

FINRISK 2007  
NATIONAL HEALTH SURVEY

QUESTIONNAIRE

Please fill out this form and take it with you to the physical examination.

INSTRUCTIONS FOR RESPONDENT

Answer the questions by circling the number corresponding to the suitable alternative 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)

Please answer all questions – a negative answer should also be marked by circling the “no” alternative or by marking “0” in the space reserved for the answer.

(example 2)

(example 3)

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 examination.

Please follow the instructions closely and avoid any superfluous markings.

## QUESTIONNAIRE

1. Gender

male  
female

2. How many children do you have (including adopted children, foster children and other “non-biological” children)?

(If none, mark 0.)

3. What is your marital status?

married  
cohabiting  
single  
separated or divorced  
widow

4. What is your education?

Mark your highest educational degree.

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

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

years

6. How many years has your spouse attended school and studied full time, basic levels included?

years  
I do not have a spouse

7. How many members are presently included in your household?

members

8. How many of your household members are

under 7 years  
7-16 years old  
(Please mark 0 for none.)

9. 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

10. What is your profession?

(If you are at present pensioned or unemployed, write down the profession you last had.)

11. What is your present state of employment?

permanent full-time employment  
permanent part-time employment  
temporary full-time employment  
temporary part-time employment  
independent contractor / entrepreneur  
full-time student  
I have been unemployed less than 6 months  
I have been unemployed 6 months - 1 year  
I have been unemployed over a year  
I am laid off or work shortened hours  
I am on maternity / paternity leave or on children's home care leave  
I'm pensioned  
on employment support: in training or employed  
out of work for other reason

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

less than 10000 €  
10001 – 20000 €  
20001 – 30000 €  
30001 – 40000 €  
40001 – 50000 €  
50001 – 60000 €  
60001 – 70000 €  
70001 – 80000 €  
more than 80000 €

13. What was your birth place (or province, if you do not know the place)?

14. What was your mother's birth place (or province, if you do not know the place)?

15. What was your father's birth place (or province, if you do not know the place)?

## USE OF HEALTH SERVICES

16. How many times during the past year (last 12 months) have you been to see a doctor (not a dentist)?

(Mark 0 if not at all.)

times

17. How many times during the past year (last 12 months) have you been to see a public health nurse or the nurse has been to see you at home?

(Mark 0 if not at all.)

times

18. How many days have you been in hospital during the last 12 months? (If not at all, please answer 0.)

days

19. How many full working days were you away from work or did not attend to your usual chores because of illness during the past year (last 12 months)? (If not at all, answer 0.)

days

20. Do you receive disability pension for a disease or inability?

no

yes, partial disability pension

yes, temporary disability pension

yes, permanent disability pension

21. When have you last had a check up or seen a doctor for a medical examination, not for symptoms or illness but for ex. work place check up, driving license check up, or maternity clinic?

during the last 6 months

6 months - 1 year ago

1 year - 5 years ago

over 5 years ago

never

## HEALTH STATUS

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

no

yes, what year was the last one?

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

no

yes, what year was the last one?

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

no

yes, what year was the last one?

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

no

yes, what year was the last one?

26. 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

Cardiac insufficiency

Effort angina (Angina pectoris)

Diabetes

Cancer

Asthma of the lungs

Pulmonary emphysema, bronchitis, chronic bronchial catarrh

Gallstones, gall bladder inflammation

Rheumatoid arthritis

Other disease of the joints

Degenerative arthritis of the back, other illness of the back

Chronic urethritis, inflammation of the kidneys

Depression

Other psychological illness

Other chronic illness, which?

