

Appendices

1. Surveys questionnaires
2. Description of methodology
3. Variable descriptions

Appendix 1A

Surveys Questionnaires: Three Counties Study, 40 Years Study and CONOR Study

QUESTIONNAIRE THREE COUNTIES
FINNMARK COUNTY
ROUND 1 AND 2 (NORWEGIAN)

A

JA NEI

Har De, eller har De hatt:	
Hjerteinfarkt?	33
Angina pectoris (hjertekrampe)?	34
Annen hjertesykdom?	35
Åreforkalkning i bena?	36
Hjerneslag?	37
Sukkersyke?	38
Er De under behandling for:	
Høyt blodtrykk?	39
Bruker De:	
Nitroglycerin?	40

B

JA NEI

Får De smerter eller ubehag i brystet når De:	
Går i bakker, trapper eller fort på flat mark?	41
Går i vanlig takt på flat mark?	42
Hvis De får smerter eller ubehag i brystet ved gange, pleier De da å:	
1 Stanse?	43
2 Saktne farten?	44
3 Fortsette i samme takt?	45
Hvis De stanser eller saktner farten, forsvinner smertene da:	
1 Etter mindre enn 10 minutter?	46
2 Etter mer enn 10 minutter?	47
Får De smerter i tykkleggen når De:	
Går?	48
Er i ro?	49
Hvis De får leggsmerter, besvar da:	
Forverres smertene ved raskere tempo eller i bakker?	50
Gir smertene seg når De stopper?	51
Har De vanligvis:	
Hoste om morgenen?	52
Oppspytt fra brystet om morgenen?	53

C

JA

Bevegelse og kroppslig anstrengelse i Deres fritid. Hvis aktiviteten varierer meget f.eks. mellom sommer og vinter så ta et gjennomsnitt. Spørsmålet gjelder bare det siste året.

Sett kryss i den ruten hvor „JA“ passer best.

1 Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse?	54
2 Spaserer, sykler eller beveger Dem på annen måte minst 4 timer i uken? .. (Heri medregnes også gang eller sykling) til arbeidstedet, søndagsturer m.m.)	55
3 Driver mosjonsidrett, tyngre hagearbeid e.l.?	56
(Merk at yrkksomheten skal være minst 4 timer i uken.)	
4 Trener hardt eller driver konkurranseidrett, regelmessig og flere ganger i uken?	57

G

JA NEI

Har noen i Deres husstand (utenom Dem selv) vært innkalt til nærmere undersøkelse hos distriktslegen etter forrige hjerte-kar undersøkelse?	60
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D

JA NEI

Røyker De daglig for tiden?	52
Hvis svaret var „JA“ på forrige spørsmål, besvar da:	
Røyker De sigaretter daglig?	53
(håndrullede eller fabrikkframstilte)	
Hvis De ikke røyker sigaretter nå, besvar da:	
Har De røykt sigaretter daglig tidligere?	54
Hvis De svarte „JA“, hvor lenge er det siden De sluttet?	
1 Mindre enn 3 måneder?	55
2 3 måneder - 1 år?	56
3 1 - 5 år?	57
4 Mer enn 5 år?	58
Besvares av dem som røyker nå eller har røykt tidligere:	
Hvor mange år tilsammen har De røykt daglig?	59-57
Hvor mange sigaretter røyker eller røykte De daglig? Oppgi antall pr. dag (håndrullede + fabrikkframstilte)	60-64
Røyker De noe annet enn sigaretter daglig?	
Sigarer eller serutter/cigarillos?	62
Pipe?	63
Hvis De røyker pipe, hvor mange pakker tobakk (50 gram) bruker De i pipa pr. uke?	
Oppgi gjennomsnittlig antall pakker pr. uke.	64-66

Antall år:

Ant. sigaretter:

Ant. tobakkpk.

E

JA NEI

Har De vanligvis skiftarbeid eller nattarbeid?	67
Kan De vanligvis komme hjem fra arbeidet:	
Hver dag?	68
Hver helg?	69
Har De i perioder lengre arbeidsdager enn vanlig?	70
(f.eks. under sesongfiske, annearbeid)	
Har De i løpet av siste året hatt:	
Sett kryss i den ruten hvor „JA“ passer best	
1 Overveiende stillesittende arbeid? .. (f.eks. skrivebordsarb., urmakerarb., montering)	71
2 Arbeid som krever at De går mye? .. (f.eks. ekspeditørarb., lett industriarb., undervisn.)	72
3 Arbeid hvor De går og løfter mye? .. (f.eks. postbud, tyngre industriarb., bygningsarb.)	73
4 Tungt kroppsarbeid?	74
(f.eks. skogsarbeid, tungt jordbruksarb tungt bygningsarb.)	
Har De i løpet av de siste 12 mnd måttet flytte fra hjemstedet på grunn av forandring i arbeidssituasjonen?	75
Er husmorarbeid Deres hovedyrke?	76
Har De i løpet av de siste 12 mnd fått arbeidsledighetstrygd?	77
Er De for tiden sykmeldt, eller får De attføringspenger?	78
Har De full eller delvis uførepensjon? ..	79

F

JA NEI VET IKKE

Har en eller flere av foreldre eller søsken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjertekrampe)? ..	77
Er to eller flere av Deres besteforeldre av finsk ætt?	78
Er to eller flere av Deres besteforeldre av samisk ætt?	79

MELDING OM SKJERMBILDEFOTOGRAFERING OG HJERTE-KARUNDERSØKELSE

(Gjelder bare den person brevet er adressert til)

Skjermbildefotograferingen kommer nå til
Deres distrikt.

Tid og sted for Deres frammøte vil De finne
nedenfor.

Også denne gangen vil en del av befolkningen
få tilbud om hjerte-karundersøkelse. De tilhører
denne gruppe. En orientering om undersøkelsen
er gitt i vedlagte brosjyre.

Vennligst fyll ut spørreskjemaet på baksiden
og ta det med til undersøkelsen. Ta også med
tuberkulinkort eller helsebok, om De har.

Fravær bes eventuelt meldt på vedlagte seddel.

Med hilsen

HELSE RÅDET FYLKESLEGEN
STATENS SKJERMBILDEFOTOGRAFERING

Født dato

Personnr.

Kommune

Kretsnr.

Møtested

Kjønn

Første bokstav
etternavn Dag og dato

Klokkeslett

SKRIV IKKE HER!

T. S. M.:

17

M:

18

19

24

25

30

31

32

QUESTIONNAIRE THREE COUNTIES STUDY,
SOGN OG FJORDANE AND OPPLAND COUNTIES,
ROUND 1 AND 2

A		JA	NEI
Har De, eller har De hatt:			
Hjerteinfarkt?	33	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris (hjertekrampe)?	34	<input type="checkbox"/>	<input type="checkbox"/>
Annen hjertesykdom?	35	<input type="checkbox"/>	<input type="checkbox"/>
Åreforkalkning i beina?	36	<input type="checkbox"/>	<input type="checkbox"/>
Hjerneslag?	37	<input type="checkbox"/>	<input type="checkbox"/>
Sukkersyke?	38	<input type="checkbox"/>	<input type="checkbox"/>
Er De under behandling for:			
Høyt blodtrykk?	39	<input type="checkbox"/>	<input type="checkbox"/>
Bruker De:			
Nitroglycerin?	40	<input type="checkbox"/>	<input type="checkbox"/>

B		JA	NEI
Får De smerter eller ubehag i brystet når De:			
Går i bakker, trapper eller fort på flat mark?	41	<input type="checkbox"/>	<input type="checkbox"/>
Går i vanlig takt på flat mark?	42	<input type="checkbox"/>	<input type="checkbox"/>
Hvis De får smerter eller ubehag i brystet ved gange, pleier De da å:			
1 Stanse?	43	<input type="checkbox"/>	<input type="checkbox"/>
2 Saktne farten?		<input type="checkbox"/>	<input type="checkbox"/>
3 Fortsette i samme takt?		<input type="checkbox"/>	<input type="checkbox"/>
Hvis De stanser eller saktner farten, forsvinner smertene da:			
1 Etter mindre enn 10 minutter?	44	<input type="checkbox"/>	<input type="checkbox"/>
2 Etter mer enn 10 minutter?		<input type="checkbox"/>	<input type="checkbox"/>
Får De smerter i tykkleggen når De:			
Går?	45	<input type="checkbox"/>	<input type="checkbox"/>
Er i ro?	46	<input type="checkbox"/>	<input type="checkbox"/>
Hvis De får leggsmerter, besvar da:			
Forverres smertene ved raskere tempo eller i bakker?	47	<input type="checkbox"/>	<input type="checkbox"/>
Gir smertene seg når De stopper?	48	<input type="checkbox"/>	<input type="checkbox"/>
Har De vanligvis:			
Hoste om morgenen?	49	<input type="checkbox"/>	<input type="checkbox"/>
Oppspytt fra brystet om morgenen?	50	<input type="checkbox"/>	<input type="checkbox"/>

C		JA
Bevegelse og kroppslig anstrengelse i Deres fritid.		
Hvis aktiviteten varierer meget f.eks. mellom sommer og vinter så ta et gjennomsnitt.		
Spørsmålet gjelder bare det siste året.		
Sett kryss i den ruten hvor „JA“ passer best.		
1 Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse?	51	<input type="checkbox"/>
2 Spaserer, sykler eller beveger Dem på annen måte minst 4 timer i uken?		<input type="checkbox"/>
(Heri medregnes også gang eller sykling til arbeidestedet, søndagsturer m.m.)		
3 Driver mosjonsidrett, tyngre hagearbeid e.l.?		<input type="checkbox"/>
(Merk at virksomheten skal vare minst 4 timer i uken.)		
4 Trener hardt eller driver konkurranseidrett, regelmessig og flere ganger i uken?		<input type="checkbox"/>

D		JA	NEI
Røyker De daglig for tiden?	52	<input type="checkbox"/>	<input type="checkbox"/>
Hvis svaret var „JA“ på forrige spørsmål, besvar da:			
Røyker De sigaretter daglig?	53	<input type="checkbox"/>	<input type="checkbox"/>
(håndrullede eller fabrikkframstilte)			
Hvis De ikke røyker sigaretter nå, besvar da:			
Har De røykt sigaretter daglig tidligere?	54	<input type="checkbox"/>	<input type="checkbox"/>
Hvis De svarte „JA“, hvor lenge er det siden De sluttet?			
1 Mindre enn 3 måneder?	55	<input type="checkbox"/>	<input type="checkbox"/>
2 3 måneder - 1 år?		<input type="checkbox"/>	<input type="checkbox"/>
3 1 - 5 år?		<input type="checkbox"/>	<input type="checkbox"/>
4 Mer enn 5 år?		<input type="checkbox"/>	<input type="checkbox"/>
Besvares av dem som røyker nå eller har røykt tidligere:			
Hvor mange år tilsammen har De røykt daglig?	56-57	Antall år: <input type="text"/>	
Hvor mange sigaretter røyker eller røykte De daglig? Oppgi antall pr. dag (håndrullede + fabrikkframstilte)	58-61	Ant. sigaretter: <input type="text"/>	
Røyker De noe annet enn sigaretter daglig?			
Sigarer eller serutter /cigarillos?	62	<input type="checkbox"/>	<input type="checkbox"/>
Pipe?	63	<input type="checkbox"/>	<input type="checkbox"/>
Hvis De røyker pipe, hvor mange pakker tobakk (50 gram) bruker De i pipa pr. uke?			
Oppgi gjennomsnittlig antall pakker pr. uke.	64-66	Ant. tobakkprk. <input type="text"/>	

