



FINRISKI 2012

NATIONAL HEALTH STUDY

QUESTIONNAIRE

Please fill out this form and take it with you to the study site.

INSTRUCTIONS FOR RESPONDENT

Answer the questions by checking the appropriate box with an "X" or by writing out the information in the space provided for it.

Read each question carefully before answering. For each question, choose only one most suitable alternative.

- EXAMPLE 1. Have you ever had allergic eye symptoms?
- no
- yes, during the last 12 months
- yes, the last time was over a year ago

Please answer all questions – a negative answer should also be indicated by checking the "no" alternative with an "X" or by marking "0" in the space reserved for the answer.

- EXAMPLE 2. Has a doctor diagnosed or treated you for any of the following diseases during the past year (last 12 months)?
- | | no | yes |
|-----------------------------|-------------------------------------|-------------------------------------|
| Rheumatoid arthritis | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other disease of the joints | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- EXAMPLE 3. How many of your household members are
- under 7 years
- 7-17 years old
- (Please mark 0 for none.)

Some questions have certain alternatives that end with the instruction "Proceed to question ...", in which case you can proceed directly to the question indicated and leave the questions in between unanswered.

If you find it difficult to answer some questions, you can ask for advice and complete your answers at the study site.

Please follow the instructions closely and avoid any superfluous markings.



Please mark the main date on which you filled this form:

<input type="text"/>	<input type="text"/>	2012
day	month	

QUESTIONNAIRE

1. Gender

male
 female

2. What is your marital status?

married
 cohabiting
 single
 separated or divorced
 widow
 registered partnership

3. What is your education?
Mark your highest educational degree.

elementary school, basic education
 lower secondary education
 vocational school/equivalent
 upper secondary education/high school
 non-university lower education
 non-university higher education
 university education

4. How many years have you attended school and studied full time (*basic levels included*)?
 years

5. How many members are there presently in your household (*yourself included*)?
 members

6. How many of your household members are (*Please mark 0 for none.*)

under 7 years

7 - 17 years old

7. What kind of work do you do most of the year?

farming, cattle minding, forestry, farmer's wife
 factory, mining, construction or similar work
 office work, service profession (nurse, sales etc.), mental work (planning, designing, administrative, director, expert etc.)
 studying or going to school
 home maker, mother at home, house wife
 pensioner
 unemployed

8. How large was your household's income last year (*before tax deduction*)?

less than 15000 €
 15 001 - 25 000 €
 25 001 - 35 000 €
 35 001 - 45 000 €
 45 001 - 50 000 €
 50 001 - 60 000 €
 60 001 - 70 000 €
 70 001 - 80 000 €
 80 001 - 90 000 €
 more than 90 000 €

HEALTH STATUS

9. How do you find your current health status?
 Is it

excellent
 quite good
 average
 quite poor
 very poor

10. Has a doctor diagnosed or treated you for any of the following diseases during the past year (last 12 months)?

	no	yes
Increased blood pressure, hypertension	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac insufficiency	<input type="checkbox"/>	<input type="checkbox"/>
Effort angina (Angina pectoris)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>
Gallstones, gall bladder inflammation	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Other disease of the joints	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative arthritis of the back, other illness of the back	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Other psychological illness	<input type="checkbox"/>	<input type="checkbox"/>
Renal failure	<input type="checkbox"/>	<input type="checkbox"/>
Proteinuria	<input type="checkbox"/>	<input type="checkbox"/>
Other chronic illness, which:		



11. Have you ever had your cholesterol level checked? When was the last time?

- during the last 6 months
- 6 months - 1 year ago
- 1 year - 5 years ago
- over 5 years ago
- never (proceed to question 15)
- I do not know (proceed to question 15)