27. Have you ever had your cholesterol 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 31)

I do not know (proceed to question 31)

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

no

yes

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

no

yes

30. Do you now use prescription medicine to lower your cholesterol level?

no

yes, the names of the medicine:

31. 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 37)

32. Do you use a blood pressure monitor at home?

no  
yes

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

no (proceed to question 37)  
yes

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

no (proceed to question 37)  
yes

35. 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

36. If you nowadays take medication for high blood pressure, name the medicine you take:

37. 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 41)  
I do not know (proceed to question 41)

38. Have you ever been diagnosed for diabetes or for latent diabetes (glucose intolerance)?

no (proceed to question 41)  
no, but I have been diagnosed for elevated blood glucose levels or latent diabetes  
yes, type 1 diabetes (childhood-onset diabetes)  
yes, type 2 diabetes (adult-onset diabetes)  
yes, but I don't know which type  
yes, gestational diabetes

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

dietary counseling only  
tablet treatment  
insulin treatment  
none of the above

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

nothing

insulin  
tablets  
both insulin and tablets

What is the name of the tablet medication you use?

41. Have you ever been diagnosed for asthma?

no  
yes

42. Has your father been diagnosed for

no  
yes

Myocardial infarction when he was under 60 years  
Myocardial infarction when he was over 60 years  
Stroke when he was under 75 years  
Diabetes  
Asthma  
Cancer  
Depression

43. Has your mother been diagnosed for

no  
yes

Myocardial infarction when she was under 65 years  
Myocardial infarction when she was over 65 years  
Stroke when she was under 75 years  
Diabetes  
Asthma  
Cancer  
Depression

44. How many brothers or step-brothers do you have or have you had?

If none, mark 0 and proceed to question 45.

Has at least one of your brothers or step-brothers been diagnosed for

no  
yes

Myocardial infarction when he was under 60 years  
Myocardial infarction when he was over 60 years  
Stroke when he was under 75 years  
Diabetes  
Asthma  
Cancer  
Depression

45. How many sisters or step-sisters do you have or have you had?

If none, mark 0 and proceed to question 46.

Has at least one of your sisters or step-sisters been diagnosed for

no  
yes

Myocardial infarction when she was under 60 years

Myocardial infarction when she was over 60 years

Stroke when she was under 75 years

Diabetes

Asthma

Cancer

Depression

46. How do you find your health status? Is it

excellent  
quite good  
average  
quite bad  
very bad

47. Have you during the last month (past 30 days) had the following symptoms or illnesses?

no  
yes

Rheumatic trouble

Joint ache

Back ache

Swelling of the legs

Varicose veins

Constipation

Continuous stomach aches

Nausea

Trouble to walk or limping because of trouble or handicap in a knee

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

no  
yes

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

no  
yes

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

no  
yes

51. Has your breathing ever sounded wheezy during the last 12 months?

no (proceed to question 54)



yes

52. Did you have shortness of breath at the same time your breathing wheezed?

no

yes

53. Has your breathing sounded wheezy also at other times when not in flu or having a cold?

no

yes

54. Have you during the last 12 months ever woken up feeling your breathing is heavy?

no

yes

55. Have you during the last 12 months woken up having shortness of breath?

no

yes

56. Have you during the last 12 months woken up to a coughing fit?

no

yes

57. Have you during the last 12 months had an attack of asthma?

no

yes

58. Do you nowadays take any medication for the treatment of asthma, like an inhalator, inhalation powder or tablets?

no

yes, names of the medication and form of medication (e.g. tablet or spray)

59. 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

60. Have you ever had allergic eye symptoms?

no

yes, during the last 12 months

yes, the last time was over a year ago

61. 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

62. When was the last time you used the following medication? Please answer on every line by marking the correct alternative.

During the past week

1-4 weeks ago

1-12 months ago

Over a year ago

Never

Painkillers for headache

Painkillers for joint or muscle ache

Painkillers for other ache

Sleeping pills

Tranquillizers

Antidepressants

Asthma medication

Hay fever medication

Acetylsalicylic acid to prevent myocardial infarction (e.g. Aspirin, Disperin, Primaspan)

Medication to thin the blood (Marevan)

Antibiotics

Other medication, which?

