

ANSWERING INSTRUCTIONS

Please circle the suitable alternative or fill in at the blank spaces. Read the questions carefully before answering.

EXAMPLE 1. **What is your marital status?**

- 1 married
- 2 cohabiting
- 3 single
- 4 separated or divorced
- 5 widow

If you are married, circle number 1.

Remember to answer all the questions - also a negation must be marked either by circling the alternative "no" or by filling in "0" to the blank space.

EXAMPLE 2. **Have you had any of the following diseases?**

	no	yes
rheumatoid arthritis	1	2
hypertension	1	2

EXAMPLE 3. **How many cups of coffee or tea do you usually drink? (Mark 0 if none.)**

coffee cups

tea cups

After some questions you are asked to: "Proceed to question number ...". This means that you can leave the questions in between unanswered.

QUESTIONNAIRE

1. Gender

- 1 male
- 2 female

2. What is your marital status?

- 1 married
- 2 cohabiting
- 3 single
- 4 separated or divorced
- 5 widow

3. What is your education?

- 1 elementary school, basic education
- 2 lower secondary education
- 3 vocational education or relevant
- 4 upper secondary education or high school
- 5 university education

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

|_|_| years

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

- 1 |_|_| years
- 2 I do not have a spouse

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

|_|_| members

7. How many of members of your household are

under 7 years |_|_|

7 - 16 year olds |_|_|

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

- 1 farming, cattle minding, forestry, farmer's wife
- 2 factory, mining, building, or other relevant work
- 3 office work, mental work, service profession
- 4 studying or going to school
- 5 home maker, house wife
- 6 pensioner
- 7 unemployed

9. What is your profession? (If you are at present pensioned or unemployed, write down the profession you last had.)

10. What is your present employment status?

- 1 I have been unemployed less than 6 months
- 2 I have been unemployed 6 months - 1 year
- 3 I have been unemployed over a year
- 4 I am laid off
- 5 I work shortened hours (without my own wish)
- 6 I work but unemployment is a threat
- 7 I work normally (applies also to students) and there is no imminent danger of unemployment

- 8 I am on maternity/paternity leave or on children's home care leave
- 9 I'm pensioned

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

- 1 less than 40 000 FIM
- 2 40 001 - 80 000 FIM
- 3 80 001 - 120 000 FIM
- 4 120 001 - 160 000 FIM
- 5 160 001 - 200 000 FIM
- 6 200 001 - 240 000 FIM
- 7 240 001 - 280 000 FIM
- 8 280 001 - 320 000 FIM
- 9 over 320 000 FIM

12. What was the profession of the main provider in your home when you were under 7 years?

- 1 higher official (in a leading position or in planning, research or teaching positions)
- 2 lower official (f. ex. nursing professions, foreman without higher education)
- 3 laborer
- 4 farmer
- 5 self-employed
- 6 home maker, house wife

13. Where did you live most of the time when you were under 7 years?

- 1 Province of Uudenmaa
- 2 Province of Turku ja Pori
- 3 Province of Åland
- 4 Province of Häme
- 5 Province of Kymi
- 6 Province of Mikkeli
- 7 Province of North Karelia
- 8 Province of Kuopio
- 9 Province of Central Finland
- 10 Province of Vaasa
- 11 Province of Oulu
- 12 Province of Lapland
- 13 In the area of the surrendered Karelia
- 14 Sweden
- 15 Somewhere else, where? _____

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):

HEALTH STATUS

16. How many times during the past year (last 12 months) have you been to see a doctor (not 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. Do you receive disability pension for a disease or inability?

- 1 no
- 2 yes, partial disability pension
- 3 yes, temporary disability pension
- 4 yes, permanent disability pension

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

- 1 no
- 2 yes, what year was the last one? 19

20. Has a doctor ever diagnosed you with stroke or cerebral hemorrhage?

- 1 no
- 2 yes, what year was the last one? 19

21. 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	1	2
Cardiac insufficiency	1	2
Effort angina (Angina pectoris)	1	2
Cancer	1	2
Asthma of the lungs	1	2
Pulmonary emphysema, chronic bronchitis, chronic obstructive pulmonary disease	1	2
Gallstones, gall bladder inflammation	1	2
Rheumatoid arthritis	1	2
Other disease of the joints	1	2
Degenerative arthritis of the back, other diseases of the back	1	2
Chronic urethritis, inflammation of the prostate	1	2

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

	no	yes
Traffic accident with a motorised vehicle	1	2
Other traffic accident (f. ex. on a bicycle)	1	2
Accident at work (not on the way to or from work)	1	2
Accident at home (inside the home or in the garden)	1	2
Sporting accident (fitness training or other sports)	1	2
Other leisure time accident	1	2
Other accident	1	2

23. 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

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

|_|_|_| days

25. 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?

