										
Have you experienced a last 10 years? (Put an X t				the						
	N	0	Yes							
			ast Ea mos.	arlier						
Had problems at work or school?										
Had financial problems?] [
Had problems or conflicts wi family or friends?	ith [
Had big problems in your lov life?	ve [
Been seriously ill or injured?	· [] [
Have those nearest you bee seriously ill or injured?	en [-
F					6					+

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Additional Section Women 20-29 Pregnancy and Birth Control	Yes No Do you leak urine when you cough, sneeze, laugh or lift something heavy?]
Not including pregnancies or post-natal periods, have you ever not menstruated for at least 6 months? Yes No No	When you leak urine is it accompanied by a sudden and strong urge to urinate?]
If Yes, How many times? Including all pregnancies, how many times have you been pregnant? times	How do you feel about having urinary incontinence? Not a problem]
Have you ever tried for more Yes No than one year to become pregnant?	Employment Is your work so physically demanding that you are	
If Yes, How old were you the first time you had problems becoming pregnant? yrs old	often physically worn out after a day's work? (Only one X) Yes, nearly always Seldom Quite often Never, or almost never	<i>y</i>]]
Do you use/take or have you used/taken: Now Before, Never but not now	Does your work require so much concentration an attention that you often feel worn out after a day's	
Birth control pills	work? (Only one X) Yes, nearly always Seldom	1
Birth control patch	Quite often Never, or almost never	1
Other hormone birth control (Injection, vaginal ring, implant, IUD/coil)	All things considered, how much do you enjoy you work? (Only one X)	ur
If you have taken birth control pills: How old were you when you first began taking them? yrs old	A great deal Not much A fair amount Not at all]
How many years in total have you taken birth control	Your Feelings in the Last 14 Days	
pills? Less	In the last two weeks, have you: (One X for each line)	,
than 1 yr yrs yrs yrs	<u> </u>	ery
Urinary Tract Do you unintentionally leak urine? Yes No	Been continuously]]]
If No, skip to question 72	Felt hopelessness	_
If Yes: How often do you leak urine?	when you think about the future Felt down and sad	_
Less than once a One or more times a week One or more times a Every day/night month	Worried too much	_]
How much urine usually leaks each time? Drops Small Quite a lot amount		

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Have you experienced any of the following in the last 10 years? (Put an X for each question)

last 10 years? (Put an X for	each qu	iestion)		
	No		Yes	
		Last 12 mos		lier
Had problems at work or school?				
Had financial problems?				
Had problems or conflicts with family or friends?				
Had big problems in your love life?				
Been seriously ill or injured?				
Have those nearest you been seriously ill or injured?				
Eating Habits Below are listed things that Put an X in the boxes accor		•	_	
(Put an X for each line)	Never	Seldom	Often	Alway
When I first begin eating, it is difficult to stop.				
I spend too much time thinking about food.				
I feel that food controls my life.				
I cut my food into small pieces.				
I take longer than others to eat my meals.				
Older people think I'm too thin.				
I feel that others pressure me to eat.				
I vomit after I have eaten.				
Gambling				
Have you ever felt the nee with continuously increas of money?			Yes	No
Have you ever had to lie to are important to you about you lost gambling?				