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

no

yes

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

no

yes

65. Have you ever had toothache? If yes, when was the last time?

during the past 6 months

6 months - 1 year ago

1 - 5 years ago

over 5 years ago

never

66. When was the last time you visited a dentist?

during the past 6 months

6 months - 1 year ago

1 - 5 years ago

over 5 years ago

never

67. Do you consider condition of your teeth and the state of health of your mouth

excellent

quite good

average

quite bad  
very bad

## ACCIDENTS

68. Has a doctor treated you for any of the following accidents during the past year (last 12 months)?

no  
yes

Traffic accident involving a motorised vehicle  
Other traffic accident (e.g. on a bicycle)  
Accident at work or elsewhere indoors  
Accident outdoors (not on the way to or from work)  
Accident on the way to or from work (if not traffic accident)  
Accident at home indoors  
Accident at home in the yard  
Sporting accident indoors (fitness training or competitive sports)  
Sporting accident outdoors (fitness training or competitive sports)  
Other leisure-time accident indoors  
Other leisure-time accident outdoors

69. For how many whole days did you find it difficult or impossible to get through usual daily chores and actions because of the injuries caused by the accident?

(If none, answer 0.)

days

## FUNCTIONAL AND WORKING ABILITY

70. Can you usually perform the following functions?

Yes, I can without difficulty  
Yes, but with difficulty  
No, I cannot

dress yourself without help  
clip your toenails  
go up stairs without help (about one floor without resting)  
walk about half a kilometre without resting  
carry a weight of about 5kg for at least a hundred metres  
run for about a hundred metres  
run for over half a kilometre  
ride a bicycle  
ride a train, bus or tram  
read an ordinary newspaper (with or without glasses)  
hear what is said in a conversation of several people (with or without a hearing aid)

71. Do you use a computer?

no (proceed to question 73)  
yes

72. Do you use the computer for

no  
yes

paying your bills  
finding information on the internet  
e-mail

73. Do you have a mobile phone?

no (proceed to question 75)  
yes

74. Do you use your mobile phone to send text messages?

no  
yes

75. Whether you are currently employed or not, assess your working ability at present. Are you

fully able to work  
partly able to work  
fully unable to work

76. Assume that your working ability at its best has achieved 10 points. How many points would you give to your current working ability? (0 = fully unable to work, 10 = working ability at its best)

points

77. Workload and influencing possibilities

How well do the following propositions describe your current work? If you are not working, assess your last job. Do you agree or disagree with the proposition? Circle the alternative that best reflects your opinion for each proposition.

completely agree  
somewhat agree  
neither agree nor disagree  
somewhat disagree  
completely disagree

I can make many independent decisions in my job  
I have a lot of say in how I can do my job  
I have very little freedom to decide how I do my job  
My job requires working very hard  
I'm expected to do an unreasonable amount of work  
I don't have enough time to get my work done

## PHYSICAL ACTIVITY

78. How demanding is your work physically? The activity at work is divided into four groups. If you do not work, mark 1.

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).

79. How much do you exercise and stress yourself physically in your leisure time? If it varies much according to different seasons, mark the alternative which best describes the average situation.

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.

80. 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

81. How often do you in your leisure time exercise for at least 20 minutes so that you at least are mildly out of breath and sweaty (the exercise of travelling to and from work not included)?

I have a disability or a disease which does not enable me to exercise (proceed to question 83)  
less than once a week  
once a week  
2 times a week  
3 times a week  
4 times a week  
5 times a week or more often

82. How long does your usual leisure time activity take?

I do not exercise in my free time  
less than 15 minutes  
15 - 29 minutes

30 - 59 minutes  
one hour or longer

83. 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 80) or leisure time sports (questions 81-82).

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

84. How do you consider your current physical condition?

very good  
quite good  
fair  
quite bad  
very bad

85. Evaluate how your leisure-time physical activity is divided among different environments. Mark 0 if you do not engage in any physical activity.