12. Have you ever been diagnosed for high or heightened blood cholesterol level?

- no
- yes

13. If your cholesterol level was examined did you receive dietary counsel to lower your cholesterol level?

- no
- yes

14. Do you currently use prescription medicine to lower your cholesterol level?

- no
- yes

15. Have you ever had your blood pressure measured? *When was the last time?*

- during the last 6 months
- 6 months - 1 year ago
- 1 year - 5 years ago
- over 5 years ago
- never (proceed to question 19)

16. Have you ever been diagnosed for high or heightened blood pressure?

- no (proceed to question 19)
- yes

17. Have you ever used medicine for high blood pressure?

- no (proceed to question 19)
- yes

18. When was the last time you took medicine for high blood pressure?

- today or yesterday
- 2 - 7 days ago
- 1 week - 6 months ago
- 6 months - 1 year ago
- 1 year - 5 years ago
- over 5 years ago

19. Have you ever had your blood sugar level measured? *When was the last time?*

- during the last 6 months
- 6 months - 1 year ago
- 1 year - 5 years ago
- over 5 years ago
- never (proceed to question 23)
- I do not know (proceed to question 23)

20. Have you ever been diagnosed for diabetes?

- no (proceed to question 23)
- no, but I have been diagnosed for elevated blood glucose levels or prediabetes
- yes, type 1 diabetes (childhood-onset diabetes),
in the year
- yes, type 2 diabetes (adult-onset diabetes),
in the year
- yes, but I don't know which type,
in the year
- yes, gestational diabetes,
in the year

21. When diagnosed for diabetes were you given one of the following treatments?

- dietary counseling only
- tablet treatment
- insulin treatment
- none of the above

22. What prescription medicine do you now use for diabetes?

- nothing
- insulin
- tablets
- both insulin and tablets



23. Has a doctor ever diagnosed you for myocardial infarction?

no

yes, what year was the last one:

year

24. Has a doctor ever diagnosed you with stroke, cerebral hemorrhage or obstruction of a cerebral vessel?

no

yes, what year was the last one:

year

25. Have you ever had coronary (heart) bypass surgery?

no

yes, what year was the last one:

year

26. Have you ever had coronary (heart) angioplasty?

no

yes, what year was the last one:

year

27. Have you ever been diagnosed for asthma?

no

yes

28. Have you had asthma symptoms during the last 12 months?

no

yes

29. Do you usually cough phlegm when waking up on winter mornings?

no

yes

30. Do you usually cough phlegm during the day or at night during winter?

no

yes

31. Do you cough phlegm on most days or nights for at least 3 months yearly?

no

yes

32. Have you ever had hay fever or other allergic nasal symptoms?

no

yes, during the last 12 months

yes, the last time was over a year ago

33. Have you ever had allergic eye symptoms?

no

yes, during the last 12 months

yes, the last time was over a year ago

34. Have you ever had an itching rash which was called infantile eczema or atopic eczema?

no

yes, during the last 12 months

yes, the last time was over a year ago

35. Have you during the last 12 months had a period of at least two weeks when, for most of the time, you have been low-spirited or depressed?

no

yes

36. Have you during the last 12 months had a period of at least two weeks when, for most of the time, you have lost interest in most things, such as hobbies, work or other things that usually give you pleasure?

no

yes

37. When was the last time you used the following medication?

Please answer on every line by checking the correct alternative with an X.

	During the past week	1-4 weeks ago	1-12 months ago	Over a year ago	Never
Painkillers for headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painkillers for joint or muscle ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painkillers for other ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetylsalicylic acid to prevent myocardial infarction (e.g. Aspirin, Disperin, Primaspan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication to thin the blood (Marevan, Pradaxa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medication, which:					

FUNCTIONAL ABILITY

38. Can you usually perform the following functions?

	Yes, I can without difficulty	Yes, but with difficulty	No
Dress yourself without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clip your toenails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go up stairs without help (about one floor without resting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk about half a kilometre without resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry a weight of about 5 kg for at least a hundred metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run for about a hundred metres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run for over half a kilometre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ride a train, bus or tram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read an ordinary newspaper (with or without glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hear what is said in a conversation of several people (with or without a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ACTIVITY

39. How demanding is your work physically?

The activity at work is divided into four groups. If you do not work, check the first alternative with an X.

- My work is mainly done sitting down and I do not walk much during my working hours (e.g. a clocksmith, radio mechanic and industrial seamstress, office work at a desk).
- I walk quite much in my work, but I do not have to lift or carry heavy objects (e.g. a foreman and store assistant, light industrial worker, office work which requires walking).
- I have to walk and lift much or to take the stairs or go uphill (e.g. a carpenter or cattle minder / dairy work, engineering shop or other heavier industrial work).
- My work is heavy manual labor in which I have to lift or carry heavy objects, to dig, shovel or chop, etc. (e.g. forestry, heavy farm work, heavy construction or industrial work).

40. How much do you exercise and stress yourself physically in your leisure time? *If it varies much according to different seasons, check the alternative which best describes the average situation with an X.*

- In my leisure time I read, watch TV, and work in the household with tasks which do not make me move much and which do not physically tax me.
- In my spare time I walk, cycle or exercise otherwise at least 4 hours per week. This includes walking, fishing and hunting, light gardening etc. but excludes travel to work.
- In my spare time I exercise to maintain my physical condition, e.g. running, jogging, skiing, gymnastics, swimming, playing ball games or I do heavy gardening or the like for at least 3 hours per week.
- In my spare time I regularly exercise several times a week competitive sports such as running, orienteering, skiing, swimming, playing ball games or other heavy sports.

41. How many minutes do you walk, ride on a bicycle or otherwise exercise to get to work? *(Please count in both traveling to and from work.)*

- I do not work or I use only a motorised vehicle
- less than 15 minutes daily
- 15 - 29 minutes daily
- 30 - 44 minutes daily
- 45 - 59 minutes daily
- over an hour daily

42. How many minutes do you daily walk, cycle or engage in a hobby in your leisure time that requires moving about (yard work or gardening, fixing or cleaning the house)? *Do not count in the activity needed at work, travelling to work (question 41) or leisure time exercise (question 40).*

- less than 15 minutes per day
- 15 - 29 minutes per day
- 30 - 44 minutes daily
- 45 - 59 minutes daily
- over an hour per day

43. How many hours on average do you sit in a weekday? *Mark 0 if not at all.*

During the workday in office or equivalent	<input type="text"/>	hours	<input type="text"/>	minutes
At home watching television or videos	<input type="text"/>	hours	<input type="text"/>	minutes
At home at a computer	<input type="text"/>	hours	<input type="text"/>	minutes
In a vehicle	<input type="text"/>	hours	<input type="text"/>	minutes
Elsewhere	<input type="text"/>	hours	<input type="text"/>	minutes

SMOKING

44. Have you ever smoked?

- no (proceed to question 53)
- yes (proceed from question 45)

45. Have you during your life smoked at least 100 times (cigarettes, cigars or pipefuls)

- no (proceed to question 53)
- yes

46. Have you ever smoked regularly (almost every day for at least a year)?
How many years altogether?

- I have never smoked regularly
- I have smoked regularly for years

47. How old were you when you started smoking?

years

48. Do you smoke now (*cigarettes, cigars, pipefuls*)?

- yes, daily
- yes, occasionally
- not at all

49. When was the last time you smoked? *If you smoke continuously, check the first box.*

- yesterday or today
- 2 days - 1 month ago
- 1 month - 6 months ago (proceed to question 53)
- 6 months - 1 year ago (proceed to question 53)
- 1 - 5 years ago (proceed to question 53)
- 6 - 10 years ago (proceed to question 53)
- over 10 years ago (proceed to question 53)

50. How soon after waking up do you smoke?

- in 5 minutes
- in 6 - 30 minutes
- in 31 - 60 minutes
- more than 60 minutes after waking up

51. How much on average per day do you smoke or did smoke before you quit? Please mark each space. *(If you do not smoke or did not smoke at all, mark 0.)*

pcs per day

manufactured cigarettes

self-rolled cigarettes

pipefuls

cigars

52. If you were to try to quit smoking, do you think you would succeed?

- no
- yes
- I can't say
- I do not smoke nowadays

53. Have you during the past year (last 12 months) used nicotine replacement therapy (*gum, patches, tablets etc.*)?

- no, I have not
- yes, to help me stop smoking
- yes, for other reason

54. Do you use snuff?

- yes
 portions daily
- sometimes
- not at all

55. How many hours do you daily spend in indoor spaces where you have to inhale other people's smoke? *(If not at all, mark 0.) Round your answer to the nearest full hour.*

hours

at work

at home

other places

NUTRITION

56. On how many days a week between Monday and Friday do you eat the following meals?

	not at all	1-2 days	3-4 days	every day
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner / supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. On how many days a week between Monday and Friday do you eat the following snacks?

	not at all	1-2 days	3-4 days	every day
Mid-morning snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late-night snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Where do you usually eat lunch on weekdays? *Check only one alternative.*

- I do not have lunch
- I bring a packed lunch with me to work
- at home
- at a restaurant, bar or a fast food place
- at a workplace canteen or student cafeteria
- somewhere else

59. Does your place of work or study have a food service location where you can eat lunch?

- yes
- no
- I do not go to work or study

60. What kind of coffee do you usually drink (check only one alternative)?

- filtered coffee
- boiled coffee
- instant coffee
- other coffee drinks (e.g. espresso, cappuccino)
- I do not drink coffee

61. If you drink milk, what kind is it usually (check only one alternative)?

- raw milk
- whole milk (ca. 3 % fat)
- low fat milk (1.5% fat, incl. HYLÄ (low-lactose), organic milk, lactose-free milk)
- low fat milk (1% fat)
- skimmed milk (0% fat, incl. HYLÄ (low-lactose), organic milk, Gefilus, Valio Maito Plus, lactose-free milk, Evolus milk)
- I do not drink milk

62. What kind of fat do you usually use on your bread? (Check only one alternative.)

- nothing
- margarine spread with 40 % or less fat (e.g. Keiju Keveämpi 30, Keiju Kevyt 40, Flora Kevyt 40, Kevyt Becel 35, Kevyt Levi 40)
- margarine spread with 60 % fat (e.g. Keiju 60, Flora 60, Becel 60)
- margarine spread with 70 - 80 % fat (e.g. Keiju 70, Flora Kulta 80)
- mixture of butter and vegetable oil, blend fat (e.g. Oivariini, Ingmariini)
- butter
- vegetable sterol margarine (e.g. Becel pro.activ, Benecol)

63. What kind of fat do you usually use for cooking?

Do not count in baking. Check only one alternative.

- vegetable oil or liquid vegetable oil preparation (e.g. Flora Culinesse, Juokseva Sunnuntai)
- margarine spread with 60 % fat (e.g. Keiju 60, Flora 60)
- margarine spread with 70 - 80 % fat (e.g. Flora, Keiju)
- cooking margarine (e.g. Sunnuntai)
- mixture of butter and vegetable oil, blend fat (e.g. Oivariini, Ingmariini)
- butter
- vegetable sterol margarine (e.g. Becel pro.activ, Benecol)
- no fat at all
- we don't cook in our household

CONSUMPTION OF ALCOHOL

64. Do you use any alcoholic drinks, even occasionally (e.g. beer, wine or spirits)?

- yes, at least once a month
- yes, more seldom than once a month
- no, because I quit using alcohol years ago
- I have never used alcohol (proceed to question 67)

65. Have you during the past year (last 12 months) had any alcohol (*beer, wine or spirits*)?

- yes
 no (proceed to question 67)

66. How many glasses (restaurant measures) or bottles did you drink during the last week (last 7 days) of the following (*if not at all, mark 0*):

