

Faculty of health sciences / Department of community medicine

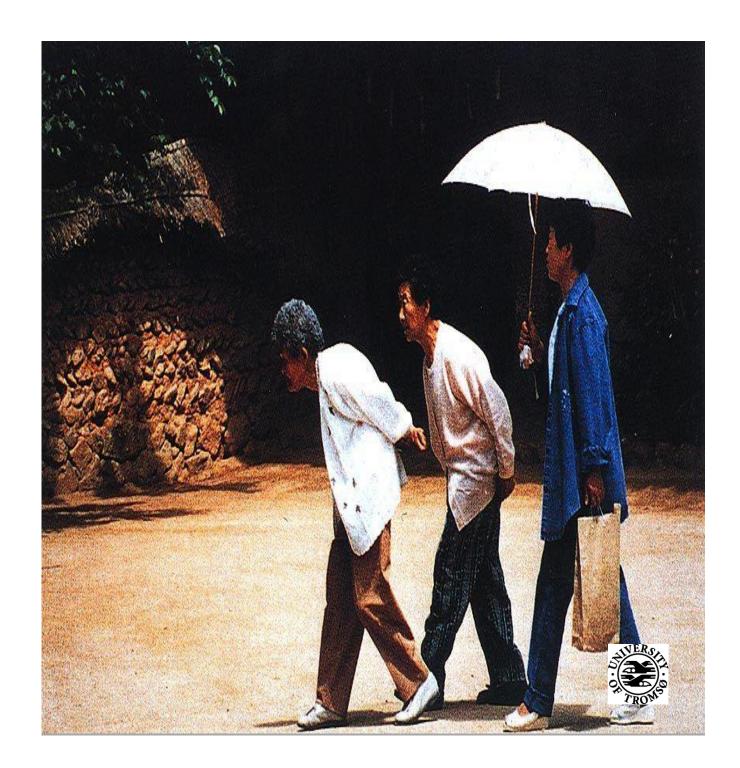
# Changes in Bone Mineral Density over Time in Patients with Self-reported Chronic Diseases:

The Tromsø Study

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#### Anita Bhandari

#### **Abstract**

**Objective:** To examine the total hip (TH) and femoral neck (FN) bone loss in women and men above 50 years of age with self-reported chronic diseases.

**Methods:** Using data from 'The Tromsø Study', men and women aged 50-74 years were included in this study. Disease status was identified based on self-reports. Bone mineral density (BMD) of TH and FN were measured using DXA (Dual-energy X-ray Absorptiometry). The change in BMD was calculated as the difference between BMD in Tromsø 5 and Tromsø 6. Linear regression analysis was used to assess relationship between the predictor variables (diseases) and the outcome (change in total hip and femoral neck BMD).

**Results:** Out of 2310 participants, 860 were men and 1450 were women. Men had significantly more cases of heart disease (p<0.0001) and stroke compared to women, (p=0.036) whereas, hypothyroidism was more frequent among women (p<0.0001). Significantly higher levels of baseline TH and FN BMD were measured in men than women (p<0.0001). A significant annual percentage change in TH BMD among women with CVD (-0.23%; p=0.019) and hypothyroidism (-0.1%; p=0.041) was observed in models adjusted with several common risk factors. The annual percentage change in FN BMD was significant among men with stroke (-0.46 %; p=0.012).

**Conclusion:** The results of this study indicate that self-reported chronic diseases are associated with increased deterioration of BMD in elderly men and women. Bone loss was evident in women with CVD or hypothyroidism, and in men with stroke. This highlights the need of careful evaluation of elderly patients with chronic diseases with respect to BMD and thereby fractures risk.

# Table of Contents

Abstract	4
List of Tables	7
List of figures	7
Abbreviations:	8
CHAPTER 1: Introduction	9
1.1 Epidemiology of Osteoporotic Fractures	9
1.2 Osteoporosis	10
1.3 Low BMD and fracture risk	10
1.4 Known risk factors for bone loss	11
1.4.1 Age	11
1.4.2 Sex steroids	12
1.4.3 Body Mass Index (BMI)	12
1.4.4 Smoking	13
1.4.5 Physical activity (PA)	13
1.4.6 Education.	13
1.4.7 Health status	14
1.5 Theoretical explanation to the association between chronic diseases and	l bone loss 14
1.5.1 Diabetes Mellitus (DM)	14
1.5.2 Cardiovascular diseases (CVD)	15
1.5.3 Stroke	16
1.5.4 Hypothyroidism	17
Objectives	18
CHAPTER 2: Methods	19
2.1 Study population, design and setting	19
2.2 BMD measurements	19
2.3 Ethics	20
2.4 Exposure variables and confounders	20
2.5 Statistical analysis	21
CHAPTER 3: Results	23
3.1 Basic characteristics of participants by sex as displayed in Table 1	23
3.2 Basic characteristics of participants by sex and disease status	23
3.2.1 Basic characteristics of participants by sex and DM status as displayed	
	23

3.2.2 Basic characteristics of participants by sex and CVD status as displaye	
3.2.3 Basic characteristics of participants by sex and cerebral stroke as displaced to the second stroke as displaced to the second sec	ayed in
3.2.4 Basic characteristics of participants by sex and hypothyroidism status a in Table 5.	
3.3 Relation between chronic disease and bone loss	25
3.3.1 The relation between DM and bone loss as displayed in Table 6-9	25
3.3.2 The relation between CVD and bone loss as displayed in Table 6-9	25
3.3.3 The relation between stroke and bone loss as displayed in Table 6-9	25
3.3.4 The relation between hypothyroidism and bone loss as displayed in Ta	ble 6-9 26
3.3.5 The relation between disease category and bone loss as displayed in Ta	able 13-15.
	26
CHAPTER 4: Discussion	27
Bone loss in DM	27
Bone loss in CVD	29
Bone loss in stroke	30
Bone loss in hypothyroidism	31
Strength and limitations	32
Internal and external validity	32
CHAPTER 5: Conclusion	33
References	49
APPENDICES	58

# **List of Tables**

Table 1: Comparison of baseline characteristics of 2310 included participants from Tromsø V			
2001-2002 by gender			
Table 2: Baseline characteristics of participants with and without DM			
Table 3: Baseline characteristics of participants with and without CVD			
Table 4: Baseline characteristics of participants with and without Cerebral Stroke			
Table 5: Baseline characteristics of participants with and without Hypothyroidism			
Table 6: Adjusted and unadjusted Absolute annual change and Annualised percentage change			
in Total hip BMD with chronic diseases among women			
Table 7: Adjusted and unadjusted Absolute annual change and Annualised percentage change			
in Total hip BMD with chronic diseases among men			
Table 8: Adjusted and unadjusted Absolute annual change and Annualised percentage change			
in Femoral neck BMD with chronic diseases among women			
Table 9: Adjusted and unadjusted Absolute annual change and Annualised percentage change			
in Femoral neck BMD with chronic diseases among men			
Table 10: Comparison of the mean difference in BMD among females with no disease, one			
disease and two diseases			
Table 11: Comparison of the mean difference in BMD among males with no disease, one			
disease and two diseases			
Table 12: Adjusted and unadjusted Absolute annual change and Annualised percentage			
change in Total hip with single or multiple chronic diseases among women			
Table 13: Adjusted and unadjusted Absolute annual change and Annualised percentage			
change in Total hip with single or multiple chronic diseases among men			
Table 14: Adjusted and unadjusted Absolute annual change and Annualised percentage			
change in Femoral neck with single or multiple chronic diseases among women			
Table 15: Adjusted and unadjusted Absolute annual change and Annualised percentage			
change in Femoral neck with single or multiple chronic diseases among men			
List of figures			
Figure 1: Flowchart showing inclusion and exclusion of participants			

### **Abbreviations:**

ANCOVA: Analysis of Covariance

ANOVA: Analysis of Variance

BMD: Bone Mineral Density

BMI: Body Mass Index

CHF: Chronic Heart Failure

CVD: Cardiovascular Disease

DALY: Disabilities Adjusted Life Years

**DBP**: Diastolic Blood Pressure

DM: Diabetes Mellitus

DXA: Dual energy X-ray Absorptiometry

FN: Femoral neck

FRAX: Fracture Risk Assessment

HR: Hazard ratio

MI: Myocardial Infarction

NOREPOS: Norwegian Epidemiological Osteoporosis Studies

OR: Odds ratio

PA: Physical activity

RCT: Randomized Control Trail

RR: Relative risk

SD: Standard deviation

SOF: Study of Osteoporotic Fracture

SRH: Self-reported Health

SXA: Single energy X-ray Absorptiometry

TH: Total hip

TSH: Thyroid Stimulating Hormone

VDR: Vitamin-D receptor

#### **CHAPTER 1: Introduction**

#### 1.1 Epidemiology of Osteoporotic Fractures

Osteoporotic fractures constitute a major health problem worldwide (1, 2). Osteoporotic fractures refer to fractures which are associated with low Bone Mineral Density (BMD) and those that increase in incidence with age after the age of 50 years (1). In addition to the hospital costs, for individuals, osteoporotic fractures are the major causes of morbidity and mortality (3).

There were worldwide an estimated 9 million new osteoporotic fractures in the year 2000, of which 1.6 million were at the hip, 1.7 million at the forearm and 1.4 million were clinical vertebral fractures (2). Likewise, 8.9 million fractures secondary to osteoporosis were recorded worldwide with Europe having greatest numbers (2). Significant variation in the trends of fracture incidence is however noted in various regions, countries and cities. The prior decades with increasing trends of hip fracture in North America, Europe and Oceania has been followed by decreasing rates over last two decades, but unexpectedly escalating in Asia (4).

In the European Union, it was recently estimated that approximately 3.5 million new fragility fractures occur annually (5) and the highest incidence of fractures is reported in Scandinavia over a long period of time (6). The lifetime risk of any osteoporotic fracture ranges between of 40-50% in women (7). The 2000 estimate indicated a total of 5.8 million Disabilities Adjusted Life Years (DALYs) lost worldwide, and more than half of which was accounted by Europe and America (2). In Europe, osteoporotic fractures account for 2 million DALYs annually, somewhat more than what is accounted for hypertensive heart disease or rheumatoid arthritis (5). The cost of fractures is apparently expected to rise with an increasing

elderly population. Estimates show that the annual number of hip fractures would increase progressively to 2.6 million by the year 2025 and to 4.5 million by 2050 around the world (8). Therefore, insights about mechanisms causing osteoporotic fractures that can lead to knowledge-based preventive strategies are highly warranted.

#### 1.2 Osteoporosis

Osteoporosis is a disease characterized by low bone mass, micro-architectural deterioration of bone tissue leading to enhanced bone fragility, and a consequent increase in fracture risk (9). The diagnosis of osteoporosis is based on measurement of BMD, g/cm<sup>2</sup> (bone mineral content/area) as measured by Dual-energy X-ray Absorptiometry (DXA). Osteoporosis is defined as a BMD level less than or equal to 2.5 Standard deviations (SD) below that of a young (30–40-year-old), healthy adult women in the reference population. The World Health Organization (WHO) has translated it into T-score and have established the following diagnostic guidelines: Normal as T-score  $\geq$  -1.0, Osteopenia as T-score between -1 and -2.5, Osteoporosis as T-score  $\leq$  -2.5 and severe osteoporosis (or established osteoporosis) as T-score  $\leq$  -2.5 with one or more fragility fractures (10).

#### 1.3 Low BMD and fracture risk

The relation between BMD and fracture risk is well established, as indicated by Marchall et al in 1996 (11): the risk of any fractures doubles by every SD decrease in BMD. Recently, in a study done to examine the relative contribution of BMD in the Fracture Risk Assessment Tool (FRAX) algorithm, it was found that one standard deviation drop in Femoral neck (FN) BMD was associated with a Hazards ratio (HR) of incident fracture of 1.92 and 1.77 in women and men respectively (12). In a prospective study done in women of Northern Europe, BMD (though measured by single photon absorptiometry) remained as the only independent risk factor with a Relative risk (RR) of 1.36 (1.15, 1.62) per SD decrease in

baseline BMD (13). There is a general consensus that the most reliable way of predicting fracture risk at a given site is to perform a BMD measurement at the fracture site itself (11). However, since osteoporosis is a systemic disease, BMD measurements made at other sites remote from the fracture site are also predictive of fracture risk (14, 15). Therefore BMD plays vital role in fracture prediction and it can also be said that factors that are associated with BMD will also have an impact on fracture risk as indicated in a recent study by Chan *et.al* (16).

#### 1.4 Known risk factors for bone loss

After peak bone mass achievement around the age of 20 years, a net bone loss is observed from the age of 35 years in both sexes (17), whereas the decline in the BMD of the proximal end of the femur is reported to begin immediately after the acquisition of peak bone mass (18). BMD level, thereby fracture risk; in the elderly is therefore a function of bone mass gained during growth and bone mass lost during the ageing process. Any factors that can prevent bone loss may therefore reduce fracture risk. The present chapter will provide an overview of the most important known factors for risk of fracture, BMD and bone loss, respectively.

#### 1.4.1 Age

The mechanism of ageing in bone loss involves a reduction in stem cells differentiating into osteoblasts, an increase in bone marrow adiposity, a shorter life span for mature osteoblasts, and a higher frequency of apoptosis (19). Age is regarded as a significant and independent predictor of fracture (20, 21). Studies have found that the risk of fractures with low BMD increases with advancing age, most evidently for hip fractures (22, 23). Several longitudinal studies in older adults in USA have consistently observed that rates of bone loss increased with advancing age (24-26) with similar pattern in Asia (27) and in Europe (28). However, decreased Physical activity (PA) associated with ageing also contributed to bone loss (29).

Similarly, approximately one third of the decline in BMD with age was explained by the associated age-related decline in weight (30). Age however in itself is the most important and independent determinant of bone loss.

#### 1.4.2 Sex steroids

Sex steroids protect against bone loss not just by slowing the rate of bone remodelling but also exerting effects on the lifespan of mature bone cells (31). The pubertal increase of bone mass is presumed to occur as a result of the coordinated activation of oestrogen and androgen receptors at the bone level in both sexes (32). Postmenopausal estradiol is found to be positively associated with BMD (33) at all sites (34). Premenopausal bone loss is confined to androgens, while in peri-menopausal period and later, estrogens and androgens were found to act independently to slow bone loss (35). Moreover, observations from epidemiological studies indicate that, elderly men with higher testosterone can preserve their BMD better and thus are less prone to fracture (36).

#### 1.4.3 Body Mass Index (BMI)

WHO defines BMI as the weight in kilograms divided by the square of the height in metres (kg/m²). Basically, the effect of BMI on bone depends on the level of BMI (37, 38). A meta-analysis has shown that when compared with a BMI of 25 kg/m², a BMI of 20 kg/m² was associated with a nearly two fold increase in risk ratio for hip fracture while a BMI of 30 kg/m² was associated with only a 17% reduction in hip fracture risk (38). Generally, BMI is also regarded as a stronger predictor of BMD (39, 40). In the population based Tromsø study, BMI had the strongest effect on BMD, especially in the oldest age groups, while a BMI above 30 kg/m² did not show any additional effect (41). Interestingly, even if a higher BMI protects against bone loss, the rate of bone loss cannot be reversed by weight gain alone (42). Maintenance of stable weight is however expected for optimal bone health (43, 44).

#### **1.4.4 Smoking**

Cigarette smoking is a possibly reversible risk factor for osteoporosis and osteoporotic fractures through diverse patho-physiologic mechanisms (45). Various longitudinal studies have found increased risk of fracture among smokers (46-50) of which most are hip fractures (46-48), which increased with the amount of smoking (46, 49). Interestingly, there was no apparent benefit from quitting smoking until 10 years after cessation (46). Likewise, the annualized rate of bone change was greater among smokers than non-smokers in various sites though the inefficient calcium absorption played the role in bone loss (51, 52). To summarize, although the effect size is not evidently clear; smoking definitely seems to exert a negative effect on bone during ageing by increasing the rate of bone loss.

#### 1.4.5 Physical activity (PA)

Literatures suggest that mechanical strain through exercises helps to achieve bone mass (53, 54) while skeletal gains obtained during growth are maintained at advanced age despite a reduction of PA in adulthood (55). Various studies (56, 57) including a meta-analysis (58) reported that PA is beneficial in reducing risk of hip fractures. However, increasing level of PA above moderate was not beneficial in preventing hip fractures (56, 59). Though PA is said to be protective against fractures, the association with BMD are conflicting with both positive (60-62) and negative (63, 64) results. Similarly, when it comes to PA and bone loss, finding varies (65, 66).

#### 1.4.6 Education

Level of education and prevalence of osteoporosis shows an inverse relation (67-69) ranging from 18.6% for the most educated to 34.4% for the no educated women (primary school only) (p < 0.05) (67). Using the lowest educational level as reference category, increases in educational status were also associated with a significantly reduced risk for osteoporosis. (69). Additionally, a lower level of education was associated with lower BMD and higher

level was similarly associated with better BMD in the same studies (67, 68). Education level not only directly influences bone status but various modes of education also indirectly influences bone health as it encourages people to maintain healthy lifestyles (70-73) and better patient outcomes after fractures (74).

#### 1.4.7 Health status

The relation between Self-reported Health (SRH) status and bone health is not well established yet, but will be outlined in the present chapter as it may be linked to chronic diseases. While, in a Japanese cohort of women with a mean age of 58.5 years, SRH was not related to hip fracture risk (75), other studies have found significant relation with BMD (76, 77). For e.g. SRH had an independent significant positive association with both femoral neck BMD and lumbar spine BMD. However, in a cross sectional study, a statistically significant association between level of BMD and any of the SRH categories could not be established but statistical interactions between SRH and race/ethnicity and between SRH and BMI were detected (77).

# 1.5 Theoretical explanation to the association between chronic diseases and bone loss

Among several risk factors for bone loss, chronic diseases are one. Chronic diseases are diseases of long duration which progresses slowly. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 63% of all deaths (78). There are various literatures on the associations of self-reported chronic diseases with bone status which is discussed below:

#### 1.5.1 Diabetes Mellitus (DM)

WHO projects that diabetes will be the 7<sup>th</sup> leading cause of death in 2030 (79) which demands global attention. In general, chronic hyperglycaemia has been suggested to impair bone quality. One plausible mechanism relates to increased collagen cross linking by

abundant glucose, raising concentrations of advanced glycation end-products, such as pentosidine, which have been associated with increased fracture risk (80). The exact underlying mechanism is however yet to be understood.

Studies have demonstrated an increased fracture risk among patients with Type 2 DM, but interestingly, patient with Type 2 DM also display higher BMD levels (81-83). There are other numerous studies in support of it (84-86). However, higher risk of falling associated with diabetes (81, 84) and weight loss (82) was partially accounted for this increased risk. Nevertheless, the Rotterdam study has reported lower frequency of non-vertebral fractures in diabetes (87).

Similarly, in a prospective cohort, white women with diabetes lost more Femoral neck (FN) and Total hip (TH) BMD than those with normal glucose in age-adjusted models. After multivariable adjustment, diabetes was associated with greater loss of FN BMD (-0.32%/year; 95% CI: -0.61, -0.02) but not TH BMD (88). Likewise, in the Study of Osteoporotic Fracture (SOF), done on women >65 years, with self-reported DM lost bone more rapidly than those without DM at the FN and TH but not at distal radius (89).

#### 1.5.2 Cardiovascular Diseases (CVD)

Several studies supported an association between CVD and low BMD or osteoporotic fractures. Several common factors have been linked to both CVD and osteoporosis including smoking, older age, DM, physical inactivity, and menopause (90). In addition, there is a growing evidence for a link in the underlying patho-physiology focusing on genetics, vascular calcification (91, 92) as well as statins (93, 94), while vascular calcifications has implications in osteoporotic fractures as well (95, 96).

Various studies have reported increased fracture risk in CVD patients (97-101). It is also mentioned that apart from their vulnerability to fractures through direct influences on bone, subjects with cardiovascular diseases could also have a higher propensity of falls as side effects of medications (99). However, studies showing association between CVD and BMD have conflicting results (102, 103). Self-reported myocardial infarction (MI) was not significantly associated with low BMD in women, but was not significant in men (OR: 1.39, [95% CI, 1.03 to 1.87] p=0.03) (104).

However, a systematic review showed that individuals with prevalent subclinical CVD had higher risk for increased bone loss compared to persons without disease (101). Looking at other CVDs, men with Chronic Heart Failure (CHF) had reduced BMD with significantly higher bone loss over time (105). Similarly, congestive heart failure patients with the vitamin D receptor (VDR FF) genotype had a significantly higher annual rate of decrease in BMD (106).

#### **1.5.3 Stroke**

Bone resorption starts early in stroke (107) and immobilization plays a major role in the pathogenesis of osteoporosis after stroke (108, 109). Hip fracture after stroke is an increasingly recognized problem (110). Few case-control studies found that the risk of hip fracture is twice as high among the subjects with stroke (111, 112) with the greater risk in people above 71 years, females and with recent stroke (112). However in a prospective study, there was no increase in the risk of fractures generally or hip fractures specifically compared with controls but among the stroke patients with hemi-paresis or hemiplegia, the majority of fractures occurred on the impaired side (113). Similarly, in a study done among patients hospitalized for stroke, there was a >7-fold increase in fracture risk, including that of hip fracture within the first year after hospitalization (114). Likewise studies have found pronounced decrease in BMD on the paretic side (115) and greater bone loss was (116, 117)

associated with factors like functional deficits, physical fitness, lean mass, mobility, weight bearing early after stroke and grip strength (118-120). On the contrary, another study found that in both acute and chronic stroke patients, BMD of affected and unaffected side femur were not significantly different (121). Thus, the relation between stroke and bone loss is contradicting, though a majority of studies indicating an increased risk of bone loss in stroke patients, particularly at the paretic side.

#### 1.5.4 Hypothyroidism

Thyroid hormone is essential for the normal development of the bone and plays an important role in the linear growth and maintenance of bone mass (122). Thus thyroid function is important for bone status through life. As reported by Vestergaard *et al* in his series of studies (123, 124), the fracture risk in patients with hypothyroidism increases. In the study done among levothyroxine substituted patients, overall fracture risk was higher among patients compared to controls (RR=1.6), though the increase was temporary and limited to the period of the first 2 years after the diagnosis of hypothyroidism (RR = 3.1, 95% CI: 1.4-7.0). Another study done in 2005, showed an increase in the risk of any fracture in the first 10 years after a diagnosis of hypothyroidism, while no effect of levothyroxine on fracture risk was present.

Furthermore, studies looking into hypothyroidism and BMD have yielded contradicting results. Some studies found no significant differences in BMD among hypothyroid cases (125, 126) and levothyroxine substituted ones (127, 128), while there are others indicating that the total BMD was affected by hypothyroid status (129, 130). For example: in the Tromsø study, postmenopausal women with serum Thyroid Stimulating Hormone (TSH) above the 97.5 percentile had significantly higher BMD at the FN than women with serum TSH in the normal range (129). Most (131-134), but not all (135) studies showed a high prevalence of bone loss in patients with subclinical hypothyroidism treated with exogenous

thyroxin. However, in a trail, compared to women with no known thyroid disease, women with low TSH levels had greater annualized, adjusted mean rates of bone loss from the spine (-2.89% +/-0.65% vs. -1.13% +/-0.13%, P = 0.009) (136) which might predispose one to increased risk of osteoporotic fractures.

