Survey on health and lifestyle

We kindly request that you fill in the form as thoroughly and accurately as possible, and bring it with you to your scheduled physical examination. The form will be optically scanned. Please use blue or black ink. Use capital letters. Do not use decimals; for example, "0.5" should be rounded off to "1".

1. **In what year were you born?** ..... Year

2. **What is your gender?** ..... Female ☐ Male ☐

3. **What is your marital status?**

☐ Married ☐ Cohabiting ☐ Divorced
☐ Unmarried ☐ Widow/widower

4. **How many people live in your household?** ..... Number of persons

5. **How many years of education have you completed?** ..... Number of years
(Include all years you have attended school or studied)

6. **What is your family's/household's gross income per year?**

☐ Less than NOK 150,000 ☐ NOK 150,000–300,000
☐ NOK 301,000–450,000 ☐ NOK 451,000–600,000
☐ NOK 601,000–750,000 ☐ NOK 751,000–900,000
☐ More than NOK 900,000

Cardiovascular disease

7. **Are you taking medication for high blood pressure?** ..... Yes, currently ☐ Previously, but not now ☐ Never used ☐

8. **If you are taking high blood pressure medication, or have taken high blood pressure medication in the past, at what age did you start taking this type of medicine?** Age

9. **Have you ever had one or more heart attacks?**

☐ No, never ☐ One heart attack ☐ Two heart attacks ☐ Three or more heart attacks

10. **If yes, at what age did you have your first heart attack?** ..... Age

11. **Do you suffer from angina pectoris (heart cramp)?** ..... ☐ Yes ☐ No

12. **If yes, at what age did your symptoms of angina pectoris first emerge?** ..... Age

13. **If yes, how often have you experienced such pain in the past month?**

Rarely ☐ Once a week ☐ 2-3 times a week ☐ 4-6 times a week ☐ 7 times a week or more ☐

14. **Have you had heart (bypass) surgery?** ☐ Yes ☐ No

15. **Have you had your arteries unblocked/ had stent(s) placed** ☐ Yes ☐ No

16. **Has your doctor told you that you have atrial fibrillation?** ☐ Yes ☐ No

Physical activity

17. **We will now ask you to state your physical activity at the ages of 14, 30 and at your current age, on a scale from very low to very high.** The scale below runs from 1 to 10. Physical activity includes both housework and activity at work, as well as exercise and other physical activities such as walking/hiking, etc. Mark the number that best matches your level of activity:

	Very low									Very high
Age	1	2	3	4	5	6	7	8	9	10
14 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
30 years	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Current age	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Diabetes

18. **Have you ever been diagnosed with diabetes (elevated blood sugar levels)?** ..... ☐ Yes ☐ No
If no, please skip to question 28 regarding eating habits

19. **If yes, please specify your diabetes diagnosis:**
(chose one or more options)

Gestational diabetes ..... ☐
Type 1 diabetes ..... ☐
Type 2 diabetes ..... ☐

20. **How was your diabetes discovered?**

I consulted my doctor/physician because of symptoms ..... ☐ Yes ☐ No

It was discovered without the appearance of symptoms (medical certificate, work-related medical examination, pregnancy health examination, medical consultation for illness other than diabetes, etc.) ☐ Yes ☐ No

21. **At what age was your diabetes discovered/ diagnosed?** ..... Age

INSULIN

22. **Are you taking insulin for your diabetes?** ..... Yes, currently ☐ Previously, but not now ☐ Never used ☐

If you are taking (or have taken) insulin:

23. **At what age did you start your insulin treatment?** ..... Age ☐☐

24. **How many times per day do you/did you usually take insulin?** ..... ☐☐ times

25. **In total, how many units of insulin do you/did you take on an average day?** ..... ☐☐ units (E)

ORAL MEDICATION

26. **Are you taking oral medication for diabetes?** ..... Yes, currently ☐ Previously, but not now ☐ Never used ☐

If you are taking or have taken oral medication:

27. **At what age did you start taking oral medication for diabetes?** ..... Age ☐☐

Eating habits

Mark the square below the number that best describes your eating habits, taking the past four weeks into consideration:

28. **How satisfied are you with your eating habits?** (Choose only one option)

	1	2	3	4	5	6	7	
Very dissatisfied	☐	☐	☐	☐	☐	☐	☐	Very satisfied

29. **Have you resorted to 'comfort food' or excessive eating due to sadness or feelings of discontentment?** (Choose only one option)

	1	2	3	4	5	6	7	
Never	☐	☐	☐	☐	☐	☐	☐	Every day

30. **Have you ever felt guilty about eating/food?** (Choose only one option)

	1	2	3	4	5	6	7	
Never	☐	☐	☐	☐	☐	☐	☐	Every day

31. **Have you felt that strict diets (or other food-related rituals) are necessary for controlling the amount of food that you eat?** (Choose only one option)

	1	2	3	4	5	6	7	
Never	☐	☐	☐	☐	☐	☐	☐	Every day

32. **Have you felt that you are too fat?** (Choose only one option)

	1	2	3	4	5	6	7	
Never	☐	☐	☐	☐	☐	☐	☐	Every day

Smoking habits

33. **Have you ever smoked daily?** ..... ☐ Yes ☐ No

If you have **never smoked daily**, please skip to question 38.

