

The Finnish Mobile Clinic

Follow-up Survey

AU05_Basic questionnaire (non-participants)

Surname

First names

Gender

1 Male

2 Female

Social security number

Postal address

1. Marital status

1 Single

2 Married

3 Widowed

4 Divorced/separated

2. What is the current occupation of the head of your family? (Referring to occupation during the past 12 months, if e.g. on pension, write 'retired'. If you yourself are the head of the family, write down your own occupation)

Occupation:

3. Did you take part in the Auto Clinic health examination approximately 6 years ago (1966, 1967 or 1968)?

0 No

1 Yes

4. Have you been diagnosed with any of the following since the previous Auto Clinic study

- a. coronary thrombosis (cardiac arrest)
- b. coronary heart disease (coronary constriction, angina pectoris)
- c. hypertension
- d. stroke (cerebral hemorrhage, cerebral embolism)
- e. diabetes

5. Have you been treated at a hospital since the previous Auto Clinic study?

0 No

1 Yes

Where, why?

Next (questions 6-20) we would like to inquire some details regarding diseases that have been diagnosed by a physician. Please mark a cross in the boxes below indicating whether you have been diagnosed with the disease or not. If a physician has diagnosed you with the disease in

question, answer the additional questions that follow. If not, mark the 'no' box and do not go on to answer the additional questions. If you think that a physician has not examined you for the disease in question, you are to also answer no.

Only answer these additional questions if you have been diagnosed with the disease by a physician.

When were you first diagnosed

Have you ever received medical treatment?

0 No

1 Yes

Are you currently being treated by a physician due to the disease?

0 No

1 Yes

Do you currently receiving medical treatment due to the disease?

0 No

1 Yes

How long has it been since you last saw a physician due to the disease? (doctors' appointment, polyclinic, hospital)

A. Has a physician diagnosed you with?

6. coronary thrombosis (cardiac arrest)

0 No

1 Yes

7. coronary heart disease (coronary constriction, angina pectoris)

0 No

1 Yes

8. heart failure

0 No

1 Yes

9. enlarged heart (cardiomyopathy)

0 No

1 Yes

10. Some other heart disease

0 No

1 Yes

B

11. hypertension, high blood pressure

0 No

1 Yes

12. stroke (cerebral hemorrhage, cerebral embolism)

0 No

1 Yes

C

13. pulmonary tuberculosis

0 No

1 Yes

D**14. Urinary bladder-, urinary tract- or kidney pelvis infection or bacteriuria**

0 No

1 Yes

15. Renal failure

0 No

1 Yes

E**16. Thyroid disease**

0 No

1 Yes

17. Diabetes

0 No

1 Yes

18. Latent diabetes (tendency for diabetes)

0 No

1 Yes

19. High blood cholesterol or triglycerides

0 No

1 Yes

20. Anemia (also if diagnosed by midwife or health nurse)

0 No

1 Yes

21. Occupation

What is your current (or latest) occupation? (Referring to your occupation during the past 12 months. If you are currently not employed in your occupation, we kindly ask you to note down the occupation you were previously employed by for a minimum of 12 months. Report your most recent occupation e.g. if you are currently a student, housewife or retired etc. but have at some point been employed.

Occupation:

22. Reason for absence

Cross out the box, which most accurately describes the most significant reason you did not take part in the Auto Clinic study. Only cross out one option. If needed, give a further explanation in the 'additional information' section at the end of the form.

1. I considered myself healthy
2. I did not take part in the study due to a hindrance at work (or school)
3. I did not take part in the study due to the situation at home (e.g. young children)
4. I did not take part in the study because I cannot travel easily without assistance
5. I did not take part due to pregnancy
6. I did not take part because I was ill on the day of the trial
Which illness
7. I was already being treated by a physician for my illness
Which illness
8. I was being treated at

- a. hospital
 - b. mental hospital
 - c. tuberculosis sanitarium
 - d. somewhere else where
9. I was temporarily out of the area
- a. on business
 - b. studying
 - c. military service
 - d. holiday
 - e. other
10. I had moved to another district permanently
- New address:
11. I did not take part in the study for some other reason
- Reason:
- Additional information

Who filled in the form:

-myself, relative

-health insurance office or the Auto Clinic