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Additional Evaluating Y	al Section Men 30-69		No, seldom No, could say	never	
_	are or have been employed.		Is your work so physically demanding the often physically worn out after a long day		
Respond to the you work.	e following statements/questions about whe	ere	Yes, nearly Seldom always Quite often Never, or almost ne	ever	
There is a go	ood collegiality at work.				
Strongly agree	Agree [Leg Pain		
Disagree	Strongly disagree		Do you have ulcer(s) on your toes, foot	Yes	No
My co-worke	ers are there for me (support me).		ankle that will not heal?		
Strongly agree	Agree [Do you have pain in one or both legs		
Disagree	Strongly disagree [when you walk?		
I get along w	ell with my co-workers.				
Strongly agree	Agree [If Yes, Where does it hurt the most?		
Disagree	Strongly disagree		Foot Leg Thigh	Hip	
•	ed/ harassed at work?			Yes	No
Yes, often	Yes, sometimes		Does the pain go away if you stand still a while?		
No, seldom	No, could say never		Do you have pain in your legs when you are resting?		
	b require you to work very fast?	_	If Yes:		
Yes, often No, seldom	Yes, sometimes [No, could say [Is the pain worse when you lay in bed?	Ш	Ш
	never		Do you have less pain if you have your legs lower, such as over the edge of the bed?		П
Yes, often	b require you to work very hard? Yes, sometimes	7	the bed?	_	_
No, seldom	No, could say never		Have you had pain in your legs continuously for more than 14 days?		
			Have you taken pain relievers because		
Yes, often	b require too great a work effort? Yes, sometimes		of pain in your legs?	Ш	Ш
No, seldom	No, could say never		Vision		
D	h as assign and attack 0		Do you have any of the following eye	Yes	No
Yes, often	b require creativity? Yes, sometimes	\neg	conditions? Cataract		
No, seldom	No, could say	_			Ш
	never		Glaucoma (raised eye pressure)	Ш	Ш
	the possibility to decide for yourse	elf how	Age-Related Macular Degeneration (retinal	П	П
to carry out y Yes, often	Yes, sometimes		calcification)	_	
No, seldom	No, could say never		Memory		
Do you have	the possibility to decide for yourse	elf	Do you have problems with your memory		
what should	be done in your work?	_	No, none Yes, some Yes,	a 10t	Ш
Yes, often	Yes, sometimes				
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Has your memory change		nger?	you urinated	d?		
No Yes, so	ome Yes, a lot		Never	1 out of 3 times	2 av 3 ganger	
Do you have trouble remembering:	Never Sometimes	Often	1 out of 5 times	1 av 2 ganger	Nesten alltid	
Things that happened a few minutes ago?			Over the las	t month, how difficu	ult have you found	it to
Other peoples' names?			postpone ur			
Dates?			Never	1 out of 3 times	2 out of 3 times	
To do something you have planned to do?			1 out of 5 times	1 out of 2 times	Almost always	
Things that happened a few days ago? Things that happened years						
Things that happened years ago?			Over the pas urinary strea	<u>st month</u> , how often am?	have you had a we	eak
Enough to be able to follow along in a conversation?			Never	1 out of 3 times	2 out of 3 times	
Urinary Tract How often do you usually		/?	1 out of 5 times	1 out of 2 times	Almost always	
1-4 times 5-7 times	8-11 times More than 11 times]		st month, how often begin urination?	have you had to p	ush
How many times do you g	et up during the night	to	Never	1 out of 3 times	2 out of 3 times	
urinate? None	3	r	1 out of 5 times	1 out of 2 times	Almost always	
	more more	''		tentionally leak	Yes □ No	
If you get up during the ni problem for you? Not a problem Somewhat of a problem	ght to urinate, is this a It's a problem It's a very big problem	a	If Yes:		ne or more times a wed	ek [
Do you feel a sudden, con that is difficult to suppres		е	How much	urine usually leaks		Ш
Never Se	everal times a week Daily]]	Drops	A small amount	Quite a lot	
Over the past month, how sensation of not emptying	your bladder		(You may X	tuations might you several answers) ough, sneeze, lift sometl		
completely after you finish Never 1 out of	•	П	When having	a sudden urge to urina	ite	
times 1 out of 5 times 1 out of 2 times	3 times Almost always		·	of or after urinating time, independent of ur	rinating	
Over the past month, how urinate again less than 2 hurinating? Never	nours after you finished 3		How do yo Not a probler A slight problem A moderate problem		urinary incontinen A great problem very great problem	ce?
Over the past month, how you stopped and started a	often have you found gain several times wh	nen	became inc	ere you when you continent? consulted a doctor		old
F		10			4	