34. **Are you currently a daily smoker?** ..... ☐ Yes ☐ No

35. **If you are no longer a daily smoker, at what age did you quit?** ..... Age ☐☐

36. **In total, for how many years have you smoked daily?** ..... Years ☐☐

37. **Considering all the years in which you smoked regularly (daily), how many cigarettes/rolling tobacco did you smoke per day, on average?** ..... ☐☐

38. **Do you live with someone who smokes?** ..... ☐ Yes ☐ No

Chronic pain

39. **Are you experiencing pain that has lasted three months or longer?** ..... ☐ Yes ☐ No

40. **If yes, please indicate the intensity of your pain in the past week:** (Choose only one option)

No pain										Most severe pain
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

41. **Please indicate where your pain is most severe:** (Choose only one option)

☐ Neck ☐ Lower back ☐ Other

Diet

We would like to know more about your **usual** diet. For each of the following foods and beverages, please indicate **how often (the number of times)** you have consumed the food item in question **on average in the past year**, and the amount you usually eat/drink each time.

BEVERAGES

42. **How many glasses of milk do you normally drink?** (Choose only one option for each variety)

	Never/ rarely	1–4 per week	5–6 per week	1 per day	2–3 per day	4+ per day
Whole/full fat milk ("*Hel*") *(regular, sour/fermented)*	☐	☐	☐	☐	☐	☐
Semi-skimmed milk ("*Lett*") *(regular/sour/fermented)*	☐	☐	☐	☐	☐	☐
Low fat milk ("*Extra lett*")	☐	☐	☐	☐	☐	☐
Skimmed *(regular, sour/fermented)*	☐	☐	☐	☐	☐	☐

43. **How many cups of coffee/tea do you normally drink?** Choose only one option for each variety

	Never/ rarely	1–6 per week	1 per day	2–3 per day	4–5 per day	6–7 per day	8+ per day
Unfiltered or plunger/ steeped coffee	☐	☐	☐	☐	☐	☐	☐
Filtered coffee	☐	☐	☐	☐	☐	☐	☐
Espresso	☐	☐	☐	☐	☐	☐	☐
Latte	☐	☐	☐	☐	☐	☐	☐
Instant coffee	☐	☐	☐	☐	☐	☐	☐
Black tea	☐	☐	☐	☐	☐	☐	☐
Green tea	☐	☐	☐	☐	☐	☐	☐

44. **Do you take any of the following in your coffee?**

Sugar *(not including artificial sweeteners)* ..... ☐ Yes ☐ No

Milk or cream ..... ☐ Yes ☐ No

45. **Do you take any of the following in your tea?**

Sugar *(not including artificial sweeteners)* ..... ☐ Yes ☐ No

Milk or cream ..... ☐ Yes ☐ No

46. How many glasses of water do you drink on average?
(Choose only one option for each line)

	Never/ rarely	1–6 per week	1 per day	2–3 per day	4–5 per day	6–7 per day	8+ per day
Tap water	☐	☐	☐	☐	☐	☐	☐
Bottled water	☐	☐	☐	☐	☐	☐	☐

47. How many glasses of juice, squash/lemonade, and carbonated/soft drinks do you drink on a typical day?

(Choose only one option for each line)	Never/ rarely	1–3 per week	4–6 per week	1 per day	2–3 per day	4+ per day
Orange juice	☐	☐	☐	☐	☐	☐
Other juice	☐	☐	☐	☐	☐	☐
Squash/lemonade/soft drink containing sugar	☐	☐	☐	☐	☐	☐
Squash/lemonade/soft drink without sugar	☐	☐	☐	☐	☐	☐

YOGHURT/CEREAL

48. How often do you eat yoghurt (1 tub)? (Choose only one option)

☐ Never/rarely ☐ 1-3 per week
☐ 4-6 per week ☐ 1 or more per day

49. How often do you eat (breakfast) cereal, oatmeal or muesli?
(Choose only one option)

☐ Never/rarely ☐ 1-3 per week
☐ 4-6 per week ☐ 1 or more per day

BREAD/SANDWICHES

50. How many slices of bread (or equivalent; bread rolls, buns, crispbread, rye bread) do you normally eat? (1/2 bread roll = 1 slice of bread) (Choose only one option for each variety listed)

	Never/ rarely	1–4 per week	5–7 per week	2–3 per day	4–5 per day	6+ per day
Whole grain bread	☐	☐	☐	☐	☐	☐
Semi-whole grain bread	☐	☐	☐	☐	☐	☐
White bread (baguette)	☐	☐	☐	☐	☐	☐
Crispbread, etc.	☐	☐	☐	☐	☐	☐

The following questions are in regards to various sandwich spreads/ fillings. For each of the following sandwich spreads, we would like to know how many slices of bread/crispbread you normally eat with these spreads/fillings. If you regularly eat the given sandwich spreads with items other than bread (i.e., waffles, breakfast cereal, porridge) please include such use when answering the questions.

