

AU01_The Baseline questionnaire

Part A Personal information

1. Family name

2. All first name(s)

3. Gender

1 Male

2 Female

4. Social security number

5. Address

6. Place of birth

7. Phone:

8. Marital status:

1 Single

2 Married

3 Widow

4 Divorced

9. How many members are there in your family? (including all the following who permanently live in the same household)

- Head of the family and the spouse

- Their parents

- Their unmarried children living at home

10. Are you yourself head of the family? (main provider)

0 No

1 Yes

11. Are you currently working in your occupation?

0 No

1 Yes

12. Are you nowadays?

1 Pupil at school or student

2 Housewife

3 Housewife on a farm

4 On old-age pension

5 On disability pension

6 You do not work for some other reason, Why?

0 You do not belong to any of these groups

13. Are you currently completely disabled for work because of a disease or handicap?

- 0 No
- 1 Yes

Which disease? _____

14. What is your current (or latest previous) occupation, during the past 12 months?

15. Occupation _____

This occupation is:

- 1 Current
- 2 Latest previous

16. Describe briefly what kind of work you do and where

17. Do you or did you do this work more than 4 hours a day?

- 0 No
- 1 Yes

18. Is (or was) this work

- 1 Daytime work
- 2 Night work
- 3 Two-shift work
- 4 Three-shift work

19. Is (or was) this work piecework?

- 0 No
- 1 Yes

20. For how many years totally did you work in this occupation?

0 less than a year
years _____

21. If you are a farmer or a farmer's family member:

- What is the total area of the farm? _____ hectares
- What is the cultivated area of the farm? _____ hectares

22. How many weeks have you been unemployed during the past 12 months?

0 Not at all
weeks _____

23. Occupational position: Into which of the following groups do (did) you belong?

- 1 An employee or worker employed by someone else
- 2 An entrepreneur or a self-employed person
- 3 An assisting family member (e.g. housewife on a farm)
- 4 Other

24. Have you ever worked (at least 12 months in total) in another occupation than that one you mentioned above?

- 0 No (Proceed to question 28)
- 1 Yes

25. In which occupation have you worked for the longest time?

- 0 In the occupation reported above (in question 14) (proceed to question 28)
- 1 In other occupation

26. In which occupation? _____

27. For how many years in total _____ years

THE OCCUPATION OF HEAD OF THE FAMILY

If you are the head of the family, you don't need the answer the following questions 28, 29, 30, 31, 32, 33, but you can proceed to question 34.

28. Is the head of your family currently working?

- 0 No
- 1 Yes

29. Is the head of your family currently (choose only one)

- 1 Pupil or student
- 2 Housewife
- 3 Housewife on a farm
- 4 On old-age pension
- 5 On disability pension
- 6 Do not work for some other reason
- 0 Does not belong to any of these groups,

Why not? _____

31. What is the current occupation of the head of your family? (occupation during the past 12 month)

32. What kind of work does he/she do and where?

33. Occupational position: Into which of the following groups does the head of your family belong (during the past 12 months):

- 1 Employee or worker employed by someone else
- 2 Entrepreneur or self-employed person
- 3 Other

EDUCATION

34. What is your basic education? (only one tick at the highest level)

- 7 Secondary school graduate
- 6 Part of secondary school
- 5 Middle school
- 4 Part of middle school
- 3 Lower secondary school
- 2 Primary school
- 1 Part of primary school

35. Which vocational education or other further education do you have and what examinations have you passed?

PART B. HEALTH STATUS AND DISEASES (36-64)

36. Do you consider your present health...

- 1 Good
- 2 Fairly good
- 3 Middling
- 4 Rather poor
- 5 Poor

37. Do you have any chronic disease or permanent handicap or disability which reduces your capacity to work in general?

- 0 No (Proceed to question 39)
- 1 Yes

38. What kind of defect, handicap or disease do you have? (If several, mark them all)

39. Do you at present have any other defect, handicap or disease?

- 0 No (Proceed to question 41)
- 1 Yes

40. Which? (If several, mark them all)

41. Do you feel you would need treatment by a doctor for any defect, handicap, disease or symptom?

0 No (proceed to question 43)

1 Yes

42. For which reasons?

INSTRUCTIONS FOR QUESTIONS 43-57 (DISEASE LIST + FOLLOW-UP QUESTIONS)

