

LABEL

TR - II

ADDITIONAL QUESTIONS FOR PERSONS ATTENDING THE MASS X-RAY EXAMINATION IN TROMSØ

Together with the invitation to attend you received a questionnaire from the National Mass Radiography Service. You delivered this questionnaire at the examination.

Cardiovascular diseases are, however, a complex group of diseases. The causes are still partly unknown. In Tromsø we are therefore trying to obtain a more complete description of factors which may be of importance for the course of these diseases, such as diet, psychological pressure ("stress"), social conditions, and occurrence of disease in relatives. We hope you will take the trouble to complete this questionnaire as well, and return it to the Tromsø Board of Health in the enclosed envelope.

All information in connection with the mass x-ray examination will be treated as strictly confidential.

I YOUR OWN DIET

1. What type of bread do you usually eat?
Tick the most appropriate box.

White bread (e.g. French bread) 1
Ordinary bread (light texture) 2
Whole meal (brown) bread 3
Home-made (brown) bread 4

YES

3. How many slices of bread do you usually eat **daily**?
Tick the most appropriate box.

Less than two slices 1
2-6 slices 2
7-12 slices 3
13 or more slices 4

YES

2. What type of butter or margarine do you usually eat?
Tick the most appropriate box.

Butter 1
Ordinary margarine 2
Plant margarine 3
Soft margarine spread 4

YES

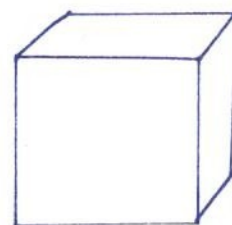
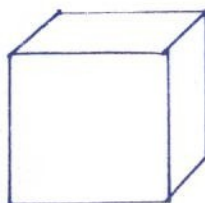
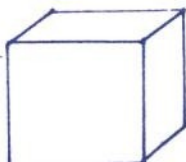
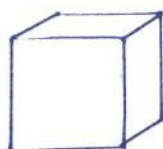
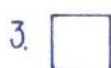
4. What type of milk do you usually drink?
Tick the most appropriate box.

Do not drink milk 1
Full cream milk: ordinary type or curdled 2
Skimmed milk: ordinary type or curdled 3
Mixture of full cream and skimmed milk 4

YES

5. The drawings below show cubes of butter or margarine (actual size).
Tick the box above the cube which best resembles the amount you spread on a slice of bread.
If in doubt, try buttering a slice.

Do not use butter or margarine ☐



6. How many glasses/cups of milk do you usually drink daily?

Tick the most appropriate box.

- Do not drink milk, or drink less than 1 glass/cup 1 ☐
- 1-2 glasses/cups..... 2 ☐
- 3-4 glasses/cups..... 3 ☐
- 5 or more glasses/cups..... 4 ☐

YES

7. How many cups of coffee do you usually drink daily?

Tick the most appropriate box.

- Do not drink coffee, or drink less than 1 cup..... 1 ☐
- 1-4 cups..... 2 ☐
- 5-8 cups..... 3 ☐
- 9 or more cups..... 4 ☐

YES

8. Are you a teetotaler?

If "No",

— How often do you usually drink beer?

Tick the most appropriate box.

- Never or just a few times a year..... 1 ☐
- Once or twice a month..... 2 ☐
- About once a week..... 3 ☐
- 2-3 times a week..... 4 ☐
- More or less daily..... 5 ☐

YES No

— How often do you usually drink wine?

Tick the most appropriate box.

- Never or just a few times a year..... 1 ☐
- Once or twice a month..... 2 ☐
- About once a week..... 3 ☐
- 2-3 times a week..... 4 ☐
- More or less daily..... 5 ☐

— How often do you usually drink spirits?

Tick the most appropriate box.

- Never or just a few times a year..... 1 ☐
- Once or twice a month..... 2 ☐
- About once a week..... 3 ☐
- 2-3 times a week..... 4 ☐
- More or less daily..... 5 ☐

9. Approximately how often during the last 12 months have you drunk so much wine, beer or spirits that you got drunk?

Tick the most appropriate box.

- Have never been drunk, or have not been drunk during the last year 1 ☐
- A few times during the last year 2 ☐
- Once or twice a month 3 ☐
- Once or twice a week 4 ☐
- 3 or more times a week 5 ☐

YES

10. How often does your main meal consist of fish or fish dishes?

Tick the most appropriate box.

- Less than once a week..... 1 ☐
- Once or twice a week..... 2 ☐
- 3-4 times a week..... 3 ☐
- 5-6 times a week..... 4 ☐
- 7 times a week..... 5 ☐

YES

11. How often do you eat fruit or vegetables?

Tick the most appropriate box.