51. Please indicate how many slices of bread/crispbread you normally eat with the following sandwich spreads?

(Choose only one option for each line)	Never/ rarely	1–3 per week	4–6 per week	1 per day	2–3 per day	4+ per day
Jam	☐	☐	☐	☐	☐	☐
Brown (charamelised) whey cheese *(full fat)*	☐	☐	☐	☐	☐	☐
Brown cheese *(reduced fat)*	☐	☐	☐	☐	☐	☐
Cheese *(full fat)*	☐	☐	☐	☐	☐	☐
Cheese *(reduced fat)*	☐	☐	☐	☐	☐	☐
Mayonnaise based salads (*prawn salad, italian salad, etc.*)	☐	☐	☐	☐	☐	☐
Liver pâté	☐	☐	☐	☐	☐	☐
Preserved meats, low fat *(boiled ham, etc.)*	☐	☐	☐	☐	☐	☐
Preserved meats, high fat *(salami, cured mutton, etc.)*	☐	☐	☐	☐	☐	☐

52. Please indicate how many slices of bread/crispbread you have eaten on average per week in the past year with: (Choose one option for each line)

	Never/ rarely	1 per week	2–3 per week	4–6 per week	7–9 per week	10+ per week
Mackerel in tomato sauce; smoked mackerel	☐	☐	☐	☐	☐	☐
Caviar	☐	☐	☐	☐	☐	☐
Herring/anchovies	☐	☐	☐	☐	☐	☐
Salmon *(gravlax/smoked)*	☐	☐	☐	☐	☐	☐
Other types of fish	☐	☐	☐	☐	☐	☐

53. If you use butter/margarine on your sandwich/bread, how thick a layer do you normally spread onto it? (A single portion packet weighs 12 grams) (Choose only one option)

☐ Extra thin layer *(3 grams)* ☐ Thin layer *(5 grams)*
☐ Thick layer *(8 grams)* ☐ Extra thick layer *(12 grams)*

54. What type of butter/margarine do you normally put on your bread? (You may choose several options)

☐ I do not use butter/margarine on bread
☐ Butter
☐ Hard margarine *(e.g. Melange)*
☐ Soft margarine *(e.g. Soft, Vita)*
☐ Butter and margarine blends *(e.g. Bremyk)*
☐ *Brelett* (*fat reduced butter and margarine blend*)
☐ Reduced fat margarine *(e.g. Soft light, Vita Lett)*
☐ Olive oil margarine *(e.g. Brelett oliven, Soft oliven)*

FRUITS AND VEGETABLES

55. How often do you eat fruit? (Choose only one option for each line)

	Never/ rarely	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2+ per day
Apple/pear	☐	☐	☐	☐	☐	☐	☐
Orange/citrus fruit	☐	☐	☐	☐	☐	☐	☐
Banana	☐	☐	☐	☐	☐	☐	☐
Other fruit	☐	☐	☐	☐	☐	☐	☐

56. How often do you eat potatoes? (Choose only one option for each line)

	1-4 times per month	2-4 times per week	5-6 times per week	Once daily	Twice daily
Boiled	☐	☐	☐	☐	☐
Mashed	☐	☐	☐	☐	☐
Pan-fried/fried	☐	☐	☐	☐	☐

57. How often do you eat the following types of vegetables?
(Choose only one option for each line)

	Never/ rarely	1–3 per month	1 per week	2 per week	3 per week	4–5 per week	6–7 per week
Carrot	☐	☐	☐	☐	☐	☐	☐
Cabbage	☐	☐	☐	☐	☐	☐	☐
Swede	☐	☐	☐	☐	☐	☐	☐
Broccoli/cauliflower	☐	☐	☐	☐	☐	☐	☐

	Never/ rarely	1–3 per month	1 per week	2 per week	3 per week	4–5 per week	6–7 per week
Mixed salad	☐	☐	☐	☐	☐	☐	☐
Tomato	☐	☐	☐	☐	☐	☐	☐
Mixed vegetables (*frozen*)	☐	☐	☐	☐	☐	☐	☐
Onion	☐	☐	☐	☐	☐	☐	☐
Beans	☐	☐	☐	☐	☐	☐	☐
Peas	☐	☐	☐	☐	☐	☐	☐
Other vegetables	☐	☐	☐	☐	☐	☐	☐

58. **For the following vegetables in your diet, please indicate how much you typically eat each time:** (Choose only one option for each vegetable type)

Carrot ☐ 1/2 a carrot ☐ 1 carrot ☐ 1 1/2 carrot ☐ 2+ carrots

Potato ☐ 1-2 potatoes ☐ 3-4 potatoes ☐ 5-6 potatoes ☐ 7+ potatoes

Cabbage ☐ 1/2 dl ☐ 1 dl ☐ 1 1/2 dl ☐ 2+ dl

Swede ☐ 1/2 dl ☐ 1 dl ☐ 1 1/2 dl ☐ 2+ dl

Broccoli/cauliflower ☐ 1–2 pieces (bouquets) ☐ 3–4 pieces ☐ 5 + pieces

Mixed salad ☐ 1 dl ☐ 2 dl ☐ 3 dl ☐ 4+ dl

Tomato ☐ 1/4 of a tomato ☐ 1/2 a tomato ☐ 1 tomato ☐ 2+ tomatoes

Mixed vegetables (frozen) ☐ 1/2 dl ☐ 1 dl ☐ 2 dl ☐ 3+ dl

Beans ☐ 1–2 tbsp ☐ 3–4 tbsp ☐ 5–6 tbsp ☐ 7+ tbsp

Peas ☐ 1–2 tbsp ☐ 3–4 tbsp ☐ 5–6 tbsp ☐ 7+ tbsp

RICE, PASTA, PORRIDGE AND SOUP

59. **How often do you eat rice and pasta (spaghetti, macaroni)?** Choose only one option for each food)