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because of urinary incontinence?	them? Very Moderately Hardly
Additional Section Women 30-69	intense intense noticable
Menstruation, Birth Control and Pregnancy	Have you been to a doctor No Yes Decause of this?
Not including during pregnancy or post-natal period, have you ever not gotten a period for at least 6 months (premenopause)? Yes No	Have you ever taken/used Now Previously Never medicine that contains oestrogen? Tablets or patches
If Yes,	(prescribed by a doctor)
How many times? times	Creams or suppositories
In total, how many times have you been pregnant?	If you have taken/used prescription oestrogen: How old were you when you began?
Have you ever tried for more Yes No than one year to become pregnant?	How old are/were you the last time you took/used it? yrs old
prognant:	·
If Yes, How old were you the first time you tried to become pregnant? yrs old	If you take/use or have taken/used oestrogen tablets or patches, why did you begin? Alleviate menapausal symptoms
	Prevent osteoporosis
Have you ever received hormone treatment to become pregnant?	Other
If Yes, Have you received this treatment in the last 3 months?	If you have previously taken/used oestrogen tablets or patches, why did you stop? No longer have/had
Do you use/take or have you used/taken: Now Before, Never but not	Experienced bothersome Other side effects
now	Operations/Radiation Therapy in the Lower Abdomen
Birth control pills	Have you had both ovaries surgically removed?
Birth control patch	No Yes Don't know
Other hormone birth control (injection, vaginal ring, implant, IUD/coil)	If Yes, How old were you then? yrs old
If you have taken birth control pills:	Have you had your womb surgically removed
How old were you when you first began taking them? yrs old	(hysterectomy)? No Yes Don't know
How many years in total have you taken birth control	If Voc
pills? Less	If Yes, How old were you then? yrs old
Menopause	Have you ever had radiation therapy in your pelvic region?
	No Yes Don't know
(If you are premenopausal, skip to 75) Do you have/have you had hot flashes due to	If Voc
menopause? During During Day and Haven't had any	If Yes, How old were you then? yrs old
If you have had hot flashes, how would you describe	
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	Have you consulted a doctor Yes No because of urinary incontinence?
Urinary Tract	
How often do you usually urinate during the day? 1-4 times 8-11 times	Have you ever been treated for urinary incontinence? (Several Xs possible here) No, I have never had urinary incontinence
5-7 times over 11 times	No, I had urinary incontinence, but became better on its own
How many times do you get up during the night to urinate?	Yes
None 1 2 3 4 or more	If Yes, what type of treatment? Operation Medicine
If you get up during the night to urinate, is this a	Pelvic floor exercises Other
problem for you? Not a problem	Bowel Movements
Somewhat of a It's a very big problem	Have you had uncontrollable flatulence in the last
Do you feel a sudden, compelling urge to urinate	month? Never/seldom
that is difficult to suppress? Never Several times a week	Have you leaked stool (faecal incontinence) in the last
Monthly Daily	month? Never/seldom
Do you unintentionally leak urine? Yes No	If you analyzed Yes to one of the above supertions
If No, skip to question 84	If you answered Yes to one of the above questions, does faecal incontinence affect your daily life?
If Yes:	Never/seldom Weekly Daily
How often do you leak urine? Less than once a One or more times a week One or more times a Every day/night month	Are you able to hold back the stool for 15 minutes after you first feel the urge to evacuate your bowels?
How much urine usually leaks each time?	Evaluating Your Job
Drops Small Quite a lot amount	Answer if you are or have been employed.
Yes No	Respond to the following statements/questions about where you work.
Do you leak urine when you cough, sneeze, laugh or lift something heavy?	There is a good collegiality at work.
When you look uring is it assembled	Strongly Agree agree
When you leak urine is it accompanied by a sudden and strong urge to	Disagree Strongly disagree
urinate?	My co-workers are there for me (support me).
How do you feel about having urinary incontinence?	Strongly Agree agree
Not a problem A great problem	Disagree Strongly disagree
A slight problem A very great problem	I get along well with my co-workers.
A moderate problem	Strongly Agree agree
How old were you when you became incontinent? yrs old	Disagree Strongly disagree
yearne moonument:	Are you bullied/ harassed at work?
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Yes, often Yes, sometime No, seldom No, could sa	у 🗌	Do you have less pain if you have your legs lower, such as over the edge of the bed?	
Does your job require you to work very fas	t?	Have you had pain in your legs continuously for more than 14 days?	
Yes, often Yes, sometime No, seldom No, could sa never	у П	Have you taken pain relievers because of pain in your legs?	
Does your job require you to work very ha Yes, often Yes, sometime		Vision Do you have any of the following eye	Yes No
No, seldom No, could sa nevo		conditions? Cataract	
Does your job require too great a work effo Yes, often Yes, sometime		Glaucoma (raised eye pressure)	
No, seldom No, could sa nevo	· 🗀	Age-Related Macular Degeneration (retinal calcification)	
Does your job require creativity? Yes, often Yes, sometime		Memory	
No, seldom No, could sa nevo	er 🗀	Do you have problems with your memory? No, none Yes, some Yes, a l	ot
Do you have the possibility to decide for y to carry out your work? Yes, often No, could say to the possibility to decide for y to carry out your work? Yes, some	imes	Has your memory changed since you were No Yes, some Yes, a	-
Do you have the possibility to decide for y what should be done in your work? Yes, often Yes, some		Do you have trouble remembering: Things that happened a few minutes ago? Other peoples' names?	mes Often
Leg Pain		Dates?	
Do you have ulcer(s) on your toes, foot ankle that will not heal?	Yes No	To do something you have planned to do? Things that happened a few days ago? Things that happened years	
Do you have pain in one or both legs when you walk?		ago? Enough to be able to follow along in a conversation?	
If Yes, Where does it hurt the most? Foot Leg Thigh	Hip	Eating Disorders Place a circle around the number that best deseating habits during the last month.	scribes your
Does the pain go away if you stand still a while?	Yes No	Are you satisfied with your eating habits? Very satisfied 1 2 3 4 5 6 7	Very disatisfied
Do you have pain in your legs when you are resting?		Have you eaten to comfort yourself or beca	use you
If Yes: Is the pain worse when you lay in bed?		were unhappy? Not at all 1 2 3 4 5 6 7	Every- day

