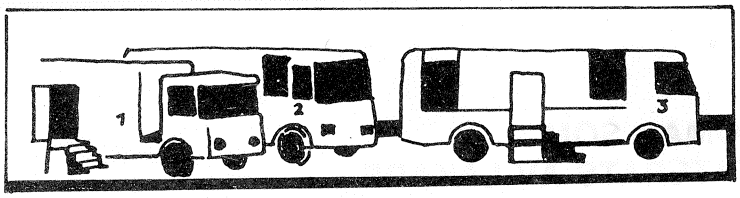
BASIC QUESTIONNAIRE

MOBILE CLINIC



THE PURPOSE OF THIS QUESTIONNAIRE IS TO ASK YOU FOR INFORMATION CONCERNING YOUR HEALTH, YOUR ILLNESSES AND HOW THEY ARE TREATED, THE MEDICINES YOU TAKE AND YOUR GENERAL CAPACITY TO WORK AND FUNCTIONAL CAPACITY.

YOUR REPLIES ARE OF THE UTMOST IMPORTANCE BOTH FOR THE SUCCESS OF THE EXAMINATION AND FOR LATER MEDICAL RESEARCH. PLEASE TRY TO ANSWER ALL QUESTIONS INTENDED FOR YOU AS FULLY AS POSSIBLE.

YOUR REPLIES WILL REMAIN CONFIDENTIAL.

PART A
PERSONAL DATA

Personal identification code

|_|_| |_|_| |_|_|_|_|_|-|_|_|_|_|

Name: _____

Address: _____

Locality

_____

Postal address

_____

Street address

Telephone: _____

Locality

|_| _____ |_|_|_|_|

Id number

|_|_|_|_|_|-|_|

Date

|_|_|_|_|_|_|

Observer

|_|_|_|_|_| |_|_|_|_|_| |_|_|_|_| |_|_|

Sex: MALE [1]

FEMALE [2]

PART B
STATE OF HEALTH

1. DO YOU CONSIDER YOUR PRESENT HEALTH...

GOOD [1]

FAIRLY GOOD [2]

MIDDLING [3]

RATHER POOR [4]

POOR [5]

2. DO YOU HAVE A PERMANENT OR CHRONIC ILLNESS OR SOME HANDICAP OR DISABILITY WHICH REDUCES YOUR CAPACITY TO WORK AND FUNCTIONAL CAPACITY?

NO [0]

YES [1]

PART C
DIAGNOSED ILLNESSES

INSTRUCTIONS FOR QUESTIONS 3-33

IN THE FOLLOWING WE SHALL INQUIRE WHETHER YOU HAVE, ACCORDING TO A P H Y S I C I A N'S D I A G N O S I S, HAD CERTAIN ILLNESSES. TICK OFF THE CORRECT SQUARE, DEPENDING ON WHETHER THE ILLNESS IN QUESTION HAS BEEN DIAGNOSED. IF IT HAS, PLEASE ANSWER THE FURTHER QUESTIONS, IF NOT, ANSWER "NO" AND IGNORE THE FURTHER QUESTIONS. IF YOU HAVE NOT BEEN EXAMINED BY A DOCTOR FOR THE ILLNESS IN QUESTION TO YOUR KNOWLEDGE, ANSWER "NO". IF YOU DO NOT REMEMBER THE PRECISE DATES ASKED FOR, PUT DOWN YOUR OWN ESTIMATE.

THE FOLLOWING EXAMPLE CLARIFIES THE PROCEDURE:

EXAMPLE: ACCORDING TO A DOCTOR'S DIAGNOSIS YOU HAVE (OR HAVE HAD) A PEPTIC ULCER, YOU HAVE NOT BEEN TREATED FOR IT IN HOSPITAL, BUT YOU HAVE AT SOME TIME USED MEDICATION FOR IT, YOU ARE ON MEDICATION FOR IT AT PRESENT AND YOU LAST VISITED A PHYSICIAN BECAUSE OF IT 3 MONTHS AGO.

ANSWER AS FOLLOWS:

HAVE YOU HAD, ACCORDING TO A PHYSICIAN'S DIAGNOSIS?		Answer these further questions only if you have had the illness in question according to a physician's diagnosis.				
		HAVE YOU EVER BEEN IN HOSPITAL FOR IT?	HAVE YOU EVER RECEIVED MEDICINES FOR IT?	ARE YOU CURRENTLY BEING CARED FOR BY A DOCTOR FOR IT?	ARE YOU RECEIVING MEDICINES FOR IT AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL)
PEPTIC ULCER	NO 0 / YES [X] 1	NO [X] 0 / YES 1	NO 0 / YES [X] 1	NO 0 / YES [X] 1	NO 0 / YES [X] 1	MONTHS 3 / OVER 2 YEARS AGO 1

DISEASES OF LUNGS

HAVE YOU HAD, ACCORDING TO A PHYSICIAN'S DIAGNOSIS?		Answer these further questions only if you have had the illness in question according to a physician's diagnosis.				
		HAVE YOU EVER BEEN IN HOSPITAL FOR IT?	HAVE YOU EVER RECEIVED MEDICINES FOR IT?	ARE YOU CURRENTLY BEING CARED FOR BY A DOCTOR FOR IT?	ARE YOU RECEIVING MEDICINES FOR IT AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL)
3. PULMONARY (LUNG) TUBERCULOSIS	NO 0 / YES 1	NO 0 / YES 1	NO 0 / YES 1	NO 0 / YES 1	NO 0 / YES 1	
4. PULMONARY EMPHYSEMA	0 / 1	0 / 1	0 / 1	0 / 1	0 / 1	
5. CHRONIC BRONCHITIS	0 / 1	0 / 1	0 / 1	0 / 1	0 / 1	
6. BRONCHIAL ASTHMA	0 / 1	0 / 1	0 / 1	0 / 1	0 / 1	
7. OTHER LUNG DISEASE WHICH? _____	0 / 1	0 / 1	0 / 1	0 / 1	0 / 1	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF ANY LUNG DISEASE? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL) MONTHS ___ / OVER 2 YEARS AGO 1