To summarize, several chronic diseases are associated with increased risk of fracture which in many cases is a consequence of increased bone loss. Increased rate of age related bone loss inevitably leads to decreased BMD and increased susceptibility to fragility fractures. Chronic diseases are therefore expected to put extra burdens to the society for its implication on BMD and consequently fracture risk. However, the association between chronic diseases and bone loss have not been studied much, especially in population based longitudinal studies including both women and men.

# **Objectives**

The aim of this study was to investigate the associations between self-reported chronic diseases; CVD, DM, stroke and hypothyroidism, and Total hip and Femoral neck bone loss in women and men above the age of 50 years (with and without adjustments for risk factors and baseline BMD).

#### **CHAPTER 2: Methods**

### 2.1 Study population, design and setting

Tromsø is a city and a municipality in Troms country, Norway. It is an island and is the largest city of the northern part of Norway inhabited by around 70,000 populations. The Tromsø study is a population-based prospective study which was initiated in 1974. Six consecutive surveys have been carried out, 6-7 years apart, in the municipality of Tromsø from 1974 to 2008. The participants included in our study were subjects in the 5<sup>th</sup> and 6<sup>th</sup> surveys of the Tromsø study. Each of the survey included questionnaire data, samples of biological specimens, and clinical measurements. Tromsø 4-6 also included a second visit with a more extensive examination of the participants including bone densitometry of the hip.

#### 2.2 BMD measurements

Tromsø 5 was conducted in 2001 to 2002. Subjects who had previously taken part in the second visit in Tromsø 4 were eligible for a second-visit examination in Tromsø 5. A total of 5939 subjects with ages ranging from 30-89 years participated from which BMD measurement was obtained. Similarly, Tromsø 6 was conducted in 2007-08. A total of 12984 (65.7 % of the invited population) men and women aged 30-87 attended the first visit of Tromsø 6. (137, 138), whereas, of 7958 invited, 7307 (98.1%) attended the second visit among which 3854 provided valid BMD measurement. In the present study, we have included a total number of 2310 men and women aged 55-74 years with valid BMD measurements at hip and femoral neck from Tromsø 5 and Tromsø (Figure 1).

The scans were performed by specially trained technicians after the manufacturer provided protocol. All scans were performed using Lunar Prodigy DXA densitometry (GE Medical systems, Madison, WI, USA) (137, 138). In the present study, scans of the left hip were used

for analysis, but if the left hip measurement was ineligible; the right hip scan was used. We included participants with valid BMD measurements at the total hip and femoral neck in the both surveys, altogether 860 men and 1450 women.

#### 2.3 Ethics

The participants signed a declaration of consent prior to both examinations. The regional committee of Research Ethics recommended the study, with approval by the Norwegian Data Inspectorate.

## 2.4 Exposure variables and confounders

In the present study, the disease conditions were determined based on self-reports from questionnaires in Tromsø 5. The findings of the questionnaires were not verified by other measures. A participant was considered to have a disease if he or she answered 'yes' to the disease question or its corresponding drug (e.g., anti-diabetic drug for diabetes). We included 4 diseases: DM, CVD, Stroke and Hypothyroidism as exposures. We separated Type 2 DM out of the diabetes diagnosis. Type 2 DM were defined as those who said 'yes' to diabetes question and question for intake of diabetes tablet. In addition to it, a participant who reported 40+ years of age at onset of the disease and answered 'yes' to the diabetes question is regarded as Type 2 DM. Likewise, subgroups of CVD included in this study were Angina and Heart attack. We defined stroke only on the basis of the disease question. Similarly, a participant who said yes to the both; the disease question and the question for thyroxine hormone intake were considered as cases of hypothyroidism.

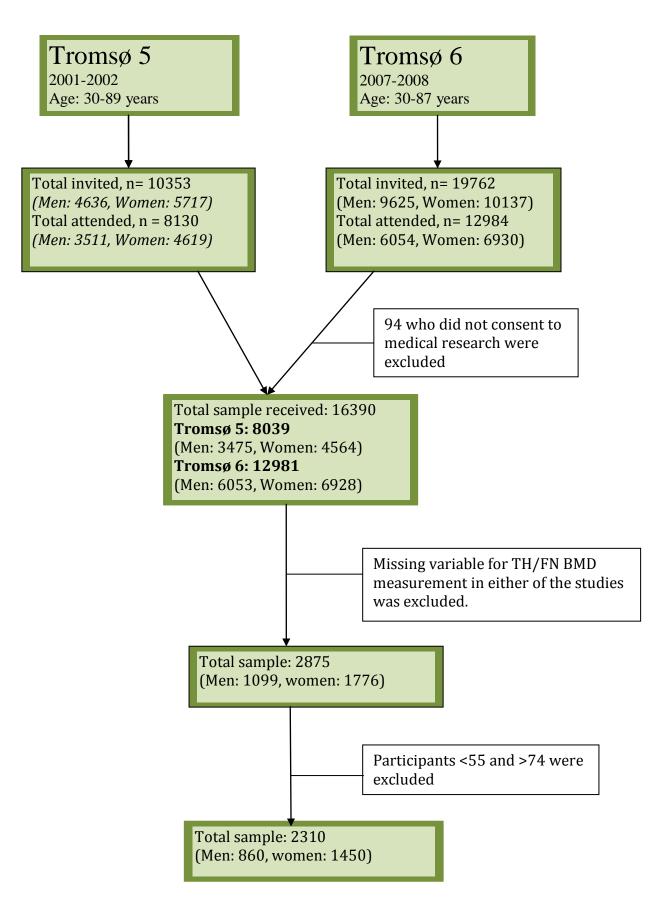
Potential confounding variables included were age, BMI, baseline BMD, smoking, physical activity, education, health status, cholesterol, triglycerides, systolic/diastolic blood pressure and glucose. Height and weight were measured in cm and kg respectively. Based on weight

and height measurements, BMI was calculated as kg/m². The covariates like smoking, physical-activity, education and health were dichotomised. Those who were currently smoking were considered smokers, the rest being non-smokers. The variable 'education' was categorised into less than 13 years of education and 13 or more years. The variable physical activity was categorised into sedentary, moderate and high on the basis of hours of light and hard activity on leisure. Later for convenience, the moderate and high physical activities were merged into one in regression analysis.

#### 2.5 Statistical analysis

IBM SPSS 21 software was used for statistical analysis of the data. Data are presented stratified by gender. Chi squared ( $\chi^2$ ) test was used for categorical variables (Fisher exact tests for categorical data with low expected cell counts) and independent sample t-test was used for continuous variables. Absolute annual BMD change was calculated as the difference between BMD in Tromsø 5 and Tromsø 6 divided by the number of years between the scans. The annual percentage change in BMD was calculated by dividing the annualized absolute change by the baseline BMD and multiplied by 100. Absolute annual change and annual percentage change in BMD were considered as outcomes in the statistical analysis. Linear regression analysis was used to assess relationship between the predictor variables (diseases) and the outcome (change in TH and FN BMD). The association was adjusted for potential confounding variables where models were constructed based on previous studies on 'risk factors for bone loss' (26, 28, 139). Burden of chronic diseases (number of disease per subject) was also calculated and ANOVA was used to compare baseline BMD and change among each disease ranks (no disease, one disease and two or more diseases). Two sided Pvalues below 0.05 were considered statistically significant. The Variance Inflation Factor (VIF) was less than 5 for independent variables showing no cause of concern for multicollinearity between variables.

Figure 1: Flowchart showing inclusion and exclusion of participants



#### **CHAPTER 3: Results**

## 3.1 Basic characteristics of participants by sex as displayed in Table 1.

A total of 2310 participants (n= 860 men and n= 1450 women) were included in the analysis of the present study. The mean age±SD was 64±5 years and the majority of participants were 60-64 years old. The mean weight was 75±13 kg and the mean height was 167±9 cm. There was a significant difference in height and weight in women and men (p<0.0001). The mean BMI was 27 kg/m<sup>2</sup> and did not differ between women and men (p=0.359). SRH differed between the sexes (p<0.0001) so that a larger proportion of women reported poor health status. Physical activity level was significantly different between women and men (p<0.0001) where number of participants involved in moderate and high physical activity were higher in men. Baseline serum levels of triglyceride, glucose and diastolic BP were significantly higher among men while, cholesterol was significantly higher among women (p<0.01). Proportion of participants with heart disease (p<0.0001) and stroke (p=0.036) were significantly higher among men, whereas hypothyroidism, osteoporosis and arthrosis were significantly more often reported among women (p<0.0001). The baseline TH and FN BMD was significantly different in men and women with higher levels measured in men. Similarly, the annual percentage change of TH and FN BMD was significantly higher among women, with women losing an average of -0.6% per year at the TH and men losing an average of -0.25% per year at the TH (p<0.0001). The corresponding annual rates of loss were -0.7 % in women and -0.4% in men at the FN (p<0.0001).

# 3.2 Basic characteristics of participants by sex and disease status.

#### 3.2.1 Basic characteristics of participants by sex and DM status as displayed in Table 2.

Men reporting DM had significantly higher BMI, poorer SRH status, were rarely smokers, had lower cholesterol level but higher triglyceride and glucose level than men without DM.

Baseline TH BMD level was significantly higher among men with DM (0.09 g/cm²) compared to men without DM (1.03 g/cm²). Similarly, women reporting DM had significantly higher BMI, had lower educational level, lower SRH status, and had lower cholesterol level but higher triglycerides and glucose levels than women without DM. Baseline BMD levels were not significantly different among women by DM status.

#### 3.2.2 Basic characteristics of participants by sex and CVD status as displayed in Table 3.

Men reporting CVD were significantly older, had higher BMI, had lower educational level, lower SRH status, were less often smokers, and had lower diastolic BP and cholesterol levels than men without CVD. Baseline BMD levels were not significantly different. Likewise, women reporting CVD were significantly older, had higher BMI, had lower educational, lower SRH status, had lower cholesterol level and higher triglycerides level than women without CVD. Baseline BMD level were not significantly different also among women.

# 3.2.3 Basic characteristics of participants by sex and cerebral stroke as displayed in Table 4.

Men reporting cerebral stroke reported significantly poorer SRH status than men without. Similarly, women reporting cerebral stroke had poorer SRH status than women without cerebral stroke. As with the other variables, baseline BMD levels were not significantly different by stroke status among both sexes.

# 3.2.4 Basic characteristics of participants by sex and hypothyroidism status as displayed in Table 5.

None of the variables were significantly different between men reporting hypothyroidism and men without hypothyroidism. However, women reporting hypothyroidism had better SRH status than women without hypothyroidism.

#### 3.3 Relation between chronic disease and bone loss

#### 3.3.1 The relation between DM and bone loss as displayed in Table 6-Table 9.

There was no evidence for an association between DM and bone loss at any site in neither women nor men. The lack of association persisted after adjusting for potential confounders: age, BMI, baseline BMD, physical activity, education, smoking, education and further with cholesterol, triglycerides, BP, glucose.

#### 3.3.2 The relation between CVD and bone loss as displayed in Table 6-Table 9.

In men, there was no association between CVD and bone loss at any site and the lack of association persisted in the multivariate models. However, in women, there was a significant annual percentage change in TH BMD (-0.23%; p<0.05) in the model adjusted for potential confounders: age, BMI, baseline BMD, physical activity, education, smoking, education, and a borderline significance (-0.20%; p=0.05) upon further adjustment for variables such as cholesterol, BP and triglycerides. These associations were not observed at the FN.

#### 3.3.3 The relation between stroke and bone loss as displayed in Table 6-Table 9.

There was no significant association between stroke and bone loss at TH in neither women nor men. However, the annual percentage change in FN BMD was significant (-0.47 %; p < 0.05) among men in the models adjusted for age, baseline BMD, BMI, smoking, physical activity, education, health status with similar changes after further adjustment for cholesterol, BP and triglycerides. These associations were not observed at the FN in women.

# 3.3.4 The relation between hypothyroidism and bone loss as displayed in Table 6-Table 9.

There was no significant association between hypothyroidism and bone loss at FN in neither women nor men. But, a significant decrease in TH BMD was observed among women in a multivariate models (-0.15 to -0.16%; p<0.05).

# 3.3.5 The relation between disease category and bone loss as displayed in Table 13Table 15.

Addressing the association between the burdens of disease, we observed no significant differences in baseline TH and FN BMD among participants with no disease, one disease or two diseases in both sexes (Table 10 Table 11).

In women, a significant bone loss was observed at the TH in women with two diseases compared to the no-disease category in the model adjusted for age, baseline BMD, BMI, smoking, physical activity, education and health status (-0.43; p<0.05) and with further adjustment for cholesterol, BP and triglycerides (-0.44; p<0.05). However, the annual percentage change in TH BMD among men was not significant. At FN, there was no significant bone loss, neither in women nor in men.

#### **CHAPTER 4: Discussion**

In the present study, a significant bone loss was observed at TH in women with CVD and hypothyroidism. Similarly, a significant bone loss was observed at FN in men with stroke compared to those without. However, there was no significant annual percentage change in BMD at any site in women and men with DM compared to those without. In participants with CVD, there was no sign of bone loss at the TH in men, and at the FN, we did not observe bone loss in any of the sexes which was higher than in participants without CVD. In participants with stroke, there was no significant bone loss at the FN in women and at the TH, no sign of loss in any of the sexes. We observed no significant bone loss at TH among men with hypothyroidism, whereas at FN, bone loss was significant neither in women nor in men.

When we looked at the association between burden of disease and bone loss, a significant annual percentage change in TH BMD was observed among women with two diseases compared to women with no disease. However, the loss at TH was not significant among men. Neither women nor men with one or two diseases had a significant bone loss at FN compared to their counterparts with no disease.

Previous studies examining the change in BMD in chronic diseases like CVD, DM, stroke and hypothyroidism vary because of heterogeneity in study designs and populations, and in the following we will discuss our results with other studies in the field.

### **Bone loss in DM**

This study showed a slight decrease in BMD among DM in a univariate analyses with a gradual increasing BMD in multivariate models. However, the changes were not statistically

significant. In line with our findings, a prospective study, from the USA in 2007 displayed in a multivariate model similar changes in hip BMD for participants with diabetes and normal glucose though, there was a nominal loss of femoral neck BMD (-0.32%/year; 95% CI: -0.61, -0.02) (88). Several studies (81, 82) have reported that patients with Type 2 DM display an increased fracture risk despite high BMD. In contrast to the present study, the 'Study of Osteoporotic Fracture' with similar setting found that women with prevalent DM lost bone more rapidly than those without DM at the femoral neck (-0.96 vs. -1.40%/yr, p-0.005), total hip (-0.98 vs. -0.70%/yr, p- 0.033) (89). However, only few confounders were added to the model. Our results showing higher BMD at baseline among patient with DM are further consistent with a meta-analysis which reported higher BMD associated with Type 2 DM (140). Anabolic effect of drugs is reported to induce renewed modeling, increase periosteal apposition and repair trabecular microstructure (141). It can therefore be assumed that the present non-significant association between DM and bone change support an anabolic effect of insulin on bone as suggested by Weinstock et al and Thrailkill et al (142, 143). The insulin resistant phase in Type 2 DM which leads to a phase of hyperinsulinemia (144, 145) is reported to contribute to BMD in several studies (80, 146, 147). However, a study done on normal subjects found no association between insulin levels and BMD (148). The decrease in sex hormone-binding globulin secondary to hyperinsulinemia (149) is another plausible mechanism for degradation in bone mass (150). Besides their bone-anabolic actions, androgens and estrogens both exert anti-resorptive effects which down-regulates the production of cytokines involved in bone resorption subsequently decreasing the number and activity of osteoclasts as mentioned in a review by Vekken and colleagues (151). Protective effects of sex hormones against fracture and bone loss have been explained in various prospective studies (152, 153). While, substantial alterations in BMD values were found among different races and ethnic (154), another survey reported a modest role of estradiol in

race and ethnic differences in BMD (155). However, in the present analysis, we could not account for the effect of hormone levels. The third mechanism that associates DM with high BMD is obesity. Simply, obesity could be related to BMD through the mechanism of skeletal loading but the biological effects of fat mass tissue is also reported to play a role in this association (156). The present study found that the baseline BMI were significantly higher among patients with DM in both sexes. A number of studies have shown the beneficial effect of high BMI on BMD (39, 41, 42). However, there was no interaction between DM and BMI in our study. We can therefore only speculate on the mechanisms underlying BMD in Type 2 DM. Nevertheless, from this study, it is interesting to know that the patients with Type 2 DM who have a high BMD at the baseline are not losing more bone over time, they are indeed gaining bone. Therefore, the increased risk of fracture among DM patients could be through another mechanism or pathway other than direct effect of DM on bone.

#### **Bone loss in CVD**

As mentioned, we observed a significant bone loss at TH among women with CVD. In agreement with our study, a systematic review (101) along with some prospective studies (105, 106) have found a significant relation of one or other type of CVD with bone loss, although there was a substantial diversity with respect to age, sex, ethnicity, and baseline risk for CV events and fractures. The mechanism of association between CVD and BMD can be attributed to the shared risk factors including: BMD, bone loss rate, current smoking, daily drinking, diabetes, hypertension, hyperlipidemia, and higher plasma osteoprotegerin (OPG) and leptin levels (90). Most importantly, estrogen plays a role in both CVD and OP through their effects on cytokines, such as IL-1, IL-6 and TNF-alpha and OPG (93). The lack of estrogens induces an increase in these cytokines and a decrease in OPG, both implicated in the mechanisms of bone loss and atherogenesis. In the present analysis, the association between CVD and BMD was present in women after controlling for age and other common

etiological factors for CVD and bone loss (93). Common pathological factors may therefore be at play in this association. In an age-matched case control study, men with CHF demonstrated reduced BMD, compared to subjects without CHF where reduced serum total testosterone and free estradiol (p<0.0001) at baseline predicted the bone loss (105). Moreover, the significant association between CVD and bone loss only among women in our study suggests that the potential patho-physiological mechanisms involved in the association between CVD and bone loss have an impact that may vary by gender, it can also point to the presence of other shared risk factors for the two conditions in women which we could not account for.

#### **Bone loss in stroke**

In the present study, there was, as mentioned a significant bone loss at FN among men with stroke. Contrary to our findings, female, but not male stroke patients had lower BMD than controls in the Tromsø' study where BMD were measured immediately after the stroke (157). Studies have shown contradictory results regarding which site is affected. Some studies have found pronounced decrease in BMD on the paretic side (115); the decrease in BMD being attributed to the factors like functional deficits, physical fitness, lean mass, mobility, weight bearing early after stroke and muscle grip (116-120), while another found that the BMD of affected side (ward's region) was significantly higher compared to the normal side in chronic stroke patients (121). However, the present study cannot confirm the association in relation to the site involved as the data on stroke-affected site was not available.

Immobilization in stroke increases the bone resorption which consequently leads to reduction in BMD (107, 109). Along with bone resorption, the increased bone metabolism as evidenced by the high serum concentrations of ICTP; a bone resorption marker and a normal or low BGP; a bone formation marker affects the bone after stroke (108). Immobilization basically works through two mechanisms: clinical which includes hypercalciuria causing suppression

of parathyroid-1,25-dihydroxyvitamin D axis, and radiological which involves activation of remodeling loci, and a decrease of the osteoblastic stimulus ultimately causing reduction in bone mass (158, 159). Moreover, in long-standing hemiplegic stroke patients, hypovitaminosis D appeared to be the dominant cause of immobilization-induced osteopenia (160). The supplementation of vitamin D could possibly reduce the risk of bone loss among stroke patients. The non-significant association between stroke and bone loss in this study could be due to lack of power after stratification.

### Bone loss in hypothyroidism

In the present study, we found significant bone loss at TH in women with hypothyroidism compared to women without, while there was no significant loss in men. Most (131-134) but not all (135) studies indicate a high prevalence of bone loss in patients with subclinical hypothyroidism treated with exogenous thyroxin. The lack of significant associations in men may be explained by the lower prevalence of hypothyroidism among men (2%) compared to women (12%). The mechanism of BMD changes in thyroid diseases is coordinated by the level of TSH and thyroid hormone. It is known that thyroid hormone influences growth and development of bone and cartilages. Hypothyroid patients with deficient thyroid hormone are therefore seemingly at risk of bone loss. In hypothyroidism a parallel reduction in osteoclastic and osteoblastic activity leads to an overall prolongation of remodeling cycle, whereas, in hyperthyroid state, bone formation by osteoblasts, though increased, involves less absolute bone volume than the previous volume of bone absorbed by osteoclasts (122, 161). Thus, both deficiency and excess of thyroxine hormone could predispose a person to bone loss. Nevertheless, the results are conflicting in various epidemiological studies. For example: thyroxine-treated women with low TSH levels lost bone mineral from the spine more rapidly than women without known thyroid disease (136). Similarly, after more than six months of hormone treatment in hypothyroid patients, there was a significant loss of trabecular and

cortical bone with hyper-remodeling (133). In contrary, Grimnes *et al.* in The Tromsø study reported that postmenopausal women with serum TSH above 97.5 percentile had significantly higher BMD at the femoral neck than women with serum TSH in the normal range (129). The present significant association between hypothyroidism and bone loss in women is suggestive of further exploration of BMD changes among post-menopausal women with hypothyroidism, with appropriate titration of hormone therapy.

## Strength and limitations

Our study has various strengths and limitations. At first, DXA is regarded as an ideal method of BMD measurement (162). Secondly, BMD predicts bone fractures better (11, 163) than other common risk factors. This study included a large numbers of men and women with a wide age range at baseline. The potential for selection bias was limited with the population-based prospective design of the study. However, the limited power for different diseases constitutes a major limitation in this study. Moreover, the validity of self-reported disease in this study cannot be fully relied on. In a prospective cohort study of 34,616 Finnish public-sector employees, the specificity of self-reports was equally high for the prevalent and incident diseases (range, 93%-99%), but the sensitivity of self-reports was considerably lower for incident than for prevalent diseases: hypertension (55% vs. 86%), diabetes (62% vs. 96%), coronary heart disease (62% vs. 78%), and rheumatoid arthritis (63% vs. 83%) (164). Though, physiological assessment or correction (165) and use of medical records (166) are suggested to validate self-reported disease. Because of the self-reported nature of the diseases, we also do not have information on the duration and onset of disease, which might have weakened the association between chronic diseases and bone loss.

# **Internal and external validity**

Major biases such as selection bias, is probably not a major issue in this study, although information bias may be present as we lack information on various covariates which we could not account for, such as: sex steroids. It is also said that he reliance on self-reported disease indeed depends on participants to recall and evaluate different covariates. However, it can be assumed that, this study should have a good internal validity compared to others. Moreover, the participants of our study reflects the Tromsø population in general and are not substantially different from other western population in terms of social and lifestyle factors, education and the prevalence of different chronic diseases. Therefore, we feel that our findings could be generizable to other similar populations.

#### **CHAPTER 5: Conclusion**

We conclude that patients with chronic diseases may have higher bone loss rates than their counterparts of the same age without disease. In particular, TH BMD among women with CVD and hypothyroidism, and FN BMD among men with stroke seem affected. In addition, increasing disease burden indicated a significant decrease in TH BMD among women. Therefore, although with limitations, we conclude that, the results of our investigation highlight the need for careful evaluation of elderly patients with different chronic diseases for possible bone loss and thereby increases fracture risk. Further prospective studies with validated chronic diseases are needed to explain this association.