	Never/ rarely	1-3 times per month	Once a week	Twice a week	3+ times per week
Rice	☐	☐	☐	☐	☐
Pasta (*spaghetti, macaroni, noodles*)	☐	☐	☐	☐	☐

60. **How often do you eat porridge?** (Choose only one option for each porridge type)

	Never/ rarely	Once a month	2-3 times per month	Once a week	2-6 times per week	1+ per day
Rice porridge	☐	☐	☐	☐	☐	☐
Other porridge *(oatmeal, etc.)*	☐	☐	☐	☐	☐	☐

61. **How often do you eat soup?** (Choose only one option per line)

	Never/ rarely	1-3 times per month	Once a week	Twice a week	3+ times per week
As a main course	☐	☐	☐	☐	☐
As appetizer, lunch or supper	☐	☐	☐	☐	☐

FISH

62. **We would like to know how often you eat fish, and kindly ask you to indicate your fish consumption below, as accurately as possible.** The availability of fish products may be seasonal; please indicate at which season you eat the various types of fish listed.

	Never/ rarely	Same amount all year	Winter	Spring	Summer	Autumn
Cod, saithe/coalfish, haddock, pollack	☐	☐	☐	☐	☐	☐
(Atlantic) wolf fish, flounder, redfish	☐	☐	☐	☐	☐	☐
Salmon, sea trout	☐	☐	☐	☐	☐	☐
Halibut	☐	☐	☐	☐	☐	☐
Mackerel	☐	☐	☐	☐	☐	☐
Herring	☐	☐	☐	☐	☐	☐
Freshwater fish (*perch, pike, grayling, charr, lavaret and trout)*	☐	☐	☐	☐	☐	☐
Other fish	☐	☐	☐	☐	☐	☐

63. **Considering the season(s) in which you eat fish, how often do you normally eat the following for dinner (main meal/course)?** (Choose only one option per line)

	Never/ rarely	Once a month	2–3 times per month	Once a week	2+ times per week
Boiled cod, saithe, pollack, haddock	☐	☐	☐	☐	☐
Pan-fried cod, saithe, pollack, haddocktorsk, sei, hyse, lyr	☐	☐	☐	☐	☐
Wolf fish, founder, redfish	☐	☐	☐	☐	☐
Salmon, sea trout	☐	☐	☐	☐	☐
Halibut	☐	☐	☐	☐	☐
Mackerel	☐	☐	☐	☐	☐
Herring	☐	☐	☐	☐	☐
Freshwater fish *(perch, pike, grayling, charr, lavaret, trout)*	☐	☐	☐	☐	☐
Other fish	☐	☐	☐	☐	☐

64. **If you eat fish, how much do you normally eat each time?** (1 piece/serving = 150 grams)

Boiled fish *(piece(s)/servings)* ☐ 1 ☐ 1 ½ ☐ 2 ☐ 3+

Pan-fried/oven-baked *(piece(s)/servings)* ☐ 1 ☐ 1 ½ ☐ 2 ☐ 3+

65. **How many times per year do you eat fish roe and fish liver?** (Choose only one option for each food)

	0	1–3	4–6	7–9	10+
Fish roe	☐	☐	☐	☐	☐
Fish liver	☐	☐	☐	☐	☐

66. **If you eat fish liver, how many tablespoons do you eat each time?** (Choose only one option)

☐ 1 ☐ 2 ☐ 3–4 ☐ 5–6 ☐ 7+

67. **How often do you eat the following fish products?** (Choose only one option per line)

	Never/ rarely	Once a month	2–3 times per month	Once a week	2+ times per week
Fishcakes/fish pudding/fish balls	☐	☐	☐	☐	☐
Fish stew/fish gratin	☐	☐	☐	☐	☐
Fried fish/fish fingers	☐	☐	☐	☐	☐
Other fish products/dishes	☐	☐	☐	☐	☐

68. **In which amounts do you normally eat the various following dishes?** (Choose only one option per line)

Fishcakes/fish pudding/fish balls *(pcs) (2 fish balls=1 fishcake)* ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Fish stew, fish gratin *(dl)* ☐ 1–2 ☐ 3–4 ☐ 5+

Fried fish/fish fingers *(pcs)* ☐ 1–2 ☐ 3–4 ☐ 5–6 ☐ 7+

In addition to information regarding fish consumption, it is important to detail the sauces/fat that accompany fish meals.