HEART DISEASES

HAVE YOU HAD, ACCORDING TO A PHYSICIAN'S DIAGNOSIS?	Answer these further questions only if you have had the illness in question according to a physician's diagnosis: HAVE YOU EVER BEEN IN HOSPITAL FOR IT?	HAVE YOU EVER RECEIVED MEDICINES FOR IT?	ARE YOU CURRENTLY BEING CARED FOR BY A DOCTOR FOR IT?	ARE YOU RECEIVING MEDICINES FOR IT AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL)
8. MYOCARDIAL INFARCTION (THROMBOSIS OF CORONARY ARTERY) NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	
9. CORONARY HEART DISEASE (MYOCARDIAL ISCHAEMIA, ANGINA PECTORIS) [0] [1]	[0] [1]	[0] [1]	[0] [1]	[0] [1]	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF ANY HEART DISEASE?
10. HEART FAILURE [0] [1]	[0] [1]	[0] [1]	[0] [1]	[0] [1]	MONTHS ⌊⌊ OVER 2 YEARS AGO [1]
11. HEART ENLARGEMENT [0] [1]	[0] [1]	[0] [1]	[0] [1]	[0] [1]	
12. OTHER HEART DISEASE [0] [1] WHAT? _____ _____	[0] [1]	[0] [1]	[0] [1]	[0] [1]	DON'T FILL IN NO. [1] [2] [3] [4] [5]

OTHER VASCULAR DISEASES

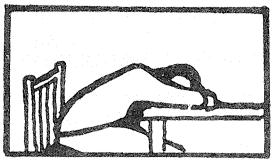
	..EVER IN HOSPITAL?	..EVER MEDICINES?	...CURRENTLY CARED FOR BY A DOCTOR?	..MEDICINES AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT?
13. HIGH BLOOD PRESSURE, ARTERIAL HYPERTENSION NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	MONTHS ⌊⌊ OVER 2 YEARS AGO [1]
DURING PREGNANCY ONLY [1]					
14. CEREBRAL STROKE (CEREBRAL BLEEDING, CEREBRAL THROMBOSIS) [0] [1]	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
15. THROMBOSIS OR ARTERIOSCLEROSIS OF LOWER LIMB(S) (INTERMITTENT CLAUDICATION) [0] [1]	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
16. VARICOSE VEINS OF LOWER LIMB(S) [0] [1]	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]

FOR INTERVIEWER: CLASSES OF OTHER HEART DISEASE (12): 1 = CONGENITAL HEART DISEASE, 2 = VALVULAR HEART DISEASE, 3 = CARDIAC ARRHYTHMIA, 4 = DYSTONIC SYMPTOMS, 5 = OTHER

DISEASES OF JOINTS, LIMBS AND BACK, ACCIDENTS

HAVE YOU HAD, ACCORDING TO A PHYSICIAN'S DIAGNOSIS?	Answer these further questions only if you have had the illness in question according to a physician's diagnosis				
	HAVE YOU EVER BEEN IN HOSPITAL FOR IT?	HAVE YOU EVER RECEIVED MEDICINES FOR IT?	ARE YOU CURRENTLY BEING CARED FOR BY A DOCTOR FOR IT?	ARE YOU RECEIVING MEDICINES FOR IT AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL)
17. RHEUMATOID ARTHRITIS NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	MONTHS [ ][ ] OVER 2 YEARS AGO [1]
18. OTHER RHEUMATISM NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	[ ][ ] [1]
19. OSTEO-ARTHROSIS (OSTEOARTHRITIS) NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	[ ][ ] [1]
DON'T FILL IN - KNEE [1] - HIP [1] - OTHER JOINT [1] - WHAT? _____					
20. SPINE DISEASE OR IMPAIRMENT NO [0] YES [1] WHICH? _____	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	[ ][ ] [1]
21. CONGENITAL DEFECT OR IMPAIRED GROWTH OF LIMBS NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	[ ][ ] [1]
22. PERMANENT TRAUMATIC INJURY NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	[ ][ ] [1]
DON'T FILL IN ACCIDENT AT WORK [1] TRAFFIC [1] WAR [1] OTHER [1] WHICH INJURY? [ ] _____					

FOR INTERVIEWER: CODE OF INJURY: 1 = HEAD OR BRAIN ONLY, 2 = UPPER LIMB(S) ONLY, 3 = LOWER LIMB(S) ONLY, 4 = BODY, BACK, LUNGS ETC. 5 = LOWER + UPPER LIMB(S) ONLY, 6 = ANY COMBINATION OF PREVIOUS ONES, 8 = OTHER



MENTAL PROBLEMS

HAVE YOU HAD, ACCORDING TO A PHYSICIAN'S DIAGNOSIS?	Answer these further questions only if you have had the illness in question according to a physician's diagnosis				
	HAVE YOU EVER BEEN IN HOSPITAL FOR IT?	HAVE YOU EVER RECEIVED MEDICINES FOR IT?	ARE YOU CURRENTLY BEING CARED FOR BY A DOCTOR FOR IT?	ARE YOU RECEIVING MEDICINES FOR IT AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL)
23. MENTAL DISTURBANCE (NEURASTHENIA, DEPRESSION, NEUROSIS) NO [0] YES [1] →	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	MONTHS ⌊⌊ OVER 2 YEARS AGO [1]
24. SEVERE PSYCHIATRIC ILLNESS (PSYCHOSIS, SEVERE DEPRESSION) [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]

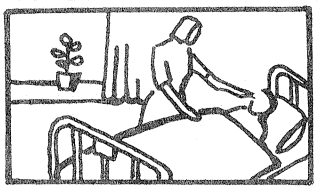
OTHER DIAGNOSED ILLNESSES

	..EVER IN HOSPITAL?	..EVER MEDICINES?	...CURRENTLY CARED FOR BY A DOCTOR?	..MEDICINES AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT?
25. DIABETES NO [0] YES [1] →	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	MONTHS ⌊⌊ OVER 2 YEARS AGO [1]
26. ANAEMIA [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
27. URINARY TRACT INFECTION [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
28. RENAL FAILURE [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
29. GALL STONES [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
30. PEPTIC ULCER (STOMACH ULCER) [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
31. CHRONIC ECZEMA OR SKIN ERUPTION [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
32. CANCER (MALIGNANT NEOPLASM) [0] [1] →	[0] [1]	[0] [1]	[0] [1]	[0] [1]	⌊⌊ [1]
DON'T FILL IN _____ [ ] → WHICH ORGAN?					