Γ Have you felt guilty about eating? Every-day Not at all 2 3 5 6 7 Have you felt that it was necessary for you to use a strict diet or other eating rituals to control your eating? Not at all Every-1 2 3 5 7 6 day Have you felt that you are too fat? Not at all Every-1 2 3 4 5 6 7 day

Additional Section Men 70+ Can you do the following daily tasks without the help of others? Lea Pain Yes No Prepare warm meals No Yes Do you have ulcer(s) on your toes, foot Do light housework (ex: wash dishes) ankle that will not heal? Do heavier housework (ex: wash floors) Wash clothes Do you have pain in one or both legs when you walk? Do the shopping Pay bills If Yes, Where does it hurt the most? Take medicines Thigh Hip Foot Leg Go out Take the bus Yes No Does the pain go away if you stand still a while? Memory Do you have pain in your legs when Do you have problems with your memory? you are resting? No, none Yes, some Yes, a lot If Yes: Has your memory changed since you were younger? Is the pain worse when you lay in bed? Yes, some No Yes, a lot Do you have less pain if you have your legs lower, such as over the edge of Sometimes Often the bed? Do you have trouble Never remembering: Things that happened a few Have you had pain in your legs minutes ago? continuously for more than 14 days? Other peoples' names? Have you taken pain relievers because Dates? of pain in your legs? To do something you have planned to do? **Activities of Daily Life** Things that happened a few days ago? Can you do the following daily tasks without the Things that happened years help of others? Yes No Enough to be able to follow along in a conversation? Walk around indoors on the same floor Go to the toilet **Falls** Wash yourself Take a bath or shower Have you fallen and hurt No Yes Dress and undress yourself yourself in the last year? Go to bed and get up If Yes, Eat Where did it Indoors Outdoors happen? **Other Daily Tasks** Yes No Have you been to a doctor in the last Do you have a driver's Yes No year because of an injury caused by a licence? fall? If Yes. Have you been admitted to hospital in Do you still drive a car? Yes No the last year because of an injury 15