Has a doctor ever diagnosed you with		When did a doctor diagnose it for the first time	Have you ever received medication for it	Are you currently being treated by a doctor for it	Are you receiving medication for it at present?	How long ago did you last see a doctor because of it?
43. Myocardial infarction	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
44. Coronary heart disease	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
45. Heart failure	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
46. Enlarged heart	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
47. Any other heart disease	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
48. Hypertension, high blood pressure	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
49. Cerebrovascular accident	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years

						__ months
50. Lung tuberculosis	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
51. Urinary bladder, urinary tract or renal pelvis infection or bacteriuria	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
52. Reduced kidney function	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
53. Thyroid disease	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
54. Diabetes mellitus	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
55. Latent diabetes mellitus	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
56. High blood cholesterol or triglycerides	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months
57. Anemia (also diagnosed by midwife or health nurse)	0 No 1 Yes	Year 19 __	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	1 Over 2 years __ months

58. Have you ever had cancer (=malignant growth)?

0 No

1 Yes

Which? _____

59. Do you have a permanent handicap caused by traffic, work, war or other injury?

0 No

1 Yes

Which? _____

60. Have you ever been diagnosed with an ulcer?

0 No

1 Yes

61. Has your whole stomach or part of it been removed because of an ulcer or other reason?

0 No

1 Yes

62. Have you been treated in a tuberculosis sanatorium?

0 No

1 Yes

Where, when _____

63. Have you been treated in a mental hospital?

0 No

1 Yes

Where, when _____

64. Have you been diagnosed with glaucoma?

0 No

1 Yes

On the following lines, you can write, if there are other diseases diagnosed with you or if you want to give further information on your diseases or their treatment

PART C. MEDICINES

Please bring along all prescriptions of medicines you have used during the past 12 months.

PRESCRIBED MEDICINES (65-66)

65. Have you taken any prescribed medicines during the past three months?

0 No (Proceed to question 67)

1 Yes

66. What kind of prescribed medicine have you taken?

Medicine	Do you take it regularly or fairly regularly?	For how many years have you taken it regularly or fairly regularly?	Have you taken it during the past seven days
1. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
2. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
3. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
4. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
5. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
6. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
7. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
8. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs

OTHER MEDICINES (67)

67. Have you in the past 3 months taken any medicine not prescribed by a physician?

Medicine	Do you take it regularly or fairly regularly?	For how many years have you taken it regularly or fairly regularly?	Have you taken it during the past seven days?
1. Iron preparations name/names a. _____ b. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
2. Tonics or vitamins a. _____ b. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
3. Pain killers a. _____	0 No 1 Yes	0 less than 1 year	0 No

b. _____		Years __	1 Yes -> __ pcs
4. Medicines for flu, fever or cold a. _____ b. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
5. Cough medicine a. _____ b. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
6. Tranquilizer or sleeping medicine a. _____ b. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs
7. Other medicine a. _____ b. _____	0 No 1 Yes	0 less than 1 year Years __	0 No 1 Yes -> __ pcs

PART D. UTILIZATION OF HEALTH SERVICES AND ILLNESS

68. How important is it to go regularly to health checkups (even if you are not ill?)

- 1 Very important
- 2 Fairly important
- 3 Not particularly important
- 4 Fairly unimportant,
- 5 Entirely unimportant

69. How many times have you visited a doctor for a health checkup during the past two years?

0 not once
_____ times

70. How far is the nearest doctor (not dentist) from your house?

0 less than 1 km
_____ km

Pensioned people do not reply to the next questions 71 and 72 but proceed to 73.

71. How many days have you been absent due to illness (not pregnancy) from work or equal (e.g. school) or failed to attend to your normal duties?

During the past 30 days

0 not a day
_____ days

During the past 12 months

0 not a day
_____ days

72. How many consecutive days were you last (during the past 12 months) absent from work or failed to attend to your normal duties due to illness?

_____ days

73. How many times have you visited a doctor (excluding pregnancies and child births) due to illness (at doctor's reception, at a health centre, at an outpatient clinic, at home etc. Hospital care is asked separately in the next question and is not taken into account in this question. Visits at dentists are not counted here.)

During the past 30 days?

0 not once
_____ times

During the past 12 months?