OTHER DIAGNOSED ILLNESSES

HAVE YOU HAD, ACCORDING TO A PHYSICIAN'S DIAGNOSIS?	Answer these further questions only if you have had the illness in question according to a physician's diagnosis.				
	HAVE YOU EVER BEEN IN HOSPITAL FOR IT?	HAVE YOU EVER RECEIVED MEDICINES FOR IT?	ARE YOU CURRENTLY BEING CARED FOR BY A DOCTOR FOR IT?	ARE YOU RECEIVING MEDICINES FOR IT AT PRESENT?	HOW LONG AGO DID YOU LAST SEE A PHYSICIAN BECAUSE OF IT? (AT A CONSULTATION, OUT-PATIENT CLINIC OR HOSPITAL)
NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	NO [0] YES [1]	MONTHS [ ] OVER 2 YEARS AGO [1]
33. OTHER CHRONIC CONDITION 1. _____ 2. _____ 3. _____					[ ] [ ] [ ] [ ] [ ] [ ]

ADDITIONAL INFORMATION CONCERNING YOUR ILLNESSES:



HOSPITAL TREATMENT

34. HAVE YOU EVER BEEN IN A HOSPITAL OR SANATORIUM BECAUSE OF ILLNESS?

NO (go to question 36) [0]

YES [1]

35. WRITE DOWN FOR WHAT ILLNESS, WHERE AND WHEN (YEAR)

(If you have been in hospital for treatment of the same illness several times, one mention is enough)

ILLNESS	NAME OF HOSPITAL OR SANATORIUM	YEAR	
1. _____	_____	_____	[ ] [ ] [ ]
2. _____	_____	_____	[ ] [ ] [ ]
3. _____	_____	_____	[ ] [ ] [ ]
4. _____	_____	_____	[ ] [ ] [ ]
5. _____	_____	_____	[ ] [ ] [ ]

OPERATIONS

36. HAVE YOU EVER UNDERGONE AN OPERATION?

NO (go to question 38) [0]

YES [1]

37. WRITE DOWN WHAT KIND OF OPERATION, IN WHICH HOSPITAL AND WHEN (YEAR)

	OPERATION	NAME OF HOSPITAL	YEAR	Don't fill
1.				
2.				
3.				
4.				
5.				

PHYSICIAN'S TREATMENT

38. HAVE YOU BEEN TREATED BY A PHYSICIAN OR VISITED ONE REPEATEDLY BECAUSE OF YOUR ILLNESS RECENTLY?

NO (go to question 40) [0]

YES [ ]

39. WHICH PHYSICIAN(S) HAVE YOU MOSTLY VISITED?

Write down the physician's or physicians' name(s) and address(es). If you do not remember these, write the name and address of the place of treatment (e.g. health centre, out-patient clinic, medical station, etc.)

1. Name: _____

   Address: _____

2. Name: _____

   Address: _____

3. Name: _____

   Address: _____

4. Name: _____

   Address: _____

PART D
MEDICATION

MEDICINE PRESCRIBED BY A PHYSICIAN

40. HAVE YOU IN THE PAST 3 MONTHS TAKEN ANY MEDICINE PRESCRIBED BY A PHYSICIAN?

NO (go to question 42) [0]
YES [1]

41. WHAT KIND OF PRESCRIBED MEDICINE HAVE YOU TAKEN AND HOW OFTEN?
(Enter each medicine on a separate line. Answer the further questions.)

NAME OF MEDICINE PRESCRIBED BY PHYSICIAN	DO YOU TAKE IT REGULARLY OR FAIRLY REGULARLY?		HAVE YOU TAKEN IT DURING THE PAST 7 DAYS?		Do not answer Prescr. = if the patient has the prescription with him Now = yesterday or the day before		
	NO	YES	NO	YES	Prescr.	Now	
1. _____	0	1	0	1	1	1	
2. _____	0	1	0	1	1	1	
3. _____	0	1	0	1	1	1	
4. _____	0	1	0	1	1	1	
5. _____	0	1	0	1	1	1	
6. _____	0	1	0	1	1	1	
7. _____	0	1	0	1	1	1	
8. _____	0	1	0	1	1	1	
9. _____	0	1	0	1	1	1	
10. _____	0	1	0	1	1	1	

FOR INTERVIEWER: TRADE MARKS OF DIGITALIS PREPARATIONS:

CARADRIN, CARDIGOXIN, CEDILANID, CEDOXIN, CELANATA, DIGITOXIN, DIGOXIN, LANADIX, LANASID, LANOXIN, MEDIGOXIN, TALUSIN

NITRATE PREPARATIONS

OTHER MEDICINE

42. HAVE YOU IN THE PAST 3 MONTHS TAKEN ANY MEDICINE NOT PRESCRIBED BY A PHYSICIAN?

NO (go to question 44) [0]
YES [1]

43. WHAT MEDICINE OF THIS KIND HAVE YOU TAKEN AND HOW FREQUENTLY? (Enter each medicine on a separate line. Answer the further questions.)

NAME OF MEDICINE	DO YOU TAKE IT REGULARLY OR FAIRLY REGULARLY?		HAVE YOU TAKEN IT DURING THE PAST 7 DAYS?		Do not answer Now = yesterday or the day before
	NO	YES	NO	YES	Now
1. _____	[0]	[1]	[0]	[1]	[1] ⌊⌋⌊⌋⌊⌋
2. _____	[0]	[1]	[0]	[1]	[1] ⌊⌋⌊⌋⌊⌋
3. _____	[0]	[1]	[0]	[1]	[1] ⌊⌋⌊⌋⌊⌋
4. _____	[0]	[1]	[0]	[1]	[1] ⌊⌋⌊⌋⌊⌋
5. _____	[0]	[1]	[0]	[1]	[1] ⌊⌋⌊⌋⌊⌋

44. HAVE YOU IN THE PAST 3 MONTHS TAKEN ANY MEDICINE (PRESCRIBED OR OTHER) FOR ANY OF THE FOLLOWING REASONS?
If "yes", answer the further questions

REASON FOR TAKING MEDICINE	HAVE YOU TAKEN MEDICINE?		DO YOU NEED THIS MEDICINE CONTINUALLY OR NEARLY SO?		FOR HOW MANY YEARS HAVE YOU TAKEN THE MEDICINE REGULARLY OR NEARLY REGULARLY?	
	NO	YES	NO	YES	Less than 1 year	Years
1. HEADACHE	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
2. BACKACHE	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
3. MUSCLE OR JOINT ACHE	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
4. OTHER ACHE	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
5. COLD, FEVER	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
6. COUGH	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
7. SLEEPLESSNESS	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
8. TENSION, NERVOUSNESS	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
9. ABDOMINAL SYMPTOMS, CONSTIPATION	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋
10. TONIC, VITAMIN OR DRUG CONTAINING IRON	[0]	[1] →	[0]	[1]	[0]	⌊⌋⌊⌋

PART E
WORK CAPACITY

E 1 45. HOW GOOD IS YOUR PRESENT WORK CAPACITY?