Table 1: Comparison of baseline characteristics of 2310 included participants from Tromsø V 2001-2002 by gender

Variables	Population	Men (n=860)	Women (n=1450)	P
Baseline characteristics				
Age, Years	63.97 (5.02)	64.97 (4.88)	63.37 (5.02)	0.000
Weight,kg	75.08 (13.18)	82.84 (11.18)	70.46 (12.07)	0.000
Height,cm	166.84 (8.74)	174.98 (6.25)	161.99 (5.99)	0.000
BMI, kg/m <sup>2</sup>	27.07 (4.01)	27.17 (3.18)	27.01 (4.43)	0.359
Education				
<13 years	1870 (83.3%)	684 (82.0%)	1186 (84.1%)	0.197
≥13 years	374 (16.7%)	150 (18.0%)	224 (15.9%)	
Personal history				
Health Status				
Good	1410 (61.9%)	577 (67.3%)	833 (58.6%)	0.000
Poor	869 (38.1%)	280 (32.7%)	589 (41.4%)	
Alcohol	200 (12 40()	50 (O FO()	210 (15 20()	
Yes	288 (13.4%)	69 (8.5%)	219 (16.3%)	0.000
No Sanding	1863 (86.6%)	740 (91.5%)	1123 (83.7%)	
Smoking	5.40 (22.00/)	195 (22.8%)	254 (24 60/)	0.326
Yes No	549 (23.9%) 1744 (76.1%)	195 (22.8%) 660 (77.2%)	354 (24.6%) 1084 (75.4%)	0.326
Physical Activity	1744 (70.1%)	000 (77.2%)	1004 (73.4%)	
Sedentary	436 (25.2%)	132 (19.3%)	304 (29.0%)	0.000
Moderate	1175 (67.8%)	479 (70.1%)	696 (66.3%)	0.000
High	121 (7.0%)	72 (10.5%)	49 (4.7%)	
Measurement	121 (7.070)	72 (10.570)	15 (11770)	
Systolic BP, mmHg	140.80 (20.25)	140.94(19.30)	140.72(20.80)	0.799
DiastolicBP, mmHg	81.03 (11.88)	82.86 (11.01)	80.24 (12.29)	0.000
Cholesterol	6.36 (1.15)	6.10 (1.14)	6.52 (1.13)	0.000
Triglycerides	1.50 (0.83)	1.61 (0.98)	1.43 (0.72)	0.000
Glucose	5.49 (1.33)	5.64 (1.46)	5.40 (1.25)	0.000
Chronic diseases				
TypeII DM				
Yes	61 (2.7%)	29 (3.4%)	32 (2.3%)	0.110
No	2196 (97.3%)	823 (96.6%)	1373 (97.7%)	
Heart disease				
Yes	250 (11.0%)	156 (18.2%)	94 (6.7%)	0.000
No	2018 (89.0%)	700 (81.8%)	1318 (93.3%)	
Stroke	50 (2.20/)	26 (2.10/)	24 (1.70/)	0.026
Yes	50 (2.2%) 2198 (97.8%)	26 (3.1%)	24 (1.7%)	0.036
No Hypothyroid	2190 (97.0%)	823 (96.9%)	1375 (98.3%)	
Yes	169 (8.1%)	15 (1.9%)	154 (12%)	0.000
No	1921 (91.9%)	791 (98.1%)	1130 (88%)	0.000
Osteoporosis	1)21 ()1.)/0)	771 (70.170)	1130 (0070)	
Yes	88 (3.9%)	9 (1.1%)	79 (5.6%)	0.000
No	2173 (96.1%)	844 (98.9%)	1329 (94.4%)	0.000
Arthrosis		011 (2012/0)	(>, )	
Yes	527 (25.4%)	131 (16.6%)	396 (30.8%)	0.000
No	1550 (74.6%)	660 (83.4%)	890 (69.2%)	
BMD	` ,	` ,	, ,	
TH BMD T5,gm/cm <sup>2</sup>	0.96 (0.14)	1.03 (0.13)	0.92 (0.13)	0.000
TH BMD T6, gm/cm <sup>2</sup>	0.93 (0.15)	1.01 (0.14)	0.88 (0.13)	0.000
FN BMD T5, gm/cm <sup>2</sup>	0.89 (0.13)	0.94 (0.13)	0.85 (0.12)	0.000
FN BMD T6, gm/cm <sup>2</sup>	0.85 (0.13)	0.92 (0.14)	0.81 (0.12)	0.000
Absolute change TH, gm/cm <sup>2</sup>	-0.03 (0.04)	-0.02 (0.04)	-0.37 (0.05)	0.000
Absolute change FN, gm/cm <sup>2</sup>	-0.34 (0.05)	-0.02 (0.05)	-0.04 (0.05)	0.000
Percentage change TH, %/ cm <sup>2</sup>	-3.08 (4.67)	-1.62 (3.85)	-3.95 (4.89)	0.000
Percentage change FN, %/ cm <sup>2</sup>	-3.81 (5.36)	-2.58 (4.93)	-4.54 (5.47)	0.000

Absolute Annual change TH, gm/yr	-0.004 (0.007)	-0.002 (0.006)	-0.006 (0.007)	0.000
Absolute Annual change FN, gm/yr	-0.005 (0.007)	-0.004 (0.007)	-0.006 (0.007)	0.000
Annual % change TH, %/yr	-0.47 (0.71)	-0.25 (0.58)	-0.60 (0.75)	0.000
Annual % change FN, %/yr	-0.58 (0.82)	-0.39 (0.75)	-0.69 (0.84)	0.000

BMD: Bone Mineral Density, BMI: Body Mass Index, DM: Diabetes Mellitus, FN: Femoral neck, TH: Total hip\*Measurements from Tromsø V 2001-2002 (T5) and Tromsø VI (T6) included. Mean (SD) is reported for continuous variable and number (%) is reported for categorical variable. Sample sizes vary by characteristics due to missing values.

Table 2: Baseline characteristics of participants with and without DM

Variables		Men		Women			
	DM	Non-DM	P	DM	Non-DM	P	
<b>Baseline Characteristics</b>							
Age, Years	64.93 (4.46)	64.97 (4.89)	0.967	64.31 (4.83)	63.36 (5.02)	0.287	
BMI	29.46 (4.11)	27.08 (3.12)	0.000	28.63 (5.03)	26.96 (4.41)	0.035	
Education, years							
<13 years	23 (82.1%)	654 (82.0%)	0.980	31 (100%)	1117 (83.7%)	0.010	
≥13 years	5 (17.9%)	144 (18.0%)		0 (0.00%)	218 (16.3%)		
Personal history							
Health Status							
Good	7 (24.1%)	567 (69.1%)	0.000	10 (32.3%)	812 (60.3%)	0.002	
Poor	22 (75.9%)	253 (30.9%)		21 (67.7%)	535 (39.7%)		
Alcohol							
Yes	0 (0.0%)	69 (8.9%)	0.158	7 (22.6%)	207 (16.3%)	0.349	
No	27 (100%)	706 (91.1%)		24 (77.4%)	1065 (83.7%)		
Smoking							
Yes	2 (7.1%)	192 (23.4%)	0.044	9 (28.1%)	335 (24.6%)	0.647	
No	26 (92.9%)	627 (76.6%)		23 (71.9%)	1027 (75.4%)		
Physical Activity							
Sedentary	6 (26.1%)	125 (19.1%)	0.195	9 (37.5%)	288 (28.9%)	0.598	
Moderate	17 (73.9%)	458 (69.9)		14 (58.3%)	662 (66.5%)		
High	0 (0.0%)	72 (11.0%)		1 (4.2%)	45 (4.5%)		
Systolic BP, mmHg	143.00(23.41)	140.92(19.22)	0.571	144.47(19.41)	140.66(20.66)	0.303	
Diastolic BP, mmHg	80.07 (10.84)	82.46 (11.05)	0.253	77.69 (10.34)	80.36 (12.23)	0.220	
Cholesterol	5.37 (1.19)	6.13 (1.13)	0.000	5.95 (1.16)	6.54 (1.13)	0.003	
Triglycerides	2.60 (2.17)	1.57 (0.90)	0.000	1.84 (0.86)	1.42 (0.71)	0.001	
Glucose	8.85 (3.81)	5.52 (1.14)	0.000	8.65 (3.08)	5.31 (1.04)	0.000	
BMD	,	` /		` /	` ,		
TH BMD T5,gm/cm <sup>2</sup>	1.09 (0.13)	1.03 (0.13)	0.017	0.96 (0.14)	0.92 (0.13)	0.087	
TH BMD T6, gm/cm <sup>2</sup>	1.07 (0.14)	1.01 (0.14)	0.041	0.91 (0.13)	0.88 (0.13)	0.240	
FN BMD T5, gm/cm <sup>2</sup>	0.97 (0.11)	0.94 (0.13)	0.164	0.89 (0.13)	0.85 (0.12)	0.092	
FN BMD T6, gm/cm <sup>2</sup>	0.95 (0.13)	0.91 (0.14)	0.225	0.84 (0.11)	0.81 (0.12)	0.232	
Absolute change TH,	-0.02 (0.04)	-0.16 (0.04)	0.535	-0.05 (0.05)	-0.04 (0.04)	0.115	
gm/cm <sup>2</sup>	, ,	` ,		,	` '		
Absolute change FN,	-0.03 (0.05)	-0.02 (0.05)	0.792	-0.05 (0.05)	-0.04 (0.05)	0.191	
gm/cm <sup>2</sup>	(,	( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		( ( ( ) ( ) ( ) ( ) ( ) ( )	(1111)		
Percentage change TH, %/	-1.90 (3.85)	-1.61 (3.85)	0.688	-4.94 (4.95)	-3.92 (4.88)	0.246	
cm <sup>2</sup>	-13 0 (0.00)	1.01 (0.00)	2.303		2.72 ()		
Percentage change FN, %/	-2.74 (5.74)	-2.56 (4.90)	0.841	-5.35 (5.22)	-4.50 (5.49)	0.385	
cm <sup>2</sup>	(0)	,		(0.22)			
Absolute Annual change	-0.003(0.006)	-0.002(0.006)	0.485	-0.01 (0.01)	-0.01 (0.01)	0.114	
TH, gm/yr	0.000(0.000)	0.002(0.000)	0.100	0.01 (0.01)	0.01 (0.01)	0.11	
Absolute Annual change	-0.004(0.008)	-0.004(0.007)	0.827	-0.01 (0.01)	-0.01 (0.01)	0.202	
FN, gm/yr	3.33 7(3.333)	0.00 .(0.007)	0.027	0.01 (0.01)	0.01 (0.01)	0.202	
Annual % change TH, %/yr	-0.30 (0.60)	-0.25 (0.58)	0.636	-0.75 (0.76)	-0.01 (0.01)	0.241	
Annual % change FN, %/yr	-0.41 (0.89)	-0.39 (0.74)	0.861	-0.81 (0.79)	-0.68 (0.84)	0.398	
Annual /0 change 171, 70/yl	-U.+1 (U.07)	-0.37 (0.74)	0.001	-0.01 (0.77)	-0.00 (0.04)	0.370	

Table 3: Baseline characteristics of participants with and without CVD

Variables		Men			Women	
	CVD	Non-CVD	P	CVD	Non-CVD	P
<b>Baseline Characteristics</b>						
Age, Years	66.47(4.60)	64.64 (4.87)	0.000	66.38 (4.99)	63.17 (4.96)	0.000
BMI	27.96 (3.18)	26.98 (3.16)	0.000	27.94 (4.42)	26.93 (4.42)	0.033
Education, years						
<13 years	133 (89.3%)	548 (80.5%)	0.011	83 (93.3%)	1072 (83.4%)	0.014
≥13 years	16 (10.7%)	133 (19.5%)		6 (6.7%)	214 (16.6%)	
Personal history						
Health Status						
Good	75 (48.1)	500 (71.7%)	0.000	40 (44.4%)	785 (60.6%)	0.003
Poor	81 (51.9%)	197 (28.3%)		50 (55.6%)	510 (39.4%)	
Alcohol						
Yes	15 (10.3%)	54 (8.2%)	0.400	15 (16.7%)	200 (16.4%)	0.949
No	130 (89.7%)	606 (91.8%)		75 (83.3%)	1019(83.6%)	
Smoking						
Yes	23 (14.9%)	172 (24.7%)	0.009	18 (19.4%)	327 (25.0%)	0.221
No	131 (85.1%)	525 (75.3%)		75 (80.6%)	980 (75.0%)	
Physical Activity						
Sedentary	25 (20.5%)	106 (19.0%)	0.905	19 (31.0%)	278 (28.9%)	0.908
Moderate	85 (69.7%)	392 (70.3%)		39 (63.9%)	642 (66.7%)	
High	12 (9.8%)	60 (10.8%)		3 (4.9%)	43 (4.5%)	
Systolic BP,mmHg	139.85	141.20	0.431	143.02	140.61	0.277
, ,	(19.69)	(19.25)		(22.60)	(20.60)	
DiastolicBP,mmHg	79.65 (10.55)	82.96	0.001	80.40	80.27 (12.12)	0.921
		(11.05)		(14.08)		
Cholesterol	5.39 (1.14)	6.25 (1.08)	0.000	5.77 (1.40)	6.58 (1.09)	0.000
Triglycerides	1.67 (0.90)	1.59 (1.00)	0.341	1.58 (0.91)	1.42 (0.70)	0.033
Glucose	5.77 (1.62)	5.61 (1.42)	0.218	5.52 (1.29)	5.39 (1.24)	0.302
BMD	` '	` ′		, ,	` ′	
TH BMD T5,gm/cm <sup>2</sup>	1.03 (0.13)	1.03 (0.13)	0.735	0.91 (0.13)	0.92 (0.13)	0.799
TH BMD T6, gm/cm <sup>2</sup>	1.01 (0.14)	1.01 (0.14)	0.769	0.88 (0.14)	0.88 (0.13)	0.645
FN BMD T5, gm/cm <sup>2</sup>	0.93 (0.12)	0.94 (0.13)	0.456	0.83 (0.11)	0.86 (0.12)	0.109
FN BMD T6, gm/cm <sup>2</sup>	0.91 (0.13)	0.92 (0.14)	0.333	0.80 (0.12)	0.81 (0.12)	0.181
Absolute change TH, gm/cm <sup>2</sup>	-0.02 (0.05)	-0.02 (0.04)	0.944	-0.04 (0.05)	-0.04 (0.05)	0.550
Absolute change FN, gm/ cm <sup>2</sup>	-0.03 (0.05)	0.02 (0.04)	0.421	-0.04 (0.04)	0.04 (0.05)	0.442
Percentage change TH, %/ cm <sup>2</sup>	-1.61 (4.78)	-1.62 (3.61)	0.965	-4.40 (4.95)	-3.93 (4.88)	0.368
Percentage change FN, %/ cm <sup>2</sup>	-2.87 (5.43)	-2.49 (4.80)	0.385	-4.38 (5.21)	-4.56 (5.49)	0.757
Absolute Annual change TH,	-0.002	-0.002	0.835	-0.006	-0.006	0.760
gm/yr	(0.007)	(0.005)		(0.007)	(0.007)	
Absolute Annual change FN,	-0.004	-0.004	0.463	-0.005	-0.006	0.317
gm/yr	(0.008)	(0.007)		(0.006)	(0.007)	
Annual % change TH, %/yr	-0.24 (0.73)	-0.25 (0.55)	0.866	-0.65 (0.72)	-0.60 (0.75)	0.542
Annual % change FN, %/yr	-0.43 (0.82)	-0.38 (0.73)	0.418	-0.65 (0.77)	-0.70 (0.85)	0.586

Table 4: Baseline characteristics of participants with and without Cerebral Stroke

Variables		Men		Women			
	Stroke	No Stroke	P	Stroke	No Stroke	P	
<b>Baseline Characteristics</b>							
Age, Years	65.50 (4.89)	64.95 (4.87)	0.573	63.96 (4.96)	63.35 (5.02)	0.555	
BMI	27.80 (2.86)	27.13 (3.20)	0.291	28.10 (5.79)	26.98 (4.41)	0.223	
Education, years							
<13 years	21 (84.0%)	655 (82.0%)	1.000	18 (81.8%)	1126(83.9%)	0.770	
≥13 years	4 (16.0%)	144 (18.0%)		4 (18.2%)	216 (16.1%)		
Personal history							
Health Status							
Good	11 (44.0%)	561 (68.3%)	0.016	6 (25.0%)	814 (60.4%)	0.001	
Poor	14 (56.0%)	260 (31.7%)		18 (75.0%)	534 (39.6%)		
Alcohol							
Yes	2 (8.0%)	66 (8.5%)	1.000	4 (17.4%)	209 (16.4%)	0.782	
No	23 (92.0%)	708 (91.5%)		19 (82.6%)	1066(83.6%)		
Smoking							
Yes	6 (23.1%)	187 (22.9%)	0.979	4 (16.7%)	336 (24.7%)	0.367	
No	20 (76.9%)	631 (77.1%)		20 (83.3%)	1027(75.3%)		
Physical Activity	, ,	, ,		,	, ,		
Sedentary	5 (26.3%)	125 (19.1%)	0.276	5 (27.8%)	289 (28.9%)	1.000	
Moderate	14 (73.7%)	459 (70.0%)		13 (72.2%)	664 (66.5%)		
High	0 (0.0%)	72 (11.0%)		0 (0.0%)	46 (4.6%)		
Systolic BP,mmHg	145.81(17.25)	140.83(19.39)	0.197	140.04(20.43)	140.70(20.69)	0.878	
DiastolicBP,mmHg	85.65 (9.19)	82.24 (11.07)	0.120	80.50 (13.22)	80.23 (12.20)	0.915	
Cholesterol	5.62 (1.20)	6.12 (1.13)	0.029	6.18 (1.15)	6.53 (1.13)	0.126	
Triglycerides	1.71 (1.08)	1.61 (0.98)	0.600	1.51 (0.70)	1.42 (0.70)	0.563	
Glucose	5.64 (1.03)	5.64 (1.48)	1.00	5.67 (1.31)	5.40 (1.24)	0.291	
BMD				,			
TH BMD T5,gm/cm <sup>2</sup>	1.02 (0.12)	1.03 (0.13)	0.807	0.91(0.13)	0.92 (0.13)	0.881	
TH BMD T6, gm/cm <sup>2</sup>	1.00 (0.11)	1.01 (0.14)	0.555	0.88 (0.15)	0.88 (0.13)	0.899	
FN BMD T5, gm/cm <sup>2</sup>	0.93 (0.12)	0.94 (0.13)	0.715	0.85 (0.13)	0.85 (0.12)	0.767	
FN BMD T6, gm/cm <sup>2</sup>	0.90 (0.11)	0.92 (0.14)	0.413	0.81 (0.13)	0.81 (0.12)	0.729	
Absolute change TH,	-0.03 (0.04)	-0.02 (0.04)	0.175	-0.04 (0.06)	-0.04 (0.04)	0.944	
gm/cm <sup>2</sup>	0.02 (0.0.)	0.02 (0.0.)	0.17.0	0.0 . (0.00 )	0.0 . (0.0 .)	0.,	
Absolute change FN,	-0.04 (0.05)	-0.02 (0.05)	0.158	-0.04 (0.04)	-0.04 (0.05)	0.925	
gm/cm <sup>2</sup> Percentage change TH, %/	-2.42 (3.45)	-1.60 (3.86)	0.286	-3.97 (6.95)	-3.92 (4.83)	0.962	
Percentage change FN, %/	-3.74 (5.18)	-2.53 (4.92)	0.217	-4.77 (5.12)	-4.51 (5.48)	0.824	
cm <sup>2</sup> Absolute Annual change	-0.004	-0.002	0.197	-0.006 (0.01)	-0.006	0.994	
TH, gm/yr	(0.005)	(0.006)			(0.007)		
Absolute Annual change	-0.005	-0.003	0.177	-0.006	-0.006	0.877	
FN, gm/yr	(0.007)	(0.007)		(0.007)	(0.007)		
Annual % change TH, %/yr	-0.36 (0.51)	-0.24 (0.59)	0.312	-0.62 (1.14)	-0.60 (0.73)	0.904	
Annual % change FN, %/yr	-0.56 (0.77)	-0.38 (0.75)	0.239	-0.73 (0.82)	-0.69 (0.84)	0.779	

Table 5: Baseline characteristics of participants with and without Hypothyroidism

Variables		Men			Women	
	Hypothyroid	Hypothyroid	P	Hypothyroid	Hypothyroid	P
	+	-		+	-	
Age, Years	66.13 (4.24)	64.88 (4.90)	0.325	63.76 (5.06)	63.20 (4.95)	0.192
BMI	27.85 (4.20)	27.14 (3.12)	0.386	27.44 (4.29)	26.90 (4.39)	0.151
Education, years						
<13 years	15 (100%)	628 (81.7%)	0.087	128 (85.3%)	919 (83.2%)	0.518
≥13 years	0 (0.0%)	141 (18.3%)		22 (14.7%)	185 (16.8%)	
Personal history						
Health Status						
Good	71 (47.7%)	686 (61.5%)	0.531	9 (60.0%)	533 (67.6%)	0.001
Poor	78 (52.3%)	429 (38.5%)		6 (40.0%)	255 (32.4%)	
Alcohol	, ,	, , ,		· · ·	, ,	
Yes	1 (6.7%)	64 (8.3%)	0.821	27 (18.9%)	169 (15.3%)	0.269
No	14 (93.3%)	708 (91.7%)		116 (81.1%)	935 (84.7%)	
Smoking	(,	(,		- ( )	( ,	
Yes	3 (20.0%)	179 (22.7%)	1.000	27 (17.8%)	282 (25.2%)	0.045
No	12 (80.0%)	608 (77.3%)	1.000	125 (82.2%)	838 (74.8%)	0.0.0
Physical Activity	12 (00.070)	000 (77.570)		123 (02.270)	030 (71.070)	
Sedentary	3 (30.0%)	124 (19.5%)	0.678	29 (26.6%)	239 (28.3%)	0.914
Moderate	6 (60.0%)	443 (69.8%)	0.070	75 (68.8%)	568 (67.3%)	0.714
High	1 (10.0%)	68 (10.7%)		5 (4.6%)	37 (4.4%)	
Systolic BP,mmHg	143.93 (18.98)	140.86(18.96)	0.534	138.16 (19.80)	140.85(20.75)	0.129
Diastolic BP,mmHg	88.07 (11.87)	82.31 (10.95)	0.045	79.61 (11.31)	80.18 (12.36)	0.129
Cholesterol	5.74 (1.04)	6.10 (1.13)	0.043	6.56 (1.29)	6.52 (1.10)	0.588
	, ,	, ,		, ,	, ,	
Triglycerides	1.39 (0.60)	1.61 (0.95)	0.368	1.52 (0.68)	1.42 (0.74)	0.129
Glucose	5.69 (1.21)	5.65 (1.49)	0.915	5.30 (1.04)	5.42 (1.31)	0.270
BMD	1.02 (0.05)	1.02 (0.12)	0.000	0.02 (0.12)	0.02 (0.12)	0.040
TH BMD T5,gm/cm <sup>2</sup>	1.03 (0.95)	1.03 (0.13)	0.999	0.92 (0.13)	0.92 (0.13)	0.948
TH BMD T6, gm/cm <sup>2</sup>	1.01 (0.12)	1.02 (0.14)	0.860	0.88 (0.13)	0.88 (0.13)	0.629
FN BMD T5, gm/cm <sup>2</sup>	0.93 (0.80)	0.94 (0.13)	0.790	0.86 (0.12)	0.86 (0.12)	0.949
FN BMD T6, gm/cm <sup>2</sup>	0.90 (0.11)	0.92 (0.14)	0.670	0.81 (0.12)	0.82 (0.12)	0.772
Absolute change TH,	-0.02 (0.04)	-0.02 (0.04)	0.502	-0.04 (0.05)	-0.04 (0.04)	0.216
gm/cm <sup>2</sup>						
Absolute change FN,	-0.03 (0.05)	-0.02 (0.05)	0.595	-0.04 (0.05)	-0.04 (0.05)	0.379
gm/cm <sup>2</sup>						
Percentage change TH,	-2.24 (3.84)	-1.55 (3.78)	0.479	-4.46 (5.86)	-3.91 (4.68)	0.181
$\%/ \text{ cm}^2$						
Percentage change FN,	-3.33 (5.02)	-2.49 (4.88)	0.512	-5.00 (5.29)	-4.50 (5.39)	0.286
$\%/ \text{ cm}^2$						
Absolute Annual change	-0.003 (0.006)	-0.002 (0.006)	0.467	-0.006 (0.008)	-0.006 (0.007)	0.184
TH, gm/yr						
Absolute Annual change	-0.004 (0.007)	-0.003 (0.007)	0.604	-0.007 (0.007)	-0.006 (0.007)	0.353
FN, gm/yr	, ,	, ,		, ,	, ,	
Annual % change TH,	-0.35 (0.57)	-0.23 (0.57)	0.449	-0.69 (0.89)	-0.59 (0.72)	0.156
%/yr	(4.2.)	(0.0.)		(****)	(4.7-)	
Annual % change FN,	-0.50 (0.72)	-0.37 (0.74)	0.522	-0.76 (0.81)	-0.69 (0.83)	0.269
%/yr	0.00 (0.72)	5.5. (5.7.1)	0.022	3.7.0 (3.01)	0.05 (0.05)	0.207
, , , j <u>.</u>						

Table 6: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Total hip BMD with chronic diseases among women.