69. How often do you eat the following as part of fish meals/ dishes?

	Never/ rarely	Once a month	2–3 times per month	Once a week	2+ times per week
Melted/solid butter	☐	☐	☐	☐	☐
Melted/solid margarine	☐	☐	☐	☐	☐
Sour cream, full fat *(35% fat)*	☐	☐	☐	☐	☐
Sour cream, reduced fat *(20% fat)*	☐	☐	☐	☐	☐
Sauce, high fat *(white/brown)*	☐	☐	☐	☐	☐
Sauce, fat free *(white/brown)*	☐	☐	☐	☐	☐

70. For the various types of fat/sauces that you regularly eat <u>with your fish</u>, please indicate how much you normally eat:

Melted/solid butter *(tbsp)*	☐ ½	☐ 1	☐ 2	☐ 3	☐ 4+
Melted/solid margarine *(tbsp)*	☐ ½	☐ 1	☐ 2	☐ 3	☐ 4+
Sour cream full fat *(tbsp)*	☐ ½	☐ 1	☐ 2	☐ 3	☐ 4+
Sour cream, red. fat *(tbsp)*	☐ ½	☐ 1	☐ 2	☐ 3	☐ 4+
Sauce, high fat *(dl)*	☐ ¼	☐ ½	☐ ¾	☐ 1	☐ 2+
Sauce, fat free *(dl)*	☐ ¼	☐ ½	☐ ¾	☐ 1	☐ 2+

71. How often do you eat shellfish? (i.e., prawns/shrimp, crabs, molluscs) (Choose only one option)

☐ Never/rarely ☐ Once a month
☐ 2-3 times per month ☐ Once a week or more

72. How many seagull eggs or eggs of other seabirds do you eat during the course of one year? (Choose only one option)

Never	1-3	4-6	7-9	10-15	16+
☐	☐	☐	☐	☐	☐

73. How often have you eaten freshwater fish? (perch, pike, grayling, charr, lavaret, trout) (Choose only one option per line)

	Never/ rarely	Once a month	2-3 times per month	Once a week	2-3 times per week	4+ per week
Childhood	☐	☐	☐	☐	☐	☐
Adolescence (13-19 yrs)	☐	☐	☐	☐	☐	☐
Adulthood (past year excl.)	☐	☐	☐	☐	☐	☐

MEATS

74. How often do you eat the following meat dishes? (Choose only one option for each meat type)

	Never/ rarely	1-2 times per month	3-4 times per month	2-3 times per week	4-6 times per week	7+ times per week
Reindeer meat	☐	☐	☐	☐	☐	☐
Moose/elk meat	☐	☐	☐	☐	☐	☐

75. How often do you eat the following meat and poultry dishes? (Choose only one option for each dish)

	Never/ rarely	Once a month	2–3 times per month	Once a week	2+ times per week
Roast *(beef, pork, mutton)*	☐	☐	☐	☐	☐
Cutlets *(beef, pork, mutton)*	☐	☐	☐	☐	☐
Steak *(beef, pork, mutton)*	☐	☐	☐	☐	☐
Hamburger/meat patties	☐	☐	☐	☐	☐
Sausages/hot dogs	☐	☐	☐	☐	☐
Grouse, other game birds	☐	☐	☐	☐	☐
Meat casserole, stew	☐	☐	☐	☐	☐
Pizza with meat toppings	☐	☐	☐	☐	☐
Chicken, unskinned	☐	☐	☐	☐	☐
Chicken, skinned	☐	☐	☐	☐	☐
Bacon	☐	☐	☐	☐	☐
Other meat dishes	☐	☐	☐	☐	☐
Blood-based dishes *(lamb/sheep, cattle, reindeer, moose)*	☐	☐	☐	☐	☐

76. If any of the following dishes are in your diet, please indicate your typical serving sizes: (Choose only one option for each dish)

Roast *(slices)*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5+
Cutlets *(pcs)*	☐ ½	☐ 1	☐ 1½	☐ 2+	
Hamburgers, meat patties *(pcs)*	☐ 1	☐ 2	☐ 3	☐ 4+	
Sausages *(pcs; 1=150g)*	☐ ½	☐ 1	☐ 1½	☐ 2+	
Casserole/stew *(dl)*	☐ 1–2	☐ 3	☐ 4	☐ 5+	
Pizza with meat toppings *(slices of 100 grams each)*	☐ 1	☐ 2	☐ 3	☐ 4+	

77. Which of the following sauces do you have with your meat and pasta dishes? (Choose only one option for each sauce variety)

	Never/ rarely	Once a month	2–3 times per month	Once a week	2+ times per week
Brown sauce	☐	☐	☐	☐	☐
Gravy	☐	☐	☐	☐	☐
Tomato-based sauce	☐	☐	☐	☐	☐
Sauce with cream/sour cream	☐	☐	☐	☐	☐

78. For the various sauces listed, what amounts do you normally apply to your meals?

Brown sauce *(dl)*	☐ ¼	☐ ½	☐ ¾	☐ 1	☐ 2+
Gravy *(dl)*	☐ ¼	☐ ½	☐ ¾	☐ 1	☐ 2+
Tomato-based sauce *(dl)*	☐ ¼	☐ ½	☐ ¾	☐ 1	☐ 2+
Sauce with cream/sour cream *(dl)*	☐ ¼	☐ ½	☐ ¾	☐ 1	☐ 2+