E		JA	NEI
Har De vanligvis skiftarbeid eller nattarbeid?	67	<input type="checkbox"/>	<input type="checkbox"/>
Kan De vanligvis komme hjem fra arbeidet:			
Hver dag?	68	<input type="checkbox"/>	<input type="checkbox"/>
Hver helg?	69	<input type="checkbox"/>	<input type="checkbox"/>
Har De i perioder lengre arbeidsdager enn vanlig?	70	<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. under sesongfiske, onnearbeid)			
Har De i løpet av siste året hatt:			
Sett kryss i den ruten hvor „JA“ passer best.			
1 Overveiende stillesittende arbeid?	71	<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. skrivebordsarb., urmakerarb., montering)			
2 Arbeid som krever at De går mye?		<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. ekspeditørarb., lett industriarb., undervisen.)			
3 Arbeid hvor De går og løfter mye?		<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. postbud, tyngre industriarb., bygningsarb.)			
4 Tungt kroppsarbeid?		<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. skogsarbeid, tungt jordbruksarb. tungt bygningsarb.)			
Har De i løpet av de siste 12 mnd måttet flytte fra hjemstedet på grunn av forandring i arbeidssituasjonen?	72	<input type="checkbox"/>	<input type="checkbox"/>
Er husmorarbeid Deres hovedyrke?	73	<input type="checkbox"/>	<input type="checkbox"/>
Har De i løpet av de siste 12 mnd fått arbeidsledighetstrygd?	74	<input type="checkbox"/>	<input type="checkbox"/>
Er De for tiden sykmeldt, eller får De attføringspenger?	75	<input type="checkbox"/>	<input type="checkbox"/>
Har De full eller delvis uførepensjon?	76	<input type="checkbox"/>	<input type="checkbox"/>

F		JA	NEI	VEIT IKKE
Har en eller flere av foreldre eller søsken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjertekrampe)?	77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G		JA	NEI
Har noen i Deres husstand (utenom Dem selv) vært innkalt til nærmere undersøkelse hos distriktslegen etter forrige hjerte-kar undersøkelse?	80	<input type="checkbox"/>	<input type="checkbox"/>

MELDING OM SKJERMBILDEFOTOGRAFERING OG HJERTE-KARUNDERSØKELSE

(Gjelder bare den person brevet er adressert til)

Skjermbildefotograferingen kommer nå til
Deres distrikt.

Tid og sted for Deres frammøte vil De finne
nedenfor.

Denne gangen vil en del av befolkningen også
få tilbud om hjerte-karundersøkelse. De tilhører
denne gruppe. En orientering om undersøkelsen
er gitt i vedlagte brosjyre.

Vennligst fyll ut spørreskjemaet på baksiden
og ta det med til undersøkelsen. Ta også med
skjermbildebevis, tuberkulinkort eller helsebok
om De har.

Fravær bes eventuelt meldt på vedlagte seddel.

Med hilsen

HELSE RÅDET FYLKESLEGEN
STATENS SKJERMBILDEFOTOGRAFERING

Født dato Personnr.

Kommune

Kretsnr.

Møtested

Kjønn

Første bokstav
etternavn Dag og dato

Klokkeslett

SKRIV IKKE HER!

T. S. M.: | | | | |

17

M: | | | | |

18

| | | | | / | | | | |

19

24

| | | | | / | | | | |

25

30

| | | | |

31

32

QUESTIONNAIRE THREE COUNTIES STUDY,
ALL COUNTIES COUNTY,
ROUND 3
NORWEGIAN

A FAMILIE

Har en eller flere av foreldre eller søsken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjertekrampe)? 12

JA	NEI	VET IKKE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B EGEN SYKDOM

Har De, eller har De hatt:

Hjerteinfarkt? 13

Angina pectoris (hjertekrampe)? 14

Hjerneslag? 15

Sukkersyke? 16

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Er De under behandling for:

Høyt blodtrykk? 17

<input type="checkbox"/>	<input type="checkbox"/>
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Bruker De:

Nitroglycerin? 18

<input type="checkbox"/>	<input type="checkbox"/>
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C SYMPTOMER

Får De smerter eller ubehag i brystet når De:

Går i bakker, trapper eller fort på flat mark? 19

Går i vanlig takt på flat mark? 20

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Dersom De får smerter eller vondt i brystet ved gange, pleier De da å:

Stoppe? 21

Saktne farten? 22

Fortsette i samme takt? 23

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

Dersom De stopper eller saktner farten, forsvinner smertene da:

Etter mindre enn 10 minutter? 22

Etter mer enn 10 minutter? 23

<input type="checkbox"/>	1
<input type="checkbox"/>	2

Har De vanligvis:

Hoste om morgenen? 23

Oppspytt fra brystet om morgenen? 24

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

D MOSJON

Bevegelse og kroppslig anstrengelse i Deres fritid. Hvis aktiviteten varierer meget f.eks. mellom sommer og vinter, så ta et gjennomsnitt. Spørsmålet gjelder bare det siste året.

Sett kryss i den ruta hvor «JA» passer best

Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse? 25

<input type="checkbox"/>	1
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Spaserer, sykler eller beveger Dem på annen måte minst 4 timer i uka? 26

(Her skal De også regne med gang eller sykling til arbeidstedet, søndagsturer m.m.)

<input type="checkbox"/>	2
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Driver mosjonsidrett, tyngre hagearbeid e.l.? .. (Merk at aktiviteten skal vare minst 4 timer i uka).

<input type="checkbox"/>	3
--------------------------	---

Trener hardt eller driver konkurranseidrett regelmessig og flere ganger i uka?

<input type="checkbox"/>	4
--------------------------	---

E SALT/FETT

Hvor ofte bruker De salt kjøtt eller salt fisk til middag?

Sett kryss i den ruta hvor «JA» passer best

Aldri eller sjeldnere enn en gang i måneden 26

Opptil en gang i uka 27

Opptil to ganger i uka 28

Mer enn to ganger i uka 29

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

Hvor ofte pleier De strø ekstra salt på middagsmaten?

Sett kryss i den ruta hvor «JA» passer best

Sjelden eller aldri 27

Av og til eller ofte 28

Alltid eller nesten alltid 29

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

Hva slags margarin eller smør bruker De til vanlig på brød?

Sett kryss i den ruta hvor «JA» passer best

Bruker ikke smør eller margarin på brød 28

Smør 29

Hard margarin 30

Myk (Soft) margarin 31

Smør/margarin blanding 32

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5

Hva slags fett blir til vanlig brukt til matlagning i Deres husholdning?

Sett kryss i den ruta hvor «JA» passer best

Smør eller hard margarin 29

Myk (Soft) margarin eller olje 30

Smør/margarin blanding 31

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

F RØYKING

Røyker De daglig for tiden? 30

Hvis svaret er «JA», svar da på dette:

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>

Røyker De sigaretter daglig? 31

(håndrullet eller fabrikkframstilte)

Hvis De ikke røyker sigaretter nå, besvar da:

<input type="checkbox"/>	<input type="checkbox"/>
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Har De røykt sigaretter daglig tidligere? 32

Hvis De svarte «JA», hvor lenge er det siden De sluttet?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Mindre enn 3 måneder? 33

3 måneder - 1 år? 34

1-5 år? 35

Mer enn 5 år? 36

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

Besvares av dem som røyker nå eller som har røykt tidligere:

Hvor mange år tilsammen har De røykt daglig? 34

Antall år	
<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange sigaretter røyker eller røykte De daglig? Oppgi tallet på sigaretter daglig (håndrullet + fabrikkframstilte) 36

Antall sigaretter	
<input type="checkbox"/>	<input type="checkbox"/>

Røyker De noe annet enn sigaretter daglig? Sigarer eller serutter/sigarillos? 40

Pipe? 41

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>

Hvis De røyker pipe, hvor mange pakker tobakk (50 gram) bruker De i pipa pr. uke?

Oppgi gjennomsnittlig antall pakker pr. uke 42

Ant. tobakk pk.	
<input type="checkbox"/>	<input type="checkbox"/>

G KAFFE

Hvor mange kopper kaffe drikker De vanligvis daglig?

Sett kryss i den ruta hvor «JA» passer best

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

Drikker ikke kaffe, eller mindre enn en kopp 45

1 - 4 kopper 46

5 - 8 kopper 47

9 eller flere kopper 48

Hva slags kaffe drikker De vanligvis daglig? Kokekaffe 46

Filterkaffe 47

Pulverkaffe 48

Koffeinfri kaffe 49

Drikker ikke kaffe 50

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

H ARBEID

Har De i løpet av de siste 12 måneder fått arbeidsledighetstrygd? 51

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>

Er De for tiden sykmeldt, eller får De atferingspenger? 52

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Har De full eller delvis uførepensjon? 53

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Har De vanligvis skiftarbeid eller nattarbeid 54

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Har De i det siste året hatt:

Sett kryss i den ruta hvor «JA» passer best

For det meste stillesittende arbeid? 55

(f.eks. skrivebordsarb., urmakerarb., montering)

Arbeid som krever at De går mye? 56

(f.eks. ekspeditørb., lett industriarb., undervisn.)

Arbeid hvor De går og løfter mye? 57

(f.eks. postbud, tyngre industriarb., bygningsarb.)

Tungt kroppsarbeid? 58

(f.eks. skogsarb., tungt jordbruksarb., tungt bygn.arb.)

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

Er husmorarbeid hovedyrket Deres? 56

JA	NEI
<input type="checkbox"/>	<input type="checkbox"/>

I ETTERUNDERSØKELSE

Hvis denne helseundersøkelsen viser at De bør undersøkes nærmere: Hvilken almenpraktiserende lege ønsker De da å bli henvist til?