- 1 during the last 6 months
- 2 6 months - 1 year ago
- 3 1 year - 5 years ago
- 4 over 5 years ago
- 5 never

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

- 1 during the last 6 months
- 2 6 months - 1 year ago
- 3 1 year - 5 years ago
- 4 over 5 years ago
- 5 never (proceed to question 30)
- 6 I do not know (proceed to question 30)

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 during the last 6 months
- 2 6 months - 1 year ago
- 3 1 year - 5 years ago
- 4 over 5 years ago
- 5 never (proceed to question 35)

31. How many times during the past year (last 12 months) has your blood pressure been measured? (Mark 0, if not at all).

|_|_|_| times

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

- 1 no (proceed to question 35)
- 2 yes

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

- 1 no (proceed to question 35)
- 2 yes

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

- 1 today or yesterday
- 2 2 - 7 days ago
- 3 1 week - 6 months ago
- 4 6 months - 1 year ago
- 5 1 year - 5 years ago
- 6 over 5 years ago

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

- 1 during the last 6 months
- 2 6 months - 1 year ago
- 3 1 year - 5 years ago
- 4 over 5 years ago
- 5 never
- 6 I do not know

36. Have you ever been diagnosed for diabetes or for latent diabetes?

- 1 no (proceed to question 39)
- 2 latent diabetes
- 3 diabetes

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

- 1 dietary counseling
- 2 tablet treatment
- 3 insuline treatment
- 4 none of the above

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

- 1 nothing
- 2 insuline
- 3 tablets
- 4 both insuline and tablets

39. Have you ever been diagnosed for asthma?

- 1 no
- 2 yes

40. Has your father been diagnosed for

- Myocardial infarction when he was under no yes

41. Has your mother been diagnosed for

- Myocardial infarction when she was under no yes

42. Has at least one of your siblings been diagnosed for (if you do not have siblings, proceed to question 43)

	no	yes
Myocardial infarction Myocardial infarction when they were under 60 years	1	2
Myocardial infarction Myocardial infarction when they were 60 years or older	1	2
Stroke	1	2
Diabetes	1	2
Asthma	1	2
Cancer	1	2

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

- 1 excellent
- 2 quite good
- 3 average
- 4 quite bad
- 5 very bad

44. Have you during the last month (past 30 days) had the following symptoms or illnesses? (Circle all your symptoms.)

	no	yes
Rheumatic trouble	1	2
Joint ache	1	2
Back ache	1	2
Swelling of the legs	1	2
Varicose veins	1	2
Constipation	1	2
Continuous stomach aches	1	2
Nausea	1	2
Trouble to walk or limping because of trouble or handicap in a knee	1	2
Trouble to walk or limping because of trouble or handicap in a hip	1	2

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no (proceed to question 51)
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

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

- 1 no
- 2 yes

56. Have you ever had hay fever of other allergic nasal symptoms?

- 1 no
- 2 yes, during the last 12 months
- 3 yes, the last time was over year ago

57. Have you ever had allergic eye symptoms?

- 1 no
- 2 yes, during the last 12 months
- 3 yes, the last time was over a year ago

58. Have you ever had an itching rash which has been called infantile eczema or atopic eczema?

- 1 no
- 2 yes, during the last 12 months
- 3 yes, the last time was over a year ago

59. Can you usually do the following?

I can not I can, but I can

		with difficulty	without difficulty
wash up without help	1	2	3
dress without help	1	2	3
walk the stairs up without help (about one flight without resting)	1	2	3
to walk about half a kilometer without resting	1	2	3
to run about 100 meters	1	2	3
to run over half a kilometer	1	2	3