I AM FULLY ABLE TO WORK (go to part E 2)	1
I AM PARTIALLY UNABLE TO WORK	2
I AM COMPLETELY UNABLE TO WORK	3

46. WHICH ILLNESSES OR HANDICAPS MAKE YOU PARTIALLY OR FULLY UNABLE TO WORK?
ILLNESS OR DISABILITY

1. _____ ⌊_⌊_⌊_
2. _____ ⌊_⌊_⌊_
3. _____ ⌊_⌊_⌊_

47. WHAT WAS YOUR OCCUPATION AT THE TIME YOU BECAME PARTIALLY OR FULLY UNABLE TO WORK?

NONE 0

Occupation: _____ ⌊_⌊_⌊_

E 2 ANSWER THE FOLLOWING QUESTIONS 48-57 ONLY IF YOU HAVE A JOB OR IF YOU ARE DOING ANY COMPARABLE WORK (now or during the last 12 months).

ANSWER ALSO IF YOU ARE AT PRESENT TEMPORARILY ON SICK LEAVE, UNEMPLOYED OR NOT WORKING FOR SOME OTHER SIMILAR REASON.

PERSONS WHO DO NOT WORK FOR THEIR LIVING (e.g. pensioners) SHOULD GO ON TO QUESTION 58 ON PAGE 12.

48. HOW WELL CAN YOU MANAGE YOUR PRESENT JOB, GENERALLY SPEAKING (how well did you manage in the last job you had)?

WELL	1
FAIRLY WELL	2
MODERATELY	3
RATHER BADLY	4
BADLY	5

49. HAVE YOU BEEN OBLIGED AT SOME TIME TO CHANGE PROFESSION, JOB OR DUTIES BECAUSE OF ILLNESS OR DISABILITY?
(Tick off one or more alternatives)

	NONE OF THESE (go to question 53)	0
I HAVE BEEN OBLIGED TO..	CHANGE PROFESSION	1
	CHANGE MY JOB	2
	I HAVE BEEN TRANSFERRED TO OTHER DUTIES AT MY PLACE OF WORK	3

50. WHEN WERE YOU LAST OBLIGED TO CHANGE PROFESSION, JOB OR DUTIES BECAUSE OF ILLNESS?

LESS THAN A YEAR AGO [0]
... YEARS AGO [ ][ ]

51. WHAT ILLNESS OR DISABILITY WAS THE MAIN REASON FOR THIS?
ILLNESS OR DISABILITY

1. _____ [ ][ ][ ]
2. _____ [ ][ ][ ]

52. WHAT WAS YOUR PREVIOUS AND WHAT IS YOUR PRESENT PROFESSION, JOB OR DUTIES?

PREVIOUS: _____ [ ][ ][ ]
PRESENT: _____ [ ][ ][ ]

53. HOW MANY DAYS HAVE YOU BEEN ON SICK LEAVE DURING THE LAST 12 MONTHS?

NONE (go to question 55) [0]
I HAVE BEEN ON SICK LEAVE
NUMBER OF DAYS ..... [ ][ ][ ]

54. BECAUSE OF WHICH ILLNESSES OR DISABILITIES AND FOR HOW LONG?

Put down the illness or disability and then the number of days you have been on sick leave because of it during the last 12 months

	ILLNESS OR DISABILITY	SICK LEAVE (DAYS)	
1.	_____	_____ days	[ ][ ][ ]
2.	_____	_____ days	[ ][ ][ ]
3.	_____	_____ days	[ ][ ][ ]
4.	_____	_____ days	[ ][ ][ ]

55. HAVE YOU BEEN OBLIGED TO CUT DOWN THE WORK YOU DO OR GIVE UP SOME OF YOUR DUTIES PERMANENTLY IN YOUR PRESENT WORK BECAUSE OF ILLNESS OR DISABILITY?

NO (go to question 58) [0]
YES [1]

56. WHAT DUTIES HAVE YOU GIVEN UP OR HOW HAVE YOU CUT DOWN THE AMOUNT OF WORK YOU DO?

_____

_____

57. BECAUSE OF WHICH ILLNESSES OR DISABILITIES HAVE YOU BEEN OBLIGED TO CUT DOWN YOUR WORK OR GIVE UP PART OF YOUR DUTIES?

ILLNESS OR DISABILITY

1. _____ [ ][ ][ ]
2. _____ [ ][ ][ ]

PART F
CAPACITY FOR RECREATION AND TASKS OTHER THAN THOSE CONNECTED WITH EARNING A LIVING

DUTIES NOT CONNECTED WITH JOB

58. GENERALLY SPEAKING, HOW WELL ARE YOU ABLE TO PERFORM DUTIES APART FROM YOUR JOB, SUCH AS CHORES OR MANAGING YOUR OWN AND YOUR FAMILY'S AFFAIRS?

WELL	1
FAIRLY WELL	2
MODERATELY	3
NOT TOO WELL	4
BADLY	5

59. HAVE YOU BEEN OBLIGED TO ABANDON ANY DUTIES APART FROM YOUR JOB ENTIRELY AND PERMANENTLY BECAUSE OF YOUR ILLNESS OR DISABILITY? (e.g. domestic chores, taking care of your own or family affairs)

NO (go to question 61)	0
YES (answer questions 60-63)	1

60. WHICH DUTIES HAVE YOU ABANDONED ENTIRELY?

_____

_____

61. HAVE YOU BEEN OBLIGED TO REDUCE DUTIES APART FROM YOUR JOB PERMANENTLY

NO (go to question 63)	0
YES	1

62. WHICH DUTIES HAVE YOU REDUCED?

_____

_____

63. IF YOU HAVE BEEN OBLIGED TO GIVE UP OR CUT DOWN ON PERFORMING ANY DUTIES, WHAT ILLNESSES OR DISABILITIES WERE THE REASON FOR THIS?