Skriv navnet på legen her

..... 57

Ingen spesiell lege 58

..... 59

..... 60

Ikke skriv her	
<input type="checkbox"/>	<input type="checkbox"/>
Ikke skriv her	

QUESTIONNAIRE 40 YEARS STUDY,
ROUND 1

A FAMILIE		F RØYKING	
Har en eller flere av foreldre eller søsken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjertekrampe)? 12		<input type="checkbox"/> JA	<input type="checkbox"/> NEI
B EGEN SYKDOM		<input type="checkbox"/> VET IKKE	
Har De, eller har De hatt:		<input type="checkbox"/> JA	<input type="checkbox"/> NEI
Hjerteinfarkt? 13		<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris (hjertekrampe)? 14		<input type="checkbox"/>	<input type="checkbox"/>
Hjerneslag? 15		<input type="checkbox"/>	<input type="checkbox"/>
Sukkersyke? 16		<input type="checkbox"/>	<input type="checkbox"/>
Er De under behandling for:		<input type="checkbox"/>	
Høyt blodtrykk? 17		<input type="checkbox"/>	<input type="checkbox"/>
Bruker De:		<input type="checkbox"/>	
Nitroglycerin? 18		<input type="checkbox"/>	<input type="checkbox"/>
C SYMPTOMER		<input type="checkbox"/>	
Får De smerter eller ubehag i brystet når De:		<input type="checkbox"/> JA	<input type="checkbox"/> NEI
Går i bakker, trapper eller fort på flat mark? 19		<input type="checkbox"/>	<input type="checkbox"/>
Går i vanlig takt på flat mark? 20		<input type="checkbox"/>	<input type="checkbox"/>
Dersom De får smerter eller vondt i brystet ved gange, pleier De da å:		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Stoppe? 21		<input type="checkbox"/> 2	<input type="checkbox"/> 3
Saktne farten?		<input type="checkbox"/> 3	<input type="checkbox"/>
Fortsette i samme takt?		<input type="checkbox"/>	<input type="checkbox"/>
Dersom De stopper eller saktner farten, forsvinner smertene da:		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Etter mindre enn 10 minutter? 22		<input type="checkbox"/> 2	<input type="checkbox"/>
Etter mer enn 10 minutter?		<input type="checkbox"/>	<input type="checkbox"/>
Har De vanligvis:		<input type="checkbox"/> JA	<input type="checkbox"/> NEI
Hoste om morgenen? 23		<input type="checkbox"/>	<input type="checkbox"/>
Oppspytt fra brystet om morgenen? 24		<input type="checkbox"/>	<input type="checkbox"/>
D MOSJON		<input type="checkbox"/>	
Bevegelse og kroppslig anstrengelse i Deres fritid. Hvis aktiviteten varierer meget f.eks. mellom sommer og vinter, så ta et gjennomsnitt. Spørsmålet gjelder bare det siste året.		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse? 25		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Spaserer, sykler eller beveger Dem på annen måte minst 4 timer i uka?		<input type="checkbox"/> 2	<input type="checkbox"/> 3
(Her skal De også regne med gang eller sykling til arbeidsstedet, søndagsturer m.m.)		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Driver mosjonsidrett, tyngre hagearbeid e.l.? (Merk at aktiviteten skal vare minst 4 timer i uka).		<input type="checkbox"/> 4	<input type="checkbox"/>
Trener hardt eller driver konkurranseidrett regelmessig og flere ganger i uka?		<input type="checkbox"/>	<input type="checkbox"/>
E SALT/FETT		<input type="checkbox"/>	
Hvor ofte bruker De salt kjøtt eller salt fisk til middag?		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
Aldri eller sjeldnere enn en gang i måneden 26		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Opptil en gang i uka		<input type="checkbox"/> 2	<input type="checkbox"/> 3
Opptil to ganger i uka		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mer enn to ganger i uka		<input type="checkbox"/> 4	<input type="checkbox"/>
Hvor ofte pleier De strø ekstra salt på middagsmaten?		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
Sjelden eller aldri 27		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Av og til eller ofte		<input type="checkbox"/> 2	<input type="checkbox"/> 3
Alltid eller nesten alltid		<input type="checkbox"/> 3	<input type="checkbox"/>
Hva slags margarin eller smør bruker De til vanlig på brød?		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
Bruker ikke smør eller margarin på brød 28		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Smør		<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hard margarin		<input type="checkbox"/> 3	<input type="checkbox"/> 4
Myk (Soft) margarin		<input type="checkbox"/> 4	<input type="checkbox"/> 5
Smør/margarin blanding		<input type="checkbox"/> 5	<input type="checkbox"/>
Hva slags fett blir til vanlig brukt til matlaging i Deres husholdning?		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
Smør eller hard margarin 29		<input type="checkbox"/> 1	<input type="checkbox"/> 2
Myk (Soft) margarin eller olje		<input type="checkbox"/> 2	<input type="checkbox"/> 3
Smør/margarin blanding		<input type="checkbox"/> 3	<input type="checkbox"/>
G KAFFE		<input type="checkbox"/>	
Hvor mange kopper kaffe drikker De vanligvis daglig?		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
Drikker ikke kaffe, eller mindre enn en kopp 45		<input type="checkbox"/> 1	<input type="checkbox"/> 2
1 - 4 kopper		<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 - 8 kopper		<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 eller flere kopper		<input type="checkbox"/> 4	<input type="checkbox"/>
Hva slags kaffe drikker De vanligvis daglig?		<input type="checkbox"/>	
Kokekaffe 46		<input type="checkbox"/>	<input type="checkbox"/>
Filterkaffe 47		<input type="checkbox"/>	<input type="checkbox"/>
Pulverkaffe 48		<input type="checkbox"/>	<input type="checkbox"/>
Koffeinfri kaffe 49		<input type="checkbox"/>	<input type="checkbox"/>
Drikker ikke kaffe 50		<input type="checkbox"/>	<input type="checkbox"/>
H ARBEID		<input type="checkbox"/>	
Har De i løpet av de siste 12 måneder fått arbeidsledighetstrygd? 51		<input type="checkbox"/> JA	<input type="checkbox"/> NEI
Er De for tiden sykmeldt, eller får De atferingspenger? 52		<input type="checkbox"/>	<input type="checkbox"/>
Har De full eller delvis uførepensjon? 53		<input type="checkbox"/>	<input type="checkbox"/>
Har De vanligvis skiftarbeid eller nattarbeid 54		<input type="checkbox"/>	<input type="checkbox"/>
Har De i det siste året hatt:		<input type="checkbox"/>	
Sett kryss i den ruta hvor «JA» passer best		<input type="checkbox"/>	
For det meste stillesittende arbeid? 55		<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f.eks. skrivebordsarb., urmakerarb., montering)		<input type="checkbox"/> 2	<input type="checkbox"/> 3
Arbeid som krever at De går mye?		<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f.eks. ekspeditørb., lett industriarb., undervisn.)		<input type="checkbox"/> 4	<input type="checkbox"/>
Arbeid hvor De går og løfter mye?		<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. postbud, tyngre industriarb., bygningsarb.)		<input type="checkbox"/>	<input type="checkbox"/>
Tungt kroppsarbeid?		<input type="checkbox"/>	<input type="checkbox"/>
(f.eks. skogsarb., tungt jordbruksarb., tungt bygn.arb.)		<input type="checkbox"/>	<input type="checkbox"/>
Er husmorarbeid hovedyrket Deres? 56		<input type="checkbox"/> JA	<input type="checkbox"/> NEI
I ETTERUNDERSØKELSE		<input type="checkbox"/>	
Hvis denne helseundersøkelsen viser at De bør undersøkes nærmere: Hvilken almenpraktiserende lege ønsker De da å bli henvist til?		<input type="checkbox"/>	
Skriv navnet på legen her		<input type="checkbox"/>	
Ingen spesiell lege 57		<input type="checkbox"/>	<input type="checkbox"/>
Ikke skriv her		<input type="checkbox"/>	<input type="checkbox"/>
60		<input type="checkbox"/>	<input type="checkbox"/>
Ikke skriv her		<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONNAIRE 40 YEARS STUDY,
ROUND 2