0 not once
_____ times

74. How many different doctors (excluding dentists) have treated you during the past 12 months?

_____ doctors

75. Are you currently being treated by any doctor (excluding dentists)?

0 No (proceed to question 77)
1 Yes

76. Who is the doctor mainly treating you?

Name: _____

Address: _____

77. On how many different occasions have you been in hospital for treatment during the past 12 months?

0 not once
_____ times

Why? _____

78. Did you take part in the previous Mobile Clinic health examination about four to six years ago?

0 No
1 Yes

79. After the previous Mobile Clinic health examination have you had

a. Myocardial infarction	0 No 1 Yes
b. Coronary heart disease	0 No 1 Yes
c. Hypertension	0 No 1 Yes
d. Cerebrovascular disease	0 No 1 Yes
e. Diabetes mellitus	0 No 1 Yes

79 B. Have you been treated in a hospital after the previous Mobile Clinic health examination?

0 No

1 Yes

Where, why? _____

PART E. SMOKING

By smoking we mean smoking cigarettes, cigars, small cigars (cigarillos) or pipe.

80. Have you ever smoked regularly for at least one year in total? (regular smoking means that you have smoked every day or almost every day at least one cigarette, cigar, small cigar or one pipeful)

0 No (Proceed to question 90)

1 Yes

81. How old were you when you started regular smoking?

_____ years

CIGARETTE SMOKING

82. Do you smoke cigarettes regularly now? (One every day or almost every day)

0 No

1 Yes (Proceed to question 86)

83. If not, have you smoked cigarettes regularly at some earlier period?

0 No (Proceed to question 88)

1 Yes

84. How long is it since you last smoked cigarettes regularly?

1 Less than one month,

2 1-11 months,

3 1-9 years,

4 10 years or over

85. Why did you quit?

- 1 Because of illness, Which? _____
- 2 For some other reason, Why? _____

86. How many cigarettes per day do you smoke (or did smoke, if quitted)?

- 1 1-4,
- 2 5-14,
- 3 15-24,
- 4 25 or over

87. For how many years have you smoked cigarettes in total?

- 1 Less than one year,
- 2 1-9 years,
- 3 10-19 years,
- 4 20-29 years,
- 5 30 years or over

CIGAR SMOKING

88. Do you currently smoke cigars or cigarillos regularly (one a day or nearly every day)

- 0 No
- 1 Yes

PIPE SMOKING

89. Do you currently smoke pipe regularly? (one pipeful every day or nearly every day)

- 0 No
- 1 Yes

PART F. USE OF ALCOHOL

90. Have you drunk medium strength beer, strong beer, home-brewed beer, wine or strong alcoholic beverages during the past 12 months?

- 0 No (Proceed to question 100)
- 1 Yes

91. How many bottles of beer (medium strength or strong) have you consumed per week on average during the past 30 days?

- 0 not one
- _____ in average per week bottles of beer

92. In comparison to the above, how much beer per week have you consumed during the past 12 months?

- 1 Half or less of that amount
- 2 About the same amount
- 3 At least twice that amount

93. How many times have you drunk wines or spirits in total during the past month?

- 0 not once
- _____ times (proceed to question 95)

94. How many times have you drunk wines or spirits during the past 12 months?

0 not once (proceed to question 100)

_____ times

95. On how many of these occasions have you drunk only wines (and possibly beer but no spirits)?

0 not once

_____ times

96. Please estimate the total amount of wine (red wine, white wine, vermouth, sherry, madeira) you have consumed during the last month (past 30 days)

0 None

1 Less than half a bottle (under 3 glasses)

2 ½ to less than 1 bottle

3 1 to less than 2 bottles

4 2 to less than 5 bottles

5 5 to less than 10 bottles

6 10 bottles or more

97. In comparison to the above, how much wine per month on average have you consumed during the past 12 months?

1 Half or less that amount

2 About the same amount

3 At least twice that amount

98. Please estimate the total amount of spirits and other strong alcoholic beverages (spirits, vodka, cognac, whisky, liqueur, home made spirits...) you have consumed during the past 12 months

0 None

1 Less than ¼ bottle

2 ¼ to less than 1 bottle

3 1 to less than 2 bottles

4 2 to less than 3 bottles

5 3 to less than 5 bottles

6 5 to less than 10 bottles

7 10 bottles or more

1 bottle = half a liter e.g. Koskenkorva bottle

If you have consumed spirits in larger bottles (¾ liter) please estimate the amount in half liter bottles.