% in indoor sports facilities (swimming hall, gym, etc.)  
% home, indoors or in the yard  
% outdoors in artificial surroundings (streets, cycling roads, outdoor sports facilities)  
% outdoors in nature near home  
% outdoors in nature near leisure-time apartment  
% outdoors in other natural surroundings

total 100%

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

hours, minutes

during the workday in office or equivalent  
at home watching television or videos  
at home at a computer  
in a vehicle  
elsewhere

## SMOKING

87. Have you ever smoked?

no (proceed to question 101)  
yes (proceed from question 88)

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

no (proceed to question 101)  
yes

89. 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

90. How old were you when you started smoking?

years

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

yes, daily

yes, occasionally

not at all

92. When was the last time you smoked? If you smoke continuously, mark alternative number 1.

yesterday or today

2 days - 1 month ago

1 month - 6 months ago (proceed to question 99)

6 months - 1 year ago (proceed to question 99)

1 - 5 years ago (proceed to question 101)

6 - 10 years ago (proceed to question 101)

over 10 years ago (proceed to question 101)

93. 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

94. 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.)

manufactured cigarettes per day

self-rolled cigarettes per day

pipefuls per day

cigars per day

95. What do you think of your present smoking? Do you think you smoke

far too much

a little too much

moderately

I do not smoke nowadays

96. Would you like to quit smoking?

no

yes

I can't say  
I do not smoke nowadays

97. 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

98. Have you ever seriously tried to quit smoking? If you have, when was the last time?

never  
over a year ago  
6 months - a year ago  
1 month - 6 months ago  
during the past month

99. Has a doctor advised you to stop smoking during the past year?

not even once  
once  
several times

100. Has a public health nurse or an occupational health nurse (at your working place) advised you to stop smoking during the past year?

not even once  
once  
several times

101. 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

102. Do you use snuff?

yes, daily portions  
sometimes  
not at all

103. 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.

at work hours  
at home hours  
other places hours

NUTRITION



104. How many meals or snacks do you usually eat during weekdays (the total number of meals/snacks in a day)?

- 1-2 meals/snacks
- 3-4 meals/snacks
- 5-6 meals/snacks
- 7 or more meals/snacks

105. How often do you usually eat the following foods? Think of the past year (last 12 months). Please give an answer on each row and mark the box indicating how often you use the food.

More seldom than once a month or not at all

1-3 times a month

Once a week

2-4 times a week

5-6 times a week

Once a day

2-3 times a day

More than 4 times a day

#### CEREAL:

buns or pastries made of bun dough

sweet cookies

other sweet pastries (e.g. Danish pastry, cake)

salty pies and pastries (e.g. Karelian rice pasties)

pizza

hamburgers

macaroni, pasta or rice

porridges

muesli or cereal

#### MILK PRODUCTS:

plain cultured milk or yoghurt

flavoured cultured milk or yoghurt

low-fat cheese (20% or less fat)

other cheeses (e.g. Edam, Emmental, Aura, Brie)

ice cream, puddings, berry or fruit curd cheese

#### POATOES, VEGETABLES:

potatoes cooked or mashed

fried potatoes or French fries

vegetable meals (soups, casseroles)

cooked vegetables or legumes

fresh vegetables, root crops, fresh salads

salad dressing or oil with vegetables

#### FRUIT, BERRIES:

fruit

fresh or frozen berries

fruit or berry juices (no added sugar)

#### FISH:

total fish and fish dishes

salmon, rainbow trout (e.g. fried, in a soup)

Baltic herring (e.g. fried, smoked, spiced)

other fish (e.g. pike, perch, whitefish, frozen fish)

MEAT, SAUSAGE, EGG:

meat dishes (e.g. beef stew, sauce with minced meat, steak)  
chicken, turkey, chicken dishes  
sausage meals, frankfurters  
cold cuts (sausages) (e.g. salami, gotler sausage)  
cold cuts (meat) (e.g. cooked ham, turkey)  
eggs (cooked, fried, omelet)