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caused by a fall?			sensation of	not e	mptying your	bladd	er		
Have you fallen in the last 3 months?			completely a Never	fter y	ou finish urina 1 out of 3	_	2 out of		
Do you have problems with your balance?			1 out of 5 times		times 1 out of 2 times		3 times Almost always		
Use of Health Services			Over the pas	t mon	nth, how often	have	vou had i	to	
	Yes	No	urinate again		than 2 hours				
Have you had home care help in the last 12 months?			urinating? Never		1 out of 3 times		2 out of 3 times		
If Yes, Do you have enough home care help?			1 out of 5 times		1 out of 2 times	1 1	Almost always		
Have you received home nursing care in the last 12 months?				and s	<u>ith,</u> how often started again s				
If Yes, Do you receive enough home nursing care?			Never		1 out of 3 times		2 av 3 ganger		
Have you been admitted to a nursing home in the last 12 months?			1 out of 5 times		1 av 2 ganger	1 1	Nesten alltid		
Vision			Over the last postpone uri		<u>th,</u> how difficu n?	It hav	e you fou	ınd it	to
Do you have any of the following eye	Yes	No	Never		1 out of 3	1 1	2 out of 3 times		
conditions? Cataract			1 out of 5 times		times 1 out of 2 times		Almost alw	ays	
Glaucoma (raised eye pressure)			O		. (b. b				
Age Related Magular Degeneration (retinal			urinary strea		nth, how often	nave	you nad a	a wea	ıĸ
Age-Related Macular Degeneration (retinal calcification)	Ш	Ш	Never	П	1 out of 3	1 1	2 out of 3		П
Urinary Tract			1 out of 5 times		times 1 out of 2 times		times Almost alw	ays	
How often do you usually urinate during t	-	?							
1-4 times 8-11 tim			Over the pas or strain to b		nth, how often urination?	have	you had t	to pu	sh
5-7 times More than 11 tim	les _		Never		1 out of 3	1 1	2 out of 3		П
How many times do you get up during the urinate?	night	to	1 out of 5 times		times 1 out of 2 times		times Almost alw	/ays	
None 1 2 3 4 or more			Do you unint	entio	nally loak	Yes		No	
If you get up during the night to urinate, is	s this a	1	urine? If No, skip to qu		-	. 00	Ш.		
problem for you? Not a problem It's a problem	n [7	If Yes:						
Somewhat of a It's a very big problem problem	9 []			u leak urine?	e or mo	ore times a	week	:
Do you feel a sudden, compelling urge to	urinat	e	Several times	a mon	nth Ev	ery day	/night		
that is difficult to suppress? Never Several times a week	k [7			usually leaks				
Monthly Daily	у [_]	Drops	Sma amo	all ounts	Quite	e a lot		
Over the past month, how often have you	had a		In which sit		ns might you l answers)	eak uı	rine?		
-		16						\dashv	

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When you cough, sneeze, lift something heavy	
When having a sudden urge to urinate	
Drops at end of or after urinating	
Drops all the time, independent of urinating	
How do you feel about having urinary incontinence Not a problem A great problem A slight A very great problem A moderate problem	
How old were you when you became incontinent?	s old
Have you consulted a doctor because of urinary incontinence? Yes No	No [