¼ bottle = 125 centiliters = 3 restaurant drinks

½ bottle = 25 centiliters = 6 restaurant drinks

1 bottle = ½ liter = 12 restaurant drinks

99. In comparison to the above, how much spirits per month on average have you consumed during the past 12 months?

1 Half or less that amount,

2 About the same amount,

3 At least twice that amount

COFFEE DRINKING

100. How many cups of coffee a day do you drink on average?

0 Not at all

_____ cups per day

101. How many lumps of sugar do you usually take per cup?

0 Not at all

_____ lumps per cup

PART G. PHYSICAL ACTIVITY

Please read the whole description carefully.

I PHYSICAL ACTIVITY AT WORK

102. How much do you move about at work and how strenuous is your work physically? We would like to know how much you walk, climb stairs, jog or run, lift, carry or climb in your work. Compare your principal work with the descriptions and examples below. Tick off the group which corresponds most closely with the work what you have done during the last year (12 months).

Group 0.

I have been on an old-age pension or otherwise not at work for more than one year.

Group 1.

My work mainly comprises sitting and does not involve much walking during working hours. Examples are working at a desk, office work done mainly in the sitting position, school work, drawing, knitting, shoemaker's work, handling light tools and objects.

Group 2.

In this work, you need to walk quite a lot or climb stairs but not to carry or lift heavy objects. Examples are mobile office work, light industrial work, the work of a foreman, teaching involving a lot of walking, shop assistant's work, laboratory work, crane operator's work.

Group 3.

The work comprises a lot of walking, a fair amount of lifting, climbing stairs, walking uphill or carrying rather heavy loads. Examples are postman's work, rather heavy industrial work, construction work, joiner's work, handling heavy tools, handling and assembling heavy objects, farming with machines, housewife's work on a farm.

Group 4.

A big part of the muscles has to work using strength for a long time. Examples are lifting or carrying heavy objects, heavy farm work without machinery, forest work, carrying furniture, fishing with heavy equipment, carrying sacks, heavy construction work, digging without machines.

II LEISURE TIME PHYSICAL ACTIVITY

103. How much do you move about and how hard do you exert yourself physically when your whole leisure time is counted for? If there is great difference between summer and winter, try to select the group which on average corresponds your way of spending leisure time best.

Group 1.

You train or compete in running, orienteering, cross-country skiing, swimming, football, handball etc. regularly and many times a week.

Group 2.

You engage in running, skiing, swimming, tennis, badminton, gymnastics etc.. You belong to this group if your physical activities last for at least 3 hours per week.

Group 3.

You walk, cycle or are physically active in some other way for at least 4 hours per week. This also comprises of walking, skiing or cycling to work, Sunday walks, regular gardening, fishing, hunting, table tennis etc.

Group 4.

You move about less than the group 3 and engage mainly in reading, watching television, watching movies or other sedentary activities.

III PHYSICAL ACTIVITY WHEN COMMUTING TO AND FROM WORK

The questions concern the last year (12 months). Please, estimate the mean time needed for commuting.

104. How long does it take to walk (or ski) to and from work on average? Report the combined time for going to and from work.

- 1 Less than 15 minutes
- 2 15 - 29 minutes
- 3 30-44 minutes
- 4 45 minutes or longer

105. Do you usually cycle to work, either all of the way or part of it?

- 0 No (Proceed to question 107)
- 1 Yes

106. How long is the combined time needed to cycle to and from work on average?

- 1 Less than 15 minutes
- 2 15-29 minutes
- 3 30-44 minutes
- 4 45 minutes or longer

106 B. During how many months do you usually cycle at least this amount of time when commuting?

_____ months

Part H

QUESTIONS CONCERNING YOUR PARENTS

FATHER

107. Your father's family name and all first names

108. Your father's date of birth

109. His place of birth

110. What was your father's occupation when you started primary school (i.e. were about seven years old)? (If your father was then dead, mark his latest occupation)

111. What kind of work did he do and where?

9 I don't know his occupation

112. Is your father alive?

0 No (Proceed to question 114)

1 Yes

113. How old is he now?

9 I don't know

114. Has your father had any of the following diseases?

a. Myocardial infarction	0 No 1 Yes 9 I don't know
if yes, at what age for the first time	age _____ 9 I don't know
b. Cerebrovascular disease	0 No 1 Yes 9 I don't know
if yes, at what age for the first time	age _____ 9 I don't know

If your father has died, please answer the following questions (115 – 118)