Beer (class III) or medium strong cider
(sold in markets, alcohol content 2.9-4.7%)

bottles / cans (1/3 liter)

Beer (class IV, alcohol content over 4.7%)

bottles / cans (1/3 liter)

Strong cider or long drinks (sold only in the
ALKO stores, alcohol content over 4.7%)

bottles / cans (1/3 liter)

Spirits or other strong alcohol

restaurant measures (c. 4 cl)

Red wine

glasses (1 glass = c. 12 cl)

Other kind of wine

glasses (1 glass = c. 12 cl)

WEIGHT

67. How much did you weigh at 20 years of age?

kg

68. What has been your lowest weight in adulthood (*at over 20 years of age*)?

kg

69. How much have you weighed at most (*excluding women in pregnancy and when breast-feeding*)?

kg

70. How does your present weight differ from your weight a year ago?

- weight gain: about kg
 it has stayed the same
 weight loss: about kg

71. Do you consider yourself

- too thin
 a little too thin
 normal
 a little overweight
 too much overweight

SLEEP

72. What time do you usually go to bed (*to prepare to sleep*)?

On workdays / weekdays at
 : (e.g. 22:30)

On days off / weekends at
 : (e.g. 23:20)

73. What time do you usually get up from bed (*without going back again*)?

On workdays / weekdays at
 : (e.g. 07:15)

On days off / weekends at
 : (e.g. 10:30)

74. How many hours on average do you sleep?

in one night? hours min

in a period of 24 hours (*including all sleep and naps during both daytime and nighttime*)?

hours min

75. Do you think you sleep enough?

- yes, nearly always
 yes, often
 rarely or hardly ever
 I can't say

76. There are so-called “morning people” (early to rise, early to bed) and “evening people” (late to rise, late to bed). Which are you?

- absolutely a “morning person”
- more “morning” than “evening person”
- more “evening” than “morning person”
- absolutely an “evening person”

77. Next we pose you some personal questions. Think of the past month. Please check the alternative which best describes how often the feeling or symptom in question has been on your mind.

	often	sometimes	not at all
Do you feel exhausted and overworked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have nightmares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER QUESTIONS

78. Next we ask you to assess your quality of life (how good you consider your life as a whole) during the past month (30 days). Assess your quality of life by circling the number that best describes your quality of life. The number 0 represents the worst possible and 10 the best possible quality of life.

0	1	2	3	4	5	6	7	8	9	10	
Worst possible quality of life											Best possible quality of life

79. How satisfied are you with your economic situation?

- very satisfied
- satisfied
- somewhat satisfied
- unsatisfied
- very unsatisfied

81. How satisfied are you with your family life?

- very satisfied
- satisfied
- somewhat satisfied
- unsatisfied
- very unsatisfied
- I do not have a family

80. How satisfied are you with your accomplishments in life?

- very satisfied
- satisfied
- somewhat satisfied
- unsatisfied
- very unsatisfied

FOR MEN, THE QUESTIONNAIRE ENDS HERE.

THANK YOU FOR YOUR ANSWERS!

PLEASE TAKE THE QUESTIONNAIRE WITH YOU TO THE STUDY SITE.

THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY

82. Have you used or do you at present use contraceptive pills?

- yes, I do at present and I have used them for
 years
- no, but I have previously used them for
 years
- no, I have never used them

86. How long have you used hormone replacement therapy?

for years

87. Do you still menstruate?

- yes, regularly
- yes, irregularly
- no, I last menstruated
 years ago

83. Have you used or do you at present use a non-hormonal intrauterine device (IUD) for contraception?

- yes, I do at present and I have used one for
 years
- no, but I have previously used one for
 years
- no, I have never used one

88. Are you pregnant at present?

- no
- yes

89. Are you breast-feeding at present?

- no
- yes

84. Have you used or do you at present use a hormonal intrauterine device (IUD) for contraception?

- yes, I do at present and I have used one for
 years
- no, but I have previously used one for
 years
- no, I have never used one