A FAMILIE		F RØYKING		
Har en eller flere av foreldre eller sosken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjertekrampe)? 12		JA NEI VET IKKE	Røyker De Sigaretter daglig? 31 (håndrullet eller fabrikkframstilt) Sigarer eller serutter/sigarillos daglig? 32 Pipe daglig? 33	JA NEI
B EGEN SYKDOM Har De, eller har De hatt:		JA NEI	Hvis De ikke røyker daglig nå, besvar da: Har De røykt daglig tidligere? 34	JA NEI
Hjereteinfarkt? 13 Angina pectoris(hjertekrampe)? 14 Hjerneslag? 15 Sukkersyke? 16		JA NEI	Hvis De svarte «JA», hvor lenge er det siden De sluttet? Mindre enn 1 år? 35 Mer enn 1 år?	1 2
Hvis De har sukkersyke, i hvilket år ble diagnosen stillet? 17		19 ____	Besvares av dem som røyker nå eller som har røykt tidligere: Hvor mange år tilsammen har De røykt daglig? 36	Antall år
Er De under medikamentell behandling for høyt blodtrykk? 19		JA NEI	Hvor mange sigaretter røyker eller røykte De daglig? Oppgi tallet på sigaretter daglig 38 (håndrullet = fabrikkframstilt)	Antall sigaretter
C SYMPTOMER Får De smerter eller ubehag i brystet når De:		JA NEI	G KAFFE Hvor mange kopper kaffe drikker De vanligvis daglig? Sett kryss i den ruta hvor «JA» passer best	
Går i bakker, trapper eller fort på flat mark? 20 Går i vanlig takt på flat mark? 21		JA NEI	Drikk ikke kaffe, eller mindre enn en kopp 42 1-4 kopper 43 5-8 kopper 44 9 eller flere kopper 45	
Dersom De får smerter eller vondt i brystet ved gange, pleier De da å:		1 2 3	Hva slags kaffe drikker De vanligvis daglig? Kokekaffe 43 Filterkaffe 44 Pulverkaffe 45 Koffeinfri kaffe 46 Drikk ikke kaffe 47	
Stoppe? 22 Saktne farten? Fortsette i samme takt?		1 2	H ARBEID Har De i det siste året hatt:	
Dersom De stopper eller saktner farten, forsvinner smertene da:		1 2	Sett kryss i den ruta hvor «JA» passer best	
Etter mindre enn 10 minutter? 23 Etter mer enn 10 minutter?		1 2	For det meste stillesittende arbeid? 48 (f.eks. skrivebordsarbeid, umakerarbeid, montering)	
Har De vanligvis:		JA NEI	Arbeid som krever at De går mye? 49 (f.eks. ekspediterarb., lett industriarb., undervisning)	
Hosie om morgenen? 24 Oppspylt fra brystet om morgenen? 25		JA NEI	Arbeid hvor De går og løfter mye? 50 (f.eks. postbud, tyngre industriarb., bygningsarbeid)	
D MOSJON Bevegelse og kroppslig anstrengelse i Deres fritid. Hvis aktiviteten varierer meget f.eks. mellom sommer og vinter, så ta et gjennomsnitt. Spørsmålet gjelder bare det siste året. Sett kryss i den ruta hvor «JA» passer best		1 2 3 4	Tungt kroppsarbeid? 51 (f.eks. skogsarb., tungt jordbruksarb., tungt bygn.arb.)	
Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse? 26		1 2 3 4	Har De i Deres arbeid noen gang vært i kontakt med:	
Spaserer, sykler eller beveger Dem på annen måte minst 4 timer i uka? (Her skal De også regne med gang eller sykling til arbeidsstedet, søndagsturer m.m.)		1 2 3 4	Asbeststøv? 49 Kvartsstøv? 50	
Driver mosjonsidrett, tyngre hagearbeid e.l.? (Merk at aktiviteten skal vare minst 4 timer i uka.)		1 2 3 4	Har De vanligvis skiftarbeid eller nattarbeid? 51	
Trener hardt eller driver konkurranseidrett regelmessig og flere ganger i uka?		1 2 3 4	Er husarbeid i hjemmet hovedyrket Deres? 52 (Svar: «NEI» hvis lønnet arbeid utenom husarbeid er 18 timer eller mer pr. uke)	
E SALT/FETT Hvor ofte bruker De salt kjøtt eller salt fisk til middag? Sett kryss i den ruta hvor «JA» passer best		1 2 3 4	Har De daglig omsorg for syke eller funksjonshemmede i familien? 53	
Aldri eller sjeldnere enn en gang i måneden 27 Opptil en gang i uka Opptil to ganger i uka Mer enn to ganger i uka		1 2 3 4	Har De i løpet av de siste 12 måneder fått arbeidsledighetstrygd? 54	
Hvor ofte pleier De strø ekstra salt på middagsmaten? Sett kryss i den ruta hvor «JA» passer best		1 2 3	Er De for tiden sykmeldt, eller får De atferingspenger? 55	
Sjelden eller aldri 28 Av og til eller ofte Alltid eller nesten alltid		1 2 3	Har De full eller delvis uførepensjon? 56	
Hva slags margarin eller smør bruker De til vanlig på brød? Sett kryss i den ruta hvor «JA» passer best		1 2 3 4 5	I ETTERUNDERSØKELSE Er to eller flere av dine besteforeldre av finsk ætt? 57 Er to eller flere av dine besteforeldre av samisk ætt? 58	
Bruker ikke smør eller margarin på brød 29 Smør Hard margarin Myk (Soft) margarin Smør/margarin blanding		1 2 3 4 5	Hvis denne helseundersøkelsen viser at du bør undersøkes nærmere: Hvilken almenpraktiserende lege/kommunelege ønsker du da å bli henvist til? Skriv navnet på legen her 59 Ingen spesiell lege 62	
Hva slags fett blir til vanlig brukt til matlagning i Deres husholdning? Sett kryss i den ruta hvor «JA» passer best		1 2 3	Ikke skriv her Ikke skriv her	
Smør eller hard margarin 30 Myk (Soft) margarin eller olje Smør/margarin blanding		1 2 3	Ikke skriv her	

QUESTIONNAIRE 40 YEARS STUDY,
ROUND 3

EGEN HELSE

Hvordan er helsen din nå? Sett bare ett kryss.

- Dårlig 12 1
Ikke helt god 2
God 3
Svært god 4

Har du, eller har du hatt:

- | | JA | NEI | Alder første gang |
|--|----|-----|-------------------|
| Hjerteinfarkt 13 | | | år |
| Angina pectoris (hjerterkrampe) 16 | | | år |
| Hjerneslag/hjerneblødning 19 | | | år |
| Astma 22 | | | år |
| Diabetes (sukkersyke) 25 | | | år |

Braker du medisin mot høyt blodtrykk?

- Nå 28 1
Før, men ikke nå 2
Aldri brukt 3

Hvis ja, hvilket merke bruker du nå?

Ikke skriv her

Har du i løpet av det siste året vært plaget med smerter og/eller stivhet i muskler og ledd som har vart i minst 3 måneder sammenhengende? 33

JA NEI

Har du de siste to ukene følt deg:

- | | Nei | Litt | En god del | Svært mye |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Nervøs og urolig? 34 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plaget av angst? 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trygg og rolig? 36 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irritabel? 37 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glad og optimistisk? 38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nedfor/deprimert? 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensom? 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Får du smerter eller ubehag i brystet når du:

- Går i bakker, trapper eller fort på flat mark? 41

JA NEI

Hvis du får slike smerter, pleier du da å:

- Stoppe? 42 1
Saktne farten? 2
Fortsette i samme takt? 3

Dersom du stopper, forsvinner smertene da etter mindre enn 10 minutter? 43

JA NEI

Kan slike smerter like gjerne opptre mens du er i ro? 44

JA NEI

Mottar du nå noen av følgende ytelser?

- Syketrygd (sykmeldt) 45
Attføringspenger 46
Uførepensjon (hel eller delvis) 47
Arbeidsledighetstrygd 48

ENDRING AV HELSEVANER

Dette gjelder din interesse for å endre helsevaner. Røykespørsmålet besvares bare av dem som røyker.

Har du de siste 12 mnd. forsøkt å: 49

Spise sunnere	Trimme mer	Slutte å røyke
JA NEI	JA NEI	JA NEI

Om 5 år, tror du at du har endret vaner på noen av disse områdene? 52

Høyeste vekt:	Laveste vekt:
kg	kg

Anslå din høyeste og laveste vekt i løpet av de siste 5 år. (Se bort fra vekt under svangerskap) 55

SYKDOM I FAMILIEN

Har en eller flere av foreldre eller søsken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjerterkrampe)? 61

JA	NEI	VET IKKE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Har én eller flere foreldre/søsken hatt:

- Hjerteinfarkt før de fylte 60 år? 62
Hjerneslag før de fylte 70 år? 63

RØYKING

Hvor lenge er du vanligvis daglig til stede i røykfyllt rom? 64

Antall timer

Sett 0 hvis du ikke oppholder deg i røykfyllt rom.

Røyker du selv?

- Sigaretter daglig? 66 JA NEI
Sigarer/sigarillos daglig? 67
Pipe daglig? 68

Hvis du har røykt daglig tidligere, hvor lenge er det siden du sluttet? 69

Antall år

Hvis du røyker daglig nå eller har røykt tidligere:

- Hvor mange sigaretter røyker eller røykte du vanligvis daglig? 71 Antall sigaretter
Hvor gammel var du da du begynte å røyke daglig? 75 Alder år
Hvor mange år tilsammen har du røykt daglig? 77 Antall år

MOSJON

Hvordan har din fysiske aktivitet i fritiden vært det siste året? Tenk deg et ukentlig gjennomsnitt for året. Arbeidsvei regnes som fritid.

- | | Ingen | Under 1 | 1-2 | 3 og mer |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Let aktivitet (ikke svett/andpusten) 79 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hard fysisk aktivitet (svett/andpusten) 80 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Timer pr. uke
1 2 3 4

KAFFE/TE/ALKOHOL

Hvor mange kopper kaffe/te drikker du daglig? Sett 0 hvis du ikke drikker kaffe/te daglig.

- Kokekaffe 81 Antall kopper
Annen kaffe 83 Antall kopper
Te 85 Antall kopper

Er du total avholdsmann/-kvinne? 87

JA NEI

Hvor mange ganger i måneden drikker du vanligvis alkohol? Regn ikke med lettøl. Sett 0 hvis mindre enn 1 gang i mnd. 88

Antall ganger

Hvor mange glass øl, vin eller brennevin drikker du vanligvis i løpet av to uker? 90

- | | Øl | Vin | Brennevin |
|-----------------------|-------|-------|-----------|
| Regn ikke med lettøl. | glass | glass | glass |

Sett 0 hvis du ikke drikker alkohol.

FETT

Hva slags margarin eller smør bruker du vanligvis på brødet? Sett ett kryss.

- Bruker ikke smør/margarin 96 1
Meierismør 2
Hard margarin 3
Bløt (soft) margarin 4
Smør/margarin blanding 5
Lettmargarin 6

UTDANNING

Hvilken utdanning er den høyeste du har fullført?

- Grunnskole 7-10 år, framhaldsskole, folkehøgskole 97 1
Realskole, middelskole, yrkesskole, 1-2 årig videregående skole 2
Artium, øk.gymnas, allmennfaglig retning i videregående skole 3
Høgskole/universitet, mindre enn 4 år 4
Høgskole/universitet, 4 år eller mer 5

ETTERUNDERSØKELSE

Hvis denne helseundersøkelsen viser at du bør undersøkes nærmere, hvilken allmennpraktiserende lege/kommunelege ønsker du da å bli henvist til? Oppgi legens navn:

Ikke skriv her

QUESTIONNAIRE 40 YEARS STUDY,
ROUND 4



Spørreskjemaet er en viktig del av helseundersøkelsen. Vennligst fyll ut skjemaet på forhånd og ta det med til helseundersøkelsen. Dersom enkelte spørsmål er uklare, lar du dem stå ubesvart til du møter fram, og drøfter dem med personalet som gjennomfører undersøkelsen. *Alle svar vil bli behandlet strengt fortrolig.*

Det utfylte skjemaet vil bli lest av en maskin. Bruk blå eller sort farge ved utfylling. Det er viktig at du går fram slik:

- i de små boksene setter du kryss for det svaret som passer best for deg
- i de store boksene skriver du tall eller blokkbokstaver – NB! innenfor rammen for boksen.