ILLNESSES OR DISABILITIES

1. _____ |_|_|_|
2. _____ |_|_|_|
3. _____ |_|_|_|

LEISURE TIME ACTIVITIES

64. HAVE YOU BEEN OBLIGED TO GIVE UP ANY PASTIMES OR HOBBIES PERMANENTLY BECAUSE OF ILLNESS OR DISABILITY?

NO (go to question 66) 0
YES (answer questions 65-68) 1

65. WHAT PASTIMES HAVE YOU GIVEN UP ENTIRELY?

66. HAVE YOU BEEN OBLIGED TO CUT DOWN ON ANY LEISURE TIME ACTIVITIES PERMANENTLY OR OTHERWISE CHANGE THEM BECAUSE OF ILLNESS OR DISABILITY? (E.G. SPEND LESS TIME DOING THEM, REST MORE FREQUENTLY, LEAVE SOME THINGS UNDONE, DO THEM LESS FREQUENTLY)

NO (go to question 68) 0
YES 1

67. WHAT PASTIMES HAVE YOU BEEN OBLIGED TO REDUCE OR CHANGE?

68. IF YOU HAVE BEEN OBLIGED TO GIVE UP OR CUT DOWN ON ANY PASTIME, WHAT ILLNESSES OR DISABILITIES WERE THE CAUSE?

ILLNESSES OR DISABILITIES

1. ____ ⌊___⌋
2. ____ ⌊___⌋
3. ____ ⌊___⌋

MENTAL EFFORT

69. HOW WELL CAN YOU COPE WITH TASKS REQUIRING A GOOD MEMORY AND MENTAL EFFORT?

WELL 1
FAIRLY WELL 2
MODERATELY 3
NOT VERY WELL 4
BADLY 5

PART G

CONDITION, CAPACITY FOR MOVEMENT AND ABILITY TO COPE WITH EVERYDAY TASKS

70. HOW GOOD DO YOU CONSIDER YOUR PHYSICAL CONDITION?

GOOD	1
FAIRLY GOOD	2
MODERATE	3
FAIRLY BAD	4
BAD	5

71. ARE YOU ABLE TO MOVE ABOUT?

1. MY MOBILITY IS NOT RESTRICTED	1
2. I CAN MOVE ALONE AND WITHOUT AIDS, BUT MOVING ABOUT IS AWKWARD	2
3. I CAN MOVE ABOUT, BUT ONLY WITH ASSISTANCE OR USING A WHEELCHAIR, CRUTCHES OR OTHER AIDS (AN ORDINARY WALKING STICK IS NOT CONSIDERED AN AID)	3
4. I AM COMPLETELY UNABLE TO MOVE ABOUT	4

72. HOW WELL CAN YOU MANAGE THE FOLLOWING IN GENERAL?

(Answer each question by ticking off the alternatives that in your opinion best describe your probable capacity, even though you cannot say it with certainty.)

PHYSICAL PERFORMANCE	I CAN DO IT WITHOUT DIFFICULTY	I CAN DO IT, BUT WITH SOME DIFFICULTY	I CAN DO IT, BUT ONLY WITH GREAT DIFFICULTY	I CANNOT DO IT AT ALL
1. CLIMB ONE FLIGHT OF STAIRS WITHOUT A REST	3	2	1	0
2. CLIMB SEVERAL FLIGHTS OF STAIRS WITHOUT A REST	3	2	1	0
3. WALK A DISTANCE OF ABOUT HALF A KILOMETRE WITHOUT A REST	3	2	1	0
4. RUN A FAIRLY SHORT DISTANCE (ABOUT ONE HUNDRED METRES)	3	2	1	0
5. RUN A FAIRLY LONG DISTANCE (ABOUT HALF A KILOMETRE)	3	2	1	0

EVERYDAY FUNCTIONS

BELOW ARE SOME EVERYDAY ACTIONS WITH WHICH SOME PEOPLE HAVE DIFFICULTY IN COPING. ANSWER EACH QUESTION BY TICKING OFF THE ALTERNATIVE THAT IN YOUR OPINION BEST DESCRIBES YOUR CONDITION. (IF YOU NEVER DO SOME OF THE THINGS LISTED BELOW; ESTIMATE HOW WELL YOU WOULD PROBABLY COPE WITH THEM.)

73. HOW WELL CAN YOU COPE WITH THE FOLLOWING?

ACTION	I CAN DO IT WITHOUT DIFFICULTY	I CAN DO IT, BUT WITH SOME DIFFICULTY	I CAN DO IT, BUT ONLY WITH GREAT DIFFICULTY	I CANNOT DO IT AT ALL
1. HEAVY CLEANING WORK (E.G. CARRYING AND BEATING RUGS OR CARPETS, CLEANING WINDOWS)	3	2	1	0
2. DRESSING AND UNDRESSING	3	2	1	0
3. WRITING	3	2	1	0
4. RETAINING AND REMEMBERING EVERYDAY MATTERS	3	2	1	0
5. CONCENTRATING ON MANAGING YOUR AFFAIRS; PLANNING AND CARRYING OUT TIME-CONSUMING TASKS	3	2	1	0
6. ABILITY TO TAKE ADVERSITY AND MENTAL PRESSURE	3	2	1	0
7. SHOPPING, GOING TO A BANK, OFFICE OR SIMILAR ESTABLISHMENT	3	2	1	0
8. TRAVELLING BY TRAIN, BUS OR TRAM	3	2	1	0
9. MANAGING AFFAIRS TOGETHER WITH OTHERS OR EXPLAINING MATTERS TO STRANGERS	3	2	1	0

PART H
PHYSICAL ACTIVITY

74. HOW MUCH DO YOU MOVE ABOUT AT WORK AND HOW STRENUOUS IS YOUR WORK PHYSICALLY? COMPARE YOUR PRINCIPAL WORK WITH THE DESCRIPTIONS AND EXAMPLES BELOW. TICK OFF THE GROUP WHICH CORRESPONDS MOST CLOSELY WITH THE WORK YOU HAVE DONE DURING THE LAST YEAR (12 MONTHS). ANSWER ON THE BASIS OF YOUR LAST JOB IF YOU ARE TEMPORARILY ON SICK LEAVE, UNEMPLOYED, LAID OFF, ETC.

READ THE ENTIRE DESCRIPTION BEFORE ANSWERING! TICK OFF ONLY ONE SQUARE.

GROUP 0.