Additional Section Women 70+ Pregnancy, Children and Hormone Therapy	Operations/Radiation Therapy in the Lower Abdomen				
In total, how many times have you been pregnant?	Have you had both ovaries surgically removed? No Yes Don't know				
Have you ever tried for more than Yes No one year to become pregnant?	If Yes, How old were you then? yrs old				
If Yes, How old were you the first time you had problems becoming pregnant? yrs old	Have you had your womb surgically removed (hysterectomy)? No Yes Don't know				
Do you have/have you had hot flashes due to menopause? During During Day and Haven't had any If you have had hot flashes, how would you describe them?	If Yes, How old were you then? Have you ever had radiation therapy in your pelvic region? No Yes Don't know				
Very Moderately Hardly noticable Have you been to a doctor No Yes because of this?	If Yes, How old were you then? Urinary Tract yrs old				
Have you ever taken/used Now Previously Never medicine that contains oestrogen? Tablets or patches	How often do you usually urinate during the day? 1-4 times 8-11 times 5-7 times over 11 times				
If you have taken/used prescription oestrogen: How old were you when you began? yrs old	How many times do you get up during the night to urinate? None 1 2 3 4 or more				
How old are/were you the last time you took/used it? yrs old	If you get up during the night to urinate, is this a problem for you? Not a problem It's a problem				
If you take/use or have taken/used oestrogen tablets or patches, why did you begin? Alleviate menapausal symptoms	Somewhat of a				
Prevent osteoporosis Other	Do you feel a sudden, compelling urge to urinate that is difficult to suppress? Never Several times a week				
If you have previously taken/used oestrogen tablets or patches, why did you stop?	Monthly Daily				
No longer have/had	Do you unintentionally leak urine? Yes No If No, skip to question 79 If Yes: How often do you leak urine? Less than once a One or more times a week				

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One or more times a Every day/night month	Leg Pain Yes No
How much urine usually leaks each time? Drops Small Quite a lot amount	Do you have ulcer(s) on your toes, foot ankle that will not heal?
	Do you have pain in one or both legs when you walk?
Do you leak urine when you cough, sneeze, laugh or lift something heavy?	If Yes, Where does it hurt the most? Foot Leg Thigh Hip
When you leak urine is it accompanied by a sudden and strong urge to urinate?	Yes No Does the pain go away if you stand still a while?
How do you feel about having urinary incontinence? Not a problem	Do you have pain in your legs when you are resting?
A slight problem A very great problem A moderate problem	If Yes: Is the pain worse when you lay in bed?
How old were you when you became incontinent? yrs old	Do you have less pain if you have your legs lower, such as over the edge of the bed?
Have you consulted a doctor Yes No because of urinary incontinence?	Have you had pain in your legs continuously for more than 14 days?
Have you ever been treated for urinary incontinence? (Several Xs possible here) No, I have never had urinary incontinence	Have you taken pain relievers because
No, I had urinary incontinence, but became better on its own Yes	Activities of Daily Life
If Yes, what type of treatment? Operation Medicine	Can you do the following daily tasks without the help of others?
Pelvic floor exercises	Walk around indoors on the same floor
Bowel Movements	Go to the toilet Wash yourself
Have you had uncontrollable flatulence in the last	Take a bath or shower
month? Never/seldom	Dress and undress yourself
	Go to bed and get up
Have you leaked stool (faecal incontinence) in the last month?	Eat
Never/seldom Weekly Daily	Other Daily Tasks
If you answered Yes to one of the above questions, does faecal incontinence affect your daily life? Never/seldom	Do you have a driver's Yes No licence? If Yes,
Are you able to hold back the	Do you still drive? Yes No
stool for 15 minutes after you first feel the urge to evacuate your bowels?	Can you do the following daily tasks without the help of others? Yes No
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Prepare warm meals					Yes	No
Do light housework (ex: wash dishes)				Have you had home care help in the		
Do heavier housework (ex: wash floors)				last 12 months?		_
Wash clothes				If Yes, Do you have enough home care help?		
Do the shopping				bo you have enough nome care neip.		
Pay bills				Have you received home nursing care		
Take medicines				in the last 12 months?		
Go out Take the bus				If Yes, Do you receive enough home nursing care?		
Memory				Have you been admitted to a nursing		
				home in the last 12 months?		
No, none Yes, some	nory? Yes, a lot			Vision		
Has your memory changed since you		nger?		Do you have any of the following eye conditions?	Yes	No
No Yes, some	Yes, a lot			Cataract		
,	Sometimes	Often		Glaucoma (raised eye pressure)		
remembering: Things that happened a few minutes ago? Other peoples' names?				Age-Related Macular Degeneration (retinal calcification)		
Dates?						
To do something you have planned to do? Things that happened a few days ago?						
Things that happened years ago? Enough to be able to follow along in a conversation?						
Falls						
Have you fallen and hurt No yourself in the last year?	Yes					
If Yes, Where did it Indoors Indoors Indoors	Outdoors					
Have you been to a doctor in the last year because of an injury caused by a fall?	Yes	No				
Have you been admitted to hospital <u>ir</u> the <u>last year</u> because of an injury caused by a fall?	1 🗆					
Have you fallen in the last 3 months?						
Do you have problems with your balance?						
Use of Health Services						
-			20			+