OTHER FOODS

79. How many eggs do you normally eat in the course of <u>one week</u>? (pan-fried, boiled, scrambled, omelette) (Choose only one option)

☐ 0 ☐ 1 ☐ 2 ☐ 3–4 ☐ 5–7 ☐ 8-14 ☐ 15+

80. How often do you eat ice cream? (for dessert, Cornetto, etc.) (Choose one option for your ice cream consumption in summer, and one for the remainder of the calendar year)

	Never/ rarely	Once a month	2–3 times per month	Once a week	2+ times per week
In the summer	☐	☐	☐	☐	☐
The rest of the year	☐	☐	☐	☐	☐

81. How much ice cream do you normally eat each time? (Choose only one option)

☐ 1 dl ☐ 2 dl ☐ 3 dl ☐ 4+ dl

82. How often do you eat bakery goods, such as buns, cakes, danishes/pastries and cookies? (Choose only one option for each line)

	Never/ rarely	1–3 per month	1 per week	2–3 per week	4–6 per week	1+ per day
Yeasted bakery goods *(buns, etc.)*	☐	☐	☐	☐	☐	☐
Danish pastries	☐	☐	☐	☐	☐	☐
Cakes	☐	☐	☐	☐	☐	☐

	Never/ rarely	1–3 per month	1 per week	2–3 per week	4–6 per week	1+ per day
Pancakes	☐	☐	☐	☐	☐	☐
Waffles	☐	☐	☐	☐	☐	☐
Cookies, biscuits	☐	☐	☐	☐	☐	☐
Lefse, potato pancake	☐	☐	☐	☐	☐	☐

83. **How often do you have dessert?** (Choose only one option for each food)

	Never/ rarely	1 per month	2–3 per month	1 per week	2–3 per week	4+ per week
Pudding *(eg. chocolate/ caramel pudding)*	☐	☐	☐	☐	☐	☐
Creamed rice, mousse/ fromage	☐	☐	☐	☐	☐	☐
Compote, stewed fruit, canned fruit	☐	☐	☐	☐	☐	☐
Strawberries *(fresh, frozen)*	☐	☐	☐	☐	☐	☐
Other berries *(fresh, frozen)*	☐	☐	☐	☐	☐	☐

84. **How often do you eat chocolate?** (Sett ett kryss pr. linje)

	Never/ rarely	1–3 times per month	Once a week	2–3 times per week	4–6 times per week	Once a day or more
Dark chocolate	☐	☐	☐	☐	☐	☐
Milk chocolate	☐	☐	☐	☐	☐	☐

85. **If you eat chocolate, how much do you normally eat each time?** Imagine the size of a Kvikk Lunsj chocolate bar (47g), and indicate your serving size according to that.

☐ ¼ ☐ ½ ☐ ¾ ☐ 1 ☐ 1½ ☐ 2+

86. **How often do you eat other sweets/candy?** (Choose only one option)

Never/ rarely	1–3 times per month	Once a week	2–3 times per week	4–6 times per week	Once a day or more
☐	☐	☐	☐	☐	☐

87. **How often do you eat salty snacks?** (Choose only one option for each line)

	Never/ rarely	1–3 times per month	Once a week	2–3 times per week	4–6 times per week	Once a day or more
Potato crisps	☐	☐	☐	☐	☐	☐
Peanuts	☐	☐	☐	☐	☐	☐
Other nuts	☐	☐	☐	☐	☐	☐
Other snacks	☐	☐	☐	☐	☐	☐

COD LIVER OIL AND FISH OIL CAPSULES

88. **Do you take bottled cod liver oil supplements?** ☐ Yes ☐ No

89. **If yes, how often do you take bottled cod liver oil?** (Choose only one option per line)

	Never/ rarely	1–3 times per month	Once a week	2–6 times per week	Daily
In the winter	☐	☐	☐	☐	☐
Other seasons	☐	☐	☐	☐	☐

90. **If you take bottled cod liver oil, what amounts do you take each time?**

☐1 teaspoon ☐½ tablespoon ☐1+ tablespoons

91. **Do you take cod liver oil capsules/fish oil capsules?**

☐ Yes ☐ No

92. **If yes, how often do you take cod liver oil capsules/fish oil capsules?** (Choose only one option for each line)

	Never/ rarely	1–3 times per month	Once a week	2–6 times per week	Daily
In the winter	☐	☐	☐	☐	☐
Other seasons	☐	☐	☐	☐	☐

93. **What brand/type of cod liver oil/fish oil capsules do you take, and how many capsules do you take each time?**

Product/brand name:_____

Number of capsules: ☐ 1 ☐ 2 ☐ 3+

Other dietary supplements

94. **Do you take other dietary supplements?** (vitamins/minerals) ☐ Yes ☐ No

Alcohol

95. **Do you practice total alcohol abstinence?** ☐ Yes ☐ No

96. **If no, how often and how much did you drink, on average, in the past year?** (Choose only one option for each line)