I HAVE NOT DONE ANY WORK BECAUSE I HAVE RETIRED OR DO NOT WORK FOR SOME OTHER REASON (to question 75) ☐ 0

GROUP 1. LIGHT SEDENTARY WORK

THE WORK MAINLY CONSISTS OF SITTING AT A TABLE, BY A MACHINE OR CONTROLS ETC. AND ONLY INVOLVES LIGHT MANUAL WORK (E.G. INTELLECTUAL WORK, STUDY, SEDENTARY OFFICE WORK, HANDLING LIGHT OBJECTS) ☐ 1

GROUP 2. OTHER SEDENTARY WORK

THE WORK IS MAINLY SEDENTARY, BUT INVOLVES HANDLING FAIRLY HEAVY OBJECTS (E.G. INDUSTRIAL WORK "AT THE CONVEYOR BELT") ☐ 2

GROUP 3. PHYSICALLY LIGHT STANDING WORK OR LIGHT WORK INVOLVING MOVEMENT

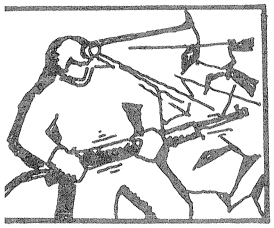
MOSTLY STANDING WORK WITHOUT CUMBERSOME MOVEMENTS OR MOVING FROM ONE PLACE TO ANOTHER WITHOUT CARRYING HEAVY BURDENS (E.G. SHOP ASSISTANT, CRANE OPERATOR, LABORATORY WORK, OFFICE WORK, OR TEACHING WORK REQUIRING A LOT OF MOVING ABOUT) ☐ 3

GROUP 4. FAIRLY LIGHT OR MEDIUM-HEAVY WORK INVOLVING MOVEMENT

THE WORK LARGELY INVOLVES MOVING ABOUT AND A FAIR AMOUNT OF STOOPING DOWN AND CARRYING, BUT NOT HEAVY BURDENS. THIS GROUP ALSO COMPRISES WORK INVOLVING WALKING UP AND DOWN STAIRS OR FAIRLY RAPID MOTION ON FAIRLY LONG DISTANCES (E.G. LIGHT INDUSTRIAL WORK, FOREST SURVEYING, MESSENGER'S WORK) ☐ 4

GROUP 5. HEAVY MANUAL WORK

THE WORK IS EITHER MOSTLY STANDING WORK INVOLVING MUCH LIFTING OF LIGHT OBJECTS OR TURNING A CRANK ETC. OR LIFTING AND CARRYING HEAVY OBJECTS, DRILLING, EXCAVATING, HAMMERING ETC., BUT WITH SOME SITTING OR STANDING (E.G. WORK IN THE HEAVY ENGINEERING INDUSTRY, CONSTRUCTION WORK, USING OR ASSEMBLING HEAVY TOOLS, GOODS OR PARTS, AGRICULTURAL WORK USING MACHINES) ☐ 5



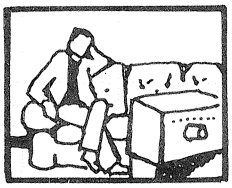
GROUP 6. VERY HEAVY MANUAL WORK

THE WORK MOSTLY CONSISTS OF CONTINUAL OR FAIRLY CONTINUAL HEAVY WORKING MOVEMENTS, OFTEN DONE WITHOUT INTERRUPTION FOR LONG PERIODS (E.G. CARRYING FURNITURE, FOREST WORK (felling), HEAVY NON-MECHANIZED AGRICULTURAL WORK, FISHING WITH HEAVY TACKLE, HEAVY CONSTRUCTION WORK, EXCAVATION WITHOUT MACHINES) ☐ 6

EXCERCISE IN YOUR LEISURE TIME

75. HOW MUCH DO YOU MOVE ABOUT AND HOW HARD DO YOU EXERT YOURSELF PHYSICALLY IN YOUR LEISURE TIME? IF THERE IS A GREAT DIFFERENCE BETWEEN SUMMER AND WINTER, TRY TO SELECT THE ALTERNATIVE (GROUP 1, 2 OR 3) WHICH COMES NEAREST TO YOUR WAY OF SPENDING YOUR LEISURE TIME.

Note: tick off only one SQUARE



GROUP 1. LITTLE PHYSICAL EXERCISE

IN MY LEISURE TIME I MOSTLY READ, WATCH TELEVISION, LISTEN TO THE RADIO, GO TO THE CINEMA, GO TO RESTAURANTS, OR DO OTHER THINGS WHICH DO NOT REQUIRE MUCH PHYSICAL EXERTION

1 (go to question 81

GROUP 2. PHYSICAL EXERCISE IN CONNECTION WITH OTHER HOBBIES OR IRREGULARLY

AS MY MAIN PASTIME OR IN ADDITION TO THE ABOVE, I FISH, HUNT, DO GARDENING, GO ON FAMILY OUTINGS ETC. FAIRLY REGULARLY OR TAKE SOME OTHER KIND OF EXERCISE NOW AND THEN.

2 (go to question 81

WHAT KIND OF EXERCISE DO YOU TAKE?

IN THE SUMMER	IN THE WINTER
_____	_____
_____	_____

GROUP 3. REGULAR PHYSICAL EXERCISE

AS MY MAIN PASTIME OR IN ADDITION TO THE ABOVE I TAKE SOME KIND OF PHYSICAL EXERCISE REGULARLY OR FAIRLY REGULARLY (E.G. RUNNING, SKIING, CYCLING, BALL GAMES, SWIMMING, GYMNASTICS, WEIGHT LIFTING, ETC.) YOU BELONG TO THIS GROUP IF YOU DO ANY OF THESE COMPETITIVELY, AS A HOBBY, TO IMPROVE YOUR CONDITION, ETC.

3 (go to question 76

IF YOU TAKE REGULAR EXERCISE (GROUP 3), ANSWER QUESTIONS 76-80, OTHERWISE GO ON TO QUESTION 81

---

76. WHAT KIND OF PHYSICAL EXERCISE DO YOU TAKE? WHICH OF THESE DO YOU DO MOST, SECOND MOST, ETC.

MOST 1. _____

SECOND 2. _____

THIRD 3. _____

I ALSO DO _____

77. HOW FREQUENTLY DO YOU USUALLY TAKE ONE OF THESE FORMS OF EXERCISE

1-3 TIMES A MONTH 1

1-2 TIMES A WEEK 2

3 TIMES A WEEK OR MORE 3

78. FOR HOW LONG DO YOU GENERALLY TAKE EXERCISE AT A TIME?

LESS THAN 15 MINUTES	1
15-29 MINUTES	2
30-59 MINUTES	3
1 HOUR OR LONGER	4

79. WHEN I TAKE EXERCISE, I USUALLY...

a) DON'T GET OUT OF BREATH — 0
GET OUT OF BREATH — 1

b) DON'T SWEAT — 0
SWEAT A LITTLE — 1
SWEAT A GOOD DEAL — 2

80. HOW LONG HAVE YOU BEEN TAKING PHYSICAL EXERCISE (INCLUDING ALL THE KINDS OF PHYSICAL EXERCISE YOU HAVE GONE IN FOR)?

LESS THAN A YEAR — 0
FOR ...YEARS — ⌊__⌋

EXERCISE WHILE GOING TO WORK

ANSWER ACCORDING TO HOW YOU HAVE GENERALLY TRAVELLED TO WORK DURING THE PAST 12 MONTHS. DESCRIBE YOUR TRIP TO WORK IN YOUR LAST JOB IF YOU ARE TEMPORARILY ON SICK LEAVE, UNEMPLOYED ETC.