90. Have you given birth to a child / children?

- no
- yes, in the following years:

(Continue here when necessary)

85. Have you for the last 6 months used hormone replacement therapy in the form of tablets, gel or patches?

- yes, name of medicine:
- no

91. Have you ever had trouble becoming pregnant and having children?

- I don't know because I have never tried
- no
- yes, the last time was less than 2 years ago
- yes, the last time was 2-5 year ago
- yes, the last time was more than 5 years ago

92. Have you undergone a hysterectomy?

- no
- yes, removal of womb and ovaries, at the age of
[]
- yes, removal of womb and one ovary at most, at the age of
[]

THANK YOU FOR YOUR ANSWERS!

PLEASE TAKE THE QUESTIONNAIRE WITH YOU TO THE EXAMINATION.



TO BE FILLED BY THE NURSE AT THE PHYSICAL EXAMINATION

1. Saapumisaika

pvm / 2012
klo :

2. Suostumus

	Kyllä	Ei
Kohta 1	<input type="checkbox"/>	<input type="checkbox"/>
Kohta 2	<input type="checkbox"/>	<input type="checkbox"/>

3. Pituus

, cm (1 mm:n tarkkuudella)

4. Paino

, kg (100 g:n tarkkuudella)

5. Painoindeksi

, kg/m²

6. Rasvaprosentti

, %

7. Rasvaton massa

, kg (100 g:n tarkkuudella)

8. Verenpaineen mittaaja

9. Huoneen lämpötila

astetta

10. Olkavarren ympärysmitta

, cm
(puolen cm:n tarkkuudella)

11. Verenpaine

1 / mmHg
2 / mmHg
3 / mmHg

12. Pulssi

/ 30 s

13. Vyötärön ympärysmitta

, cm
(puolen cm:n tarkkuudella)

14. Lantion ympärysmitta

, cm
(puolen cm:n tarkkuudella)

15. Paasto

tuntia

16. Jos alle 4 tuntia, niin mitä syönyt?

- kevyt lounas (keitto/salaatti)
- tavallinen lounas
- raskas lounas
- välipala
- kahvi

17. Akuutti infektio

- ei
- kyllä, hengitystieinfektio
- kyllä, muu, mikä?

18. Verinäyte otettu

- ei
 kyllä
 kyllä, osittain. Näyte saatu putkista :
1 2 3 4 5
6 7 8 9

_____ Näytteenottaja

19. Huomautuksia näytteenotossa

- näyte otettiin makuulla
 infektioriski
 staasi unohtunut avata
 näyte otettiin oikeasta käsivarresta
 muuta, mitä

20. Näytteenottoaika

pvm _____ / _____ 2012

klo _____ : _____

21. Kuukautiskierron keskimääräinen kesto

_____ päivää

22. Jos tutkittavalla on vielä kuukautiset, mikä on viimeisten kuukautisten alkamispäivämäärä

(päivä/kuukausi): _____ / _____

23. Onko tutkittava käyttänyt seuraavia tuotteita viimeisen vuorokauden aikana?

Kyllä Ei

- Poltettavia tupakkatuotteita (savuke, sikari, piippu, sähkösavuke)

kello: _____ : _____

- Nuuskaa

kello: _____ : _____

- Nikotiinikorvaushoitotuotteita (purkka, laastari, tabletti, inhalaattori)

kello: _____ : _____

24. Huomautuksia

- itse ilmoitettu pituus
 itse ilmoitettu paino
 epäsäännöllinen epätasainen rytmi (flimmi)
 verenpaine mitattu vasemmasta käsivarresta
 diastoliseksi arvoksi merkitty Korotkoffin IV vaihe
 kieltäytyi ravintohaastattelusta
 bioimpedanssia ei mitattu.

Syy: 1 2 3

muuta, mitä:

Lähtöaika klo _____ : _____

Havaintotunnus

Tutkittavan nimikirjaimet

Lomaketarra