	Never/ rarely	1 per month	2-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2+ per day
Beer/alcopops *(½ l)*	☐	☐	☐	☐	☐	☐	☐	☐
Wine *(glass)*	☐	☐	☐	☐	☐	☐	☐	☐
Liquor/distilled spirits *(drink/shot)*	☐	☐	☐	☐	☐	☐	☐	☐
Liqueur/fortified wine *(glass)*	☐	☐	☐	☐	☐	☐	☐	☐

Dental health

97. **In your most recent visit to the dentist, did you see a dentist/ dental hygienist in private practice or a dentist/dental hygienist employed in the public dental health service?** (Mark with an "X")

☐ Dentist in private practice
☐ Dental specialist in private practice
☐ Dental hygienist in private practice
☐ Dentist employed in public dental health service
☐ Dental specialist employed in public dental health service
☐ Dental hygienist employed in public dental health service
☐ Dentist abroad (outside of Norway)

98. **When did you last see a dentist or dental nurse?**(Choose only one option)

☐ Less than a year ago ☐ 1-2 years ago
☐ 3-5 years ago ☐ More than 5 years ago

99. **If your most recent dental appointment was more than two years ago, please supply the reason for not going more frequently to the dentist:** (Choose only one option)

☐ I have not been scheduled for a regular appointment
☐ Long waiting time for appointment
☐ I have not had the time
☐ Economic/financial reasons
☐ I have not required dental care
☐ I am afraid or anxious about seeing the dentist
☐ Other reasons: _____

100. **In the past 12 months, how much money have you spent on dental care (dentist, dental specialist, dental hygienist)?** (Choose only one option)

- ☐ Nothing (I have not had dental appointments)
- ☐ Nothing (I have had my costs covered)
- ☐ Less than NOK 1000
- ☐ NOK 1000-5000
- ☐ NOK 5001-10,000
- ☐ NOK 10,001-20,000
- ☐ More than NOK 20,000

101. **Please mark the two aspects that are most important to you in regards to your teeth/oral health:**

- That my teeth are nice-looking when I talk and smile ☐
- That my teeth are pain-free (do not hurt) ☐
- That I can chew/eat without any trouble ☐
- That I have fresh breath ☐
- That I keep my teeth for the rest of my life ☐

102. **How would you rate your dental health?** (Choose only one option)

☐ Poor ☐ Not so good ☐ Good ☐ Very good

103. **Do you have dentures/a dental bridge?** ☐ Yes ☐ No

Sunlight exposure/Tanning

104. **Have you been on holiday in southern countries or other beach/sunbathing holiday in the past month?** ☐ Yes ☐ No

105. **Please estimate the total number of hours during which you have been outside (during daylight hours) in the past seven days?** ☐☐ hours

106. **Have you used a solarium in the past month?**

☐ No ☐ 1 - 2 times ☐ 3+ times

Skin care products/Cosmetics

107. **How often (number of times) do you use the following cosmetic products?** (Choose only one option per product)

	Never/ rarely	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2+ per day
Face cream	☐	☐	☐	☐	☐	☐	☐
Hand cream	☐	☐	☐	☐	☐	☐	☐
Body lotion	☐	☐	☐	☐	☐	☐	☐
Perfume/aftershave	☐	☐	☐	☐	☐	☐	☐
Deodorant	☐	☐	☐	☐	☐	☐	☐
Hair products *(not incl. shampoo/conditioner)*	☐	☐	☐	☐	☐	☐	☐

Children and breastfeeding

108. **This question applies to mothers only: What is the birth year of your child(ren), and what was the approximate number of months during which the child(ren) was/were breastfed?**

	Birth year	Number of months during which the child was breastfed	Not breastfed
Firstborn	☐☐☐☐	☐☐	☐
Second child	☐☐☐☐	☐☐	☐
Third child	☐☐☐☐	☐☐	☐
Fourth child	☐☐☐☐	☐☐	☐
Fifth child	☐☐☐☐	☐☐	☐

If you had more than five children, please continue on a separate sheet.

Family and linguistic background

109. **How would you describe your family's financial situation when you were growing up?** (Choose only one option)

☐ Very good ☐ Good ☐ Challenging ☐ Extremely challenging

People of different ethnic backgrounds live in Northern Norway. That is, they have different languages and cultures. Examples of ethnic backgrounds, or ethnic groups, are Norwegian, Sami and Kven.

110. **What language(s) do/did you, your parents and your grandparents speak at home?** (Put one or more crosses for each line)

	Norwegian	Sami	Kven	Other, describe:
Mother's father	☐	☐	☐	☐ .....
Mother's mother	☐	☐	☐	☐ .....
Father's father	☐	☐	☐	☐ .....
Father's mother	☐	☐	☐	☐ .....
Father	☐	☐	☐	☐ .....
Mother	☐	☐	☐	☐ .....
Myself	☐	☐	☐	☐ .....