Eksempler:

Avkryssing:

Tall:

1 2 3 4 5 6 7 8 9 0

Bokstaver:

A B C

Med vennlig hilsen

Statens helseundersøkelser ♥ Kommunehelsetjenesten

T

1. EGEN HELSE

Hvordan er helsen din nå? (Sett bare ett kryss)

Dårlig 1 Ikke helt god 2 God 3 Svært god 4

Har du, eller har du hatt:

Hjerteinfarkt..... JA NEI 1 2 3 4 år
 Angina pectoris (hjertekrampe)..... JA NEI 1 2 3 4 år
 «Hjerneslag/hjerneblødning («drypp»).....» JA NEI 1 2 3 4 år
 Astma..... JA NEI 1 2 3 4 år
 Diabetes (sukkersyke)..... JA NEI 1 2 3 4 år

Får du smerter eller ubehag i brystet når du:

Går i bakker, trapper eller fort på flat mark?..... JA NEI

Hvis du får slike smerter, pleier du da å:

Stoppe? 1 Saktne farten? 2 Fortsette i samme takt? 3

Dersom du stopper, forsvinner smertene da etter mindre enn 10 minutter?..... JA NEI

Kan slike smerter like gjerne opptre mens du er i ro?..... JA NEI

2. HVORLEDES FØLER DU DEG?

Har du de siste to ukene følt deg:

	Nei	Litt	En god del	Svært mye
Nervøs og urolig?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaget av angst?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trygg og rolig?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritabel?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glad og optimistisk?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nedfor/deprimert?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensom?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

3. SYKDOM I FAMILIEN

Har en eller flere av foreldre eller søsken hatt hjerteinfarkt (sår på hjertet) eller angina pectoris (hjertekrampe)?..... JA NEI VET IKKE

Har en eller flere foreldre/søsken hatt:

Hjerteinfarkt før de fylte 60 år?..... JA NEI VET IKKE
 Hjerneslag/hjerneblødning før de fylte 70 år?..... JA NEI VET IKKE

4. MUSKEL/SKJELETT-PLAGER

Har du i løpet av det siste året vært plaget med smerter og/eller stivhet i muskler og ledd som har vart i minst 3 måneder sammenhengende?..... JA NEI

Hvis NEI, gå til avsnitt 5. SOSIALE FORHOLD.

Hvis JA, svar på følgende:

Hvor har du hatt disse plagene?..... JA NEI

Nakke..... JA NEI
 Skuldre (aksler)..... JA NEI
 Albuer..... JA NEI
 Håndledd/hender..... JA NEI
 Bryst, mage..... JA NEI
 Øvre del av ryggen..... JA NEI
 Korsryggen..... JA NEI
 Hofter..... JA NEI
 Knær..... JA NEI
 Ankler, føtter..... JA NEI

Hvor lenge har plagene vart sammenhengende?

Svar for det området hvor plagene har vart lengst.

Hvis under 1 år, oppgi antall mnd.....Antall mnd. 1 2 3 4

Hvis 1 år eller mer, oppgi antall år.....Antall år 1 2 3 4

Har plagene redusert din arbeidsevne det siste året?

Gjelder også hjemmearbeidende. Sett bare ett kryss.

Nei/ubetydelig 1 I noen grad 2 I betydelig grad 3 Vet ikke 4

Har du vært sykmeldt pga. disse plagene det siste året?..... JA NEI Ikke i arbeid

Har plagene ført til redusert aktivitet i fritida?..... JA NEI

5. SOSIALE FORHOLD

Mottar du nå noen av følgende ytelser?..... JA NEI

Syketrygd (sykmeldt)..... JA NEI
 Attføringsspenger..... JA NEI
 Uførepensjon (hel eller delvis)..... JA NEI
 Arbeidsledighetstrygd..... JA NEI

Er husarbeid i hjemmet hovedyrket ditt?..... JA NEI

(Svar NEI hvis lønnet arbeid utenom husarbeid er 18 timer eller mer pr. uke)..... JA NEI

6. UTDANNING

Hvilken utdanning er den høyeste du har fullført?

Sett bare ett kryss.

- Mindre enn 7 år grunnskole.....
- Grunnskole 7-10 år, framhaldsskole, folkehøgskole..... 1
- Realskole, middelskole, yrkesskole, 1-2 årig videregående skole..... 2
- Artium, øk.gymnas, allmennfaglig retning i videregående skole..... 3
- Høgskole/universitet, mindre enn 4 år..... 4
- Høgskole/universitet, 4 år eller mer..... 5

7. KOST

Hvor ofte bruker du disse matvarene?

Sett kryss i de rutene som beskriver ditt forbruk best.

	Flere g. daglig	Daglig	1-5 g. pr.uke	1-3 g. pr.mnd	Sjelden eller aldri
Fisk (middag, pålegg).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frukt/grønt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helmelk, kefir, yoghurt....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettmelk, lettyoghurt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skummet melk (sur/søt).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

Hva slags smør eller margarin bruker du vanligvis PÅ BRØDET?

Sett kryss i den ruta som passer best.

- Bruker ikke smør/margarin..... 1
- Meierismør..... 2
- Hard margarin..... 3
- Bløt (soft) margarin..... 4
- Smør/margarin blanding..... 5
- Lettmargarin/lettsmør (Brelett)..... 6

Hva slags fett bruker du/dere vanligvis TIL MATLAGING?

Sett kryss i den ruta som passer best.

- Smør/margarin..... 1
- Myk (soft) margarin/olje..... 2
- Bare olje..... 3
- Vet ikke..... 4

8. KAFFE / TE / ALKOHOL

Hvor mange kopper kaffe/te drikker du daglig?

Sett 0 hvis du ikke drikker kaffe/te daglig.

Antall kopper daglig

Kokekaffe Annen kaffe Te

JA NEI

Er du total avholdsmann/-kvinne?.....

Hvor mange ganger i måneden drikker du vanligvis alkohol? Regn ikke med lettøl.

Sett 0 hvis mindre enn 1 gang i mnd.Antall ganger

Hvor mange glass øl, vin eller brennevin drikker du VANLIGVIS i løpet av to uker?

Regn ikke med lettøl. Sett 0 hvis du ikke drikker alkohol.

Glass øl Glass vin Glass brennevin

9. RØYKING

Hvor lenge er du vanligvis daglig

tilstede i røykfyllt rom?.....Antall hele timer

Sett 0 hvis du ikke oppholder deg i røykfyllt rom.

Røyker du selv:

JA NEI

Sigaretter daglig?.....

Sigarett/sigarillos daglig?.....

Pipe daglig?.....

Aldri røykt daglig..... (Sett kryss)

Hvis du har røykt daglig tidligere, hvor

lenge er det siden du sluttet?.....Antall år

Hvis du røyker daglig nå eller har røykt

tidligere:

Hvor mange sigaretter røyker eller røykte du vanligvis daglig?.....Antall sigaretter

Hvor gammel var du da du begynte å røyke daglig?.....Alder i år

Hvor mange år til sammen har du røykt daglig?.....Antall år

10. MOSJON

Hvordan har din fysiske aktivitet i fritiden vært det siste året?

Tenk deg et ukentlig gjennomsnitt for året.

Arbeidsvei regnes som fritid. Besvar begge spørsmålene.

	Ingen	Under 1	1-2	3 og mer
Lette aktiviteter (ikke svett/andpusten).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard fysisk aktivitet (svett/andpusten).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

Bevegelse og kroppslig anstrengelse i din fritid. Hvis aktiviteten varierer meget f.eks. mellom sommer og vinter, så ta et gjennomsnitt. Spørsmålet gjelder bare det siste året.

Sett kryss i den ruta som passer best.

Leser, ser på fjernsyn eller annen stillesittende beskjeftigelse?..... 1

Spaserer, sykler eller beveger deg på annen måte minst 4 timer i uka?..... 2
(Her skal du også regne med gang eller sykling til arbeidsstedet, søndagsturer m.m.)

Driver mosjonsidrett, tyngre hagearbeid e.l.?..... 3
(Merk at aktiviteten skal vare minst 4 timer i uka)

Trener hardt eller driver konkurranseidrett regelmessig og flere ganger i uka?..... 4

11. ENDRING AV HELSEVANER

Dette gjelder din interesse for å endre helsevaner. Røykespørsmålet besvares bare av dem som røyker.

Spise sunnere Trimme mer Slutte å røyke

Har du de siste 12 mnd. forsøkt å:

Om 5 år, tror du at du har endret vaner på noen av disse områdene?.....

Anslå din høyeste og laveste vekt i løpet av de siste 5 år. (Hele kg) (Se bort fra vekt under svangerskap)

Høyeste vekt Laveste vekt

VEND!

12. MEDISIN MOT HØYT BLODTRYKK

Braker du medisin mot høyt blodtrykk?

Nå 1 Før, men ikke nå 2 Aldri brukt 3

Hvis du bruker medisin nå, hvilke(t) merke(r) bruker du?

Ikke skriv i disse rutene

--	--	--

13. MEDISIN MOT HØYT KOLESTEROL

Braker du kolesterolsenkende medisiner NÅ? JA NEI
Hvis NEI, gå til 14. ETTERUNDERSØKELSE.

Hvor gammel var du da du begynte med kolesterolsenkende medisiner? Alder i år

Hvis du bruker kolesterolsenkende medisiner, hva var grunnen til at du begynte med slik medisin? (Sett kryss i de rutene som passer for deg.)

- | | | |
|---|--------------------------|--------------------------|
| Hjerteinfarkt | <input type="checkbox"/> | <input type="checkbox"/> |
| Angina pectoris (hjertekrampe, brystkrampe) | <input type="checkbox"/> | <input type="checkbox"/> |
| Høyt innhold av kolesterol i blodet | <input type="checkbox"/> | <input type="checkbox"/> |
| Hjertesykdom i familien (foreldre, søsken) | <input type="checkbox"/> | <input type="checkbox"/> |
| Hjerneslag/hjerneblødning/ «drypp» | <input type="checkbox"/> | <input type="checkbox"/> |
| Dårlig blodsirkulasjon i bena (åreforkalkning, «røyebeben») | <input type="checkbox"/> | <input type="checkbox"/> |
| Andre årsaker | <input type="checkbox"/> | <input type="checkbox"/> |

Skriv hvilke årsaker her:

--

Ikke skriv i disse rutene

--	--	--

Jeg er usikker på årsaken JA NEI

Hvilke kolesterolsenkende medisiner bruker du NÅ og hvilken dose bruker du?

Hvilke(t) merke(r) bruker du?	Samlet dose på ett døgn	
<input type="text"/>	<input type="text"/>	mg
<input type="text"/>	<input type="text"/>	mg
<input type="text"/>	<input type="text"/>	mg

Ikke skriv i disse rutene

14. ETTERUNDERSØKELSE

Hvis denne helseundersøkelsen viser at du bør undersøkes nærmere, hvilken allmennpraktiserende lege/kommunelege ønsker du da å bli henvist til?