	DM		CVD		Stroke		Hypothyroidism	
Total Hip	Change (CI)	P	Change (CI)	P	Change (CI)	P	Change (CI)	P
<b>Absolute Annual Change</b>								
Unadjusted model	-0.002 (-0.004-0.000)	0.114	0.000 (-0.002-0.001)	0.760	-0.000011 (-0.003-0.003)	0.994	-0.001 (-0.002-0.000)	0.184
Multivariate model <sup>a</sup>	-0.002 (-0.004-0.000)	0.102	0.000 (-0.002-0.001)	0.535	-0.000054 (-0.003-0.003)	0.969	-0.001 (-0.002-0.000)	0.164
Multivariate model <sup>b</sup>	-0.002 (-0.004-0.001)	0.193	0.000 (-0.002-0.001)	0.686	-0.000057 (-0.003-0.003)	0.967	-0.001 (-0.002-0.000)	0.171
Multivariate model <sup>c</sup>	-0.002 (-0.004-0.001)	0.124	-0.001 (-0.002-0.001)	0.428	0.000 (-0.003-0.002)	0.790	-0.001 (-0.002-0.000)	0.097
Multivariate model <sup>d</sup>	-0.000093 (-0.003-0.003)	0.949	-0.002 (-0.004-0.000)	0.034*	0.002 (-0.002-0.005)	0.321	-0.001 (-0.003-0.000)	0.049*
Multivariate model <sup>e</sup>	0.000 (-0.003-0.003)	0.918	-0.002 (-0.003-0.000)	0.083	0.002 (-0.001-0.005)	0.230	-0.001 (-0.003-0.000)	0.034*
Annual % change								
Unadjusted model	-0.16 (-0.417-0.105)	0.241	-0.05 (-0.204-0.107)	0.542	-0.02 (-0.318-0.281)	0.904	-0.09 (-0.215-0.034)	0.156
Multivariate model <sup>a</sup>	-0.16 (-0.419-0.104)	0.237	-0.06 (-0.213-0.102)	0.489	-0.02 (-0.320-0.280)	0.897	-0.09 (-0.216-0.034)	0.153
Multivariate model <sup>b</sup>	-0.14 (-0.402-0.120)	0.289	-0.05 (-0.207-0.108)	0.540	-0.02 (-0.319-0.280)	0.896	-0.09 (-0.214-0.035)	0.157
Multivariate model <sup>c</sup>	-0.17 (-0.429-0.088)	0.196	-0.08 (-0.236-0.077)	0.319	-0.05 (-0.350-0.242)	0.720	-0.11 (-0.229-0.016)	0.088
Multivariate model <sup>d</sup>	0.001 (-0.308-0.310)	0.995	-0.23 (-0.4260.038)	0.019*	0.17 (-0.195-0.525)	0.367	-0.15 (-0.2980.006)	0.041*
Multivariate model <sup>e</sup>	0.001 (-0.336-0.337)	0.997	-0.20 (-0.398-0.000)	0.050*	0.20 (-0.160-0.560)	0.276	-0.16 (-0.3080.014)	0.032*

Table 7: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Total hip BMD with chronic diseases among men.

	DM		CVD		Stroke		Hypothyroidism	
Total Hip	Change (CI)	P	Change (CI)	P	Change (CI)	P	Change (CI)	P
<b>Absolute Annual Change</b>								
Unadjusted model	-0.001 (-0.003-0.001)	0.485	0.000 (-0.001-0.001)	0.835	-0.001 (-0.004-0.001)	0.197	-0.001 (-0.004-0.002)	0.467
Multivariate model <sup>a</sup>	-0.001 (0.003-0.001)	0.494	0.000 (-0.001-0.001)	0.510	-0.001 (-0.004-0.001)	0.216	-0.001 (-0.004-0.002)	0.520
Multivariate model <sup>b</sup>	-0.001 (-0.003-0.001)	0.327	0.000 (-0.001-0.001)	0.513	-0.001 (-0.004-0.001)	0.222	-0.001 (-0.004-0.002)	0.510
Multivariate model <sup>c</sup>	-0.001 (-0.004-0.001)	0.209	0.000 (-0.001-0.001)	0.735	-0.001 (-0.004-0.001)	0.188	-0.001 (-0.004-0.002)	0.468
Multivariate model <sup>d</sup>	-0.001 (-0.003-0.002)	0.579	0.000 (-0.001-0.001)	0.655	-0.002 (-0.005-0.001)	0.116	-0.001 (-0.005-0.002)	0.514
Multivariate model <sup>e</sup>	-0.002 (-0.005-0.001)	0.220	-0.000040 (-0.001-0.001)	0.952	-0.002 (-0.005-0.001)	0.112	-0.001 (-0.005-0.002	0.529
Annual % change								
Unadjusted model	-0.05 (-0.274-0.167)	0.636	0.01 (-0.093-0.111)	0.866	-0.12 (-0.346-0.111)	0.312	-0.11 (-0.407-0.180)	0.449
Multivariate model <sup>a</sup>	-0.05 (-0.270-0.168)	0.649	0.04 (-0.068-0.138)	0.504	-0.11 (-0.337-0.117)	0.343	-0.10 (-0.392-0.194)	0.507
Multivariate model <sup>b</sup>	-0.10 (-0.312-0.120)	0.384	0.03 (-0.067-0.135)	0.507	-0.12 (-0.330-0.118)	0.353	-0.10 (-0.390-0.188)	0.491
Multivariate model <sup>c</sup>	-0.13 (-0.343-0.092)	0.258	0.02 (-0.083-0.121)	0.719	-0.12 (-0.340-0.107)	0.308	-0.11 (-0.400-0.178)	0.451
Multivariate model <sup>d</sup>	-0.06 (-0.324-0.205)	0.657	0.04 (-0.088-0.158)	0.574	-0.18 (-0.450-0.100)	0.211	-0.10 (-0.466-0.262)	0.582
Multivariate model <sup>e</sup>	-0.16 (-0.453-0.125)	0.258	0.001 (-0.129-0.131)	0.986	-0.18 (-0.454-0.099)	0.207	-0.10 (-0.466-0.266)	0.592

Table 8: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Femoral neck BMD with chronic diseases among women.

	DM		CVD		Stroke		Hypothyroidism	
Femoral neck	Change (CI)	P	Change (CI)	P	Change (CI)	P	Change (CI)	P
<b>Absolute Annual Change</b>								
Unadjusted model	-0.002 (-0.004-0.001)	0.202	0.001 (-0.001-0.002)	0.317	0.000 (-0.003-0.003)	0.877	-0.001(-0.002-0.001)	0.353
Multivariate model <sup>a</sup>	-0.002 (-0.004-0.001)	0.155	0.000 (-0.001-0.002)	0.804	0.000 (-0.003-0.003)	0.816	-0.001 (-0.002-0.001)	0.267
Multivariate model <sup>b</sup>	-0.001 (-0.004-0.001)	0.367	0.000 (-0.001-0.002)	0.755	0.000 (-0.003-0.002)	0.781	-0.001 (-0.002-0.001)	0.307
Multivariate model <sup>c</sup>	-0.001 (-0.004-0.001)	0.332	0.000095 (-0.001-0.002)	0.902	0.000 (-0.003-0.002)	0.735	-0.001 (-0.002-0.000)	0.257
Multivariate model <sup>d</sup>	0.000 (-0.003-0.003)	0.903	-0.001 (-0.003-0.001)	0.311	0.000 (-0.003-0.004)	0.815	-0.001 (-0.002-0.001)	0.271
Multivariate model <sup>e</sup>	-0.001 (-0.004-0.003)	0.751	-0.001 (-0.003-0.001)	0.383	0.001 (-0.003-0.004)	0.716	-0.001 (-0.002-0.000)	0.201
Annual % change								
Unadjusted model	-0.13 (-0.422-0.168)	0.398	0.05 (-0.127-0.225)	0.586	-0.05 (-0.388-0.291)	0.779	-0.08 (-0.218-0.061)	0.269
Multivariate model <sup>a</sup>	-0.14 (-0.436-0.153)	0.346	0.002 (-0.175-0.180)	0.980	-0.06 (-0.396-0.280)	0.737	-0.09 (-0.226-0.052)	0.218
Multivariate model <sup>b</sup>	-0.10 (-0.385-0.198)	0.529	0.01 (-0.171-0.181)	0.955	-0.06 (-0.396-0.273)	0.719	-0.08 (-0.220-0.055)	0.240
Multivariate model <sup>c</sup>	-0.11 (-0.398-0.186)	0.477	-0.01 (-0.190-0.163)	0.882	-0.07 (-0.409-0.261)	0.664	-0.09 (-0.228-0.047)	0.197
Multivariate model <sup>d</sup>	-0.002 (-0.346-0.341)	0.989	-0.14 (-0.355-0.077)	0.207	0.03 (-0.368-0.432)	0.875	-0.11 (-0.271-0.050)	0.176
Multivariate model <sup>e</sup>	-0.03 (-0.400-0.348)	0.891	-0.13 (-0.353-0.091)	0.248	0.05 (-0.346-0.455)	0.790	-0.12 (-0.286-0.037)	0.131

Table 9: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Femoral neck BMD with chronic diseases among men.

	DM		CVD		Stroke		Hypothyroidism	
Femoral neck	Change (CI)	P-value						
<b>Absolute Annual Change</b>								
Unadjusted model	0.000 (-0.003-0.002)	0.827	0.000 (-0.002-0.001)	0.463	-0.002 (-0.005-0.001)	0.177	-0.001 (-0.004-0.003)	0.604
Multivariate model <sup>a</sup>	0.000 (-0.003-0.002)	0.830	0.000 (-0.002-0.001)	0.516	-0.002 (-0.005-0.001)	0.182	-0.001 (-0.004-0.003)	0.610)
Multivariate model <sup>b</sup>	0.000 (-0.003-0.002)	0.823	0.000 (-0.002-0.001)	0.516	-0.002 (-0.005-0.001)	0.183	-0.001 (-0.004-0.003)	0.612
Multivariate model <sup>c</sup>	0.000 (-0.003-0.002)	0.802	0.000 (-0.002-0.001)	0.493	-0.002 (-0.005-0.001)	0.181	-0.001 (-0.004-0.003)	0.625
Multivariate model <sup>d</sup>	0.000 (-0.003-0.003)	0.884	0.000 (-0.002-0.001)	0.577	-0.005 (-0.008 0.001)	0.008*	-0.001 (-0.005-0.004)	0.684
Multivariate model <sup>e</sup>	-0.001 (-0.004-0.003)	0.624	-0.001 (-0.002-0.001)	0.361	-0.005 (-0.0080.001)	0.006*	-0.001 (-0.005-0.004	0.685
Annual % change								
Unadjusted model	-0.03 (-0.308-0.258)	0.861	-0.05 (-0.185-0.077)	0.418	-0.18 (-0.470-0.117)	0.239	-0.12 (-0.503-0.256)	0.522
Multivariate model <sup>a</sup>	-0.02 (-0.307-0.259)	0.866	-0.05 (-0.177-0.088)	0.508	-0.17 (-0.46-0.121)	0.248	-0.12 (-0.499-0.261)	0.538
Multivariate model <sup>b</sup>	-0.04 (-0.321-0.244)	0.790	-0.05 (-0.177-0.087)	0.507	-0.17 (-0.462-0.123)	0.256	-0.12 (-0.497-0.261)	0.542
Multivariate model <sup>c</sup>	-0.04 (-0.328-0.243)	0.770	-0.05 (-0.181-0.086)	0.486	-0.17 (-0.464-0.122)	0.253	-0.12 (-0.495-0.264)	0.551
Multivariate model <sup>d</sup>	0.03 (-0.319-0.375)	0.875	-0.04 (-0.198-0.125)	0.658	-0.46 (-0.8210.102)	0.012*	-0.11 (-0.589-0.370)	0.653
Multivariate model <sup>e</sup>	-0.09 (-0.468-0.292)	0.651	-0.07 (-0.242-0.098)	0.406	-0.48 (-0.8410.117)	0.010*	-0.11 (-0.592-0.375)	0.659

Table 10: Comparison of the mean difference in BMD among females with no disease, one disease and two diseases

Variables	0	1	2	P
TH BMD T5, gm/cm <sup>2</sup>	0.92 (0.13)	0.92 (0.14)	0.92 (0.10)	0.935
TH BMD T6, gm/cm <sup>2</sup>	0.88 (0.13)	0.88 (0.14)	0.87 (0.11)	0.942
FN BMD T5, gm/cm <sup>2</sup>	0.85 (0.12)	0.85 (0.13)	0.85 (0.81)	0.951
FN BMD T6, gm/cm <sup>2</sup>	0.82 (0.11)	0.81 (0.12)	0.81 (0.08)	0.827
Absolute Annual change TH, gm/yr	-0.006 (0.007)	-0.006 (0.008)	-0.007 (0.006)	0.269
Absolute Annual change FN, gm/yr	-0.006 (0.008)	-0.006 (0.008)	-0.006 (0.006)	0.781
Annual % change TH, %/yr	-0.59 (0.72)	-0.65 (0.88)	-0.79 (0.69)	0.206
Annual % change FN, %/yr	-0.68 (0.85)	-0.74 (0.81)	-0.70 (0.74)	0.650

BMD: Bone Mineral Density, BMI: Body Mass Index, DM: Diabetes Mellitus, FN: Femoral neck, TH: Total HipMean (SD) is reported for continuous variable. Sample sizes vary by characteristics due to missing values.

Table 11: Comparison of the mean difference in BMD among males with no disease, one disease and two diseases

Variables	0	1	2	P
TH BMD T5, gm/cm <sup>2</sup>	1.03 (0.13)	1.02 (0.13)	1.07 (0.12)	0.331
TH BMD T6, gm/cm <sup>2</sup>	1.01 (0.14)	1.01 (0.14)	1.04 (0.14)	0.638
FN BMD T5, gm/cm <sup>2</sup>	0.94 (0.13)	0.93 (0.12)	0.95 (0.10)	0.812
FN BMD T6, gm/cm <sup>2</sup>	0.92 (0.14)	0.91 (0.13)	0.91 (0.13)	0.732
Absolute Annual change TH, gm/yr	-0.002 (0.005)	-0.002 (0.007)	-0.004 (0.007)	0.236
Absolute Annual change FN, gm/yr	-0.004 (0.007)	-0.004 (0.007)	-0.005 (0.008)	0.420
Annual % change TH, %/yr	-0.25 (0.55)	-0.23 (0.68)	-0.44 (0.68)	0.260
Annual % change FN, %/yr	-0.38 (0.73)	-0.41 (0.80)	-0.60 (0.89)	0.365

BMD: Bone Mineral Density, BMI: Body Mass Index, DM: Diabetes Mellitus, FN: Femoral neck, TH: Total hipMean (SD) is reported for continuous variable. Sample sizes vary by characteristics due to missing values.

Table 12: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Total hip with single or multiple chronic diseases among women.

	1		2	
Total Hip	Change (CI)	P-value	Change (CI)	P-value
<b>Absolute Annual Change</b>				
Unadjusted model	-0.001 (-0.001-0.000)	0.253	-0.002 (-0.004-0.001)	0.223
Multivariate model <sup>a</sup>	-0.002-0.000)	0.178	-0.002 (-0.005-0.001)	0.155
Multivariate model <sup>b</sup>	-0.001 (-0.001-0.000)	0.248	-0.002(-0.004-0.001)	0.207
Multivariate model <sup>c</sup>	-0.001 (-0.002-0.000)	0.092	-0.002 (-0.005-0.001)	0.152
Multivariate model <sup>d</sup>	-0.001 (-0.002-0.001)	0.275	-0.004 (-0.0070.001)	0.023*
Multivariate model <sup>e</sup>	-0.001 (-0.002-0.001)	0.363	-0.004 (-0.0070.001)	0.023*
Annual % change				
Unadjusted model	-0.06 (-0.164-0.039)	0.228	-0.20 (-0.494-0.086)	0.168
Multivariate model <sup>a</sup>	-0.07 (-0.169-0.036)	0.201	-0.22 (-0.507-0.076)	0.147
Multivariate model <sup>b</sup>	-0.06 (-0.165- 0.039)	0.229	-0.21 (-0.497-0.085)	0.166
Multivariate model <sup>c</sup>	-0.09 (-0.191-0.012)	0.083	-0.23 (-0.516-0.059)	0.119
Multivariate model <sup>d</sup>	-0.08 (-0.199-0.047)	0.227	-0.43 (-0.7720.088)	0.014*
Multivariate model <sup>e</sup>	-0.07 (-0.190-0.061)	0.314	-0.44 (-0.7880.088)	0.014*

Table 13: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Total hip with single or multiple chronic diseases among men.

	1		2	
Total Hip	Change (CI)	P-value	Change (CI)	P-value
<b>Absolute Annual Change</b>				
Unadjusted model	0.000 (-0.001-0.001)	-0.776	-0.002 (-0.004-0.000)	1.000
Multivariate model <sup>a</sup>	0.000 (-0.001-0.001)	0.529	-0.002 (-0.004-0.001)	0.153
Multivariate model <sup>b</sup>	0.000 (-0.001-0.001)	0.517	-0.002 (-0.004-0.000)	0.098
Multivariate model <sup>c</sup>	0.000 (-0.001-0.001)	0.799	-0.002 (-0.005-0.000)	0.067
Multivariate model <sup>d</sup>	0.000 (-0.001-0.001)	0.823	-0.002 (-0.005-0.001)	0.174
Multivariate model <sup>e</sup>	0.000 (-0.001-0.001)	0.702	-0.003 (-0.006-0.000)	0.080
Annual % change				
Unadjusted model	-0.05 (-0.169-0.060)	0.354	-0.02 (-0.342-0.312)	0.929
Multivariate model <sup>a</sup>	-0.07 (-0.169-0.036)	0.201	-0.22 (-0.507-0.076)	0.147
Multivariate model <sup>b</sup>	0.04 (-0.055-0.135)	0.413	-0.20 (-0.447-0.041)	0.102
Multivariate model <sup>c</sup>	0.02 (-0.075-0.118)	0.659	-0.23 (-0.469-0.020)	0.072
Multivariate model <sup>d</sup>	0.03 (-0.087-0.147)	0.612	-0.19 (-0.500-0.112)	0.213
Multivariate model <sup>e</sup>	-0.01 (-0.130-0.115)	0.905	-0.26 (-0.574-0.052)	0.102

Table 14: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Femoral neck with single or multiple chronic diseases among women.

	1		2	
Femoral neck	Change (CI)	P-value	Change (CI)	P-value
<b>Absolute Annual Change</b>				
Unadjusted model	0.000 (-0.001-0.001)	0.487	0.000078 (-0.003-0.003)	0.958
Multivariate model <sup>a</sup>	-0.001 (-0.002-0.000)	0.248	-0.001 (-0.003-0.002)	0.684
Multivariate model <sup>b</sup>	0.000 (-0.001-0.000)	0.314	0.000 (-0.003-0.003)	0.875
Multivariate model <sup>c</sup>	-0.001 (-0.002-0.000)	0.224	0.000 (-0.003-0.002)	0.834
Multivariate model <sup>d</sup>	0.000 (-0.002-0.001)	0.431	-0.002 (-0.005-0.002)	0.341
Multivariate model <sup>e</sup>	-0.001 (-0.002-0.001)	0.403	-0.002 (-0.005-0.002)	0.319
Annual % change				
Unadjusted model	-0.05 (-0.169-0.060)	0.354	-0.02 (-0.342-0.312	0.929
Multivariate model <sup>a</sup>	-0.07 (-0.188-0.041)	0.211	-0.07 (-0.396-0.258)	0.678
Multivariate model <sup>b</sup>	-0.07 (-0.181-0.046)	0.246	-0.05 (-0.369-0.279)	0.785
Multivariate model <sup>c</sup>	-0.08 (-0.195-0.033)	0.164	-0.06 (-0.379-0.268)	0.737
Multivariate model <sup>d</sup>	-0.07 (-0.209-0.064)	0.297	-0.23 (-0.608-0.149)	0.235
Multivariate model <sup>e</sup>	-0.08 (-0.216-0.062)	0.275	-0.24 (-0.628-0.146)	0.222

Table 15: Adjusted and unadjusted Absolute annual change and Annualised percentage change in Femoral neck with single or multiple chronic diseases among men.