81. I DO NOT TRAVEL TO WORK BECAUSE I HAVE RETIRED, WORK AT HOME OR SIMILAR — 0

(go to question 85)

82. WHICH OF THE FOLLOWING MEANS OF TRANSPORT DO YOU USE WHEN YOU GO TO WORK? Tick off <u>each</u> means of transport you use at all, even for a short distance

	SUMMER	WINTER
1. BUS, TRAM, TRAIN	1	1
2. PRIVATE CAR, TAXI	1	1
3. OTHER MOTOR VEHICLE	1	1
4. BICYCLE	1	1
5. ON FOOT (WALKING, RUNNING, ETC.)	1	1

83. FOR HOW LONG DO YOU USUALLY WALK DAILY GOING <u>TO AND FROM WORK</u>?

	SUMMER	WINTER
I WALK FOR	⌊__⌋ HOURS ⌊__⌋ MINUTES	⌊__⌋ HOURS ⌊__⌋ MINUTES

84. IF YOU RIDE A BICYCLE FOR ALL OR SOME OF THE WAY HOW LONG DO YOU USUALLY SPEND DAILY CYCLING <u>TO AND FROM WORK</u>?

If you don't cycle, write 0 hours, 0 minutes

	SUMMER	WINTER
I CYCLE FOR	⌊__⌋ HOURS ⌊__⌋ MINUTES	⌊__⌋ HOURS ⌊__⌋ MINUTES

PART I
WORK AND WORKING CONDITIONS

85. WHICH PROFESSIONS OR JOBS HAVE YOU WORKED IN FOR AT LEAST A YEAR AND FOR HOW LONG?

(Write your professions or jobs in chronological order and how long you worked at each)

PROFESSION OR WORK	I DID THIS WORK FOR	
1. _____	_____	YEARS
2. _____	_____	YEARS
3. _____	_____	YEARS
4. _____	_____	YEARS
5. _____	_____	YEARS
6. _____	_____	YEARS

_____

_____ ☐☐

86. WHAT IS YOUR PRESENT (OR LAST) JOB OR PROFESSION? (IF YOU ARE NOT WORKING AT PRESENT, PUT DOWN YOUR LAST PROFESSION. DESCRIBE WHAT YOU DO OR DID IN YOUR JOB.)

PROFESSION: _____ ☐☐☐☐

WORK DESCRIPTION: _____ ☐☐☐

_____

EMPLOYER: _____

DEPARTMENT OR SIMILAR: _____

STRENUOUSNESS OF WORK

87. HOW STRENUOUS DO YOU CONSIDER YOUR PRESENT JOB? (OR YOUR LAST JOB IF YOU ARE NOT WORKING AT PRESENT)

a) I CONSIDER THIS WORK PHYSICALLY

... TOO LIGHT [1]
... SUITABLE [2]
... TOO HEAVY FOR ME [3]

b) I CONSIDER THIS WORK MENTALLY

... NOT DEMANDING ENOUGH [1]
... SUITABLE [2]
... TOO HARD FOR ME [3]

88. WHAT JOB OR PROFESSION HAVE YOU WORKED IN LONGEST

1. IN YOUR PRESENT JOB (or your last job, if you no longer work) [1]

FILL IN ONLY THE LEFT-HAND COLUMN (A)

2. IN SOME OTHER JOB [2]

FILL IN BOTH COLUMNS (A AND B)

	A. PRESENT JOB (or last job, if you no longer work)		B. THE JOB YOU HAVE DONE LONGEST	
89. NATURE OF WORK	NO	YES	NO	YES
a. IS (WAS) THIS A 2 OR 3 SHIFT JOB?	[0]	[1]	[0]	[1]
b. DOES (DID) THIS JOB CONSIST OF EVENING OR NIGHT WORK (IN ONE SHIFT)?	[0]	[1]	[0]	[1]
c. ARE (WERE) YOU DOING PIECEWORK?	[0]	[1]	[0]	[1]
90. WORK POSTURE AND WORKING METHODS WHICH OF THE FOLLOWING ARE (WERE) TYPICAL OF YOUR WORK?				
a. LIFTING OR CARRYING HEAVY OBJECTS?	[0]	[1]	[0]	[1]
b. STOOPED, TWISTED OR OTHERWISE AWKWARD WORK POSTURE?	[0]	[1]	[0]	[1]
c. CONTINUOUS OR ALMOST CONTINUOUS STANDING?	[0]	[1]	[0]	[1]
d. CONTINUOUS OR ALMOST CONTINUOUS SITTING?	[0]	[1]	[0]	[1]
e. SHAKING OF THE WHOLE BODY OR USE OF VIBRATING EQUIPMENT (E.G. WORKING IN A VIBRATING VEHICLE, OPERATING A POWER SAW)?	[0]	[1]	[0]	[1]
f. A CONSTANTLY REPEATED SERIES OF MOVEMENTS?	[0]	[1]	[0]	[1]
g. WORKING SPEED DETERMINED BY A MACHINE?	[0]	[1]	[0]	[1]

WORKING ENVIRONMENT AND CONDITIONS	A. PRESENT JOB (or last job, if you no longer work)			B. THE JOB YOU HAVE DONE LONGEST		
91. DO (DID) THE FOLLOWING FACTORS HAMPER YOUR WORK AND COMFORT?	Not at all	Somewhat	A good deal	Not at all	Somewhat	A good deal
a. NOISE	0	1	2	0	1	2
b. HEAT, COLD, DAMP, DUST, GASES, SOLVENTS, ETC.	0	1	2	0	1	2
IF SO, WHICH?						
c. MONOTONY AND DULLNESS OF WORK	0	1	2	0	1	2
d. URGENCY AND TIGHT SCHEDULES	0	1	2	0	1	2
e. FEAR OF FAILURE OR MISTAKES	0	1	2	0	1	2

92. WHAT WAS THE JOB YOU HAVE DONE LONGEST?

PROFESSION: _____ ⌊⌊⌊⌋

WORK DESCRIPTION: _____ ⌊⌊⌋

EMPLOYER: _____

DEPARTMENT: _____ ⌊⌋

ANSWER THE FOLLOWING QUESTION (93) ONLY IF YOU ARE WORKING AT PRESENT. ANSWER ACCORDING TO YOUR LAST JOF IF YOU ARE TEMPORARILY ON SICK LEAVE, LAID OFF, UNEMPLOYED, ETC. IF YOU ARE NOT WORKING, GO ON TO QUESTION 94.