- Never eat fruit or vegetables..... 1 ☐
- A few time a year..... 2 ☐
- Once or twice a month..... 3 ☐
- About once a week..... 4 ☐
- 2-3 times a week..... 5 ☐
- More or less daily..... 6 ☐

YES

12. How many times a month do you eat boiled or fried sausages, meat balls, other processed meat, etc.?

Tick the most appropriate box.

- Never or less than once a month..... 1 ☐
- Once or twice a month..... 2 ☐
- 3-4 times a month (up to once a week)..... 3 ☐
- 5-8 times a month (up to twice a week)..... 4 ☐
- More than 8 times a month (more than twice a week)..... 5 ☐

YES

13. Have you made any changes in your diet during the last 5 years as regards the following food items?

Tick each item in the appropriate box.

Ordinary margarine or butter

Skimmed milk

Lean meat

Full cream milk

Soya margarine (soft)

Fatty meat

As before	More now	Less now

18. Do you have, or have had you the skin disease psoriasis?

YES No

19. Have you had allergy-induced eczema on your hands during the last 12 months?

20. Have you been on sick leave, or been unable to work due to allergic eczema on your hands at any time during the past 3 years?

21. Have you ever had arthritis? (chronic rheumatoid arthritis)

II OWN ILLNESSES PAST AND PRESENT

YES No

14. Have you ever had?

Sudden paralysis or numbness on one side of your face or body, in your hand or foot

Sudden loss of ability to speak

Sudden loss of eye sight, complete or partial, or sudden onset of double vision

15. Have you had a peptic ulcer?.....

Do you often have a gnawing pain in the upper part of your stomach?

Do you suffer much from heartburn or regurgitation of gastric juices?

Do you suffer much from wind and rumbling in your stomach?

Do you often get cramps in your stomach?

Have you ever had your large intestine x-rayed?

Have you ever had gallstones?

16. Have you had kidney stones or stones in the urinary tract?

If yes, how many times?

and, when did you have the last attack? ...

YES No

no. of times

Year

YES No

17. Have you ever had cancer?

If yes, in what year was the disease discovered?

Year

22. Have you suffered from back pain during the past 12 months lasting for more than 4 weeks?

If yes, did the back pain improve if you exercised?

23. Have you suffered from morning stiffness in your back lasting more than 30 minutes?

24. Have you suffered from pains lasting more than 3 months, in the joints listed below during the last 3 years?

YES No

Knees

Elbows

Innermost finger joints

Other joints

If yes, did you suffer from stiff joints in the mornings lasting more than 30 minutes?

25. Have you had any infectious disease during the past 14 days? (influenza, common cold, vomiting, diarrhoea, etc.)

YES No

26. Have you taken iron tablets during the past 14 days?

27. How often do you take painkillers such as Globoid, Novid, Dispril, Albyl, etc.? Tick the most appropriate box.

1-3 times a week 1
1-3 times a month 2
Seldom or never 3

Have you used such painkillers during the last 14 days?.....

YES No

28. Have you changed the amount of physical exercise you take in leisure time during the last five years?

Tick the most appropriate box.

As before 1
More than before 2
Less than before 3

YES

III ILLNESS IN PARENTS AND SIBLINGS

29. Have any of these relatives had:

Cerebral stroke or brain haemorrhage
Diabetes
Arthritis (chronic rheumatoid arthritis)
Cancer
Kidney stones or stone in urinary tract
Psoriasis
Peptic ulcer
None of the above mentioned illnesses

mother	father	sister	brother

IV SOCIAL CONDITIONS AND PSYCHOLOGICAL PRESSURE ("STRESS")

30. How many years of education have you had? (including primary and secondary schools)

no. of years

31. How was your family's financial situation when you were growing up? Tick the most appropriate box.

Very good 1
Good 2
Poor 3
Very poor 4

32. Do you suffer from sleeplessness? If yes, at what time of the year do you suffer from sleeplessness? Tick the most appropriate box.

No particular time 1
Especially during the polar night 2
Especially during the midnight sun season 3
Especially in spring and autumn 4

What form does your sleeplessness take?

Difficult to fall asleep at night? 1
Wake up a lot during the night? 2
Wake up very early in the morning? ... 3

33. Have you had difficulty sleeping in the past couple of weeks?

Tick the most appropriate box.

Not at all 1
No more than usual 2
Rather more than usual 3
Much more than usual 4

34. Have you felt unhappy and depressed during the last couple of weeks?

Tick the most appropriate box.

Not at all 1
No more than usual 2
Rather more than usual 3
Much more than usual 4

35. Have you felt unable to cope with your difficulties during the last couple of weeks? Tick the most appropriate box.

Not at all 1
No more than usual 2
Rather more than usual 3
Much more than usual 4

YES

YES

YES

YES

YES No