	1		2	
Femoral neck	Change (CI)	P-value	Change (CI)	P-value
<b>Absolute Annual Change</b>				
Unadjusted model	0.000 (-0.002-0.001)	0.536	-0.002 (-0.005-0.001)	0.226
Multivariate model <sup>a</sup>	0.000 (-0.001-0.001)	0.582	-0.002 (-0.005-0.001)	0.244
Multivariate model <sup>b</sup>	0.000 (-0.001-0.001)	0.583	-0.002 (-0.005-0.001)	0.242
Multivariate model <sup>c</sup>	0.000 (-0.002-0.001)	0.567	-0.002 (-0.005-0.001)	0.238
Multivariate model <sup>d</sup>	-0.001 (-0.002-0.001)	0.369	-0.002 (-0.006-0.001)	0.235
Multivariate model <sup>e</sup>	-0.001 (-0.003-0.000)	0.164	-0.003 (-0.007-0.001)	0.125
Annual % change				
Unadjusted model	-0.03 (-0.158-0.090)	0.590	-0.22 (-0.539-0.099)	0.176
Multivariate model <sup>a</sup>	-0.03 (-0.152-0.098)	0.675	-0.21 (-0.528-0.112)	0.202
Multivariate model <sup>b</sup>	-0.03 (-0.151-0.098)	0.677	-0.22 (-0.536-0.102)	0.183
Multivariate model <sup>c</sup>	-0.03 (-0.155-0.098)	0.661	-0.22 (-0.540-0.102)	0.180
Multivariate model <sup>d</sup>	-0.06 (-0.209-0.097)	0.473	-0.24 (-0.646-0.157)	0.232
Multivariate model <sup>e</sup>	-0.10 (-0.262-0.061)	0.222	-0.32 (-0.734-0.088)	0.124

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## **APPENDICES**

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		Health survey	Ţ
L		Survey	

Personal invitation

Do not write here:			
E13 (Municipality)	(County)	(Country)	E15 (Mark)

E1. YOUR OWN HEALTH		E3. COMPLAINTS	
What is your current state of health? (Tick only on	ce)	Below is a list of various problems.	
Poor Not so good Good	Very good	Have you experienced any of this duri	ing the last week
	4	(including today)?	No Little Pretty Very
	Т	(Tick once for each line)	complaint complaint much much
Do you have, or have you had?:	Age first time	Sudden fear without reason	
	Yes No	Felt afraid or anxious	
Asthma		Faintness or dizziness	
Chronic bronchitis/emphysema		Felt tense or upset	
Dia		Tend to blame yourself	
betes		Sleeping problems	
Osteoporosis	ппПП	Depressed, sad	
		Feeling of being useless, worthless	
Fibromyalgia/chronic pain syndrome		Feeling that everything is a struggle	
Psychological problems for which you		Feeling of hopelessness with regard to the future.	
have sought help		to the lattice.	1 2 3 4
A heart attack	ппПП	E4. TEETH, MUSCLE AND SE	XELETON
A heart attack			
Angina pectoris (heart cramp)		How many teeth have you lost/extract (disregard milk-teeth and wisdom teeth)	
Cerebral stroke/brain haemorrhage		Have you been bothered by pain and/ojoints during the last 4 weeks?	or stiffness in muscles and
			No Little Severe
Do you get pain or discomfort in the chest when:	Yes No	compl	laint complaint complaint
Walking up hills, stairs, or walking fast on level ground	nd?	Neck / shoulders	
		Arms, hands	
If you get such pain, do you usually:		Upper part of the back	
	the same pace?	Lumbar regions	
	3	Hips, legs, feet	
If you ston, does the pain disappear	Yes No	Other places	
If you stop, does the pain disappear within 10 minutes?			
	Yes No		<b>⊥</b> Age
Can such pain occur even if you are at rest?		Have you ever had:	Yes No
		Fracture in wrist/forearm?	
E2. ILLNESS IN THE FAMILY		If any relatives have diabetes, at wh (if for e.g. many siblings, consider the	
Have one or more of your parents or siblings had:	Т	got it earliest in life)  Don't know, Mother's age Father's age	Brother's Sister's
	Don't VacNo know	not applicable	
A heart attack (heart wounds) or angina pectoris (heart cramp)	YesNo know		
Tick for the relatives who have or have			
had any of the illnesses: (Tick for each line)			
Mother Father Brot	None her Sister Child of these		
Cerebral stroke or brain haemorrhage			
Heart attack before age of 60 years			
Asthma			
Cancer			
Diabetes			

Hip fracture?					
Have you faller	down during the l	ast year? (	Tick once o	nly)	
No	Yes, 1-2 tin	nes Ye	s, more than	n 2 times	
E5. EXE	RCISE AND PHYS	ICAL AC	TIVITY		
	physical activity bed ly average for the ye			<u>r?</u>	
				per week	2
Light activity (not sweating/o	ut of breath)	None Le	ss than 1	1-2	3 or more
Hard physical a (sweating/out o	ctivity f breath)	1	2	3	4
E6. BOD	Y WEIGHT				
Estimate your were 25 years o	body weight when y old:	ou.			kg.

Number of years

E7.EDUCATION		E9.SMOKING
How many years of education have you completed? (include all the years you have attended school of	or studied)	How many hours a day do you normally spend in smoke-filled rooms?  Number of total hours
	, stated,	Yes No Did any of the adults smoke at home
E8. FOOD AND BEVERAGES		while you were growing up?
How often do you usually eat these foods? (Tick once for each line)		Do you currently, or did you previously live together Yes No with a daily smoker after your 20 <sup>th</sup> birthday?
Rarely 1-3 times 1-3 /never /month /w	times 4-6 times 1-2 times 3 times veek /week /day more /da	or Ves
Fruit, berries		now Never Never
Cheese (all types)		Do you/did you smoke daily?
Potatoes		If you have NEVER smoked daily;
		Go to question E11 (BODILY FUNCTIONS AND SAFETY)
Boiled vegetables		
Fresh vegetables/salad		If you smoke daily <u>now</u> , do you smoke:
Fat fish (e.g. salmon, trout, mackerel, herring) 1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Cigarettes?
trout, mackerer, nerring) 1	3 4 5 0	Cigars/cigarillos?
Do you use dietary supplements:	Yes, daily Sometimes No	A pipe?
Cod liver oil, fish oil capsules		If you previously smoked daily, how
Vitamins and/or mineral supplements		long is it since you quit?  Number of years
How much of the following do you usually dri	ink?	
(Tick once for each line)	1-6 1 glass 2-3 4 glasse	If you currently smoke, or have smoked
Rarely		previously.
gla /never	asses /day glasses or more	How many cigarettes do you or did you normally smoke per day?  Number of cigarettes
·	zeek /day /day	normally smore per day.
milk, yoghurt		How old were you when you began
curdled milk, low-fat yoghurt		daily smoking? Age in years
Skimmed milk, skimmed curdled milk		How many years in all have
Extra semi-skimmed milk		you smoked daily? Number of years
Juice		
Water		$\square$ 5 $\square$ 6 $\square$ 7 $\square$ 8
Soft drink, mineral water	2 3 4 5	
		To those who have consumed the last year:
How many cups of coffee and tea do you drink	k <u>daily</u> ?	When you drink alcohol, how many glasses or drinks do you normally drink?  Number
(Put 0 for the types you do not drink daily)	Number of cups	— Approximately how many times during the last
Filtered coffee		year have you consumed alcohol equivalent to
		5 glasses or drinks within 24 hours? Number of times
Boiled coffee/coarsely ground coffee for brewing	g	
Other type of coffee		
Tea		
Approximately, how often have you during the (Do not count low-alcohol and alcohol-free been		
•	ew times About 1 time	
consumed alcohol alcohol last year	last year a month	
1 2 2-3 times About 1 time 2-	3 4 -3 times 4-7 times	

a week

per month

a week

a week

would you feel safe by wa where you live?	lking alone in the	evening in t	he area	
Yes	A little unsafe	Very unsafe	e	
123				
When it comes to mobility (Tick once for each line)	, sight and hearing	g, can you:		
T. 1. 6	Without problems	With some problems	With great problems	No
Take a 5 minute walk in fairly high pace?		3		
Read ordinary text in newsp if necessary with glasses?	•			
Hear what is said in a				
normal conversation?		2	3	4
Do you because of chronic	health problems l	have		
difficulties with: (Tick onc	e for each line) No	difficultie s	Some difficulties	Great difficultie s
Move around in your home?				
Get out of your home by you	ırself?			
Participate in organization of leisure time activities?				
Use public transport?				
Perform necessary daily shop	pping?			

E11. USE OF HEALTH SERVICE	S		E14. USE OF MEDICINES
How many times in the last 12 months have you been to/used: (Tick once for each line)  A general practitioner (GP)		4 or more	With medicines, we mean drugs purchased at pharmacies. Supplements and vitamins are not considered here  Do you use?  (Tick once for each line)  Blood pressure lowering drugs
Are you confident that you will receive health care and	YES NO	Don't know	Cholesterol-lowering drugs  Drugs for osteoporosis
home assistance if you need it?			groups, religious communities, or similar do you take part in? Number (write 0 if none)
Do you live: At home? 1 In an institution by you live with:  Spouse/ partner?	ion/shared apartment' YES NO	? 2	
How many good friends do you have?  Count the ones you can talk confidentially and who can give you help when you need Do not count people you live with, but do it your children and other relatives  How much interest do people show for v (Tick only once)  Great Some Little interest interest interest	it. include what you do?  No Unce interest	Number of friends ertain	

Tranquillizers						
Antidepressants						
Other prescription medicines		3	4			
State the name of the medicine you are taking the medicines	ines you are using <u>now</u> and the s (disease or symptom):	e reason				
(Tick for each duration you he	ave used the medicine)					
Name of the medicine: (one name per line):	Reason for use of the medicine:	Up to 1 year	One year or more	If there is not enough space here, you nattach.	nay continue on a separate	sheet that you
				E15. THE REST OF THE FOR ANSWERED BY WOMEN		
How long altogether have you	a lived in the county?		years	How old were you when you started menstruating?  How old were you when you	Age in years	5
How long altogether have you the municipality? Where did you live most of the (Tick one option and specify)			years	stopped menstruating?  How many children have you given birth to?	Age in years	Ravar Hacce (7) (1)
					Number of children	
Same municipality	1				7	otal number
Another municipality				Do you use, or have you ever used est		of years
in the county	2 Which one:		_	Tablets or patches	Never Previously Now	
Another county in Norway  Outside Norway	3 Which one: 4 Country:		_	Cream or suppositories		00000
Have you moved during the l	ast five years?		_	If you use estrogen, which brand you	use now?	15
No Yes, once	Yes, more-than once	T			Yes	No

 $\top$ 

1 2	3	Have you ever used contraceptives pills?	
Г		٦	
		survey	Health
L			

**Personal Invitation** 

Don't write here				
9.3 (Business)	5.3 (Municipality)	(County) 9.4 (Occupation)	(Country) 14.7 (Mark)	
, , , ( = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		, (coordinates)		

1. :	YOUR OWN HEALTH			3.0	THER COMPLAINTS				
1.1	What is your current state of health? Poor Not so good	•	ery good	3.1	Below is a list of various problems. Have any of this during the last week (includ	e you expending today)	rienced ?		
		3	4		(Tick once for each complaint)	No complai nt	Little	Pretty	Ver mi h
1.2	Do you have, or have you had?:		Ago		Sudden fear without reason	III.	Complan	it inden	11
	•	Yes No	Age first tim		Felt afraid or anxious				
	Asthma		e -		Faintness or dizziness				
					Felt tense or upset			16	
	Hay fever				Tend to blame yourself			To .	
	Chronic bronchitis/emphysema	🔲 🗀			Sleeping problems				
					Depressed, sad				
	Diabetes				Feeling of being useless, worthless				
					Feeling that everything is a struggle				
	Osteoporosis				Feeling of hopelessness with regard to the future				
	Fibromyalgia/chronic pain syndrome	🔲 🗎			the future	1	2	3	4
				4. U	JSE OF HEALTH SERVICES				
	Psychological problems for which you have sought help			4.1	How many times in the <u>last 12 months</u>	have you b	oeen to/u	sed:	
					(Tick once for each line)	None		4 or mor	
	A heart attack				General practitioner (GP)		times	e	
	Angina pectoris (heart cramp)	. 🗆			Medical officer at work				
					Psychologist or psychiatrist			35	
	Cerebral stroke/brain haemorrhage				(private or out-patient clinic)				
					Other specialist (private or out-patient clinic	2)			
1.3	Have you noticed attacks of sudden ch pulse or heart rhythm in the <u>last year</u>				Emergency GP (private or public)	. [			
	pulse of heart mythin in the <u>last year</u>	• ••••••	Yes No		Hospital admission				
			Yes No	<b>—</b> 2.1	Home nursing care	or stiffne	ess in		
1.4	Do you get pain or discomfort in the ch Walking up hills, stairs or walking fast				muscles and joints during the <u>last 4 we</u> (Give duration only if you have had prob	eks?		Durati	o n
1.5	If you get such pain, do you usually:	-			No So	ome Seve		Up to w	
	Sl				complain con t			2 weeks o nore	r
	0 W				Neck/shoulders				
	d o				Arms, hands				
	Stop? w	arry on at the same	pace?		Upper part of your back				
	1 2	3			Lumbar region				_
			Yes No		Hips, legs, feet				
1.0	6 If you stop, does the pain disappear wi	thin			Other places	$\frac{1}{2}$ $\frac{1}{3}$		1	2
					L <u>I</u>		1	Age	
	••••			2.2	Have you ever had:	Vec		ast ime	
				<b>4.4</b>	Fracture in the wrist/forearm				
	10 minutes?								
		40	Yes No						
1.	7 Can such pain occur even if you are at	rest?							

67

2. MUSCULAR AND SKELETAL COMPLAINTS

Physiotherapist			(Tick one option and specify)
Chiropractor			Same municipality
Dentist			Another municipality
Alternative practitioner			in the county 2 Which one:
5. CHILDHOOD/YOUTH AND AFFILIATIO	N		Another county in Norway 3 Which one:
5.1 How long altogether have you lived in the (Put 0 if less than half a year)	county?	year	Outside Norway 4 Country::
			5.4 Have you moved within the last five years?
5.2 How long altogether have you lived in	the municipal	lity?	No Yes, one time Yes, more than once
year (Put 0 if less than half a year)			$\square$ 1 $\square$ 2 $\square$ 3
(1 at o g tess than mag a year)			6. BODY WEIGHT
Hip fracture?			6.1 Estimate your body weight when you were 25 years old:

7. F	7. FOOD AND BEVERAGES						2-3 times About1 time 2-3 times 4-7 time
7.1	How often do you usually ea	t these foo		es 4-6 tin	nes 1-2	3 times	per month a week a week a week
		y times	times			or more	To those who have consumed the last year:
	Fruit, berries	r /month	ı /week	/week	/day	/day	7.8 When you drink alcohol, how many glasses or drinks do you normally drink? number
	E						7.9 Approximately how many times during the last year have you consumed alcohol equivalent to 5 glasses or drinks within 24 hours? Number of times
	Cheese (all types)					-	7.10 When you drink, do you normally drink: (Tick one or more)
	Potatoes						Beer Wine Spirits
	Boiled vegetables  Fresh vegetables/salad				10		
	Fatty fish (e.g. salmon,						
7.2	trout, mackerel, herring) 1 What type of fat do you usus		Tick once	4	5	6	
1.2	Don't	my use: (	Hard	Soft/lig			
	use	Bu	tter marg	garine m	argarine Oils	Other	
	On bread						
	For cooking		3	4		6	
7.3	Do you use the following die	tary	Yes, Some	daily etimes		No	
	supplements: Cod liver oil, fish oil capsules		-	]			
	Vitamins and/or mineral supp	olements?		1	100		
7.4	<b>How much of the following</b> (Tick once per line)	Rarely	y 1-6	1 glass		4 glasses	
	Full milk, full-fat curdled mi yoghurt Semi-skimmed milk, semi-sk curdled milk,low-fat yoghurt	immed_	r glasses /week	day	/day	or more /day	
	Skimmed milk, skimmed curdled milk						
	Extra semi-skimmed milk						
	Juice						
	Water Mineral water (e.g. Farris, Ramløsa etc)						
	Cola-containing soft drink						
	Other soda/soft drink	1	2	3	4	5	
7.5	Do you usually drink soft dr	-	_		without s		
7.6	How many cups of coffee an	d tea do y	ou drink	daily?	Number	of cups	
	(Put 0 for the types you don't Filtered coffee						
	Boiled coffee/coarsely groun	d coffee fo	or brewin	g			
	Other type of coffee						
	Tea			·····			
7.7	Approximately how often ha alcohol? (Do not count low-a					med	
	Never Have not conconsumed				bout 1 tii	me	
	alcohol alcohol las		last yea	r	a mon		
	1 2		3			4	

8. 8	SMOKING			
8.1	How many hours a day do you normally spend in smoke-filled rooms?  Number of total hours			
8.2	YesNo Did any of the adults smoke at home while you were growing up?			
8.3	Do you currently, or did you previously live together with a daily smoker after your 20th birthday?  Yes, now Yes, previously Never		Old age pension, early retirement (AFP) or survivor pension	
8.4	Do you/did you smoke daily?  If NEVER: Go to question 9: (EDUCATION AND WORK)	Τ	Rehabilitation/reintegration benefit	
8.5	If you smoke daily now, do you smoke: Yes No		Disability pension (full or partial)	
	Cigarettes?		Unemployment benefits during unemployment Social welfare benefits	
	Cigars/cigarillos?		Transition has of the single reports	
	A pipe?		Transition benefit for single parents	
	If you previously smoked daily, how long is it since you quit?  Number of years			
8.7	If you currently smoke, or have smoked previously:  How many cigarettes do you or did you normally smoke per day?  Number of cigarettes			
	How old were you when you began daily smoking?  Age in years			
	How many years in all have you smoked daily?  Number of years			
9. I	EDUCATION AND WORK			
9.1	How many years of education have you completed?  (Include all the years you have attended school or studied)			
9.2	Do you currently have paid work?			
	Yes, full-time Yes, part-time 2 No 3			
9.3	Describe the activity at the workplace where you had paid work for the longest period in the last 12 months. (e.g. Accountancy firm, school, paediatric department, carpentry workshop, garage, bank, grocery store, etc.)			
	Business: If retired, enter the former business and occupation. Also applies to 9.4			
9.4	Which occupation/title have or had you at this workplace? (e.g. Secretary, teacher, industrial worker, nurse, carpenter, manager, salesman, driver, etc.)			
	Occupation:			
9.5	In your main occupation, do you work as self-employed, as an employee or family member without regular salary?  Familyme			
	Self-employed Employee mber			
9.6	Do you believe that you are in danger of losing Yes No your current work or income within the next two years?			
9.7	Do you receive any of the following benefits?  Yes No			
	Sickness benefit (are on sick leave)			

10. EAERCISE AND PHYSICAL ACTIVITY	15. USE OF MEDICINES
10.1 How has your physical activity in leisure time been during this last year?  Think of a weekly average for the year.	With medicines, we mean drugs purchased at pharmacies.  Supplements and vitamins are not considered here.  Previousl
Time spent going to work is count as leisure time. Answer both questions.  Hou rs p er week	13.1 Do you use:  Now y, Never but not now used
None Less than 1 1-2 3 or more Light activity	Blood pressure lowering drugs
(not sweating/out of breath)	Cholesterol-lowering drugs
(sweating/out of breath)	13.2 How often have you during the <u>last 4 weeks</u> used Every
10.2 Describe exercise and physical exertion in your <u>leisure time</u> . If your	the following medicines? Not used Less week Daily in the last than every but not
activity varies much e.g. between summer and winter, then give an average. The question refers only to the <u>last year</u> . (Tick the most appropriate box)	(Tick once for each line) 4 weeks week daily  Painkillers non-prescription
Reading, watching TV or other sedentary activity?	Painkillers on prescription
Walking cycling or other forms of	Sleeping pills
exercise at least 4 hours a week?2  (Include walking or cycling  to work, Sunday walk/stroll.etc.)	Antidepressants
Participation in recreational sports, heavy gardening, etc.?	Other prescription medicines
(Note: duration of activity at least 4 hours a week)	1 2 3 4
Participation in hard training or sports competitions, regularly several times a week?4	and that you've used during thelast 4 weeks:  State the name and the reason that you are taking/have taken
	these (disease or symptom):  (Tick for each duration you have used the medicine)
11. FAMILY AND FRIENDS	How long have vou used the
11.1 Do you live with:  Spouse/partner?  Yes No	medicine
11.2 How many good friends do you have?  Number of friends	Name of the medicine: Reason for use of Up to 1 year (one name per line) the medicine 1 year of more
Count the ones you can talk confidentially with and who can give you help when you need it. Do not count people you live with, but do include other relatives.	
11.3 How much interest do people show for what you do?	
(Tick only once)  Great Some Little No Uncertain	
interest interest interest interest $\boxed{1}$ $\boxed{2}$ $\boxed{3}$ $\boxed{4}$ $\boxed{5}$	
11.4 How many associations, sport clubs, groups, religious	
communities or similar do you take part in? Number (Write 0 if none)	
11.5 Do you feel that you can influence what happening in your local community where you live? (Tick only once)  Never	If there is not enough space here, you may continue on a separate sheet the you attach
Yes, a lot Yes, some Yes, a little No tried	14. THE REST OF THE FORM IS TO BE
	ANSWERED BY WOMEN ONLY
12. ILLNESS IN THE FAMILY	14.1 How old were you when you started menstruating?  Age in years
	14.2 If you no longer menstruating, how old were you when you stopped menstruating? Age in years
	14.3 Are you pregnant at the moment?
12.1 Have one or more of your parents or siblings  Yes  Asthma	Don't No know
had a heart attack (heart wound) or angina pectoris (heart cramp)?	
12.2 Tick for the relatives who have or have	None Child of these
had any of the illnesses: (Tick for each line)  Mothe	
r Father Brother Sister  Cerebral stroke or	
brain haemorrhage  Heart attack	
before age of 60 years	
71	· 📗 🔲

	Yes	No	Uncertain A	Above fe	rtile		
	168	NO	Uncertain	age		1	
	1	2	3		4		
14.4	How many cl	hildren h	nave you		Number of		i 0 1
14.5	given birth t  Do you use, o		ou ever used?		children		Hecos
	(Tick once for		,	Now	Before, but not now	Never	Bey
	contraceptive Hormonal interpretation	trauterine	n device (IUD)				24.0 00
	Estrogen (taa	•					. 2
14.6	If you use/ha			00			

12.3	If any relative diabetes (if for got it earliest :	r e.g. mai in life):	ny sibli	ngs, co	nsider t	he one	who	'hild'o	0.00	
	not applicable		ither's a	ge Brot	ner's ag	e Sister	s age C	Jiiid S	age	

How long have you used it?

Number of years

14.7 If you use contraceptive pills, mini pill, contraceptive injection, hormonal IUD or estrogen, what brand do you use?

Lahel

### Additional questions to the health survey in Troms and Finnmark 2001-2002

The main aim of the Tromsø Study is to improve our knowledge about cardiovascular diseases in order to aid prevention. The study is also intended to improve our knowledge of cancer and other general conditions, such as allergies, muscle pains and mental conditions. We would therefore like you to answer some questions about factors that may be relevant for your risk of getting these and other illnesses. This form is part of the Health Survey, which has been approved by the Norwegian Data Inspectorate and the Regional Board of Research Ethics. The answers will only be used for research purposes and will be treated strictly confidential.