IF YOU ARE NOT WORKING, GO TO QUESTION 94.

93. IF YOU COULD EARN A SUFFICIENT LIVELIHOOD IN ANY CASE; WHAT WOULD YOU PREFER TO DO?

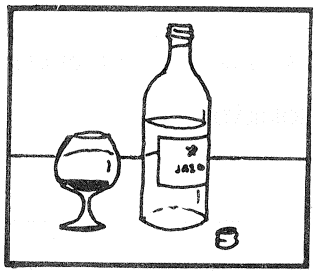
1. CONTINUE IN MY PRESENT JOB AT MY PRESENT PLACE OF WORK [1]
2. CHANGE TO ANOTHER PLACE OF WORK IN MY PRESENT PROFESSION [2]
3. CHANGE MY JOB AND PROFESSION [3]

PART J
LEISURE TIME

94. HOW OFTEN ON AVERAGE DO YOU DO THE FOLLOWING?

	ONCE A WEEK OR MORE	ONCE OR TWICE A MONTH	ONCE OR A FEW TIMES A YEAR	LESS FREQUENTLY OR NEVER
1. CLUB OR ORGANIZATIONAL ACTIVITY (INCLUDING WORK ON BEHALF OF THE COMMUNITY)	3	2	1	0
2. GOING TO THE THEATRE, CINEMA, CONCERTS, ART EXHIBITIONS, SPORTING EVENTS, ETC.	3	2	1	0
3. STUDY	3	2	1	0
4. GOING TO CHURCH OR OTHER RELIGIOUS MEETINGS	3	2	1	0
5. SPORT, HUNTING, FISHING, GARDENING OR OTHER EXERCISE	3	2	1	0
6. GOING TO RESTAURANTS, CAFÉS OR DANCES FOR RELAXATION	3	2	1	0
7. READING, LISTENING TO RECORDS OR TAPES	3	2	1	0
8. CRAFTS, PLAYING AN INSTRUMENT, SINGING, PHOTOGRAPHY, PAINTING, COLLECTING, ETC.	3	2	1	0

PART K
ALCOHOL CONSUMPTION



95. HAVE YOU HAD ANY BEER, WINE OR STRONG ALCOHOLIC BEVERAGES DURING THE PAST 12 MONTHS?

NO (go on to the end of next page)	0
YES	1

96. WHAT HAS YOUR AVERAGE WEEKLY CONSUMPTION OF ALCOHOL BEEN DURING THE PAST MONTH?

a. BEER AND LONG DRINKS ALTOGETHER

NONE	0
BOTTLES A WEEK	⌊__⌋ b

b. WINE (E.G. RED WINE, WHITE WINE, SHERRY, VERMOUTH) A WEEK

1 bottle = 3/4 litre full-size bottle

NONE	0
... LESS THAN A GLASS (8 cl) A WEEK	1
... 1-4 GLASSES A WEEK	2
... 1/2 - LESS THAN 3 FULL-SIZE BOTTLES	3
... 3 - LESS THAN 5 FULL-SIZE BOTTLES	4
5 FULL-SIZE BOTTLES OR MORE	5

c. SPIRITS OR OTHER STRONG ALCOHOLIC BEVERAGES (SPIRITS, VODKA, BRANDY, WHISKY, GIN, LIQUEUR) A WEEK

1 glass = 4 cl restaurant measure
1 bottle = 1/2 litre bottle
Estimate the amount in half-litre bottles.

NONE	0
LESS THAN A GLASS (4 cl) A WEEK	1
1-6 GLASSES A WEEK	2
1/2 - LESS THAN 2 BOTTLES (7-24 GLASSES)	3
2 - LESS THAN 4 BOTTLES	4
4 BOTTLES OR MORE	5

97. HOW FREQUENTLY DO YOU DRINK AN INTOXICATING AMOUNT OF LIQUOR WITH THE PURPOSE OF RELAXATION OR LIVING IT UP?

NEVER	0
A FEW TIMES A YEAR (E.G. CELEBRATIONS, ETC)	1
ONCE OR TWICE A MONTH	2
ABOUT ONCE A WEEK	3
MORE THAN ONCE A WEEK	4

98. DO YOU CONSIDER THAT DRINKING IS A PROBLEM FOR YOU?

NO (to the end of the page)	0
YES	1
CAN'T SAY	2

99. HAVE YOU EVER RESORTED TO TREATMENT OR MEDICAL HELP BECAUSE OF PROBLEMS ARISING FROM YOUR DRINKING?

NO	0
YES	1

MEN STOP HERE. THANK YOU FOR YOUR TROUBLE! PLEASE TAKE THIS FORM, THE SYMPTOM QUESTIONNAIRE, YOUR SOCIAL SECURITY CARD, PHYSICIAN'S REPORTS AND PRESCRIPTIONS TO THE EXAMINATION.

WOMEN ARE REQUESTED TO ANSWER THE FOLLOWING QUESTIONS.

PART L

QUESTIONS TO WOMEN

100. ARE YOU PREGNANT AT PRESENT?

NO [0]

YES [1]

101. DO YOU STILL MENSTRUATE?
(Answer "Not any more" if menstruation has ceased permanently)

NOT ANY MORE [0]

YES (go to question 103) [1]

102. HOW OLD WERE YOU WHEN YOUR PERIODS STOPPED PERMANENTLY? [ ][ ] yrs

Research notes

a) PERIODS NOW? [1]

b) HOW MANY DAYS AGO DID YOUR LAST PERIOD START? [ ][ ] days

103. HOW MANY CHILDREN HAVE YOU HAD?

NONE [0]

NUMBER OF CHILDREN ..... [ ][ ]

104. HAVE YOU HAD MISCARRIAGES OR ABORTIONS?

NONE [0]

NUMBER ..... [ ][ ]

105. HAVE YOU EVER USED ORAL CONTRACEPTION?

NO (stop here) [0]

YES [1]

106. ARE YOU USING ORAL CONTRACEPTION AT PRESENT?

NO (stop here) [0]

YES [1]

107. WHAT BRAND OF PILL ARE YOU USING?

_____ [ ][ ][ ]

Brand of pill

THANK YOU FOR YOUR TROUBLE!

CHECK OVER TO SEE THAT YOU HAVE ANSWERED ALL THE QUESTIONS: TAKE THIS FORM, THE SYMPTOM QUESTIONNAIRE, YOUR SOCIAL SECURITY CARD, PHYSICIAN'S REPORTS AND PRESCRIPTIONS TO THE EXAMINATION.