60. When was the last time you used the following medication? Please answer every row by circling the alternative.

	during the past week	1-4 weeks ago	1-12 months ago	over a year ago	never
Painkillers for headache	1	2	3	4	5
Painkillers for joint or muscle ache	1	2	3	4	5
Painkillers for an other reason	1	2	3	4	5
Sleeping pills	1	2	3	4	5
Tranquillizers	1	2	3	4	5
Antidepressants	1	2	3	4	5
Asthma medication	1	2	3	4	5
Hay fever medication	1	2	3	4	5
Acetylsalicylic acid to prevent myocardial infarction (f. ex. Aspirin, Disperin, Primaspan)	1	2	3	4	5
Medication to thin the blood (Marevan or Monel)	1	2	3	4	5

61. Have you felt yourself tensioned, stressed or under a lot of strain during the past month?

- 1 yes, my life is almost unbearable
- 2 yes, quite more so than people usually are
- 3 yes, somewhat, but no more than what is usual
- 4 not at all

62. 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?

- 1 no
- 2 yes

63. 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?

- 1 no
- 2 yes

64. Next we pose you some personal questions. Think of the past month. Please circle the alternative which best describes how often the asked thing or symptom has been on your mind.

	Often	Sometimes	Not at all
Has your heart rate increased?	1	2	3
Do you get confused when you have to do something quickly?	1	2	3
Do your hands tremble?	1	2	3

Do you feel tensioned and nervous?	1	2	3
Do frightening thoughts whirl in your mind?	1	2	3
Do you feel exhausted and overworked?	1	2	3
Does irregular heart beat bother you?	1	2	3
Do you feel dizziness?	1	2	3
Do you see nightmares?	1	2	3
Do you feel yourself depressed?	1	2	3
Do you have trouble sleeping?	1	2	3
Do you have headaches?	1	2	3
Do your hands get wet?	1	2	3

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

- 1 during the past 6 months
- 2 6 months - 1 year ago
- 3 1 - 5 years ago
- 4 over 5 years ago
- 5 never

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

- 1 during the past 6 months
- 2 6 months - 1 year ago
- 3 1 - 5 years ago
- 4 over 5 years ago
- 5 never

PHYSICAL ACTIVITY

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

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

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

- 1 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.
- 2 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.

3 In my spare time I exercise to maintain my physical condition, f. ex. running, jogging, skiing, gymnastics, swimming, playing ball games or I do heavy gardening or the like for at least 3 hours per week.

4 In my spare time I regularly exercise competitive-wise several times a week running, orienteering, skiing, swimming, playing ball games or other heavy sports.

69. 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.)

- 1 I am not at work or I use only a motorised vehicle
- 2 under 15 minutes daily
- 3 15 - 29 minutes daily
- 4 30 - 44 minutes daily
- 5 45 - 59 minutes daily
- 6 over an hour daily

70. How often do you exercise in your leisure time for at least half an hour so that you at least are mildly out of breath and sweaty?

- 1 daily
- 2 2-3 times a week
- 3 once a week
- 4 2-3 times a month
- 5 a few times a year or seldom
- 6 I have a disability or a disease which does not enable me to exercise (proceed to question 74)

71. How many times in a week do you exercise in your free time for at least half an hour so that you at least are mildly out of breath and sweaty? (If not at all, mark 0.)

|_| times a week

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

- 0 I do not exercise in my free time
- 1 less than 15 minutes
- 2 15 - 29 minutes
- 3 30 - 59 minutes
- 4 one hour or longer

73. How many kilometers do you usually run, jog or ski in a week? (If not at all, mark 0.)

|_|_| kilometers per week

74. 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, traveling to work (question 69) or leisure time sports (questions 70-73)?

- 1 less than 15 minutes per day
- 2 15-29 minutes per day
- 3 30-44 minutes daily
- 4 45-59 minutes daily
- 5 over an hour per day

75. How do you consider your current physical condition?

- 1 very good
- 2 quite good
- 3 fair

- 4 quite bad
- 5 very bad

SMOKING

76. Have you ever smoked?

- 1 no (proceed to question 90)
- 2 yes (proceed from question 77)

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

- 1 no (proceed to question 90)
- 2 yes

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

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

79. How old were you when you started smoking?

years

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

- 1 yes, daily
- 2 yes, occasionally
- 3 not at all

81. How many days in a week do you usually smoke?

- 1 7 days a week
- 2 5 - 6 days a week
- 3 2 - 4 days a week
- 4 once a week
- 5 more seldom than once a week
- 6 I do not smoke at all

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

- 1 yesterday or today
- 2 2 days - 1 month ago
- 3 1 month - 6 months ago (proceed to question 88)
- 4 6 months - 1 year ago (proceed to question 88)
- 5 1 - 5 years ago (proceed to question 90)
- 6 6 - 10 years ago (proceed to question 90)
- 7 over 10 years ago (proceed to question 90)

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

manufactured cigarettes per day

self-rolled cigarettes |__| per day

pipefuls |__| per day

cigars |__| per day

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

- 1 far too much
- 2 a little too much
- 3 moderately
- 4 I do not smoke nowadays

85. Would you like to quit smoking?

- 1 no
- 2 yes
- 3 I can't say
- 4 I do not smoke nowadays

86. If you would try to quit smoking, do you think you could succeed?

- 1 no
- 2 yes
- 3 I can't say
- 4 I do not smoke nowadays

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

- 1 never
- 2 over a year ago
- 3 6 months - a year ago
- 4 1 month - 6 months ago
- 5 during the past month

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

- 1 not even once
- 2 once
- 3 several times

89. Has a public health nurse or an occupational health nurse advised you to stop smoking during the past year?

- 1 not even once
- 2 once
- 3 several times

90. How many hours do you daily spend in spaces where you have to inhale other people's smoke? (If not at all, mark 0.)

|__| hours

NUTRITION

91. What kind of meals do you usually eat on weekdays? Circle your alternative for each meal time (please circle only one alternative per meal time).

	Nothing	Only a drink	Cold meal (bread, salad, bun, yoghurt, cereal etc.)	Hot meal (meat, fish, porridge etc)
At breakfast	1	2	3	4
At lunch	1	2	3	4
At dinner time	1	2	3	4

92. Where do you usually eat your main meal on weekdays (circle only one alternative)?

a) at lunch

- 1 I do not have lunch
- 2 I bring my lunch with me to where I work, packed lunch
- 3 at home
- 4 at a restaurant or a bar
- 5 at a work site cafe or other cafeteria
- 6 somewhere else

b) at dinner

- 1 I do not have dinner
- 2 I bring my dinner with me to where I work, packed dinner
- 3 at home
- 4 at a restaurant or a bar
- 5 at a work site cafe or other cafeteria
- 6 somewhere else

93. Are you a vegetarian?

- 1 no
- 2 yes

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

- 1 nothing
- 2 spread with 40 % or 60 % fat (f. ex. Kevyt Linja, Kevyt ja Maukas, Voilevi, Kevyt Becel, Kevyempi Flora)
- 3 spread with 70-80 % fat (f. ex. Flora, Becel, Voimix, Keiju, Hyvä Sydän, Diva, Soila, Spar)
- 4 butter-vegetable oil mixture (f. ex. Voimariini, Enilett)
- 5 butter
- 6 Benecol margarine

95. What kind of fat do you usually use for cooking (circle only one alternative)

- 1 vegetable oil
- 2 fat spread with 60 % fat (f. ex. Voilevi-60, Kevyempi Flora)
- 3 fat spread with 70-80 % fat (f. ex. Flora, Becel, Voimix, Keiju, Hyvä Sydän)
- 4 household margarine (f. ex. Milda, Sunnuntai)
- 5 butter-vegetable oil mixture (f. ex. Voimariini, Enilett)
- 6 butter
- 7 Benecol margarine
- 8 no fat at all

96. How many cups of coffee or tea do you usually drink per day? (Mark 0 if none.)coffee cups (1 cup = c. 1 deciliter)tea cups (1 cup = c. 2 deciliters)**97. What kind of coffee do you usually drink (circle only one alternative)?**

- 1 filtered coffee
- 2 boiled coffee
- 3 instant coffee
- 4 some other kind of coffee
- 0 I do not drink coffee

98. How many glasses of milk or sour milk (1 glass = 2 deciliters) do you usually drink per day? (Mark 0 if not at all.)milk glassessour milk glasses**99. If you drink milk, what kind is it usually**

- 1 full milk (on farms)
- 2 whole milk
- 3 low-fat milk
- 4 milk with 1 % fat
- 5 skimmed milk
- 0 I do not drink milk

100. 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 circle the number indicating how often you use the food.

	More seldom than once a month or not at all	Once or twice in month	Once a week	Twice a week or more often	Almost daily	Daily
<u>CEREAL:</u>						
rye bread or rye crisp bread	1	2	3	4	5	6
dark wheat bread, graham or dark, mixed grain bread	1	2	3	4	5	6
white bread	1	2	3	4	5	6
sweet pastry	1	2	3	4	5	6
porridges	1	2	3	4	5	6
muesli, cereal	1	2	3	4	5	6
rice or pasta	1	2	3	4	5	6
<u>MILK PRODUCTS:</u>						
cultured milk or yoghurt	1	2	3	4	5	6
low-fat cheese (f. ex. Minora, Polar-15, cottage cheese)	1	2	3	4	5	6
other cheeses (f. ex. Edam, Emmental, Aura, Brie)	1	2	3	4	5	6
ice cream	1	2	3	4	5	6
<u>VEGETABLES:</u>						
potatoes cooked or mashed	1	2	3	4	5	6

fried potatoes or french fries	1	2	3	4	5	6
fresh vegetables, root crops, fresh salads	1	2	3	4	5	6
cooked vegetables	1	2	3	4	5	6
vegetable meals	1	2	3	4	5	6
<u>FRUIT, BERRIES:</u>						
fruit	1	2	3	4	5	6
fresh or frozen berries	1	2	3	4	5	6
fruit or berry juices	1	2	3	4	5	6
<u>FISH, MEAT:</u>						
fish, fish dishes	1	2	3	4	5	6
chicken, chicken dishes	1	2	3	4	5	6
meat dishes (f. ex. beef stew, sauce with minced meat)	1	2	3	4	5	6
sausage meals, frankfurters	1	2	3	4	5	6
sausages (f. ex. gotler sausage)	1	2	3	4	5	6
cold meat cuts (cooked ham)	1	2	3	4	5	6
eggs cooked, fried, omelette	1	2	3	4	5	6
<u>SWEETS, CANDY, SOFT DRINKS:</u>						
chocolate	1	2	3	4	5	6
candy	1	2	3	4	5	6
soft drinks with sugar	1	2	3	4	5	6
diet soft drinks	1	2	3	4	5	6
salty snacks (f. ex. potato chips, popcorn, salted peanuts)	1	2	3	4	5	6
<u>OTHER:</u>						
home made bread	1	2	3	4	5	6
home made pastry or buns	1	2	3	4	5	6
meals prepared at home	1	2	3	4	5	6
ready-to-eat meals (f. ex. meat balls, pizza, microwave meals)	1	2	3	4	5	6
desserts after meals	1	2	3	4	5	6
fast food (f. ex. hamburgers)	1	2	3	4	5	6
meals in other restaurants or bars	1	2	3	4	5	6

101. Which of the next alternatives best describe your diet?

- 1 I have healthy eating habits
- 2 I have fairly healthy eating habits
- 3 what I eat is not particularly healthy or un-healthy
- 4 I have fairly unhealthy eating habits
- 5 I have unhealthy eating habits

102. Do you use any vitamins or mineral supplements or other supplements?

- 1 never (proceed to question 104)
- 2 yes, occasionally
- 3 yes, daily

103. Choose 1-2 most important reasons why you use nutritive preparations.

- 1 upkeep of health
- 2 to treat illnesses by myself
- 3 diet supplement
- 4 upkeep of hair and nails

- 5 recommendation of family or friend
- 6 doctor's orders
- 7 other reason
- 5 I can not say

HEIGHT AND WEIGHT

104. How tall are you? |_|_|_| cm

105. How much do you weight in light clothes? |_|_|_| kg

106. Do you consider yourself

- 1 too thin
- 2 a little too thin
- 3 normal
- 4 a little overweight
- 5 too much overweight

107. Do you follow a certain diet to lessen your weight?

- 1 no
- 2 yes

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

- 1 weight gain about |_|_| kg
- 2 it has stayed the same (proceed to question 111)
- 3 weight loss about |_|_| kg

109. If you have lost weight, what do you think has caused it? (Circle one or several alternatives.)

- 0 I have not lost weight
- 1 I have eaten less and/or lighter food than earlier
- 2 I have exercised more
- 3 I have been ill and have not had an appetite
- 4 I have lost my appetite for other reasons
- 5 I did not have the means to eat enough
- 6 other reason

110. If you have gained weight, what do you think has caused it? (Circle one or several alternatives.)

- 0 I have not gained weight
- 1 I have not exercised much
- 2 I have eaten more than before
- 3 my diet has changed unhealthier because of economic reasons
- 4 I have quit smoking
- 5 hormonal changes (f. ex. pregnancy, contraception, menopause)
- 6 other reason

111. What has been your lowest weight in adulthood (at your twenties or older)?

_____ kg

112. How much did you weigh at most (excluding women in pregnancy and when breast-feeding)?

_____ kg

113. Have you ever seriously tried to lose weight? If you have, how many times?

- 1 I have never tried to lose weight (proceed to question 117)
- 2 1-2 times
- 3 3-5 times
- 4 6 times or more often

114. How many kilos was your best dieting result?

- 1 less than 2 kg
- 2 2-5 kg
- 3 6-10 kg
- 4 over 10 kg

115. How many times during the last 10 years have you dieted at least 5 kilos?

- 1 not at all (proceed to question 117)
- 2 |_|_| times

116. On how many occasions did all the dieted weight loss come back?

- 1 not at all
- 2 |_|_| times

OTHER QUESTIONS

117. What reason do you think is the cause for the high rate of illnesses in the Finnish adult population? (Circle only one alternative.)

- 1 wrong kind of diet
- 2 stress, hard circumstances in life, heavy work
- 3 smoking
- 4 lack of exercise
- 5 lack of nutrients, vitamins et. c. (soil, nutrition)
- 6 overweight
- 7 genetic factors
- 8 alcohol
- 9 lack of health services
- 0 poisoning or pollution of environment or food

118. Do you consider your marriage or cohabiting

- 1 very happy
- 2 passably happy
- 3 hard to say
- 4 quite unhappy

- 5 very unhappy
- 0 I am not married or do not cohabit

119. How many times have you been married or lived with someone? Include your present relationship.

times

120. How often are you troubled by having to stretch your strength to the extreme to be able to cope with your present work or work load?

- 1 almost all the time
- 2 quite often
- 3 sometimes
- 4 seldom
- 5 never
- 0 I do not work

121. Do you have trouble getting along with your spouse?

- 1 almost all the time
- 2 quite often
- 3 sometimes
- 4 seldom
- 5 never
- 0 I do not have a spouse

122. How often are you troubled by continuous busyness/stress at your work?

- 1 almost all the time
- 2 quite often
- 3 sometimes
- 4 seldom
- 5 never
- 0 I do not work

123. Has your own children have caused you special trouble?

- 1 almost all the time
- 2 quite often
- 3 sometimes
- 4 seldom
- 5 never
- 0 I do not have children

124. How often are you bothered by having your work interfere with your family life?

- 1 almost all the time
- 2 quite often
- 3 sometimes
- 4 seldom
- 5 never
- 0 I do not have a family or I am not working

125. How satisfied are you with your economic situation?

- 1 very satisfied
- 2 satisfied
- 3 somewhat satisfied

- 4 unsatisfied
- 5 very unsatisfied

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

- 1 very satisfied
- 2 satisfied
- 3 somewhat satisfied
- 4 unsatisfied
- 5 very unsatisfied

127. How satisfied are you with your family life?

- 1 very satisfied
- 2 satisfied
- 3 somewhat satisfied
- 4 unsatisfied
- 5 very unsatisfied

128. Is your financial status now better or worse than before?

- 1 much better
- 2 somewhat better
- 3 about the same
- 4 a bit worse
- 5 a lot worse

Next are some arguments that people have different views on. Please give your own opinion by circling the alternative that best reflects your personal opinion or situation.

129. Coronary diseases can be prohibited by healthy life styles.

- 1 absolutely agree
- 2 somewhat agree
- 3 hard to say
- 4 somewhat disagree
- 5 absolutely disagree

130. I feel it impossible to obtain the goals that I'd like to attain.

- 1 absolutely agree
- 2 somewhat agree
- 3 hard to say
- 4 somewhat disagree
- 5 absolutely disagree

131. At middle-age it is too late to change your diet.

- 1 absolutely agree
- 2 somewhat agree
- 3 hard to say
- 4 somewhat disagree
- 5 absolutely disagree

132. The future seems hopeless and I can not believe that things could change to the better.

- 1 absolutely agree
- 2 somewhat agree
- 3 hard to say
- 4 somewhat disagree
- 5 absolutely disagree

133. I feel that I do not have even one good friend.

- 1 absolutely agree
- 2 somewhat agree
- 3 hard to say
- 4 somewhat disagree
- 5 absolutely disagree

The reactions of different people in certain situations vary. Please choose the alternative that best describes your own behavior.

134. When very angry or annoyed, I try to act as nothing is wrong.

- 1 never
- 2 seldom
- 3 sometimes
- 4 often
- 5 almost always

135. I am very demanding to myself and others.

- 1 never
- 2 seldom
- 3 sometimes
- 4 often
- 5 almost always

136. When I am very angry or annoyed I keep my feelings to myself.

- 1 never
- 2 seldom
- 3 sometimes
- 4 often
- 5 almost always

137. I get annoyed or vexed easily when things do not work out.

- 1 never
- 2 seldom
- 3 sometimes
- 4 often
- 5 almost always

138. On busy days I am stressed about not having time to do everything.

- 1 never
- 2 seldom
- 3 sometimes
- 4 often
- 5 almost always

CONSUMPTION OF ALCOHOL

139. Do you use any alcoholic drinks, even occasionally (f. ex. beer, wine or spirits)?

- 1 yes, at least once a month
- 2 yes, less than once a month
- 3 no, because I quit using alcohol |__| years ago
- 4 I have never used alcohol

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

- 1 yes
- 2 no (proceed to question 151)

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

Beer (IV A or III) |__| bottles (1/3 liter)

Long drinks |__| bottles (1/3 liter)

Spirits |__| restaurant measures (c. 4 cl)

Wine or the equivalent |__| glasses (1 glass = c. 12 cl, alcohol over 5 %)

Cider or light wine |__| glasses (1 glass = c. 12 cl, alcohol c. 5 %)

142. How often do you usually drink beer (III or IV A)?

- 1 daily
- 2 a few times a week
- 3 about once a week
- 4 few times a month
- 5 about once a month
- 6 about once in a few months
- 7 3 - 4 times a year
- 8 twice a year
- 9 once a year or more seldom
- 0 never

142. How much do you usually drink beer at a time? (1 bottle = 1/3 liters.)

- 1 less than one bottle
- 2 1 bottle
- 3 2 bottle
- 4 3 bottles
- 5 4 - 5 bottles
- 6 6 - 9 bottles
- 7 10 - 14 bottles
- 8 15 bottles or more
- 9 I do not drink beer

144. How often do you usually drink wine (light or strong, also home made)?

- 1 daily
- 2 a few times a week
- 3 about once a week
- 4 a few times a month
- 5 about once a month
- 6 about once in a few months
- 7 3 - 4 times a year
- 8 twice a year
- 9 once a year or more seldom
- 0 never

145. How much do you usually drink wine at a time?

- 1 half a glass (1 glass = c. 12 cl)
- 2 one glass
- 3 two glasses
- 4 about half a bottle(1 bottle = 0,75 l)
- 5 a little less than one bottle
- 6 about one bottle
- 7 from one to two bottles
- 8 more than two bottles
- 9 I do not drink wine

146. How often do you usually drink cider with alcohol, long drinks or light wine (alcohol content about 5 %)?

- 1 daily
- 2 a few times a week
- 3 about once a week
- 4 a few times a month
- 5 about once a month
- 6 about once in a few months
- 7 3 - 4 times a year
- 8 twice a year
- 9 once a year or more seldom
- 0 never

147. How much do you usually drink cider with alcohol, long drinks or light wine?

- 1 half a glass (1 glass = c. 12 cl)
- 2 one glass
- 3 two glasses
- 4 about half a bottle(1 bottle = 0,75 l)
- 5 a little less than one bottle
- 6 about one bottle
- 7 from one to two bottles
- 8 more than two bottles
- 9 I do not drink cider or light wine

148. How often do you usually drink spirits?

- 1 daily
- 2 a few times a week
- 3 about once a week
- 4 a few times a month
- 5 about once a month
- 6 about once in a few months
- 7 3 - 4 times a year
- 8 twice a year

- 9 once a year or more seldom
- 0 never

149. How much do you usually drink spirits at a time?

- 1 less than one restaurant measure (less than 4 cl)
- 2 one restaurant measure (about 4 cl)
- 3 two restaurant measures
- 4 3 - 4 restaurant measures
- 5 5 - 6 restaurant measures
- 6 7 - 10 restaurant measures
- 7 about a half liter bottle
- 6 more than a half liter bottle
- 7 I do not drink spirits

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

- 1 a few times a week or more often
- 2 about once a week
- 3 a few times a month
- 4 about once a month
- 5 about once in two months
- 6 4 - 5 times a year
- 7 2 - 3 times a year
- 8 once a year
- 9 not even once

THE NEXT QUESTIONS ARE FOR WOMEN

151. Are you presently on the contraceptive pill?

- 1 yes, I have used the pill for |_|_| years
- 2 no, but I have earlier used it for |_|_| years
- 3 I have never used it

152. Do you presently use a usual intrauterine device ?

- 1 yes, I have used the IUD for |_|_| years
- 2 no, but I have earlier used it for |_|_| years
- 3 I have never used it

153. Do you presently use a hormonal IUD?

- 1 yes, I have used it for |_|_| years
- 2 no, but I have earlier used it for |_|_| years
- 3 I have never used it

154. Have you had hormone therapy to treat childlessness?

- 1 yes, as outpatient
- 2 yes, as inpatient
- 3 no

155. Have you during the past month used hormone replacement therapy as tablettes, gel or patches?

- 1 yes, the name of the product: _____
- 2 no (proceed to question 159)

156. How long have you used hormone replacement therapy?

|_|_| years

157. How old were you when you started hormone replacement therapy?

|_|_| years

158. Had your natural menstruation ceased before you started the hormone replacement therapy?

- 1 yes, at the age of |_|_|
- 2 no

159. Do you still menstruate?

- 1 yes, regularly
- 2 yes, irregularly
- 3 no, my last period was |_|_| years ago

160. How many days do (did) you normally menstruate?

|_|_| days

161. How long usually is/was your menstrual cycle (= the time from the first menstruation day to next period's menstruation day)?

|_|_| days

162. Are pregnant now?

- 1 no
- 2 yes

163. How many children have you borne?

- 1 none (proceed to question 165)
- 2 one
- 3 two
- 4 three or more

164. Which year did you give birth to your first child?

year 19 |_|_|

165. Have you had a hysterectomy?

1 no

2 yes, the uterus and ovaries were removed when I was years old

3 yes, the uterus and max. one ovary was removed when I was years old

THANK YOU FOR ANSWERING!

PLEASE TAKE THIS QUESTIONNAIRE WITH YOU TO THE PHYSICAL EXAMINATION.

THIS PART IS COMPLETED BY THE SURVEY PERSONNEL

1. Height: , cm with the accuracy of 1 mm

2. Weight: , kg with the accuracy of 100 g

3. Hip measurement: , cm with the accuracy of ½ cm

Waist measurement: , cm with the accuracy of ½ cm

4. The blood pressure was measured by:

5. Number of bread slices: in 24 hours

6. Amount of fat

1 2,5 g / bread slice

2 5 g / bread slice

3 10 g / bread slice

4 15 g / bread slice

0 no fat at all

7. Use of aspirin and painkillers:

1 no

2 yes, aspirin

3 yes, other painkiller

8. Blood pressure:

1 / mmHg

2 / mmHg

9. Pulse: /30 s

10. Examination date: 1997

11. Fast: hours

12. Meal

- 1 carbohydrate
- 2 fat-carbohydrate
- 3 fat

13. Blood sample taken

- 1 no
- 2 yes, time

14. Examination of the joints

	normal	with some trouble	not at all
1. walking on flat ground	0	1	2
2. walking on toes	0	1	2
3. walking up stairs	0	1	2
4. bending down (with knees bent)	0	1	2
5. lifting up shoulder and arm	0	1	2
6. stretching out the elbow joint	0	1	2
7. bending of the elbow joint	0	1	2
8. bending the wrists so that the backs of the palms touch	0	1	2
9. forming a fist	0	1	2
10. bending of thumbs	0	1	2

15. Amalgam fillings in teeth how many

16. Other fillings in teeth how many

17. Extracted teeth how many