115. At what age did your father die?

age _____

9 I don't know

116. When did he die (date)?

117. In which municipality did he live at the time of his death?

118. What was his cause of death?

1 Accidental (work, traffic, war, suicide,, other)

2 Myocardial infarction

3 Other heart disease

4 Cerebrovascular disease

5 Cancer

6 Other reason

9 I don't know

MOTHER

119. Your mother's family name and all first names

120. Your mother's date of birth

121. Her place of birth

122. Is your mother alive?

0 No (Proceed to question 124)

1 Yes

123. How old is she now?

9 I don't know

124. Has your mother had any of the following diseases?

a. Myocardial infarction	0 No 1 Yes 9 I don't know
if yes, at what age for the first time	age _____ 9 I don't know
b. Cerebrovascular disease	0 No 1 Yes 9 I don't know
if yes, at what age for the first time	age _____ 9 I don't know

If your mother has died, please answer the following questions (125-128)

125. At what age did your mother die?

age _____

9 I don't know

126. When did she die (date)?

127. In which municipality did she live at the time of her death?

128. What was her cause of death?

1 Accidental (work, traffic, war, suicide,, other)

2 Myocardial infarction

3 Other heart disease

4 Cerebrovascular disease

5 Cancer

6 Other reason

9 I don't know

PART I

SAUNA BATHING (129-135)

129. Do you bathe in the sauna?

0 Not at all (proceed to question 136)

1 Yes

130. How many times on average per month do you go to the sauna?

In summer (June-August) _____ times

In winter (September-May) _____ times

131. How many times do you go and sit in sauna heat while bathing?

- 1 once or not at all
- 2 2 times
- 3 3 times
- 4 4 time
- 5 5 or more times

132. How long do you usually stay in sauna heat straight?

- 1 Less than 5 minutes
- 2 5 to 14 minutes
- 3 15-24 minutes
- 4 25 minutes and longer

133. How warm is your sauna usually?

- 1 Mild heat (under 80 degrees)
- 2 Intermediate heat (80-99 degrees)
- 3 Hot (100 degrees or over)

134. Do you drink alcoholic beverages (including beer) before, during or after bathing in sauna?

- 1 Always or almost always,
- 2 Fairly often,
- 3 From time to time,
- 4 Rarely,
- 5 Never or hardly ever

135. If you use alcoholic beverages during your bathing in sauna, which beverages and how much do you usually consume during one sauna bath?

Beer

- 0 None
- bottles _____

Spirits

- 0 None
- 1 under ¼ bottle
- 2 ¼ to under ½ a bottle
- 3 ½ to under 1 bottle
- 4 1 bottle or more

Part K

QUESTIONS FOR WOMEN (136-156)

136. Are you pregnant at present?

- 0 No
- 1 Yes

137. Do you still menstruate? (answer no, if they are permanently ended.)

- 0 No
- 1 Yes

138. Have you ever been pregnant?

0 No (proceed to question 144)

1 Yes

139. How many (live) children have you given birth to?

0 none

_____ children

140. Have you had any stillbirths?

0 none

_____ children

141. Have you had any abortions?

0 none

_____ abortions

142. Have you ever had pregnancy toxemia (pre-eclampsia)?

0 No

1 Yes

143. Have you had high blood pressure during any pregnancy?

0 No

1 Yes

144. Have you ever had burning sensation or pain while urinating (and probably also increased need for urinating)?

0 No

1 Yes

145. How many times in total?

146. How many times after the previous Mobile Clinic health examination survey?

0 none

_____ times

147. Have you had an infection of the urinary bladder, urinary tract or renal pelvis or have bacteria been detected in your urine after the previous Mobile Clinic health examination?

- 0 No
- 1 Yes

148. How many times?

149. Have you received any medication for it?

- 0 No
- 1 Yes

150. Have you been detected with anemia after the previous Mobile Clini health examination?

- 0 No
- 1 Yes

151. How many times in total?

USE OF CONTRACEPTIVE PILLS

152. Have you ever used oral contraception?

- 0 No
- 1 Yes

153. Are you using oral contraception at present?

- 0 No (Proceed to question 155)
- 1 Yes

154. Which brand?

155. How long ago did you (last) stop using oral contraception?

- 1 less than 1 month
- 2 1-11 months
- 3 1-2 years
- 4 3-4 years
- 5 5 years or longer

156. How long have you used oral contraception in total?

- 1 Under 1 month
- 2 1-5 months
- 3 6-11 months
- 4 1-2 years
- 5 3-4 years
- 6 5 years and longer

Comments and further information: