



FinHealth 2017



FinHealth 2017 -study

NATIONAL HEALTH SURVEY

QUESTIONNAIRE 1

INSTRUCTIONS TO RESPONDENTS

You can fill in this questionnaire also in the Internet: <http://www.thl.fi/finterveys>.
Your study code (number) and password needed in the web questionnaire are at the right top corner of the invitation letter.

Tick the most suitable alternative or write the information required in the space given with a ballpoint pen. If possible do not use a pencil.

 If you make some marks to the answer box which you do not mean, please blacken the entire answer box.

You should only cross one best alternative for each question unless it is specifically stated that you may cross more than one.

Remember to answer all questions. Enter negative answers by choosing the 'no' alternative or by writing '0' (zero) in the space given.

EXAMPLE 1.

1. How do you find your current health status?

- excellent
- quite good
- average
- quite poor
- very poor

EXAMPLE 2.

2. How tall are you?

1.65 cm



HEALTH STATUS

1. Is your present state of health

- good
 rather good
 moderate
 rather poor
 poor

2. Do you have any longstanding illness or health problem?

- no
 yes

3. Are you limited because of a health problem in activities people usually do? Would you say you are...

- Severely limited
 Limited but not severely or
 Not limited at all? (proceed to question 5)

4. Have you been limited for at least the past 6 months?

- yes
 no

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

	no	yes
Cardiac insufficiency	<input type="checkbox"/>	<input type="checkbox"/>
Coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<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 back disease	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Other psychological or mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Renal failure	<input type="checkbox"/>	<input type="checkbox"/>
Sleep apnea	<input type="checkbox"/>	<input type="checkbox"/>

6. 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 10)
 I do not know (proceed to question 10)

7. Have you ever been diagnosed for diabetes?

- no (proceed to question 10)
 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, most recently in _____

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

- lifestyle counselling only (diet, exercise, etc.)
 tablet treatment
 insulin treatment
 none of the above

9. What prescription medicine do you currently use for diabetes?

- nothing
 insulin
 tablets
 both insulin and tablets

10. 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 14)
- I do not know (proceed to question 14)

11. Have you ever been diagnosed for high or elevated blood cholesterol level?

- no (proceed to question 14)
- yes

12. Have you been given dietary instructions for lowering your cholesterol level?

- no
- yes

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

- no
- yes

14. 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)

15. Have you ever been diagnosed for high or elevated blood pressure?

- no (proceed to question 18)
- yes

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

- no (proceed to question 18)
- yes

17. 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

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

- Daily
- Weekly
- Monthly
- 2 to 4 times a year
- Once every year
- Never

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

- no
- yes, what year was the last one?

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

- no
- yes, what year was the last one?

21. Have you ever had coronary bypass surgery?

- no
- yes, what year was the last one?

22. Have you ever had coronary angioplasty (balloon distension)?

- no
- yes, what year was the last one?



23. Has a doctor ever diagnosed you with asthma?

- no
 yes

24. Has a doctor ever diagnosed you with chronic obstructive pulmonary disease (COPD)?

- no
 yes

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

- no
 yes

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

- no
 yes

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

- no
 yes

28. 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

29. Have you ever had allergic eye symptoms?

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

30. Have you ever had an itching rash which was called milk crust (infantile eczema), or atopic rash (atopic eczema)?

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

31. Have you had back pain during the past 30 days?

- no
 yes

32. Have you had neck pain during the past 30 days?

- no
 yes

33. Have you had shoulder pain during the past 30 days?

- no
 yes

34. Have you had difficulty in walking or have you limped due to a hip disorder or defect during the past 30 days?

- no
 yes

35. Have you had difficulty in walking or have you limped due to a knee disorder or defect during the past 30 days?

- no
 yes

36. Have you during the last 12 months had a period of at least two weeks when, for most of the time

	no	yes
you have been low-spirited or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
you have lost interest in most things, such as hobbies, work or other things that usually give you pleasure?	<input type="checkbox"/>	<input type="checkbox"/>



37. How much of the time during the past 4 weeks

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
Have you been a very nervous person?	<input type="checkbox"/>					
Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>					
Have you felt calm and peaceful?	<input type="checkbox"/>					
Have you felt downhearted and blue?	<input type="checkbox"/>					
Have you been a happy person?	<input type="checkbox"/>					

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

Please answer on every line by choosing the correct alternative.

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

39. Why were you last prescribed antibiotics?

- Respiratory tract infection (e.g. pharyngitis, tonsillitis, maxillary sinusitis, bronchitis, pneumonia)
- Stomach problems including diarrhoea and/or vomiting
- Urinary tract infection
- Skin or wound infection
- Some other reason
- I don't know
- I have never been prescribed antibiotics (proceed to the question 41)



40. Where was your most recent antibiotic treatment started?

- at an inpatient ward (including treatment continued at home)
- at home (prescription received in outpatient care)

41. Is the condition of your teeth and the health of your mouth at present

- good
- rather good
- moderate
- rather poor
- poor

42. How often do you usually brush your teeth?

- more often than twice a day
- twice a day
- once a day
- less frequently than every day
- never

43. How often do you use for cleaning and caring for your mouth and teeth dental floss or interdental brush?

- daily
- weekly
- less frequently
- not at all

FUNCTIONING AND WELFARE

44. How do you manage the following activities nowadays?

	without difficulties	with minor difficulties	with major difficulties	not at all
to walk about half a kilometre without resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to run a short distance (about 100 metres)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to climb one flight of stairs without resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to read an ordinary newspaper print (with or without glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to hear what is said in a conversation between several people (with or without a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. How would you estimate your present memory, learning capabilities, and ability to concentrate:

	Very well	Well	Adequately	Poorly	Very poorly
How well does your memory work?	<input type="checkbox"/>				
Are you able to acquire new information and learn?	<input type="checkbox"/>				
Are you generally able to concentrate on matters?	<input type="checkbox"/>				

46. Do you participate in the activities of any club, association, hobby group or religious or spiritual community (sports club, residents' association, political party, choir, parish)?

- no
- yes, occasionally
- yes, actively

47. Regardless of whether you are employed or not, please estimate your current work capacity. Are you:

- completely fit for work
- partially unable to work
- completely unable to work?



48. Let's assume that your work ability would receive a score of 10 points at its best. What point score would you give your current work ability? Please choose the option that best applies to your working capacity.

COMPLETELY UNABLE TO WORK					WORK ABILITY AT ITS BEST					
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

49. Do you ever feel lonely?

- Never
- Very rarely
- Sometimes
- Fairly often
- All the time

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

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

50. How satisfied are you with your economic situation?

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

52. How satisfied are you with your family life?

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

EXERCISE

53. How demanding is your work physically? Please choose the option that best applies to your situation.

- I do not work or my work is mainly done sitting down and I do not walk much during my working hours
- I walk quite much in my work, but I do not have to lift or carry heavy objects
- I have to walk and lift much or to take the stairs or go uphill
- My work is heavy manual labor in which I have to lift or carry heavy objects, to dig, shovel or chop, etc.

54. On your way to work or school, how many minutes do you travel on foot, by bicycle or similar? Add up the journeys to and from work or school.

- I do not work or I work at home
- I use a motor vehicle for the entire trip
- less than 15 minutes daily
- 15 - 29 minutes daily
- 30 - 60 minutes daily
- over an hour daily



55. How much do you exercise and stress yourself physically in your leisure time?

- In my leisure time I read, watch TV and do other activities in which I do not move much and which do not strain me physically
- In my leisure time I walk, cycle and move in other ways several hours a week. This includes walking, fishing and hunting, and light home gardening
- In my leisure time I exercise several hours a week. This includes running, jogging, cross country skiing, fitness training, swimming, ball games, and strenuous garden work
- In my leisure time I practice regularly strenuous sport several times per week. This includes competitive sports such as running, orienteering, cross country skiing, swimming and ball games

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

During the workday in office or equivalent _____ h _____ min

At home, in front of the TV, computer, or mobile device _____ h _____ min

In a vehicle _____ h _____ min

Other sitting _____ h _____ min

SMOKING

57. Have you ever smoked?

- no (proceed to question 65)
- yes

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

- no (proceed to question 65)
- yes

59. 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

60. How old were you when you started smoking?

_____ -years

61. Do you smoke nowadays (cigarettes, cigars, pipefuls)?

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

62. When was the last time you smoked?

If you smoke regularly, please choose option number 1.

- yesterday or today
- 2 days–1 month ago
- between 1 and 6 months ago
- 6 months–1 year ago
- 1–5 years ago
- 6–10 years ago
- over 10 years ago

63. How soon after waking up do you smoke your first cigarette? If you have quit smoking, try to remember what your habits were before quitting.

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

64. How much on average per day do you smoke or did smoke before you quit? Mark all tobacco products you have used/are using. If have not used the product at all, please mark 0

manufactured cigarettes _____ per day

self-rolled cigarettes _____ per day

pipefuls _____ per day

cigars _____ per day





65. Do you use snuff?

- yes, _____ portions daily
- sometimes
- not at all

66. 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

67. Have you during the last 12 months used nicotine replacement therapy (gum, patches, pills, lozenge, sublingual tablet, inhaler) or prescription drugs that can help you quit smoking?

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

68. Are you currently using electronic cigarettes with nicotine?

- daily
- sometimes
- never

NUTRITION

69. 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 weekday
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"/>

70. 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 weekday
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"/>

71. Where do you usually eat lunch on weekdays? Choose 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

72. Can you have a meal at the canteen at your workplace or educational institution?

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





73. What kind of milk do you usually drink? Choose only one alternative.

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

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

- nothing
- fat spread with 40% or less fat (e.g. Keiju Kevyt, Lättä, Flora vähärasvaisempi 40, Kevyt Becel, Kevyt Levi 40, Better-rahkariini)
- fat spread with 60% fat (e.g. Keiju 60, Flora 60, Becel 60, Kultarypsi 60, Keiju Rypsi 55, Keiju+DHA 60)
- fat spread with 70 - 80% fat (e.g. Keiju 70, Flora Kulta 80, Keiju Rypsi 75, Becel Gold 70, Becel voi & Kasviöljyt)
- butter and vegetable oil mixture, fat blend (e.g. Oivariini, Ingmariini, Flora & Voi)
- butter
- plant sterol margarine (e.g. Becel pro.activ, Benecol, Benecol Voi & Rypsiöljy, Keiju Alentaja)

75. What kind of fat do you usually use for cooking? Do not count in baking. Check only one alternative.

- vegetable oil or liquid margarine (e.g. Flora Culinesse, Flora Kokin salaisuus, Keiju Rypsi Juokseva, Juokseva Sunnuntai, Becel Juokseva)
- fat spread with 60% fat (e.g. Keiju 60, Flora 60, Becel 60, Kultarypsi 60, Keiju Rypsi 55)
- fat spread with 70 - 80% fat (e.g. Keiju 70, Flora Kulta 80, Keiju Rypsi 75, Becel Gold 70, Becel Voi & Kasviöljyt)
- hard margarine (e.g. Sunnuntai, Keiju)
- mixture of butter and vegetable oil, blend fat (e.g. Oivariini, Ingmariini, Flora & Voi)
- butter
- plant sterol margarine (e.g. Becel pro.activ, Benecol, Benecol Voi & Rypsiöljy, Keiju Alentaja 60)
- no fat at all
- we don't cook in our household

76. How often have you eaten vegetables and root vegetables (not potatoes) during the last 7 days as such, grated or in fresh salads?

- not at all
- on 1 to 2 days
- on 3 to 5 days
- on 6 to 7 days
- several times a day

77. How often have you eaten fruits or berries during the last 7 days?

- not at all
- on 1 to 2 days
- on 3 to 5 days
- on 6 to 7 days
- several times a day

CONSUMPTION OF ALCOHOL

78. Choose the option that best describes your alcohol consumption.

- I have been a non-drinker all my life (or tasted alcohol not more than 10 times during my life).
- I used previously to drink from year _____, but I stopped drinking _____ years ago.
- I have been drinking alcoholic drinks since year _____, and continue to do so.

79. How often do you have a drink containing alcohol?

- Never (go to question 83)
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

80. How many drinks containing alcohol do you have on a typical day when you are drinking? Please see the figure for an example of alcohol units.

- 1–2 units
- 3–4 units
- 5–6 units
- 7–9 units
- 10 units or more



81. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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

<u>Beer (class III)</u> or cider or long drink of similar strength	_____ bottles/cans (1/3 liter)
<u>Strong beer (A)</u> (alcohol content over 4,7%) or cider or long drink of similar strength	_____ bottles/cans (1/3 liter)
<u>Wine</u>	_____ glasses (1 glass = c. 12 cl)
<u>Spirits</u>	_____ standard measures (approx. 4 cl)



WEIGHT AND HEIGHT

83. How much do you weigh at present?

_____ kg (estimate suffices)

84. How tall are you?

_____ cm (estimate suffices)

85. How much did you weight when... (estimate suffices)

you were 20? _____ kilos

you were 30? _____ kilos

you were 40? _____ kilos

you were 50? _____ kilos

you were 60? _____ kilos

you were 70? _____ kilos

you were 80? _____ kilos

SLEEP AND SLEEPING

86. How many hours do you sleep in 24 hours?

on average _____ hours _____ minutes

87. Do you think you sleep enough?

yes, nearly always

yes, often

rarely or hardly ever

I can't say

88. Over the past month, how often have you...

	often	sometimes	not at all
felt excessively tired or sleepy during the daytime?	<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"/>

BACKGROUND QUESTIONS

89. What is your marital status?

married

cohabiting

single

separated or divorced

widow

registered partnership

90. 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

Bachelor's Degree (university of applied science, college, or similar)

Master's Degree (university degree, MA, or similar)





91. How many years altogether have you studied full-time, including primary school?

_____ years

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

_____ members

93. How many of your household members including yourself are (Please mark 0 for none.)

under 3 years _____

3–6-years _____

7–17-years _____

18–64-years _____

65–79-years _____

80-years or older _____

94. How many living children do you have at the moment, including foster and adopted children?

_____ children

95. Which of the following alternatives best describes your current main activity: (choose only one option)

- employed or self-employed (includes unpaid employment in a family-owned business, apprenticeship, and paid internship)
- unemployed
- student, further education, or unpaid internship
- retired
- on family leave, or a stay-at-home mother/father
- other

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

- less than 15 000 €
- 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 €

For men the questionnaire ends here. If you are a woman, please continue with additional questions.

Please take the questionnaire with you to the examination.

Thank you for your answers!

THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY

97. Have you used or are you currently using

	Yes, I use currently	Not now, but I have used before	I have never used
Oral contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper intrauterine device (without hormone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal intrauterine device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive vaginal ring or patch, or other hormonal contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



98. In total, how many years have you been using these contraceptives? (Please enter the total number of years, including any previous periods when you have used these. If you have never used these contraceptives for at least a year, please mark 0.)

Oral contraceptive pills for a total of _____ years

An intrauterine device without hormone for a total of _____ years

A hormonal intrauterine device for a total of _____ years

A contraceptive vaginal ring or patch, or other hormonal contraceptives for a total of _____ years

99. Over the past month, have you used hormone therapy in the form of tablets, gel, vaginal suppository, vaginal cream, or patch (not including contraceptives)?

- Yes, by prescription
- Yes, over the counter (without prescription)
- No, I have not

100. In total, for how many years have you been using such hormone therapy?

- For _____ years
- I have never used hormone therapy

101. Do you have periods nowadays?

- yes, regularly
- yes, irregularly
- no, due to hormone medication or intrauterine device
- no, periods ended naturally with the menopause, had last periods _____ years ago (if less than a year, mark 0)
- no, because I am pregnant
- no periods due to other reasons (e.g. no uterus or other disease)

102. Are you currently breast-feeding?

- no
- yes, I have been breastfeeding for _____ months

103. In total, how long have you breastfed your child/all children? Please include periods of partial breastfeeding together with other feeding, and add together the breastfeeding periods of all breastfed children. If you are currently breastfeeding and intend to continue, please enter how long you have been breastfeeding until now.

- I don't have any children, or have never breastfed a child
- I have breastfed for a total of less than one month
- I have breastfed for a total of _____ years and _____ months

104. Have you ever given birth? Please include all childbirths, including vaginal delivery and caesarean sections.

- No, I have not
- Yes, _____ deliveries

105. Have you ever had any abortions?

- no
- yes, how many _____

106. Have you ever had miscarriages?

- no
- yes, how many _____

107. Have you ever been diagnosed for extrauterine pregnancies?

- no
- yes, how many _____

108. Have you ever had high blood pressure during any pregnancy?

- no
- yes

109. How often do you examine your breasts yourself?

- more often than once a month
- about once a month
- occasionally
- never

THANK YOU FOR YOUR ANSWERS!