OTHER:

chocolate  
other candy  
salty snacks (e.g. potato chips, popcorn)  
ready meals from the grocery

106. How much of various types of bread do you usually eat? Think of the past year (last 12 months). Please give an answer on each row and mark the box indicating how often you use the food.

slices a week  
less than 1 or not at all  
1  
2-4  
5-6

slices a day  
1  
2-3  
4-5  
6 slices or more

rye bread or rye crisp bread  
dark wheat bread, graham or dark, mixed grain bread  
French bread, baguette, other white bread

107. Where do you usually eat your main meal on weekdays (warm meal/bread and salad meal)? (Mark only one alternative.)

a) at lunchtime  
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 other cafeteria  
somewhere else

b) at dinnertime  
I do not have dinner  
I bring a packed dinner with me to work  
at home  
at a restaurant, bar or a fast food place  
at a workplace canteen or other cafeteria  
somewhere else

108. Do you follow a special diet?

no  
yes

lactose-free diet  
non-glutein diet (I avoid domestic crops/cereals)  
I have food allergy, which?  
diabetics diet  
cholesterol lowering diet  
weight loser's diet  
vegetarian diet  
low-salt diet  
other diet, which?

109. How many portions of the following drinks do you usually drink in a day OR in a week?  
Mark the number of portions in either the day or the week column. If you do not drink the particular drink at all, mark a zero on its line in both columns.

Drink  
Portion  
Portions a day OR  
Portions a week

coffee, 1 cup of coffee = about 1 dl  
tea, 1 cup of tea = about 2 dl  
hot chocolate, 1 cup of hot chocolate = about 2 dl  
milk, 1 glass = about 2 dl  
sour milk, 1 glass = about 2 dl  
communal tap water, 1 glass = about 2 dl  
water from a well, 1 glass = about 2 dl  
bottled water or mineral water, 1 glass = about 2 dl  
unsweetened juices, 1 glass = about 2 dl  
energy drinks (e.g. Battery, Red Bull, ED), 1 can = 0.33 l  
non-alcoholic beer or very mild beer (less than 2.8% alcohol), 1 can = 0.33 l  
sweetened cola drink, 1 glass = about 2 dl  
low-calorie cola drink, 1 glass = about 2 dl  
other sweetened soft drink or sweetened juice, 1 glass = about 2 dl  
other low-calorie soft drink or low-calorie juice, 1 glass = about 2 dl

110. What kind of coffee do you usually drink (mark only one alternative)?

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

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

whole milk  
whole milk 3.5 % fat  
low fat milk 1.5% fat  
low fat milk 1% fat  
skimmed milk 0% fat  
I do not drink milk

112. What kind of fat do you usually use on your bread? (Mark 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, Becel 60, Kultarypsi 60)

margarine spread with 70 - 80 % fat (e.g. Flora 70, Keiju 70)

butter-vegetable oil mixture, blend fat (e.g. Oivariini, Enilett)

butter

vegetable sterol margarine (e.g. Becel pro.activ, Benecol)

113. What kind of fat do you usually use for cooking? (Mark only one alternative.)

vegetable oil or liquid vegetable oil preparation (e.g. Flora Culinesse, Juokseva Sunnuntai)

margarine spread with 60 % fat (e.g. Keiju, Kultarypsi)

margarine spread with 70 - 80 % fat (e.g. Flora, Keiju)

cooking margarine (e.g. Sunnuntai)

butter-vegetable oil mixture, blend fat (e.g. Oivariini, Enilett)

butter

vegetable sterol margarine (e.g. Becel pro.activ, Benecol)

no fat at all

we don't cook in our household

114. Have you used any vitamin, mineral or other nutrition supplements during the last 6 months?

no

yes

On the lines below, mark the name of the product / names of the products, the form (e.g. tablet) and either your daily OR weekly dose (see the example row).