Fra: Regional komite for medisinsk og helsefaglig forskningsetikk REK midt

Til:

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FYSISK AKTIVITET OG MENTAL HELSE INFORMASJON OM VEDTAK

Med hjemmel i lov om behandling av etikk og redelighet i forskning § 4 og helseforskningsloven (hfl.) § 10 har Regional komité for medisinsk og helsefaglig forskningsetikk Midt-Norge vurdert prosjektet i sitt møte 29. oktober 2010. Komiteen viser til prosjektprotokoll, målsetting og plan for gjennomføring, og finner at prosjektet har et forsvarlig opplegg som kan gjennomføres under henvisning til evt. merknader og vilkår for godkjenning, jf. hfl. § 5.

Merknader og vilkår:

- Komiteen finner at prosjektet ligger klart innenfor de rammer som er lagt for Helseundersøkelsen i Nord-Trøndelag (HUNT) og innenfor det samtykke som deltakerne har gitt til bruk av dette materialet.
- Komiteen ber om at grunnlagsdata ikke blir anonymisert, slettet eller destruert, men blir oppbevart på en betryggende måte i minimum 5 år etter prosjektslutt av kontrollhensyn. Instanser som kan tenkes å kontrollere grunnlagsmaterialet er f.eks. forskningsansvarlige, Uredelighetsutvalget for forskning og Helsetilsynet.
- Prosjektleder skal sende sluttmelding til den regionale komiteen for medisinsk og helsefaglig forskningsetikk når forskningsprosjektet avsluttes. I sluttmeldingen skal resultatene presenteres på en objektiv og etterrettelig måte, som sikrer at både positive og negative funn fremgår, jf. hfl. § 12.

Vedtak:

"Regional komité for medisinsk og helsefaglig forskningsetikk, Midt-Norge godkjenner at prosjektet gjennomføres med de vilkår som er gitt."

Vedtaket kan påklages og klagefristen er tre uker fra mottagelsen av dette brev, jf. hfl. § 10 og fvl. §§ 28 og 29. Klageinstans er Den nasjonale forskningsetiske komité for medisin og helsefag (NEM), men en eventuell klage skal rettes til REK Midt-Norge. Avgjørelsen i NEM er endelig. Det følger av fvl. § 18 at en part har rett til å gjøre seg kjent med sakens dokumenter, med mindre annet følger av de unntak loven oppstiller i §§ 18 og 19.

Vennlig hilsen

Sven Erik Gisvold leder, REK Midt

Hilde Eikemo rådgiver, REK Midt