# 1. NEIGHBORHOOD AND HOME

The information you give us may later be linked with information from other public health registers in accordance with the rules laid down by the Data Inspectorate and the Regional Board of Research Ethics.  If you are unsure about what to answer, tick the box that you feel fits best.	If you do not wish to answer the questionnaire, tick the box below and return to form. Then you will not receive reminders.  I do not wish to answer the questionnaire
The completed form should be sent to us in the enclosed prepaid envelope. Thank you in advance for helping us.	Date of completion:  Day Month Year
Yours sincerely	
Department of Community Medicine National Health University of Tromsø Screening Service	T1. NEIGHBORHOOD AND HOME (cont.)
2. In which municipality did you live at the age of 1 year? (If you have not lived in Norway, state country of residence instead of the municipality)	1.6 What do you consider yourself as?  (Tick for one or more alternatives)  Kven/  Norwegian Sami Finnish Other
3. What type of house do you live in? ( <i>Tick only once</i> )  Detached house/villa  Farm	1.7 Do you feel that you have enough good friends?  1.8 How often do you normally take part in organised gatherings, e.g. sewing circles, sports clubs, political meetings or other associations? (Tick only once)  Never, or just a few times a year  1  1-3 times a month
1.3 How big is your house?  m² (gross)  1.4 Are you bothered by: (Tick once for each line)  No Little Severe complaint complaint complaint	Approximately once a week  More than once a week  T2. PAID AND UNPAID WORK
Moisture, drought or coldness in your home  Other forms of bad indoor climate	5.4 If you have paid or unpaid work, how would you describe your work? (Tick only once)  Mostly sedentary work? (e.g. office work, mounting)
1.5 What home language did your grandparents have?  (Tick for one or more alternatives)    Norwegian   Sami   Finnish   language	8. Can you decide yourself how your work (paid or unpaid) should be organised? (Tick only once)  No, not at all  To a small extent  Yes, to a large extent  Yes, I decide myself  2.3 Are you on call, do you work shifts or nights?

Т3.	TOBACCO	17.	ILLNESSES AND INJURIES	
3.1	Do you smoke? Yes, daily Yes, sometimes No, never	7.1	Have you ever had:  Tick once for each question. Also give the citime. If you have had the condition several old were you the <u>last</u> time	
	If "Yes, sometimes", What do you smoke?		Severe injury requiring hospital admission	Yes No
	Cigarettes Pipe Cigar/cigarillos		Ankle fracture	
3.2	Have you used or do you use snuff daily? Yes, now Yes, previously Never		Peptic ulcer	
	If YES:		Peptic ulcer surgery	
	How many years altogether have you used snuff? years		Neck surgery	
T4.	ALCOHOL		Prostate surgery	
4.1	Are you a teetotaller?			
4.2	2 How many times <u>a month</u> do you		body weight?  Yes, I try to  No gain weight	Yes, I try to lose weight
	normally drink alcohol?			
4.3	3 How many glasses of beer, wine or spirits do you normally drink in a fortnight?  Beer Wine Spirits	6.2	What weight would you be satisfied with (your "ideal weight")?	
	(Do not count low-alcohol beer. Put 0 if you do not drink alcohol)			
4.4	For approximately how many years has your alcohol consumption been at the same level you described above?  years			
4.5	Have you, in one or more periods in the last 5 years consumed so much alcohol that it has inhibited your work or social life?			
	Yes, both Yes, Yes, No, at work and			
	at work socially never social life			
	$\square$ 1 $\square$ 2 $\square$ 3 $\square$ 4			
T5.	FOOD AND DIETARY SUPPLEMENTS			
5.1	Do you usually eat breakfast every day?  Yes No			
5.2	How many times a week do you eat a warm dinner? times			
5.3	How important is it for you to have a healthy diet?  Very Somewhat Little Not  1 2 3 4			
5.4	Do you use the following dietary supplements?  Yes, daily sometimes No			
	Iron tablets			

Age last time

years

years

years

years

years

years

6.1 Do you currently try to change your

BODY WEIGHT

7.2	Do you have, or have you ever had:	
	(Tick once for each question)	Yes No
	Cancer	
	Psoriasis	
	Thyroid disease	
	Glaucoma	
	Cataract	
	Osteoarthritis (arthrosis)	
	Bent fingers	
	Skin contractions in your palms	
	Kidney stone	
	Appendectomy	
	Hernia surgery	
	Surgery/treatment for urine incontinence	
	Epilepsy	
	Poliomyelitis (polio)	
	Parkinson's disease	
	Migraine	
	Leg ulcer	
	Allergy and hypersensitivity:	Yes No
	Atopic eczema (e.g. childhood eczema)	
	Hand eczema	
	Food allergy	
	Other hypersensitivity (not allergy)	
7.3	Have you had common cold, influenza, gastroenteritis during the last 14 days?	Yes No
7.4	Have you during the last 3 weeks had common cold, influenza, bronchitis,	
		Yes No
	pneumonia, sinusitis, or other respiratory infection?	
7.5	Have you ever had bronchitis or pneumonia?	Yes No
7.6	Have you during the last 2 years had bronchitis or pneumonia? (Tick only once)	
	No 1-2 times More than 2 times	
	$\square$ 1 $\square$ 2 $\square$ 3	

			1		3
8.1 Have you in the last two weeks felt:  (Tick once for each question)  No	A Little A lot	Very much		sick leave due to these the last year?	
Nervous or worried					
Bothered by anxiety					
Confident and calm					
Irritable					
Happy and optimistic					
Down/depressed					
Lonely					
1	2 3	4			
8.2 Do you cough about daily for periods of the year?	Ye	es No			
If YES:		1 🖂			
Is your cough productive?  Have you had this kind of cough for as long					
as 3 months in each of the last two years?					
8.3 Have you had episodes with wheezing in the chest	t?				
If YES:  Has this occurred: (Tick once for each question)	v	es No			
At night					
In connection with respiratory infections					
In connection with physical exertion					
In connection with very cold weather					
·		es No			
8.4 Do you get pain in the calf while walking	_				
If YES:					
How long can you go					
before you notice the pain?	r	neter			
<b>9.6</b> Do you get short-winded in the following situation ( <i>Tick once for each question</i> )	ons?				
	Ye	es No			
While walking fast on level ground or slight up hills					
While walking calmly on	-	-			
level ground					
While washing or dressing yourself					
8.6 Do you have to stop because of short-windedness while walking in your own pace on level ground	Yes No				
10.3 Have you during the last year suffered from	n pain				
and/or stiffness in muscles and joints that have lasted continuously for	Y.e	s No.			
at least 3 months?					
If YES:	Vo	no No			
Has the complaint reduced your leisure time activity?		S No.			
For how long has the complaint endured in total	1?				
approx. years and months					
Has the complaint reduced your ability to work last year? (Also applies to domestic workers and p					

Do not

Yes No

Yes No

SYMPTOMS

No/insignificantl To some extend Significantly reduced Do not know

T	8. SYMPTOMS (continue)			
1	1.4 How often do you suffer from s	sleeplessness?		
	( <i>Tick only once</i> )  Never, or just a few times a year		]_	1
	1-3 times a month			2
	Approximately once a week			3
	More than once a week			4
1	3.4 If you suffer from sleeplessness	monthly or more	frequently,	
	what time of the year does it aff		1	
	No particular time of the year			1
	Especially during the polar night			2
T	Especially during the midnight su	n season		3
	Especially in spring and autumn			4
8	.10 Have you in the last year suffer- sleeplessness to the extend that affected your ability to work?		Yes No	
8	.11 Do you usually sleep during the	day?		
8	.12 How often do you suffer from u	rinary incontiner	nce?	
	Never			
	Not more than once a month			
	Two or more times a month			
	Once a week or more			
8	.13 Are you able to walk <u>down</u> 10 s holding on to something (e.g. a			
8	.14 Do you use glasses?			
8	.15 Do you use a hearing aid?			
8	.16 How is your memory? (Tick once for each question)			
	Do you forget what you just have heard or read?		-	
	Do you forget where you have p			
	Is it more difficult to remember i	_		
	Do you more often write memos	now than earlier?		
	If "YES" on one of these questic Is this a problem in your daily life?		Yes	No
Τ	9. MEDICINES			
9	.1 Do you use, or have you used an the following medicines:	y of	Age when	
		Previously,	used 1st time	Never
	Drugs for	Now but not now		used
	osteoporosis		ye	ears
	Tablets for diabetes		ye	ears
	Drugs for hypothyroidism			
	(thyroxine)		ye	ears
			Yes	No
9	.2 Do you use any medicines which as injections?	-	103	1.0
			,	_
	Give the name of the medicines	s (for injection):		

e name pe	r line)			

T10.ILLNESS IN THE FAMILY	T12.THE REST IS TO BE ANSWERED BY WOMEN ONLY
10.1 Tick for the relatives who have or have ever had any of the diseases: (Tick for each line)	12.2 If you still have mensturate or are pregnant: What date did your last menstruation start?
None	Day Month Year
Mother FatherBrother Sister Child of these  Heart attack (heart wound)	<u> </u>
Angina pectoris (heart cramp)	
High blood pressure	12.3 If you no longer menstruate; why did your periods stop? ( <i>Tick once</i> )
Aneurysm	It stopped by itself
Gastric/duodenal ulcer	1
Hip fracture	Uterus surgery
Psychological problems	2
Allergy	Surgically removed both ovaries  3
	Other reason (e.g. radiation, chemotherapy)
Osteoarthritis (arthrosis)	V. V
Dementia	12.4 Do you use or have you used <u>prescribed</u> Yes No estrogen (tablets or patches)?
10.2 How many siblings and children do you have?	If YES:
Brothers Sisters Children	How old were you when you started taking estrogen ?
Number	years
10.3 Do you usually do extra caring work because	If you stopped using estrogen,  How old were you when
of illness etc. in your close family?	you stopped taking estrogen?years
Yes, daily/almost daily Yes, sometimes No	15. Do you use or have you used oral contraceptive nille? Yes No
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	pais
10.4 Do you/your family receive home aid Yes No	If YES: How old were you when
or home nursing care?	you started taking the pill?
Age at death Yes No	How many years in total have you taken the pills? Number of years
	If you have given birth:
10.5 Is your mother alive? years	How many years did you take the pill before your first delivery? Number of years
	If you stopped taking the pill:
10.6 Is your father alive? years	How old were you when you stopped?
T11. MOBILE TELEPHONE	12.6 Apart from pregnancy and after giving birth, years
11.1 Do you have (own, rent, etc.) a mobile telephone?	have you ever stopped having menstruation for 6 months or more?
Yes, always Yes, sometimes No	If YES:
If Yes:	How many times?
What do you use your mobile telephone for, and how often do you use it?( <i>Tick once for each line</i> )	12.7 How is your current menstruation status? times
Number of times per day	
30 or 10-29 2-9 1 or Never more less	
Conversations	4 <sup>th</sup> child
Text messaging	5 <sup>th</sup> child
12345	
T12. THE REST IS TO BE ANSWERED BY WOMEN ONLY	6 <sup>th</sup> child
12.1 If you have given birth, fill in each child's birth year and how many months you breastfed after delivery.	
(If you did not breastfeed, write 0)	
Number of months Child: Birth year: breastfed:	
1 <sup>st</sup> child	
2 <sup>nd</sup> child	
3 <sup>rd</sup> child	

I have not had menstruation in the I have regular menstruation I have irregular menstruation	he last year	1 \2 \3
12.8 When you were 25-29 years old between the start of two period	ds?	ually passed
Minimum N	Maximum	
		Do not know
days	days	
The periods were of approxim	ately	Yes No
equal length every time?		

02.01

000

How many days did a typical menstrual bleeding period last?...

Thank you for the help!

	_
(If more children, use additional sheet)  The  Tromsø Study	
The form will be read electronically. Please use a blue or black pen You	ı can not use comas,
use upper-case letters.  2007 – 2008 Confidential	_
	c 1-3 times a month
HEALTH AND DISEASES	c Approximately once a week c More that once a week
4. How do you in general consider your own health to be?  c Very good	
° Good	
<sup>c</sup> Neither good nor bad <sup>c</sup> Bad	
+	
<ul> <li>Very bad</li> <li>How is your health compared to others in your age?</li> </ul>	
<sup>c</sup> Much better	
<sup>c</sup> A little better	
<sup>c</sup> About the same	
<sup>c</sup> A little worse	
<sup>c</sup> Much worse Age first	
3 Do you have, or have you had? Yes No time	
A heart attack c c	
Angina pectoris (heart cramp) c c c	
Cerebral stroke/brain hemorrhage c c	
Atrial fibrillation c c	
High blood pressure c c	
Osteoporosis c c	
Asthma c c	
Chronic bronchitis/Emphysema/COPD c c	
Diabetes c c	
Psychological problems (for which you c c	
have sought help )	
Hypothyroidism c c	
Kidney disease, not including urinary c c	
tract infection (UTI)	
Migraine c c	
1.7 Do you have persistent or constantly recurring pain that has lasted for 3 months or more? <sup>c</sup> Yes <sup>c</sup> No	
1.8 How often have you suffered from sleeplessness during the last 12 months? c Never, or just a few times	
+81	
	+

## 1.6 Below you find a list of various problems. Have you experienced any of this during the last week (including today)? (Tick once for each complaint) Little Pretty Very complaint complaint much much Sudden fear without reason ${\bf c}$ $\mathbf{c}$ Felt afraid or anxious ..... c c Faintness or dizziness ..... Felt tense or upset ..... Tend to blame yourself ..... c Sleeping problems ..... c c c c Depressed, sad ..... c c Feeling of being useless, worthless ..... c Feeling that everything is a struggle Feeling of hopelessness with regard to the future ..... 1.9 Have you during the last 12 months visited: If YES; how many times? Yes No No. of times General practitioner (GP) ..... c Psychiatrist/psychologist ..... Medical specialist outside hospital (other than general practitioner/psychiatrist) **c c** Physiotherapist сс Chiropractor сс Alternative practitioner (homeopath, acupuncturist, foot zone therapist, herbal medicine practitioner, laying on hands $\mathbf{c} \ \mathbf{c}$ practitioner, healer, clairvoyant, etc.) Dentist/dental service 8 Have you during the last 12 months been to Yes No No. of times a hospital? Admitted to a hospital сс Had consultation in a hospital without admission; At psychiatric out-patient clinic c c

5.5 Have you undergone any surgery during the last 3 years? c Yes c No

At another out-patient clinic .....

# USE OF MEDICINES

Do you currently use, or have you used some of the following medicines? (Tick once for each line)

	Never	r		Age
	140 701			first
+	used	Now	Earlier	time
Blood pressure lowering drugs ${\bf c}$		c	c	
Cholesterol lowering drugs	c	c	c	
Drugs for heart disease	c	c	c	
Diuretics	c	c	c	
Drugs for				
osteoporosis	c	c	c	
Insulin	c	c	c	
Tablets for diabetes	c	c	c	
The drugs for hypothyroidism				
Thyroxine/levaxin	c	c	c	

How often have you during the last 4 weeks used the following medicines? (Tick once for each  $\overline{\text{line}}$ )

	Not used in the last	Less than every	Every week, but	
	4 weeks	week	not daily	Daily
Painkillers on				
prescription	c	c	c	c
Painkillers non-				
prescription	c	c	c	c
Sleeping pills	. <b>c</b>	c	c	c
Tranquillizers	c	c	c	c
Antidepressants		c	c	c

.5	State the name of all medicines -both those on prescription and
	non-prescription drugs- you have used regularly during the last
	4 weeks.

Do	not	include	vitamins,	minerals,	herbs,	natural	remedies,	other
nut	ritio	nal suppl	ements, et	c.				

If there is not enough space for all medicines, continue on a separate sheet.

When attending you will be asked whether you have used antibiotics

or painkillers the last 24 hours. If you have, you will be asked to provide the name of the drug, strength, dose and time of use.

	FAMILY AND FRIENDS								
4.6	Who do you live with? (Tick for each qu the number)	estion	n and giv	e					
	<u>-</u>	+	Yes No	Numb	er				
	Spouse/partner	ı	c c						
	Other people older than 18 years		c c						
	People younger than 18 years		c c						
Tick for the relatives who have or have had Parents Children Siblings									
	A heart attack	c	c		c				
	A heart attack before age of 60	c	c		c				
	Angina pectoris (heart cramp)	c	c		c				
	Cerebral stroke/brain haemorrhage <b>c</b>		c		c				
	Osteoporosis	c	c		c				
	Gastric/duodenal ulcers	c	c		c				
	Asthma	c	c		c				
	Diabetes	c	c		c				
	Dementia	c	c		c				
	Psychological problems	c	c		c				
	Substance abuse	c	c		c				
7.5	Do you have enough friends who can give you need it?	e you	help wh	en					
con	Yes No Do you have enough friends whom you c fidentially with?	an ta	lk <sup>16</sup>						
17	Yes c No How often do you normally take part in e.g. sport clubs, political meetings, associations?								
	7.7 Never, or just a few times a year								
	<b>7.8</b> 1-2 times a month								
	<b>7.9</b> Approximately once a week								
	<b>7.10</b> More than once a week								
	WORK, SOCIAL SECURITY AND INC	СОМ	E						
9.7	What is the highest level of education yo (Tick once)	u hav	ve compl	eted?					
	<ul> <li>c Primary/secondary school, modern second, vocational school, 1-2 years senior high school</li> <li>High school diploma</li> <li>c College/university less than 4 years</li> </ul>			ol c Te	chnical				
	College/university 4 years or more				4				
9.8	What is your main activity? (Tick once)				ı				