Oppgi legens navn:

--

Ikke skriv i disse rutene

--	--	--	--	--	--	--	--	--	--

15. TIL KVINNER SOM DELTAR I HELSE-UNDERSØKELSEN

Hvor gammel var du da du fikk menstruasjon aller første gang? Alder i år

Har du for tiden regelmessig menstruasjon? Regn den for regelmessig hvis den ikke har vært borte mer enn 3 mnd. sammenhengende siste år. JA NEI

Til deg som svarte JA: Omtrent hvor mange dager etter starten på siste menstruasjon skjer helseundersøkelsen? (Sett bare ett kryss)

Under 8 8-14 15-21 Mer enn 21 dager

Hvis du for tiden ikke har regelmessig menstruasjon, ber vi deg fylle ut nedenfor (Sett bare ett kryss)

- | | | |
|---|--------------------------|---|
| Menstruasjonen sluttet av seg selv for minst 6 mnd. siden (overgangsalder) | <input type="checkbox"/> | 1 |
| Menstruasjonen sluttet etter underlivsoperasjon, strålebehandling eller cellegift | <input type="checkbox"/> | 2 |
| Usikker på om menstruasjonen har sluttet (mulig overgangsalder) | <input type="checkbox"/> | 3 |
| Gravid i mindre enn 6 måneder | <input type="checkbox"/> | 4 |
| Gravid i 6 måneder eller mer | <input type="checkbox"/> | 5 |
| Har nylig født eller ammer, og har ikke fått menstruasjonen tilbake | <input type="checkbox"/> | 6 |
| Helt uregelmessige menstruasjoner, med svært korte eller svært lange pauser | <input type="checkbox"/> | 7 |
| Ingen eller uregelmessig menstruasjon på grunn av hormonbehandling | <input type="checkbox"/> | 8 |
| Har aldri hatt menstruasjoner | <input type="checkbox"/> | 9 |

Hvis du ikke lenger har menstruasjon, hvor gammel var du da den sluttet? Alder i år

Hvor mange barn (levende barn) har du født? Antall barn

Hvor lenge har du ammet dine barn til sammen? (f.eks. 3 barn: 1 + 6 + 10 = 17 måneder) Antall mnd.

Braker du nå, eller har du tidligere brukt	Nå	Før, men ikke nå	Aldri
P-pille (også minipille) eller p-sprøyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vanlig spiral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonspiral (pris ca. kr. 1000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Østrogen/progesteron (tablett, plaster, sprøyte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Østrogen (krem eller stikkpiller)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Til deg som bruker p-pille, hormonspiral (ikke vanlig spiral) eller hormoner i overgangsalderen NÅ:

Hvilke(t) merke(r) bruker du?

Ikke skriv i disse rutene

--	--	--

Omtrent hvor lenge har du brukt det du bruker nå?

Antall år Hvis mindre enn ett år: Måneder

Takk for utfyllingen!

Nok en gang:

Velkommen til undersøkelsen!

CONOR STUDY
QUESTIONS
ENGLISH

QUESTIONNAIRE IN ENGLISH

YOUR OWN HEALTH

1. What is your current health status? *Tick one only*

- Poor
- Not so good
- Good
- Very good

2. Do you have, or have you had?

Yes No Age first time

- Heart attack
- Angina pectoris
(heart cramp)
- Cerebral stroke/
Brain haemorrhage
- Asthma
- Diabetes

3. Have you during the last year suffered from pain and/or stiffness in muscles and joints that have lasted for at least 3 months ?

- Yes
- No

4. Have you in the last two weeks felt :

No A little A lot Very much

- Nervous or worried
- Anxious
- Confident and calm
- Irritable
- Happy/Optimistic
- Down/Depressed
- Lonely

PHYSICAL ACTIVITY

5a. How has your physical activity during leisure time been over the last year ?

Think of your weekly average for the year. Time spent going to or from work counts as leisure time

Hours per week

None Less than 1 1-2 3 or more

Light activity

(not sweating or out of breath)

Hard physical activity
(sweating/out of breath)

5 b. Please note physical activity during the past year in your spare time.

If activity varies between summer and wintertime,
note a mean value.

(Tick one only)

Reading, watching TV or any other sedentary activity?

Walking, cycling, or other activity, other for at least 4 hours a week?

(Count also walking back and forth from work)

Light sports, heavy gardening?

(At least 4 thours perweek)

Hard exercise, competitive sports? Regularly and several times a week

SMOKING

6 . How many hours a day do you normally spend in smoke-filled rooms?

Write 0 if you don't spend time in smoke-filled rooms

Number of hours.....

7. Did any of the adults smoke at home when you grew up?

Yes

No

8. Do you now, or have you ever lived together with a daily smoker after the age of 20 years?

Yes

No

9. Do you smoke ?

Yes No

Cigarettes daily

Cigars/cigarillos daily

Pipe daily

10. If you previously smoked daily, how long is it since you quit?

.....number of years

11. If you smoke daily now or previously:

How many cigarettes do you,or did you usually smoke per day?

Number of cigarettes.....

12. How old were you when you began smoking?

.....year

13. How many years in all have you smoked daily ?

.....years

COFFEE, TEA AND ALCOHOL

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

Write 0 if you do not drink coffee daily

Boiled coffee (coarsely ground), number.....

Coffee other, number.....

14.b What type of coffee do you usually drink?

Please tick

Filter/instant coffee

Boiled coffee (coarsely ground)

Other (espresso etc)

Do not drink coffee

14.c. How many cups of coffee/tea do you usually drink daily?

Write 0 if you do not drink coffee/tea daily

Number of cups with coffee.....

Number of cups with tea.....

15 a. How many times a month do you usually drink alcohol?

Do not count low-alcohol beer. Put 0 if less than once a month.

Number of times.....

15 b. Approximately how often during the past 12 months have you consumed alcohol?

(Do not count low-alcohol beer)

4-7 times a week

2-3 times a week

App. 1 time a week

2-3 times a month

Appr. 1 time a month

A few times last year

Have not drunk alcohol the last year

Have never drunk alcohol

16 a. How many glasses of beer, wine or spirits do you usually drink during a two-weeks period?

Do not count low-alcohol beer. Put 0 if you do not drink alcohol.

Beer.....glasses Wine.....glasses Spirits.....glasses

For those who have consumed alcohol during the past year

16 b. When you drank alcohol, how many glasses did you usually drink ?

Number of glasses.....

16 c. Approximately how often during the past 12 months have you consumed alcohol corresponding to at least 5 glasses of spirits in 24 hours?

Number of times.....

16 d. When you drink alcohol, do you usually drink: (Tick one or more).

Beer Wine Spirits (hard liquor)

17. Are you a total abstainer from alcohol ?

Yes

No

EDUCATION

18 a. What is the highest level of education you have completed?

Less than 7 year of primary school

7-10 years primary/secondary school

Technical school, middle school, vocational school, 1-2 years senior high school

High school diploma (3-4 years)

College/university, less than 4 years

College/university, 4 or more years

18 b. How many years education have you completed all together?

(Count every year you went to school)

Number of years.....

ILLNESS IN THE FAMILY

19. Have one or more of your parents or siblings had a heart attack or angina pectoris?

Yes

No

Don't know

20. Tick for those relatives who have or have had:

 Mother Father Brother Sister Child

Cerebral stroke or

brain haemorrhage

Myocardial infarction

before age 60

Asthma

Cancer

Diabetes

Age when diabetes was first diagnosed

RESIDENLY

21. In which municipality did you live at the age of 1 year?

If you did not live in Norway, give country of residence instead of municipality.

.....

22. What type of dwelling do you live in?

Villa/detached house

Farm

Flat/apartment

Terraced/semi-detached house
Other/institution/care home

23. How large is your home?
.....m2

24. Do you have wall-to-wall carpets in the living-room?
Yes No

25. Is there a cat in your home?
Yes No

FAMILY AND FRIENDS

26 a. With whom do you live? Tick one for each question and write the number
Yes No Number
Spouse/Partner
Other persons older than 18 years
Persons younger than 18 years

26 b. Do you live with anyone?
Yes
No
If YES:
Yes No Number
Spouse/Partner
Other persons older than 18 years
Persons younger than 18 years

26 c (only at the questionnaire for the elderly)
Where do you live? Please tick
Home
Institution
Do you live with?
Yes No
Spouse/Partner?
Other persones?

27. How many of the children attend day care/kindergarten/nursery school?
.....

28. How many good friends do you have with whom you can talk confidentially
and who can provide help if you need it?
(Do not count people you live with, but do include other relatives)
.....

29. Do you feel that you have enough good friends?
Yes

No
<p>30. How often do you usually take part in organised activities, e.g. sewing circles, sports clubs, political meetings, religious or other organizations?</p> <p>Never, or just a few times a year 1-2 times a month (before year 1996), 1-3 times a month (after year 1996) Approximately once a week More than once a week</p>
WORK
<p>31. What is your current work situation?</p> <p>Paid work Full-time housework Under education, military service Unemployed, on leave without payment</p>
<p>32 a. How many hours of paid work do you have per week?</p> <p>.....number of hours</p>
<p>32 b. What is your current work situation – paid work?</p> <p>Yes, full-time Yes, part time No</p>
<p>33. Do you receive any of the following?</p> <p>Sickness benefit? Old-age pension? Rehabilitation benefit? Disability pension? Unemployment benefits? Social welfare benefits? Social benefit-single parent?</p>
<p>34. Do you work shifts or nights?</p> <p>Yes No</p>
<p>35. If you have paid or unpaid work, which statement describes your work best?</p> <p>Mostly sedentary work? <i>(e.g. office work, mounting)</i></p> <p>Work that requires a lot of walking? <i>(e.g. shop assistant, light industrial work, teaching)</i></p> <p>Work that requires a lot of walking and lifting? <i>(e.g. postman, nursing, construction)</i></p> <p>Heavy manual labour? <i>(e.g. forestry, heavy farmwork, heavy construction)</i></p>
<p>36. Do you decide <u>yourself</u> how your work will be done? (Tick one only)</p>

Not at all
Very little
Yes, sometimes
Yes, my own decision

37 a. Do you have any of the following occupations ?
(full time or part time) Tick one for each question

Yes No

Driver
Farmer
Fisherman

37 b. What occupation/title did you have at this work?

(the question refers to another question (not CONOR) about the occupation
where they worked the longest period during the past year)

*Ex secretary, teacher, industrial worker, nursing, carpenter, l
eader, salesman, driver etc)*

Occupation:.....

YOUR OWN ILLNESS and INJURIES

38. Have you ever had:

Tick one for each question. State age at event.

If it has happened several times, write age at the last event.

Yes No Age at last time

Hip fracture
Wrist/forearm fracture
Whiplash
Injury requiring hospital
admission

39. Do you have or have you ever had?

Tick yes or no for each question

Yes No

Hay fever
Chronic bronchitis/emphysema
Osteoporosis
Fibromyalgia/fibrositis/chronic pain syndrome
Psychological problems for which you have sought help

40. Do you cough almost daily for some periods of the year?

Yes No

**41. If yes,
do you bring up phlegm?**

Yes No

**42. If you cough almost daily for some periods of the year, have you had this
kind of cough for as long as 3 months in each of the last two years?**

Yes No

43. How often do you suffer from sleeplessness?

Never, or just a few times a year
1-2 times a month (before year 2000), 1-3 times a month (after year 2000)
Approximately once a week
More than once a week

44. Have you in the last twelve months suffered from sleeplessness to the extent that it has affected your ability to work ? Yes No

USE OF MEDICATION

45. Do you take?

 Currently Previously Never
Lipid lowering drugs
Medications for high blood pressure

46 a. Have you for any length of time in the past year used any of the following medications every day or almost daily?