Product name

Form

Daily dose

Weekly dose

Usage is regular (yes/no)

## CONSUMPTION OF ALCOHOL

115. 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 120)

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

yes

no (proceed to question 120)

117. 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 (1/3 liter)

Beer (class IV, alcohol content over 4.7%) bottles (1/3 liter)

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

118. How often did you drink the following amounts daily during the last 12 months?

Instruction: Start answering from the first row. Mark the most suitable 'How often?' alternative. Then continue row at a time down in the same manner. Please mark only one alternative per row.

1 dose:

bottle (1/3 liter) beer (class III)

or a glass (12 cl) of light wine

or a glass (8 cl) of strong wine

or a glass (4 cl) of spirits or other strong liquor

Bottle (0.33 liter) beer (class IV), Gin Long Drink or strong cider = 1.25 doses

Large bottle (0.5 liter) beer (class III) = 1.5 doses

Large bottle (0.5 liter) beer (class IV) = 2 doses

Bottle (0.75 liter) wine = 7 doses

Bottle (0.75 liter) strong wine = 10 doses

Bottle (0.5 liter) strong alcohol (e.g. Koskenkorva) = 12 doses

Daily doses

At least 4 times a week

2-3 times a week

About once a week

1-2 times a month

3-10 times a year

1-2 times a year

Never

18 or more

13-17

8-12

5-7

3-4

1-2

119. How often have you during the last 12 months had so much beer, wine or spirits that you have felt intoxicated?

a few times a week or more often

about once a week

a few times a month

about once a month

about once in two months  
4 - 5 times a year  
2 - 3 times a year  
once a year  
not even once

## WEIGHT

120. How much did you weigh at 20 years old?

kg

121. What has been your lowest weight in adulthood (at over 20 years old)?

kg

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

kg

123. 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

124. Do you consider yourself

too thin

a little too thin

normal

a little overweight

too much overweight

## SLEEP

125. How many hours on average do you sleep:

in one night?

hours

in a period of 24 hours?

hours

126. Do you think you sleep enough?

yes, nearly always

yes, often

rarely or hardly ever

I can't say

127. Assuming your surroundings are comfortable, how easy is it for you to get up in the morning?

not easy at all  
not very easy  
quite easy  
very easy

128. How tired do you feel in the morning during the first half hour?

very tired  
quite tired  
quite rested  
very rested

129. Let's assume that you have decided to start a new sport. Your friend recommends you a programme involving practice twice a week an hour at a time. The best time for your friend is in the morning at 7:00-8:00. Considering only the daily rhythm that feels right for you, how do you think you would perform?

I would be in good condition  
I would be in moderate condition  
it would feel quite difficult  
it would feel very difficult

130. Let's assume that you have to perform two hours of demanding physical work. You can plan your schedule as you wish. Considering only the daily rhythm that feels right for you, which of the following alternatives would you choose?

8:00-10:00  
11:00-13:00  
15:00-17:00  
19:00-21:00

131. Let's assume that you could choose your working hours. Assume that your workday lasts five hours, the work is interesting and you get paid according to your results. Which five CONSECUTIVE hours would you choose?

Circle five hours of your choice:

1-2 2-3 3-4 4-5 5-6 6-7 7-8 8-9 9-10 10-11 11-12 12-13  
13-14 14-15 15-16 16-17 17-18 18-19 19-20 20-21 21-22 22-23 23-24 24-01

132. 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"

133. Next we pose you some personal questions. Think of the past month. Please mark 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?  
Do you have nightmares?  
Do you have trouble sleeping?  
Do you have headaches?