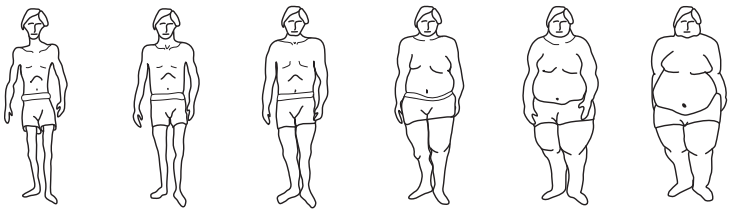
111. **What is your, your father's and your mother's ethnic backgrounds?** (Put one or more crosses for each line)

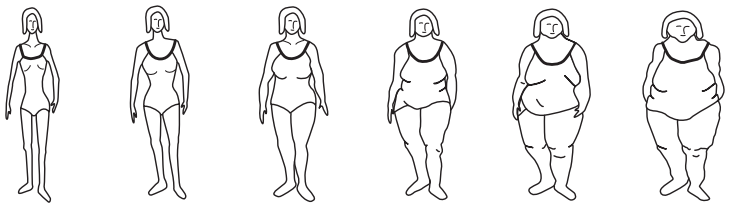
	Norwegian	Sami	Kven	Other, describe:
My ethnic background is	☐	☐	☐	☐ .....
My father's ethnic background is	☐	☐	☐	☐ .....
My mother's ethnic background is	☐	☐	☐	☐ .....

112. **What do you consider yourself to be?** (Put one or more crosses)

Norwegian	Sami	Kven	Other, describe:
☐	☐	☐	☐ .....

Body type/size





113. **Which of the above figures/illustrations most closely resembles your own body type/size?** ..... Figure number ☐

	Male figure number	Female figure number
114. **In your opinion, which figure corresponds to a healthy body type/size ?**	☐	☐
115. **Which figure is the first (in ascending numerical order) that you think of as representing a fat person?**	☐	☐
116. **Which figure/illustration is the first (in descending numerical order) that you think of as representing a skinny person?**	☐	☐

117. **How would you describe yourself?** (Choose only one response)

Extremely fat	Too fat	Average/Just right	Too thin/skinny	Extremely skinny
☐	☐	☐	☐	☐

118. **Have you attempted to lose weight (diet) in the past six months?** ..... ☐ Yes ☐ No

119. **If yes, how many kilograms have you lost in the past six months ?** ..... ☐☐ Kg

120. **Please indicate the methods used in order to lose weight?**
(You may choose one or more alternatives)

- ☐ Eating less
- ☐ Healthier diet
- ☐ Other dietary changes
- ☐ Exercise
- ☐ Weightloss drugs prescribed by doctor/physician
- ☐ Weightloss shakes/ powders
- ☐ Other, please describe: .....

Other health issues

121. **Below you will find a number of common health issues. Please consider each one carefully and individually, and then indicate the extent to which each individual health issue has affected you in the past four weeks.** (Choose only one option for each health issue)

	Not affected	Slightly affected	Affected quite a lot	Severely affected
Nervousness or shakiness inside	☐	☐	☐	☐
Feeling fearful	☐	☐	☐	☐
Feeling hopeless about the future	☐	☐	☐	☐
Worrying too much about things	☐	☐	☐	☐
Feeling blue/melancholic	☐	☐	☐	☐

Sleep/Sleeping habits

We would like to ask some questions concerning your sleeping habits. Please use the 24-hour time format, in which 11:00 corresponds to eleven o'clock in the morning and 23:00 corresponds to eleven o'clock at night.

122. **Have you taken part in shift work (worked night/evening shifts) in the past three months ?** ..... ☐ Yes ☐ No

123. **Please indicate the number of days a week in which you do not have the opportunity to choose freely when to go to sleep and when to get out of bed?** (This may apply, for instance, to any days in which you have to go to work, attend school, etc.) (Choose only one option)

0	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐

124. **On the days that I do not have the opportunity to choose freely when to go to sleep/get out of bed,**

	Hours	Minutes
I go to bed at	☐☐	☐☐
I get ready to fall asleep at	☐☐	☐☐
Number of minutes that it normally takes before I fall asleep (fully):		☐☐
I wake up at	☐☐	☐☐

I wake up due to/using:

- ☐ Alarm clock
- ☐ External circumstances (i.e., noise caused by family members or others)
- ☐ I wake up naturally

Number of minutes normally passing from I wake up till I get out of bed: ..... ☐☐

On such days, do you sleep in other hours of the day? (i.e., afternoon nap) ..... ☐ Yes ☐ No

	Hours	Minutes
When (what hour) does this normally occur?	☐☐	☐☐
Provide the number of minutes of daytime sleeping:		☐☐

125. **On days in which I can freely choose my rising/waking/ sleeping hours:**

	Hours	Minutes
I go to bed at	☐☐	☐☐
I get ready to sleep at	☐☐	☐☐
Number of minutes that it normally takes before I fall asleep (fully):		☐☐
I wake up at	☐☐	☐☐

I wake up due to/using:

- ☐ Alarm clock
- ☐ External circumstances (i.e., noise caused by family members or others)
- ☐ I wake up naturally

Number of minutes normally passing from I wake up till I get out of bed: ..... ☐☐

On such days, do you sleep in other hours of the day (i.e., afternoon nap) ..... ☐ Yes ☐ No

Thank you for participating in the survey!

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