Indicate how many months you have used the medication. Write 0 if you did not take the medication.

Medications:

Painkillers months.
Sleeping pills months.
Tranquilizers months.
Antidepressants months.
Allergy pills months.
Asthma medicationmonths.

*Only medication bought at pharmacy .
Do not include dietary supplements*

46 b. How often during the last 4 weeks have you taken any of the following medication?

Tick one per line

	Daily	Weekly	Less than	Not taken
		but not daily	weekly	last 4 weeks
Painkillers without prescription				
Painkillers on prescription				
Sleeping pills				
Tranquilizers				
Antidepressants				
Other medication on prescription				

46.c Fill in name of medication, reason for use and time used from q 46.b

Brand name	Reason for use	For how long up to 1 year/1 year or more
------------	----------------	---

1.

- 2.
- 3.
- 4.
- 5.
- 6.

DIETARY SUPPLEMENTS

47 a. Have you for any length of time in the past year taken any of the following daily or almost daily?

Indicate how many months you have used them. Write 0 if you did not take any.

Iron tabletsmonths
 Vitamin D supplementsmonths
 Other vitamin supplementsmonths
 Cod liver oilmonths

47 b. Do you take any of the following?

Yes, daily Sometimes No

Cod liver oil, capsules
 Fish oil capsules
 Vitamin and or
 mineral supplements

THE REST OF THE FORM SHOULD ONLY BE FILLED IN BY WOMEN

48. How old were you when you started menstruating?

.....year

49. If you no longer menstruate, how old were you when you stopped menstruating?

.....year

50. Are you pregnant at the moment?

Yes No Unsure Postmenopausal

51. How many children have you given birth to?

.....children

52. If you have given birth, what year was the child born and how many months did you breastfeed each child

Child Year born Number of months with breastfeeding

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

53. Do you use or have you ever used:

	Now	Previously	Never
Contraceptive pills (OC) (incl. minipill)			
Contraceptive injections			
Hormonal intrauterine device			
Estrogen (tablets or patches)			
Estrogen (cream or suppositories)			
54. If you use contraceptive pills, hormonal intrauterine device, or estrogen, what brand do you currently use?			
.....			

Appendix 1B

Example of Questionnaire in NOWAC

KVINNER OG KREFT

KONFIDENSIELT

Hvis du samtykker i å være med, sett kryss for JA i ruten ved siden av. Dersom du ikke ønsker å delta kan du unngå purring ved å sette kryss for NEI og returnere skjemaet i vedlagte svarkonvolutt.

Vi ber deg fylle ut spørreskjemaet så nøye som mulig.

Skjemaet skal leses optisk. Vennligst bruk blå eller sort penn. Du kan ikke bruke komma, bruk blokkbokstaver.

Med vennlig hilsen
Eiliv Lund
Professor dr. med

Jeg samtykker i å delta i JA
spørreskjemaundersøkelsen NEI

Forhold i oppveksten

I hvilken kommune har du bodd lengre enn ett år? +

Alder

1. Fødested: Fra 0 år til år
2. Fra år til år
3. Fra år til år
4. Fra år til år
5. Fra år til år
6. Fra år til år
7. Fra år til år

Høyde og vekt

Hvor høy er du? (i hele cm.)

Hvor mye veide du da du var 18 år? (i hele kg.)

Hvor mye veier du i dag? (i hele kg.)

Kroppstype i 1. klasse. (Sett ett kryss)

veldig tynn tynn normal tykk veldig tykk

Selvopplevd helse

Oppfatter du din egen helse som; (Sett ett kryss)

Meget god God Dårlig Meget dårlig +

Menstruasjonsforhold

Hvor gammel var du da du fikk menstruasjon første gang? +

Hvor mange år tok det før menstruasjonen ble regelmessig?

- Ett år eller mindre Mer enn ett år
 Aldri Husker ikke

Overgangsalder

Har du regelmessig menstruasjon fremdeles?

- Ja Har uregelmessig menstruasjon
 Vet ikke (menstruasjon uteblitt pga. sykdom o.l.)
 Bruk av hormonpreparat med østrogen
 Nei +

Hvis Nei;

- har den stoppet av seg selv?
operert vekk eggstokkene?
operert vekk livmoren?
annet?

Alder da menstruasjonen opphørte?

Graviditeter, fødsler og amming

Har du noen gang vært gravid? Ja Nei

Hvis Ja; fyll ut for hvert barn du har født opplysninger om fødselsår og antall måneder du ammet (fylles også ut for dødfødte eller for barn som er døde senere i livet). Dersom du ikke har født barn fortsetter du ved neste spørsmål.

Barn	Fødselsår	Antall måneder med amming	Barn	Fødselsår	Antall måneder med amming
1	<input type="text"/>	<input type="text"/>	5	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>

Bruk av hormonpreparater med østrogen i overgangsalderen

Har du noen gang brukt østrogen-tabletter/plaster? Ja Nei

Hvis Ja; hvor mange år har du brukt østrogentabletter/plaster i alt?

Hvor gammel var du første gang du brukte østrogentabletter/plaster?

Bruker du tabletter/plaster nå? Ja Nei

UTFYLLENDE SPØRSMÅL TIL ALLE SOM HAR BRUKT ELLER BRUKER PREPARATER MED ØSTROGEN I FORM AV TABLETTER ELLER PLASTER.

Hvis du har svart «nei» på spørsmålene om hormonbruk i overgangsalderen, kan du gå videre til spørsmålene under «P-piller». Har du svart «ja», ber vi deg utdype dette nærmere ved å svare på spørsmålene nedenfor. For hver periode med sammenhengende bruk av samme hormonpreparat håper vi du kan si oss hvor gammel du var da du startet, hvor lenge du brukte det samme hormonpreparatet og navnet på dette. Dersom du har hatt opphold eller skiftet merke skal du besvare spørsmålene for en ny periode. Dersom du ikke husker navnet på hormonpreparatet, sett «usikker». For å hjelpe deg til å huske navnet på hormonpreparatene ber vi deg bruke den vedlagte brosjyre som viser bilder av hormonpreparater som har vært solgt i Norge. Vennligst oppgi også nummer på hormontabletten/plasteret som står i brosjyren.

Periode	Alder ved start	Brukt samme hormontablett/plaster/sammenhengende		Nr.	Hormontablett/plaster/ (se brosjyre) Navn
		år	måned		
1.					
2.					
3.					
4.					
5.					

P-pillebruk

Har du brukt p-piller eller minipiller? Ja Nei

Hvis ja, hvor mange år har du brukt p-piller i alt

Bruker du p-piller nå? Ja Nei

For p-pillebruk ønsker vi å få vite navnet på p-pillen, årstallet du startet å bruke den og hvor lenge du brukte dette merket sammenhengende. Dersom du har hatt opphold eller skiftet merke start på ny linje. For å hjelpe deg å huske navnet ber vi deg bruke den vedlagte brosjyren. Vennligst oppgi nummeret på p-pillen.

Periode	Alder ved start	Brukt samme p-piller sammenhengende		Nr.	P-piller (se brosjyre) Navn
		år	måned		
1.					
2.					
3.					
4.					
5.					
6.					

Hormonspiral

Har du noen gang brukt **hormonspiral (Levonova)**? Ja Nei

Hvis Ja; hvor mange hele år har du brukt hormonspiral i alt?

Hvor gammel var du første gang du fikk innsatt **hormonspiral**?

Bruker du **hormonspiral** nå? Ja Nei

Østrogenpreparat til lokal bruk i skjeden

Har du noen gang brukt østrogenkrem/stikkpille? Ja Nei

Hvis Ja; bruker du krem/stikkpille nå? Ja Nei

Andre legemidler

Bruker du noen av disse legemidlene daglig nå?

- Fontex, Fluoxetin Ja Nei
- Cipramil, Citalopram, Desital Ja Nei
- Seroxat, Paroxetin Ja Nei
- Zoloft Ja Nei
- Fevarin Ja Nei
- Cipralext Ja Nei

Hvis Ja; hvor lenge har du brukt dette legemidlet sammenhengende? Måneder År

Har du benyttet noen av disse legemidlene tidligere? Ja Nei

Hvis Ja; hvor lenge har du benyttet disse legemidlene i alt? År

Sykdom

Har du eller har du hatt noen av følgende sykdommer?

	Ja	Nei	Hvis ja: Alder ved start
Kreft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Høyt blodtrykk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hjertesvikt/hjertekrampe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hjerteinfarkt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Slag.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sukkersyke (diabetes).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Depresjon (oppsoekt lege).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Røykevaner

Har du i løpet av livet røykt mer enn 100 sigaretter til sammen? Ja Nei

Hvor gammel var du da du tok din første sigarett?

Hvis Ja, ber vi deg om å fylle ut for hver aldersgruppe i livet hvor mange sigaretter du i gjennomsnitt røykte pr. dag i den perioden.

Alder	Antall sigaretter hver dag						
	0	1-4	5-9	10-14	15-19	20-24	25+
10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40-49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Røyker du daglig nå? Ja Nei

Røykte noen av dine foreldre da du var barn? Ja Nei

Hvis Ja, hvor mange sigaretter røykte de til sammen pr. dag?

Brystkreft i nærmeste familie

Har noen nære slektninger hatt brystkreft?

	Ja	Nei	Vet ikke	Alder ved start
Datter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Søster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Mammografiundersøkelse

Har du vært til undersøkelse av brystene med mammografi? Ja Nei

Hvis Ja; hvor gammel var du første gangen? (hele år)

Hvor mange ganger har du vært undersøkt?

-etter invitasjon fra Mammografiprogrammet	<input type="text"/>
-etter henvisning fra lege	<input type="text"/>
-uten henvisning fra lege	<input type="text"/>

Fysisk aktivitet

Vi ber deg angi din fysiske aktivitet etter en skala fra svært lite til svært mye. Skalaen nedenfor går fra 1-10. Med fysisk aktivitet mener vi både arbeid i hjemmet og i yrkeslivet, samt trening og annen fysisk aktivitet som tur-gåing o.l. Sett kryss over det tallet som best angir ditt nivå av fysisk aktivitet.

Alder	Svært lite					Svært mye				
14 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I dag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange timer pr. dag i gjennomsnitt går eller spaserer du utendørs?

	sjelden/ aldri	mindre enn 1/2 time	1/2-1 time	1-2 timer	mer enn 2 timer
Vinter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vår	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sommer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Høst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For hver av følgende aktiviteter du deltar i, ber vi deg oppgi hvor mange minutter pr. dag du bruker i gjennomsnitt til hver av aktivitetene.