 ${\bf c}$  Housekeeping

 $c \ {\sf Retired/benefit} \ {\sf recipient}$ 

c Student/military service

 $\mathbf{c}$  Full time work

c Part time work

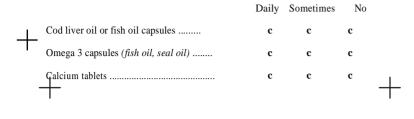
c Unemployed

c Rehabilitation benefit c Full disability pension c Partial disability pension c Partial disability pension c Partial disability pension c Unemployment benefits  c Transition benefit for single parents c Social welfare benefits  d What was the household's total taxable income last year? Include income from work, pensions, benefits and similar  Less than 125 000 NOK						
c Rehabilitation benefit c Full disability pension c Partial disability pension c Partial disability pension c Partial disability pension c Unemployment benefits  c Transition benefit for single parents c Social welfare benefits  d What was the household's total taxable income last year? Include income from work, pensions, benefits and similar  Less than 125 000 NOK						
pension c Partial disability pension c Unemployment benefits c Transition benefit for single parents c Social welfare benefits  What was the household's total taxable income last year? Include income from work, pensions, benefits and similar  Less than 125 000 NOK c 125 000-200 000 NOK c 201 000-300 000 NOK c 301 000-400 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c C Mostly sedentary work (e.g. office work, mounting) c Work that requires a lot of walking (e.g. shop assistant, light industrial work, teaching) c Work that requires a lot of walking and lifting (e.g. postman, nursing, construction) c Heavy manual labour  Describe your exercise and physical exertion in leisure time. If your activity varies much, e.g. between summer and winter, then give an average. The question refers only to the last year. (Tick the most appropriate box) c Reading, watching TV, or other sedentary activity. c Walking, cycling, or other forms of exercise at least 4 hours a week (include walking or cycling to work, Sundoy-walk/stroll, etc.) c Participation in in recreational sports, heavy gardening, etc. (c) Participation in hard training or sports competitions, regularly several times a week.  Describe your activity at least 4 hours a week) c Participation in hard training or sports competitions, regularly several times a week.  How often do you drink alcohol?  ALCOHOL AND TOBACCO the destructed you drink alcohol?  ALCOHOL AND TOBACCO the diverted do you drink alcohol?  ALCOHOL AND TOBACCO the diverted do you drink alcohol?  ALCOHOL AND TOBACCO the diverted do you drink alcohol?  ALCOHOL AND TOBACCO the diverted do you drink alcohol?  ALCOHOL AND TOBACCO the diverted do you drink alcoh	c Easy- do not become short-winded or sweaty c You become					
Unemployment benefits c Transition benefit for single parents c Social welfare benefits  What was the household's total taxable income last year? Include income from work, pensions, benefits and similar  Less than 125 000 NOK and the second of the second	+					
What was the household's total taxable income last year? Include income from work, pensions, benefits and similar  * Less than 125 000 NOK * 401 000-550 000 NOK c 201 000-300 000 NOK c 551 000-700 000 NOK c 201 000-300 000 NOK c 701 000-850 000 NOK c 301 000-400 000 NOK c 701 000-850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 4 or more times a week c 5 or 3 d c 7 d or more times a week c 4 or more times a week c 6 d or more times a week c 4 or more times a week c 5 d or more times a week c 6 d or more times a week c 7 d or more times a week c 8 d or more times a week c 9 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1 d or wild ingst time a week c 1	'					
What was the household's total taxable income last year? Include income from work, pensions, benefits and similar  * Less than 125 000 NOK * 401 000-550 000 NOK * 125 000-200 000 NOK * c 201 000-300 000 NOK * c 701 000-850 000 NOK * c 301 000-400 000 NOK * c More than 850 000 NOK * c 301 000-400 000 NOK * c More than 850 000 NOK * c 301 000-400 000 NOK * c More than 850 000 NOK * c 301 000-400 000 NOK * c More than 850 000 NOK * c 301 000-400 000 NOK * c More than 850 000 NOK * c 40 or more times a week * c 4 or more times a week * c 4 or more times a week * c 4 or more times a week * c 5-6 * c 3-4 c 7-9 * C 5-6	e every time on average?					
**Less than 125 000 NOK c	c 30-60 minutes					
**Power of the do you drink alcohol?**  125 000-200 000 NOK c 201 000-300 000 NOK c 201 000-300 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 40 on more times a week c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 4 or more times a week c 4 or more times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 2-8 times a week c 5-6 c 3-4 c 7-9  How often do you drink alcohol? *Never c 4 or more times a week c 4 or more times a week c 2-8 times a week c 2-8 times a week c 4 or more times a week c 2-8 times a week c 4 or more times a week c 4 or more times and week c 4 or more times a week c 4 or more times and week c 8-12 times month c 2-9 times a week c 1-9 to work that times and the time. If you powide week c 2-12 times a week c	c More than 1 hour					
c 201 000-300 000 NOK c 701 000-850 000 NOK c 301 000-400 000 NOK c 701 000-850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 301 000-400 000 NOK c More than 850 000 NOK c 2-3 times a week c 4 or more times a week c 5 do mort times a week c 6 do mort times a week c 6 do mort times a week c 6 do mort times a week c 8 do mort times a week c 9 do mort times a week c 8 do mort times a week c 9 do mort times a week 0	CO					
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c 301 000-400 000 NOK c More than 850 000 NOK  1. Do you work outdoor at least 25% of the time, or in cold buildings (e.g., storehouse/industry buildings)?  *Yes *No  PHYSICAL ACTIVITY  3. If you have paid or unpaid work, which statement describes your work best?  c Mostly sedentary work  (e.g. office work, mounting)  e Work that requires a lot of walking (e.g. postman, nursing, construction) c  Heavy manual labour  4. Describe your exercise and physical exertion in leisure time. If your activity varies much, e.g. between summer and winter, then give an average. The question refers only to the last year. (Tick the most appropriate box)  *Reading, watching TV, or other sedentary activity.  c Walking, cycling, or other forms of exercise at least 4 hours a week (include walking or cycling to work, Sunday-walk/stroll, etc.)  c Participation in recreational sports, heavy gardening, (note-duration of activity at least 4 hours a week)  c Participation in hard training or sports competitions, regularly several times a week c Once a week  c 2-3 times a week  c 4 or more times a week  c 2-3 times a week  c 4 or more times a week  c 2-6 or 3-4 or 7-9  How often do you drink 6 units of alcoholication of acceptance of the week of a contraction of alcoholication of acceptance of the week of the when you drink alcoholication of acceptance of the week of the when you drink denothing or the smalling of the week of the when you drink denothing of the when you drink denothing of the week of the when you drink denothing of the week of the when you drink 6 units of alcoholication of acceptance of the week of the week of the when you drink denothing of the week of the when you drink denothing of the week of the when you drink denothing of the week of the week of the when you drink denothing of the week of the when you drink deno	imes a					
(e.g. storehouse/industry buildings)?  *Yes *No  PHYSICAL ACTIVITY  3.5 If you have paid or unpaid work, which statement describes your work best?  c Mostly sedentary work (e.g. office work, mounting) c Work that requires a lot of walking (e.g. shop assistant, light industrial work, teaching) c Work that requires a lot of walking and lifting (e.g. postman, nursing, construction) c Heavy manual labour  4. Describe your exercise and physical exertion in leisure time. If your activity varies much, e.g. between summer and winter, then give an average. The question refers only to the last year. (Tick the most appropriate box)  **Reading, watching TV, or other sedentary activity. C Walking, cycling, or other forms of exercise at least 4 hours a week (include walking or cycling to work, Sunday-walk/stroll, etc.) C Participation in recreational sports, heavy gardening, (note:duration of activity at least 4 hours a week)  C Participation in precreational sports, heavy gardening, etc.  How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  *Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of cigarettes do you or did you usually st Number of years  4 How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  **Number of years  **How often do you exercise of the last year. (Tick the last year. (Tick the last year.)  **Age in						
usually drink when you drink alcohol:  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work best?"  "If you have paid or unpaid work, which statement describes your work on the last year."  "If you have paid or unpaid work, which statement describes your work on the last year."  "If you french do you drink 6 units of alco "Never" or Less frequently than monthly c Monthing to Weekly or Daily or almost daily  "If you previously almost daily  "If you previously moke daily?"  "If you previously moked daily, how let you previously smoked daily, how let years at least 4 hours a week (include walking or cycling to work, Standay-walk/stroll, etc.)  "If you currently smoke, or have smoke cigarettes do you or did you usually standay-walk/stroll, etc.)  "If you currently smoke, or have smoke cigarettes do you or did you usually standay-walk/stroll, etc.)  "Participation in recreational sports, heavy gardening, (note:duration of activity at least 4 hours a week)  "Participation in hard training or sports competitions, regularly several times a week."  "How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  "Number of cigarettes  "How often do you when you began daily the work, standay-walk/stroll, etc.)  "The participation in hard training or sports competitions, regularly several times a week of Once a						
c Mostly sedentary work  (e.g. office work, mounting) c Work that requires a lot of walking (e.g. shop assistant, light industrial work, teaching) c Work that requires a lot of walking and lifting  (e.g. postman, nursing, construction) c  Heavy manual labour  Describe your exercise and physical exertion in leisure time. If your activity varies much, e.g. between summer and winter, then give an average. The question refers only to the last year. (Tick the most appropriate box)  Reading, watching TV, or other sedentary activity. c Walking, cycling, or other forms of exercise at least 4 hours a week (include walking or cycling to work, Sunday-walk/stroll, etc.) c Participation in recreational sports, heavy gardening, (note:duration of activity at least 4 hours a week) c Participation in hard training or sports competitions, regularly several times a week.  How often do you drink 6 units of alco 'Never c Less frequently than monthly c Monthic C Weekly c Daily or almost daily Do you smoke sometimes, but not daily Do you smoke daily?  c Yes, c Yes, now previously If you currently smoke, or have smoke cigarettes do you or did you usually sr Number of years  If you currently smoke, or have smoke cigarettes do you or did you usually sr Number of cigarettes  How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  Number of cless frequently than monthly c Monthic C Weekly c Participation in recreational sports, heavy gardening, for the last year. (Tick the most appropriate box)  How often do you drink 6 units of alco 'Never c Less frequently than monthly c Monthic C Weekly c Yes, 1 Do you smoke sometimes, but not daily 1 Do you smoke daily?  To Yes, 1 Yes, 2 Yes, 1 Yes, 2 Yes, 1 Yes, 1 Yes, 2 Yes, 1 Yes, 1 Yes, 1 Yes, 2 Yes, 1 Yes, 1 Yes, 1 Yes, 1 Yes, 2 Yes, 1 Yes, 1 Yes, 1 Yes, 2 Yes, 1 Ye	, a glass of wine or a drink) do you					
c Mostly sedentary work  (e.g. office work, mounting) c Work that requires a lot of walking  (e.g. shop assistant, light industrial work, teaching) c Work that requires a lot of walking and lifting  (e.g. postman, nursing, construction) c  Heavy manual labour  Describe your exercise and physical exertion in leisure time. If your activity varies much, e.g. between summer and winter, then give an average. The question refers only to the last year. (Tick the most appropriate box)  Reading, watching TV, or other sedentary activity. c Walking, cycling, or other forms of exercise at least 4 hours a week (include walking or cycling to work. Sunday-walk/stroll, etc.) c Participation in recreational sports, heavy gardening, (note:duration of activity at least 4 hours a week) c Participation in hard training or sports competitions, regularly several times a week.  How often do you drink 6 units of alco 'Never' c Less than once a week c Once a week c Once a week c 2-3 times a week  Thow often do you drink 6 units of alco 'Never' c Less frequently than monthly c Monthing to Weekly c Daily or almost daily Do you/did you smoke daily?  C Yes, c Yes, now previously smoked daily, how led to you currently smoke, or have smoke cigarettes do you or did you usually smoke, or have smoke cigarettes do you or did you usually smoke, or have smoke cigarettes do you or did you usually smoke, or have smoke cigarettes do you or did you usually smoke, or have smoke cigarettes do you or did you usually smoke daily, how led were you when you began daily several times a week.  How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  Number of cigarettes do you or did you usually smoke daily?  How often do you drink 6 units of alco 'Never' c Yes, now previously smoked daily.  How often do you drink 6 units of alco 'Never' c Yes, now previously smoked daily.  Age in years  How often do you drink 6 units of alco.	ohol?					
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c Participation in hard training or sports competitions, regularly several times a week.  How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  Never c Less than once a week c Once a  week c 2-3 times a week  The wold were you when you began date to be a several times a week and the competitions, regularly several times a week  Age in years  How old were you when you began date to be a several times a week and the competitions, regularly several times a week and the competitions, regularly several times a week and the competitions, regularly several times a week.  Age in years  How many years in all have you smoke a several times a week and the competitions, regularly several times a week.  The wold were you when you began date and the competitions, regularly several times a week.  Age in years  The wold were you when you began date and the competitions, regularly several times a week.  The wold were you when you began date and the competitions, regularly several times a week.						
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How often do you exercise? (With exercise we mean for example walking, skiing, swimming or training/sports)  Never c Less than once a week c Once a  week c 2-3 times a week  To you use or have you used snuff or c	rumy smoning.					
walking, skiing, swimming or training/sports)  c Never c Less than once a week c Once a  week c 2-3 times a week  week c 2-3 times a week  week 37 Do you use or have you used snuff or c						
c Less than once a week c Once a  week  c 2-3 times a week  The Mow many years in all have you smoke  Number of years  Do you use or have you used snuff or c						
c 2-3 times a week years  7 Do you use or have you used snuff or c	noked daily?					
c 2-3 times a week 37 <b>Do you use or have you used snuff or c</b>						
	or chewing tobacco?					
c Approximately every day c No, never c						
c Yes, previously c	c Yes, daily					

	DIET						QUESTIONS FOR WOMEN					
38 <b>L</b>	o you usually eat breakfast eve	ery day? o	Yes c N	lo			46 Are you pregnant at the moment?					
39	How many units of fruit or v day? (units means for example a fruit, a cup of juice, potatoes,	Ü	•	eat on a	verage	per	Number  C Yes  No  Uncertain  Uncertain  Number  Number					
	Number of units				+	-	If you have given birth, fill in for each child: birth year, birth weight and months of breastfeeding (Fill in the best you can)					
40	How many times a week do yo	u eat war	m dinne	r?			Months of					
	Number						Child Birth year Birth weight in grams breastfeeding					
41	How often do you usually eat	these food	ls?									
	(Tick once for each line)	0.1	2.2	1	21.6	1.2						
		0-1 times	2-3 / times/	ı times/ tim	-34-6 .es/ tim	1-2 nes/	3					
		mth	mth		week	day	4					
	Potatoes	c	c	c	c	c	5					
	Pasta/rice	c	c	c	c	c	6					
	Meat (not processed)	c	с	с	с	c						
	Processed meat						49 Have you during pregnancy had high blood pressure?					
	(sausages, hamburger, etc.)	c	c	c	c	c	<sup>c</sup> Yes <sup>c</sup> No					
	Fruits, vegetables, berries <b>c</b>		с	c	с	c	50 If yes, during which pregnancy?					
	Lean fish	с	c	c	c	c	c The first c Second or later					
	Fatty fish	c	c		c	c						
	(e.g. salmon, trout, mackerel, he halibut, redfish)		·	C		Č	51 Have you during pregnancy had proteinuria? c Yes c No					
10	How much do you usually driv	nlv tha fal	larrina?				52 If yes, during which pregnancy?					
42	(Tick once for each line)	iik the ioi	iowing:				<b>c</b> The first					
		1-6	1	2-3		more	53 Were any of your children delivered prematurely (a month or more before the due date) because of preeclampsia?					
	Rarely neve	/ glasses r /week	glas day /day	_	_	asses day	c Yes c No					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	, au	, ,	uuj	54 If yes, which child?					
	Milk, curdled milk, yoghurt	c c	0			0	• /					
			c	c		c						
		c c	С	С		c						
	Soft drinks	c c	с	c		c						
43	How many cups of coffee and the types you do not drink daily		ou drin	k daily? (	(Put 0 f	or						
	J. S. J. S. J. S.	,					1st child 2nd child 3rd child 4th child 5th child 6th child					
				Number	of cups	;	$\mathbf{c}$ $\mathbf{c}$ $\mathbf{c}$ $\mathbf{c}$ $\mathbf{c}$					
	Filtered coffee											
	Thered conce											
	Boiled coffee (coarsely ground c	offee for b	orewing)			55 How old were you when you started						
							menstruating?					
	Other types of coffee						Age					
			Tea				<u> </u>					
							·					
44	How often do you usually eat c	od liver a	nd roe?				56 Do you currently use any prescribed drug					
		· · · ·					influencing the menstruation?					
	(i.e. "mølje")						Oral contraceptives, hormonal					
	c Rarely/never c 1-3 times/yea	r <b>c</b> 4-6 tim	es/year				intrautrine or similar c Yes c No					
	,		J - 222									

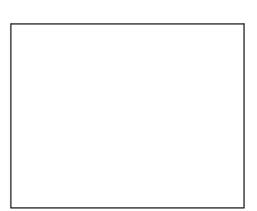
# c 7-12 times/year c More than 12 times/year

# $_{45}\,$ Do you use the following nutritional supplements?





- part of The Tromsø Study



- part of The Tromsø Survey





# FILL OUT THE FORM IN THIS WAY:

The form would be read by machine, it is mereron	important that you tick appropriately.
□□ Correct √	
Wrong	
Wrong	
If you tick the wrong box, correct by filling t	he box like this
Write the numbers clearly 11223	3564 8961 74 80 Area
74 Wrong	
Use only black or blue pen, do not use pencil or fe	It tip pen

_				
	1. DESCRIPTION OF YOUR HEALTH	STAT	US	
	By placing a tick in one box in each group below, please indicate which statements best describe your own health state today:	1.6	To allow you to show us how good or ba have made a scale (almost like a thermo of health you can imagine is marked 100 you to show your state of health by draw below to the point on the scale that best	meter) where the best state 0 and the worst 0. We ask ving a line from the box
1.01	Mobility			Best imaginable health
	I have no problems in walking about I have some problems in walking about I am confined to bed			100
				90
1.02	Self-care  I have no problems with self-care			Ŧ
	I have some problems washing or dressing myself			± 80
	I am unable to wash or dress myself			‡
				<del></del>
				± 70
1.03	<b>Usual activities</b> (e.g. work, study, housework, family or leisure activities)			#
	I have no problems with performing my usual activities I have some problems with performing my usual activities I am unable to perform my usual activities			70 70 60 50 40 30
				‡
				‡ 50 ‡
			Your own health state today	Ī
			·	± 40
				<u> </u>
1.04	Pain and discomfort			]
	I have no pain or discomfort			<u> </u>
	I have moderate pain or discomfort I have extreme pain			
	or discomfort			± 20
				Ī
1.05	Anxiety and depression			‡
	I am not anxious or depressed I am moderately anxious or depressed			10
	I am extremely anxious or depressed			20 = 20 = 10 = 0
				<del>+</del> 0
				Worst imag <del>in</del> able health state
				T
		3		Ī
				+
				Ŧ
				<u>+</u>
-				-

# 2. CHILDHOOD/YOUTH AND AFFILIATION

2.01	Where did you live at the age of 1 year? In Tromsø (with present municipal borders)	2.04	What do you consider your alternatives)	self as? (Tick f	for one or more
	In Troms, but not Tromsø In Finnmark		Norwegian Sami		
	In Nordland		Kven/Finnish		
	Another place in Norway		Another		
	Abroad				
	Aditad	2.05	How many siblings and child you had?	lren do you ha	ve/have
2.02	How was your family's financial situation during your childhood?		Number of siblings		
	Very good Good		Number of children		
	Difficult Very				
	difficult	2.06			
		2.00			
2.03	What is the importance of religion in your life?				
	Very important Somewhat important		If NO: her age when she died		
	Not important		Isyxpurhmathers N		
			If NO. his age when he died	·	
2.07	What was/is the highest completed education for your parents and you	ur spo	use/partner?		
	(Tick once for each column)		Mother	Father	Spouse
					partner
	7-10 years primary/secondary school, modern secondary school Technical sch	hool, v	ocational school, 1-		
	2 years senior high school High school		· · · · · · · · · · · · · · · · · · ·		
	diploma	e or u	niversity (less than		
	4 years)				
	more)				

In most ways my life is close to my ideal		3. WELL BEING AND LIVING CO	NDITIONS				
Completely disagree   1 2 3 4 5 6 7 agree	Show how you agree or	disagree with each of the statements b					
I am satisfied with my life	(tick once for each staten	nent)		2 3 4	5 6 7	agree	Completely
Excellent   I have a positive view of my future	In most ways my life is c	lose to my ideal My life conditi	ons are				
Below are four statements concerning your current job conditions, or if you are hat working now, the last job you had (Tick once for each statement)  Completely disagree 1 2 3 4 5 7 agree  My work is tiring, physically or mentally							
Below are four statements concerning your current job conditions, or if you are not working now, the last job you had. (Tick once for each statement)  Completely disagree 1 2 3 4 5 7 Complet agree. I have sufficient influence on when and how my work should be done	life	I have a positive view of my fut	ure				
My work is tiring, physically or mentally			10				D. 1
Completely disagree 1 2 3 4 5 7 agree  My work is tiring, physically or mentally		nts concerning your current job condition	ons, or 11 you are	notworking	iow, the last.	Job kon waar (	ick once
I have sufficient influence on when and how my work should be done	,				3 4 [	$\begin{bmatrix} 1 & 1 & 1 \\ 1 & 2 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 \\ 2 & 3 \end{bmatrix} \begin{bmatrix} 1 & 1 \\ 2 & 1 \end{bmatrix} \begin{bmatrix} 1 & 1 \\ 2 & 1 \end{bmatrix}$	Completely 6
I am being bullied or harassed at work	My work is tiring, physica	ally or mentally					
I consider my occupation to have the following social status in the society (if you are not currently employed, think about your latest occupation)  Very high status Fairly high status Wedium status  Fairly low status Very low status  Fairly low status Very low status  Been tormented, or threatened with violence							
I consider my occupation to have the following social status in the society (if you are not currently employed, think about your latest occupation)  Very high status Fairly high status Medium status  Fairly low status Very low status  Were you over a long period experienced any of the following? (Tick one or more for each line)  Been tormented, or threatened with violence							
about your latest occupation)  Very high status Fairly high status Medium status  Fairly low status Very low status  Have you over a long period experienced any of the following? (Tick one or more for each line)  Yes, Yes, Yes, N as a child as adult last year  Been tormented, or threatened with violence  Been beaten, kicked at or victim of other types of violence someone in your close family have used alcohol or drugs in such a way that it has caused you worry  If you have experienced anything of the above, how much are you affected by that now?  Not affected  Affected to some extent  Affected to a large extent	I am being treated fairly a	t work					
Someone in your close family have used alcohol or drugs in such a way that it has caused you worry  If you have experienced anything of the above, how much are you affected by that now?  Not affected  Affected to some extent  Affected to a large extent	for each line)  Been torme	nted, or threatened with violence	as	Yes		*	Yes, No
Not affected	Someone in your close far	**					
	If you have experienced a	nything of the above, how much are you at	fected by that no	w?			
	Not affected	Affected to some extent		Affected to a	a large extent		
			5		_		
			_				

# 4. ILLNESS AND WORRIES

4.01 Have you during the <u>last month</u> experienced any	If you suffer from sleeplessness monthly or more often, what time of the year does it affect you most? (Put one or more ticks)
illness or injury?	·
Yes No	No particular time Polar night
10.77	time Midnight sun time
If YES: have you during the same period? (Tick once for each line) Yes No	Spring and autumn
Been to a general practitioner Been to a medical	4.06 Have you had difficulty sleeping during the past couple of weeks?
specialist Been to emergency	Not at all
department Been admitted to a	No more than usual
hospital	Rather more than usual
Been to an alternative practitioner (chiropractor, homeopath or similar)	
4.02 Have you noticed sudden changes in your pulse or heart rythmin the last year?	Much more than usual
Yes No	4.07 Have you during the last two weeks felt unhappy and depressed?
102 Do you become breathless in the following situations? (tick one for	Not at all
4.03 <b>Do you become breathless in the following situations?</b> (tick once for each question)	No more than usual Rather more
•	than usual
When you walk rapidly on level Yes No ground or up a moderate slope	Much more than usual
When you walk calml <del>y o</del> n level	
ground While	4.08 Have you during the last two weeks felt unable to cope with vour difficulties?
you are washing or dressing	Not at all
At rest	
	No more than usual Rather more
4.04 Do you cough about daily for some periods of the	than usual Much more than usual
year? Yes No	4.09 Below, please answer a few questions about your memory: (tick once for each question)
If YES: Is the cough usually productive?	Do you think that your memory
	has declined?
Yes No	Do you often forget where you
	have placed your things? Do you have
Have you had this kind of cough for as long	difficulties finding common words in a conversation?
as 3 months in each of the last two years?	Have you problems performing
Yes No	daily tasks you used to master?
Tes No	Have you been examined for memory
4.05 <b>How often do you suffer from sleeplessness?</b> (tick once)	problems?
	If YES to at least one of the first four questions above: Is this a problem
Never, or just a few times a year 1-3 times a month	in your daily life?
Approximately once a week	Yes
More than once a week	
	Yes No 6

<del> </del>							4
4.10 Have you during the last last y	ear suffered			4.16 To which degree	have you had the follo	<sub>wing</sub> from p	ain and/or stiffness
in muscles or complai at least 3 consecutive months?	nts during the	last 12 mont	hs? joints i	n your neck/shoulders	s lasting for		
(tick once for each	ነ						Some
line)	No		Severe	<b>a</b> eartburn/regui	gitation	Much	
Neck,	complaint	complaint	_ complaint	Diarrhoe			
shoulders				Constinat	io		
Arms,				n			
bands part of the				Alternating diar	rhoea		
back				and constipation	n The		
lumbar region				Bloated stomac	h Hips, le	g, 🗀	
feet				Abdominal pair	1		
Other places				4.17 If you have had	abdominal pain or 4.11	Have you	
suffered from pain and/or					ing the last year:	•	
stiffness in muscles or joints of the last 4 weeks? (tick once for	during r each line)			Was it located in	your upper stomach?.		Yes
		Little		Were you bothere	ed as often as once a weel	or more duri	ing the No
	complaint con		laint	last 5 monuis?			
Neck, shoulders	Arms,			Do you feel symposis bowel movement:	toms relief after		
hands Upper	part of No		Severe	Are the symptoms	related to more frequent	or rare bowel	
the back The	lumbar				n normally?s related to more loose or		
region Hips,	leg,			normally?	·		
Other places				Do the symptoms	appear after a meal?		
•			. 📙				
4.12 Have you ever had:	Yes I		Age last	4.18 Have you ever l		7 37	Age last
Fracture in the					1	es No	time
wrist/forearm?				Gastric ulcer			
Hip fracture?				Duodenal ulcer			
4.13 Have you been diagnosed wit	h arthrosis h	v a nhvsiciar	.?				
Yes No	in artin osis b	y a physician		Ulcer surgery			
4.14 Do you have or have you eve	r had some o	f th <del>e fo</del> llowir	ıg;	4.19 For women: Ha	ive you ever had a mis No		not know
	∟ Ne <del>ver</del>	Some Mu	Nickel				not know
allergy				If Tes: number	of times		
Pollen allergy	. Other			420-	,		
allergies				Yes	your partner ever had		onot know
4.15 <b>Have</b> you ever exper <del>ien</del> çed in	nfertility for n	nore than 1			of times		o not know
year?	•			11 100 114111001	01 (11110)		
Yes No							
If Yes: was it due to:				4.21 Is your diet glu	ten-iree (		
condition concerning you?		Yes No A		100 II b		4:4:_	
A condition concerning your				Herpetiformis	diagnosed with Derma (DH)?	ititis	
partner?				Yes	No	Е	o not know
			7				
			,				
			Do not			Пг	Do not
			kno			L	70 HOL
+							+

4.23 Have you been diagnosed with coeliac disease, based on a biopsy from your intestine taken in a gastroscopy examination?	What is the normal intensity of  Headache attacks:  Moderate (decrease normal activity)
Yes Do not know	Strong (block normal activity)
4.24 Do you have your natural teeth? Yes No  4.25 How many amalgam tooth fillings do you have/have you had?  0 1-5 6-10 10+  4.26 Have you been suffering from headache the last year?  Yes No  If No: go to section 5, food habits  4.27 What kind of headache are you suffering from?  Migraine Other headache  4.28 How many days per month do you suffer from headache?  Less than one day 1-6 days  7-14 days  More than 14 days	Less than 4 hours 4 hours —  1 day 1-3 days More than 3 days  4.32 If you suffer from headache, when during the year does it affect you most? (tick one or more) No particular time Polar night time Midnight sun time Spring and/or Autumn  4.33 Before or during the headache, do you have a temporary: Yes Visual disturbances? (flickering, blurred vision, flashes of light)
4.29 Is the headache attacks usually:  (tick once for each line)  Pounding/pulsatory pain  Pressing/tightening pain  Unilateral pain (right or left)	Aggravated pain by moderate physical activity?