## OTHER QUESTIONS

134. How do you assess your own risk to get coronary heart disease or a vascular disease in your lifetime?

very great  
great  
average  
small  
very small risk  
I have coronary heart disease or a vascular disease

135. How do you assess your own risk to get cancer in your lifetime?

very great  
great  
average  
small  
very small risk  
I have or did have cancer

136. How do you assess your own risk to get a serious depression in your lifetime?

very great  
great  
average  
small  
very small risk  
I have a serious depression

137. How do you assess your own risk to get diabetes in your lifetime?

very great  
great  
average  
small  
very small risk  
I have diabetes

138. Has your risk of diabetes been assessed during the past year (12 months) with e.g. a diabetes risk test or a blood glucose measurement?

yes  
no

139. 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 Worst possible quality of life  
10 Best possible quality of life

0 1 2 3 4 5 6 7 8 9 10

140. How satisfied are you with your economic situation?

very satisfied  
satisfied  
somewhat satisfied  
unsatisfied  
very unsatisfied

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

very satisfied  
satisfied  
somewhat satisfied  
unsatisfied  
very unsatisfied

142. How satisfied are you with your family life?

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

143. How well do you think the following arguments reflect your opinions?

Absolutely agree  
Somewhat agree  
Somewhat disagree  
Absolutely disagree

I believe that most people are ready to lie in their own interest  
Most people are honest and honorable mainly in fear of getting caught  
Most people are ready to use also dishonest means if honesty does not help them  
I often wonder what could be the real reasons why others do something for me  
No one really cares about what happens to others  
It is best not to trust anyone  
Most people get friends because they probably are of use to them  
Most people do not really want to see any trouble to help others

FOR MEN, THE QUESTIONNAIRE ENDS HERE.

THANK YOU FOR YOUR ANSWERS!

PLEASE TAKE THE QUESTIONNAIRE WITH YOU TO THE EXAMINATION.

THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY

144. 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

145. 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

146. 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

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

yes, name of medicine:  
no (proceed to question 151)

148. How long have you used hormone replacement therapy?

for ... years

149. How old were you when you began hormone replacement therapy?

I was ... years old

150. Had your natural menstruation ended before you began hormone replacement therapy?

yes, at the age of ...  
no

151. Do you still menstruate?

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

152. How many days do/did you usually menstruate?

days

153. How long does/did it take between the beginning of your menstruation to the beginning of your next menstruation?

days

154. Are you pregnant at present?

no  
yes

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

no  
yes, in the following years:

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

I don't know because I have never tried (proceed to question 158)

no (proceed to question 158)

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

157. If you have had trouble becoming pregnant and having children, have you consulted a doctor? (Answer according to the last time. You can mark several alternatives.)

no

yes, I have undergone examinations

yes, I have undergone an operation

yes, I have undergone an artificial insemination

yes, I have undergone hormonal treatment

yes, I have undergone in vitro fertilization treatment

yes, I have undergone other treatment, which?

158. 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

Time of arrival

date  
time

Consent

yes  
no

part 1  
part 2

Height

cm (to the nearest mm)

Weight

kg (to the nearest 100g)

Blood pressure measured by

Amount of fat on bread

2.5 g per loaf  
5 g per loaf  
10 g per loaf  
15 g per loaf  
no fat at all

Number of loaves of bread per day

Blood pressure

mmHg

Circumference of upper arm

cm (to the nearest half cm)

Pulse

/30s

Circumference of hip

cm (to the nearest half cm)

Circumference of waist

cm (to the nearest half cm)

Fasting

hours

Acute infection

no

yes, respiratory tract infection

yes, other infection, which?

Blood sample taken

no

yes

yes, partly:

Sample taken by

Sample processed by

Sample taken on

date

time

Notes concerning the sample

the sample was taken with the subject lying down

risk of infection

other, specify:

Notes

height reported by subject

weight reported by subject

irregular uneven rhythm (flimmer)

blood pressure taken from left arm

Korotkoff IV phase marked as diastolic level

other, specify:

Nitrogen oxide measurement

Smoked in the hour before measurement

no

yes

Respiratory tract or intestinal infection in the last two weeks

no

mild symptoms

clear infection

Departure time

Designation

Subject's initials