5. FOOD HABITS 5.01 How often do you usually eat the following? (tick once for each line) 0-1 times per 2-3 times per 1-3 times More than 3 per week month month times per week (not farmed) ...... Farmed fish (salmon, trout, char) ...... Tuna fish (fresh or canned) ...... Fish bread spread ...... Mussels, crabs ...... Whale or seal reindeer or elk/moose.. Pluck (liver/kidney/heart) from ptarmigan/grouse ...... How many times during the year do/did you usually eat the following? (number of times) In adulthood Mølje (cod or pollack meat, liver, and roe)(Number of times per year) Sea gull's egg (Number of eggs per year) ..... Reindeer meat (Number of times per year) ..... Local mushroom and wild berries (blueberries/lingonberries/cloudberries) (Number of times per year) 5.04 Do you take vitamins and/or mineral supplements? Yes, daily Sometimes Never Number 3 times per day or 1-3 times per 1-3 times per 4-6 times 1-2 times per 5.05 How often do you eat? month week week per day Never Dark chocolate ..... Light chocolate/milk chocolate  $\overset{\text{cake}}{\text{How}}$  many times per month do you eat canned (tinned) foods (from metal 5.06 If you eat chocolate, how much do you usually eat each time? Compared with the size of a Kvikk-Lunsj sjokolade (a chocolate brand in the market) and describe how much do you eat in relation to it. 1 1/2 More than 2 4-6 times per 3 times per day 1-3 times 1-3 times per 1-2 times per 5.07 How often do you drink cocoa/hot chocolate? per month

### 6. ALCOHOL

6.01	How often have you in the last year:  Not been able to stop drinking alcohol when you have started	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	Failed to do what was normally expected of you because of drinking?	to				
	or remorse after drinking?  Not been unable to remember what happened the night before beca	use				
	of your drinking?··				Yes, but not in	Yes, during the last yea
6.02	Have you or someone else been injured because of your drinking?			Never	the last year	
	Has a relative, friend, physician, or other health care worker drinking or suggested you to cut down?	s been cond	cerned about your			
7.01	Have you involuntary lost weight during the last 6 months $Yes \hspace{1cm} No \hspace{1cm}$	?	7.03 Are you satis	sfied with your p	oresent body we No	sight?
	If Yes: how many kilograms?		7.04 What weight	t would you be s	atisfied with (ve	ur "ideal"
			weight)?	t would jou by s	atisfied with (y	, ai lucai
7.02	Estimate your body weight when you were 25 years old: Number of kilograms		weight)?	ilograms		var lucar
7.02			weight)?			All Ideal
7.02 8.01	Number of kilograms		weight)?			All Ideal
7.02 8.01	Number of kilograms		weight)?  Number of ki			
8.01	Number of kilograms		weight)?  Number of kings  or preparations  Yes	ilograms	0	
8.01	Number of kilograms		weight)?  Number of kings  or preparations  Yes	ilograms	0	
8.01	How many hours per week, do you do the following leisure- or professional activities:  Automobile repair/paint, ceramic work, painting/varnishing/solvents, hair dressing, glazier, electrician. (Put 0 if you do not engage in such leisure or professional activities)		weight)?  Number of kings  or preparations  Yes	ilograms	0	
8.01	How many hours per week, do you do the following leisure- or professional activities:  Automobile repair/paint, ceramic work, painting/varnishing/solvents, hair dressing, glazier, electrician. (Put 0 if you do not engage in such leisure or professional activities)		weight)?  Number of kings  or preparations  Yes	ilograms	0	·

### 9. USE OF HEALTH SERVICES

	your GP, did you have have been insufficiently examined or
treated, and this had a serious consequence?  Yes, this has happened to	a hard time to understant what happened from 0 to 10 where 0 a they were difficult on a
has transperied to	Scale
(child, parents, spouse)	easy to 2 3 4 5 6 7 8 9 10 No
	understand
If Yes, was it caused by? (tick once or	9.06 How would you rate the treatment
more):	or counselling, you got at your last visit to your GP? Answer on a scale from 0 to 10, where 0 = worst treatment or counselling, and 10
general practitioner	= best treatment or counselling
emergency medical doctor	
private practising specialist	0 1 2 3 4 5 6 7 8 9 10
hospital doctor	
	0.07 During the last 12 months how much of a problem if any was
other health personnel alternative	9.07 During the last 12 months, how much of a problem, if any, was it to get a referral to special examinations (as x-ray,
practitioner more than one person due to deficient routines and	etc.) or to a specialist health care (private practising specialist or at
interaction	hospital)?
	Not relevant No
9.02 Have you ever felt persuaded to accept an examination or	problem Some problem
treatment that you did not want?	Major problem
Yes No	Major problem
If Yes, do you think this has had unfortunate consequences for your health?	9.08 During the last 12 months, how much of a problem, if any, was it to get a referral to physiotherapist, chiropractor, etc.?
Yes No	
10	
9.03 Have you ever complained about a treatment you have received?	Not relevant No
Have never had a reason for complaining	problem Some problem
Have considered complaining, but	Major problem
	Wajor problem
did not do	9.09 Altogether, how much of a problem, if any, was it to get a
Have complained verbally	referral to specialist health care?
Have complained in writing	Not relevant Very
9.04	difficult Some difficulties
	Easy
T	Very easy
Less than 6 months 6 to 12	
months  12 to 24 months	
More than 2 years	
11	
How long have you had your general practitioner/other	

9.10	During the last 12 months, have you been examined or treated by the specialist health care?	9.12	Have you ever, previous to the year 2002, had an operation at a hospital or a specialist clinic?
	Yes No		Yes No
9.11	If Yes, did you have a difficult time to understand what the doctor(s) told you? Answer on a scale from 0 to 10, where 0 = they were difficult to understand and 10 = they were always easy to understand  0 1 2 3 4 5 6 7 8 9 10  How would you rate the treatment or counselling you got at your last visit to	9.13	medicine?  Yes No
	a specialist? Answer on a scale from 0 to 10, where 0 = worst treatment or counselling, and 10 = best treatment or counselling		
	0 1 2 3 4 5 6 7 8 9 10		
		12	

# 10. USE OF ANTIBIOTICS

10.01	Have you used antibio	tics during the last 12 r	nonths? (all penicillin-like	medicine in th	e form of ta	ablets, syrup	s or injecti	ions)	
	Yes	No	Do not remember						
	If YES: What did you antibiotic treatments, to	get the treatment for? Haick for each treatment.		atment Treatme	ent Treatmen	nt Treatmen	t Treatment	t Treatmer	nt 1 2
	tract infection (ear		n, cystitis) • Respirate	ory					
	• Other								
	Treatment duration: nu	umber of days							
	How did you acquire th treatments, tick for each		t? Have you acquired man	ıy L	. L.J. 				
	physician/without prescr · Purchase from a internet home · From	ription: a pharmacy abroad Remn	Without contacting a	at					
			10.03	Would you c	onsider usi	ng antihiot	ics withou	t donsulti	nσ
10.02	Do you presently have a Yes	antibiotics at home?		your physic		No			
	If YES:is this after an aphysician for treatment recurring disease?	agreement with your t of chronic or frequently No	such situation? (multiple	If YES:	ole)	conditio			
				Cough					
	Multiple t ck possible from a p	s are	Sinucitic	Bronchitis  Sore throat					
	internet	· Feve	er			nts from ear	lier treatme	ent	
	From family/friends Other ways			Ear Diarrhoea tract infectio Other infecti	on				

### 11. YOUR CIRCADIAN RHYTHM

We will ask you some questions about your sleeping habits

.01	Have you worked in a shift work schedule during the last 3 months?	
	Yes No	
.02	Number of days per week which you <u>cannot</u> freely choose when you sleep (e.g. work days)?	
	0 1 2 3 4 5 6 7	
	Then I go to bed at	
	I get ready to fall asleep at	
	Number of minutes I need to fall asleep	
	I wake up at	
		D 16
	With help of: Alarm clock External stimulus (noise, family members etc.)	By myself
	Number of minutes I need to get up	
.03	Number of days per week which you can freely choose when you sleep (e.g. free days or holidays)	
	0 1 2 3 4 5 6 7	
	Then I go to bed at	
	I get ready to fall asleep at	
	Number of minutes I need to fall asleep	
	I wake up at	
	With help of: Alarm clock External stimulus (noise, family members etc.)	By myself
	Number of minutes I need to get up	

### 12. SKIN AND DERMATOLOGY 2.0 How often do you usually take a shower or a bath? (tick once) 12.05 Have you often or always any of the following complaints? (tick once for each line) 2 or more times daily 1 time daily Yes No 4-6 times per week 2-3 times Swelling in the ankles or legs, particularly in the evenings ..... per week Once a week Less than once a week Varicose veins ..... Eczema (red, itchy rash) on 12.02 How often do you usually wash your hands with soap your legs ..... daily? (tick once) Leg pain that is getting worse when you are walking and is relieved when you are standing 0 times 1-5 times 6-10 12.06 Have you ever had the following diagnoses by a physician? (tick times once for each line) 11-20 times Yes No Psoriasis ..... Atopic Rosacea More than 20 times Have you recurring large acne/abscesses that are tender/painful and often form scars in the following places? Have you ever taken any antibiotics (penicillin and penicillin-(tick once for each line) like medicines) because of a skin disease, for example infected eczema, acne, non-healing leg ulcers, recurrent abscess? Armpits ..... Yes Under the breasts ..... Nο Stomach groove/the navel ...... Around the If Yes: How many times in average per year did you take antibiotics genitalia ..... during the period you were most affected (tick once) Around the anus ..... 1-2 3-4 More than 4 times The groin ..... Have you or have you ever had the following skin disorders? (tick If Yes: Have you ever visited a physician because of once for each line) abscesses? Yes No Yes No Psoriasis ...... Atopic eczema (children's eczema).... Recurrent hand If Yes, did you get any of the following treatments? (tick eczema ..... once for each line) Recurrent pimples/spots for several months ..... Antibiotic ointment ...... Antibiotic Leg or foot ulcer that did not heal for 3-4 tablets ...... Surgical drainage ..... A larger surgical intervention including skin If YES on the question concerning leg and/or foot ulcer, do you have removal ..... any leg ulcer today? Surgical laser treatment 1..... Yes No

Follow-up questions

### INFORMATION TO FOLLOW-UP OUESTIONS

The following pages with questions should not be answered by everybody. If you have answered yes to one or more of questions below, we ask you to move on to the follow-up questions on the topic or topics you have answered yes to. The first four topics are from the first questionnaire and the last question is from this form.

We have for the sake of simplicity highlighted topics with different colours so that you will find the questions that applies to you.

If you answered YES to that you have: <u>long-term or recurrent pain that has lasted for 3 months or more</u>, please answer the questions on page 19 and 20. The margin is marked with green.

If you answered YES to that you have undergone any <u>surgery during the last 3 years</u>, please answer the questions on page 21 and 22. The margin is marked with purple.

If you answered YES to that you're <u>working outdoors at least 25% of the time</u>, or in facilities with low temperature, such as warehouse/industrial halls, please answer the questions on page 23. The margin is marked with red.

If you answered YES to that you have used <u>non-prescription pain relievers</u>, please answer questions on page 24. The margin is marked with orange.

If you answered YES to that you have or have ever had <u>skin problems</u> (such as psoriasis, atopic eczema, non-healing leg or foot ulcers, recurrent hand eczema, acne or abscesses), please answer the questions on page 25. The margin is marked with yellow.

If you have answered  $\underline{\mathbf{NO}}$  to these five questions, you are finished with your answers. The questionnaire is to be returned in the reply envelope you were given at the survey site. The postage is already paid.

Should you wish to give us written feedback on either the questionnaire or The Tromsø Study in general, you are welcome to that on page 26.

Do you have any questions, please contact us by phone or by e-mail. You can find the contact information on the back of the form. **THANK YOU** for taking the time to the survey and to answer our questions.

### 13. FOLLOW-UP OUESTIONS ON PAIN

You answered in the first questionnaire that you have protracted or constantly recurrent pain that has lasted for 3 months or more. Here, we ask you to describe the pain a little closer.

3.0  How long have you had this pain? Number of years	
months	
·	
13.02 How often do you have this pain? Every day	
Once a week or more	Once a month or more
	Less than once a month
13.03 Where does it hurt? (Tick for all locations where you have protracted or constant	tly recurrent pain)
Head/face	Thigh/knee/leg
Jaw/temporo-mandibular joint Neck	Ankle/foot Chest/breast
Back Shoulder	Stomach
Arm/elbow Hand	Genitalia /reproductive organs Skin
Hip	Other location
13.04 What do you believe is the cause of the pain? (Tick for all known causes)	
Accident /acute injury Long-term	Fibromyalgia Angina
stress	pectoris
Surgical intervention/operation Herniated disk	Poor blood circulation Cancer
(prolapse) /lumbago Whiplash	Nerve damage/neuropathy Infection
Migraine/headache	Herpes zoster
Osteoarthritis Rheumatoid	Another cause (describe below)
arthritis	Don't know
Bechterews syndrome	
Describe the other cause:	<del>_</del>
13.05 Which kind of treatment have you received for the pain? (Tick for all types o	f nain treatments you have received)
	pain deathents you have received)
No treatment	
Analgesic medications/painkillers	
Physiotherapy/chiropractic treatment	Complimentary and alternative medicine Treatment at a pain
clinic (homeopathy, healing, aromatherapy, etc.	
Surgery	Other treatment 19
	<del></del>
	Psycho-educative/relaxation
	psychotherap
	Acupunctur
_	+

— 13.06 On a scale of 0 to 10, where 0 corresponds to no pai	n and 10 co	rresp	onds	to the	wors	st pos	sible	pair	ı you	ı can	ı ima	agine:	+
How strong would you say that the pain usually is?	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst imaginable pain
	No pain												Worst imaginable pain
How strong is the pain when it is in its strongest Intense?		0	1	2	3	4	5	6	7	8	9	10	
what degree does the pain interfere with your sleep?	No To effect	0_	1	2 _ 3	4	5	6		9	10	to	sleep	Impossible 7 8
To what degree does the pain interfere with performing common activities at home work?	No and <b>effec</b> t	0	] [	2 3	3 4	5	6		9	10	an	nything	Can not do 7 8

### 14. FOLLOW-UP OUESTIONS ON SURGERY

In the first questionnaire you answered that you have undergone an operation during the last 3 years.

Number ·····				
Below, please describe the operation. If you have undergone sev surgery you underwent.	eral oper	ations during the las	st 3 years, these questions co	ncern the last
	14.0	cosmetic op	numa Foeration Planned	lanned non- cosmetic
Vhere in your body did you have		operation		
urgery?	1/1.0	Where did you h	ave the surgery? The hospit	al in Tromed
If vou were operated simultaneously in se Surgery in the	<b>2V</b>		The hospital in Harstad	
Surgery in the chest			Private	
· Heart		clinic		
Lungs	14.0	. TT 1 4' '		
· Breasts	14.0	How long time is	it since you had surgery?	
Another surgery in		Number	<b>3.6</b>	
the chest region		of years	Month	s
Surgery in the stomach/pelvis				
· Stomach/intestines Inguinal	14.0	Do you have redu	iced sensitivity in an area n	ear the surgical scar?
		Yes	No	
hernia				
Urinary tract/reproductive organs  Call bladder/biliary tract  Another	14.0	7		
· Gall bladder/biliary tract · Another surgery in the stomach/pelvis				
Surgery in the hip/legs				
· Hip/thigh				
Knee/leg	14.0	8		
Ankle/foot				
Amputation				
Surgery in the shoulder and arm		Are you h	ypersensitive to	touch, heat
Shoulder/overarm	14.0	If you had nain a	it the site of surgery before an area near the type of pain now?	you had surgery, do y
Elbow/underarm		have the same	type of pain now?	Juigical
Hand		∟.¥∉s	<b>□</b> ₩	
· Amputation				
7 Impututon		Does sligh	t touch from clo	thes,
		showering	g or similar cause	•
		Yes	$\square$ N	
	21			

The pain at the site of surgery. Answer on a scare i	from 6 to 16, where 6-no pain and 16-worst pain you can imagine
strong pain did you have at the	No How 9 10 pain 9 10 pain 1 2 3 4 5 6 7 8
site of surgery before you had surgery	Worst imaginable
strong pain do you normally	No How  pain 0
have at the site of surgery now	1 2 3 4 5 6 7 8
	Worst imaginable
How strong pain do you normally have at the site of surgery when it is most	No pain 2 3 4 5 6 7 8 9 10 pain 0 1
intense	

# 15. FOLLOW-UP QUESTIONS ABOUT WORK IN COLD ENVIRONMENT

In the first questionnaire you answered yes to that you work in cold environments. some follow-up questions that we hope you will answer.

15.01	Do you feel cold at work?		15.05 Have you had itching and/or rash	n in relation
	to cold exposure?			res, orten
	Yes, sometimes		Yes	
	No, never		15.06 Have you during the last 12 mon	
	<u></u>		has been involved, and which requ	ired medical treatment? Yes No At
15.02	Flor how long have you been exposed to cold during the last winter?	air below 0°C	work	
	Leisure/hobbies (hours/week)		In leisure time	
	Work (hours/week)C	outdoors,	15.07 Do you experience any of the following	
	with suitable clothing (hours/week)	,	while you are in a cold environme do the symptoms occur?	ent? If so, at what temperature
	Outdoors, without suitable clothing (hours/week)		Breathing problems	
	Indoors, with no heating (hours/week)		Wheezy breathing	
	In cold, with wet clothing (hours/week)		Mucus secretion from lungs	Vas Na Hadan
	Contact with cold objects/tools		Chest pain	Yes No Under
	(hours/week)		Disturbance in heart rhythm	
15.03	What ambient temperature prevents you from:		Impaired blood circulation in hands/feet	
	•	Under °C	Visual disturbance	
	Working outdoors		(short term/transient) Migraine	
	Training outdoors		(short term/transient)	
	Performing other activities			
		414 34 18 4		
15.04	Have you during the <u>last 12 months</u> had a fr sores or skin injury?	ostbite with blisters,	Fingers turning white (short term/transient)	
	No		Fingers turning blue-red (short term/transient)	
	If Yes, how many times?		,	
15.08	How does cold environments and cold-related	l symptoms influence	your performance? Decrease	
	Concentration			
	Memorysepsitivity (feeling)			
	(motor)	Contro	ol of movement (for	
	example tremor)			
	workwork			
	WOIX			
		23	N	o Improve
			<del></del>	

### 16. USE OF NON-PRESCRIPTION PAINKILLERS

In the first questionnaire you answered that you had used non-prescription painkillers (analgesics) in the last 4 weeks. Here are some follow-up questions we hope you will answer.

6.01	What types of non-prescription painkillers have you used?		Phenazone with caffeine: (Antineuralgica, Fanalgin, Fenkoffein, Fenazon-koffein sterke)	nazon-
	Paracetamol: (Pamol, Panodil, Paracet, Paracetamol, Pinex)  Not used  Less than every week Every week, but  not daily daily  How much do you usually take daily when you use		Not used  Less than every week Every week, but not daily daily  How much do you usually take daily when you use these medicines? (number of tablets)	
	these medicines? (number of tablets, suppositories)		painkillers? (multiple ticks are possible)  Headache  Menstrual discomfort Migraine  Back pain Muscle/joint pain	
	Less than every week Every week, but not daily Daily  How much do you usually take daily when you use these medicines? (number of tablets)		Tooth pain Other  16.03 Do you think you have experienced side effects of som	e of the
	Less than every week Every week, but not daily Daily  How much do you usually take daily when you use these medicines? (number of tablets, suppositories)	24	Paracetamol	

### 17. FOLLOW-UP OUESTIONS ABOUT SKIN DISEASES

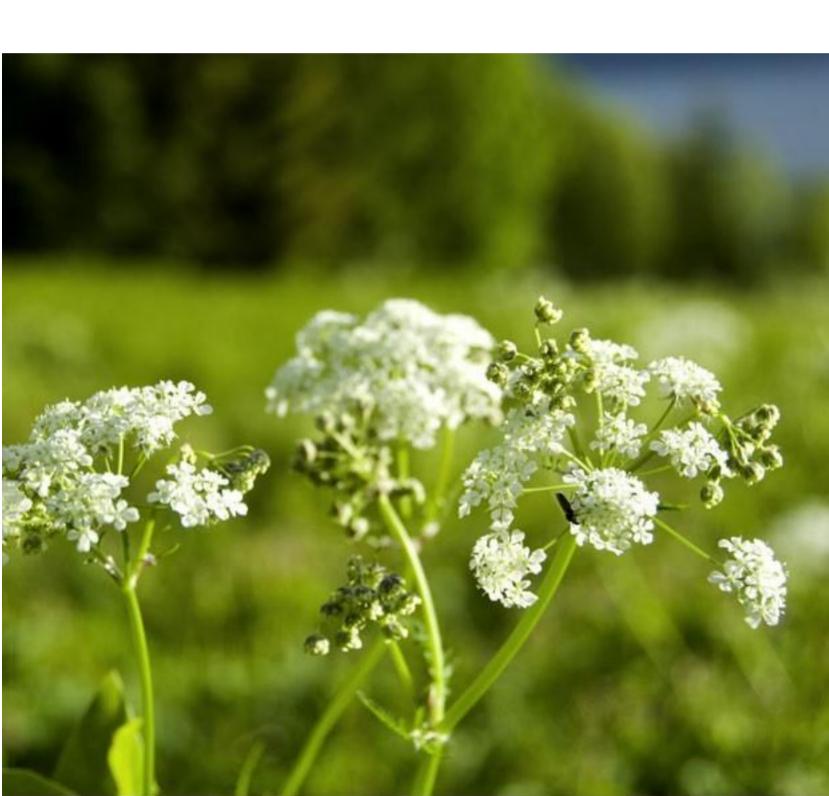
On page 15 in this questionnaire you answered that you have or have had a skin disease. Here are some follow-up questions we hope you will answer.

Answer on a scale from 0 to 10, where 0 corresponds to no symptoms and 10 correspond to worst imaginable complaints. If you answered YES to that you have or have had:

7.0 Psoriasis	No	0	Worst imaginable
· How much are you at		1 2 3 4 5 6 7 8 9 10	complaints
by your psoriasis toda are you affected by	ay? · How much	0	
your psoriasis when i	t is most severe?		
17.02 Atopic eczema			
· How much are you at	ffected by		
your atopic eczema to			
most severe?	ected by your atopic eczema when it is		
17.03 Hand eczema			
<ul> <li>How much are you at your hand eczema too</li> </ul>			
	ected by your hand eczema when it is		
17.04 <b>Acne</b>			
· How much are you at today?			
	ffected by your acne when it is		
17.05 <b>Abscesses</b>			
· How much are you at your abscesses today?			
· How much are you aff most severe?	ected by your abscesses when it is		
17.06 Here is a list of factors that might trigger or exacerbate abscesses, tick for what you think apply to you:		How old were you when you got abscesses for the first time?	
			years 13-
Stress/psychological strai	n Narrow/tight	19 years 36-50 years Older the	ears 14 <del>n 5</del> 0 years
	Menstrual Pregnancy		
	Other	7.09 If you no longer have abscesses, how old wer	e you when it
		disappeared? 26-35-y	e <del>ars</del>
		13-19 years 20- 36-50 ye	
17.07 How many episodes of abs		25 years Older th	an 50 years
2-3	More than 6		
	Yes <sup>25</sup>	, <u> </u>	
			1
			+

### FEEDBACK

Should you wish to give us a written feedback on either the questionnaire or The Tromsø Study in general, you are welcome to do it here:				





# Tromsø-undersøkelsen

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pho

Tele

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° Yes ° No menopausal problems .....

When attending you will get supplementary questions about menstruation and any use of hormones. Write down on a sheet of paper the names of all the hormones you have used and bring it with you. You will also be asked whether your menstruation have ceased and possibly when and why.