Fritidsaktivitet

	Vinter	Vår	Sommer	Høst
Se på TV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lesing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Håndarbeid/hobby	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hagearbeid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dusj/bad/egenpleie	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trening/jogging	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sykling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hvor mange hele timer pr. dag bruker du på arbeidsplassen i gjennomsnitt til å

Sitte	<input type="text"/>
Stå	<input type="text"/>
Gå	<input type="text"/>
Løfte	<input type="text"/>
Tunge løft/pleie	<input type="text"/>
Hvor mange trapper (hele etasjer) går du i gjennomsnitt pr. dag	<input type="text"/>

Kosthold

Påvirker noen av følgende forhold kostholdet ditt?

(sett gjerne flere kryss)



- Er vegetarianer/veganer Har anoreksi
 Spiser ikke norsk kost til daglig
 Har allergi/intoleranse Har bulimi
 Kronisk sykdom Prøver å gå ned i vekt

Vi er interessert i å få kjennskap til hvordan kostholdet ditt er vanligvis. Kryss av for hvert spørsmål om hvor ofte du i gjennomsnitt siste året har brukt den aktuelle matvaren, og hvor mye du pleier å spise/drikke hver gang.

Hvor mange glass melk drikker du vanligvis av hver type? (Sett ett kryss pr. linje)

	aldri/sjelden	1-4 pr. uke	5-6 pr. uke	1 pr. dag	2-3 pr. dag	4+ pr. dag
Helmelk (søt, sur).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettmelk (søt, sur).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ekstra lettmelk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skummet (søt, sur).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange kopper kaffe/te drikker du vanligvis av hver sort? (Sett ett kryss for hver linje)

	aldri/sjelden	1-6 pr. uke	1 pr. dag	2-3 pr. dag	4-5 pr. dag	6-7 pr. dag	8+ pr. dag
Kokekaffe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traktekaffe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulverkaffe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Svart te.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grønn te.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bruker du til kaffe eller te følgende:

	Kaffe		Te	
Sukker (ikke kunstig søtstoff)	<input type="checkbox"/> Ja	<input type="checkbox"/> Nei	<input type="checkbox"/> Ja	<input type="checkbox"/> Nei
Melk eller fløte	<input type="checkbox"/> Ja	<input type="checkbox"/> Nei	<input type="checkbox"/> Ja	<input type="checkbox"/> Nei

Hvor mange glass vann drikker du vanligvis?

(Sett ett kryss for hver linje)

	aldri/sjelden	1-3 pr. uke	4-6 pr. uke	1 pr. dag	2-3 pr. dag	4+ pr. dag
Springvann/flaskevann	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange glass appelsinjuice, saft og brus drikker du vanligvis? (Sett ett kryss for hver linje)

	aldri/sjelden	1-3 pr. uke	4-6 pr. uke	1 pr. dag	2-3 pr. dag	4+ pr. dag
Appelsinjuice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saft/brus med sukker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saft/brus sukkerfri.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte spiser du yoghurt (1 beger)? (Sett ett kryss)

- Aldri/sjelden 1 pr. uke 2-3 pr. uke 4+ pr. uke

Hvor ofte spiser du kornblanding, havregryn eller müsli? (Sett ett kryss)

- Aldri/sjelden 1-3 pr. uke 4-6 pr. uke 1 pr. dag

Hvor mange skiver brød/rundstykker og knekkebrød/skonrokker spiser du vanligvis?

(1/2 rundstykke = 1 brødslike) (Sett ett kryss for hver linje)

	aldri/sjelden	1-4 pr. uke	5-7 pr. uke	2-3 pr. dag	4-5 pr. dag	6+ pr. dag
Grovt brød.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneipp/halvfint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fint brød.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knekkebrød o.l.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nedenfor er det spørsmål om bruk av ulike påleggstyper. Vi spør om hvor mange brødskiver med det aktuelle pålegget du pleier å spise. Dersom du også bruker matvarene i andre sammenhenger enn til brød (f. eks. til vafler, frokostblandinger, grøt), ber vi om at du tar med dette når du besvarer spørsmålene.



På hvor mange brødskiver bruker du? (Sett ett kryss pr. linje)

	0 pr. uke	1-3 pr. uke	4-6 pr. uke	1 pr. dag	2-3 pr. dag	4+ pr. dag
Syltetøy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brun ost, helfet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brunost, halvfet/mager.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hvitost, helfet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hvitost, halvfet/mager.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kjøttpålegg, Leverpostei.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rekesalat, italiensk o.l.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

På hvor mange brødskiver pr. uke har du i gjennomsnitt siste året spist? (Sett ett kryss pr. linje)

	0 pr. uke	1 pr. uke	2-3 pr. uke	4-6 pr. uke	7-9 pr. uke	10+ pr. uke
Makrell i tomat, røkt makrell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaviar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sild/Ansjos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laks (gravet/røkt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annet fiskepålegg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hva slags fett bruker du vanligvis på brødet?

(Sett gjerne flere kryss)

- Bruker ikke fett på brødet
 Smør
 Hard margarin (f. eks. Per, Melange)
 Myk margarin (f. eks. Soft, Vita, Solsikke)
 Smørblandet margarin (f.eks. Bremyk)
 Brelett
 Lettmargarin (f. eks. Soft light, Letta)
 Middels lett margarin (f. eks. Olivero, Omega)

Dersom du bruker fett på brødet, hvor tykt lag pleier du å smøre på? (En kuvertpakke med margarin veier 12 gram). (Sett ett kryss)

- Skrapet (3 g) Tynt lag (5 g) Godt dekket (8 g) Tykt lag (12 g)

Hvor ofte spiser du frukt? (Sett ett kryss pr. linje)

	aldri/ sjelden	1-3 pr.mnd.	1 pr.uke	2-4 pr.uke	5-6 pr.uke	1 pr.dag	2+ pr. dag
Epler/pærer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appelsiner o.l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annen frukt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte spiser du ulike typer grønnsaker? (Sett ett kryss pr. linje)

	aldri/ sjelden	1-3 pr.mnd.	1 pr.uke	2 pr.uke	3 pr.uke	4-5 pr.uke	6-7 pr. uke
Gulrøtter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kål.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kålrot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brokkoli/blomkål	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blandet salat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grønnsakblan- ding (frossen).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre grønnsaker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For de grønnsakene du spiser, kryss av for hvor mye du spiser hver gang. (Sett ett kryss for hver sort)

- gulrøtter	<input type="checkbox"/>	1/2 stk.	<input type="checkbox"/>	1 stk.	<input type="checkbox"/>	1 1/2 stk.	<input type="checkbox"/>	2+ stk.
- kål	<input type="checkbox"/>	1/2 dl	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	1 1/2 dl	<input type="checkbox"/>	2+ dl
- kålrot	<input type="checkbox"/>	1/2 dl	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	1 1/2 dl	<input type="checkbox"/>	2+ dl
- brokkoli/blomkål	<input type="checkbox"/>	1-2 buketter	<input type="checkbox"/>	3-4 buketter	<input type="checkbox"/>	5+ buketter		
- blandet salat	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	3 dl	<input type="checkbox"/>	4+ dl
- tomat	<input type="checkbox"/>	1/4	<input type="checkbox"/>	1/2	<input type="checkbox"/>	1	<input type="checkbox"/>	2+
- grønnsakblanding	<input type="checkbox"/>	1/2 dl	<input type="checkbox"/>	1 dl	<input type="checkbox"/>	2 dl	<input type="checkbox"/>	3+ dl

Hvor mange poteter spiser du vanligvis (kokte, stekte, mos)? (Sett ett kryss)

<input type="checkbox"/>	Spiser ikke/spiser sjelden poteter
<input type="checkbox"/>	1-4 pr. uke
<input type="checkbox"/>	5-6 pr. uke
<input type="checkbox"/>	1 pr. dag
<input type="checkbox"/>	2 pr. dag
<input type="checkbox"/>	3 pr. dag
<input type="checkbox"/>	4+ pr. dag

Hvor ofte bruker du ris og spaghetti/makaroni? (Sett ett kryss pr. linje)

	aldri/ sjelden	1-3 pr. mnd.	1 pr. uke	2 pr. uke	3+ pr. uke
Ris.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spagetti, makaroni, nudler.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte spiser du grøt? (Sett ett kryss pr. linje)

	aldri/ sjelden	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2-6 pr. uke	1+ pr. dag
Risengrynsgrøt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annen grøt (havre o.l.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fisk

Vi vil gjerne vite hvor ofte du pleier å spise fisk, og ber deg fylle ut spørsmålene om fiskeforbruk så godt du kan. Tilgangen på fisk kan variere gjennom året. Vær vennlig å markere i hvilke årstider du spiser de ulike fiskeslagene.

	aldri/ sjelden	like mye hele året	vinter	vår	sommer	høst
Torsk, sei, hyse, lyr.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steinbit, flyndre, uer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laks, ørret.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makrell.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annen fisk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Med tanke på de periodene av året der du spiser fisk, hvor ofte pleier du å spise følgende til middag? (Sett ett kryss pr. linje)

	aldri/ sjelden	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2+ pr. uke
Kokt torsk, sei, hyse, lyr.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stekt torsk, sei, hyse, lyr.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steinbit, flyndre, uer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laks, ørret.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makrell.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annen fisk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dersom du spiser fisk, hvor mye spiser du vanligvis pr. gang? (1 skive/stykke = 150 gram)

Kokt fisk (skive) 1 1,5 2 3+

Stekt fisk (stykke) 1 1,5 2 3+

Hvor mange ganger pr. år spiser du fiskeinnmat? (Sett ett kryss pr. linje)

	0	1-3	4-6	7-9	10+
Rogn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiskelever.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dersom du spiser fiskelever, hvor mange spise-skjeer pleier du å spise hver gang? (Sett ett kryss)

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	5-6	<input type="checkbox"/>	7+
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Hvor ofte bruker du følgende typer fiskemat? (Sett ett kryss pr. linje)

	aldri/ sjelden	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2+ pr. uke
Fiskekaker/pudding/boller.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plukkfisk/fiskegrateng.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frityrisk/fiskepinner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre fiskeretter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor stor mengde pleier du vanligvis å spise av de ulike rettene? (Sett ett kryss for hver linje)

- fiskekaker/pudding/boller (stk.) 1 2 3 4+
- (2 fiskeboller=1 fiskekake)
- plukkfisk, fiskegrateng (dl) 1-2 3-4 5+
- fritryfisk, fiskepinner (stk.) 1-2 3-4 5-6 7+



I tillegg til informasjon om fiskeforbruk er det viktig å få kartlagt hvilket tilbehør som blir servert til fisk.

Hvor ofte bruker du følgende til fisk? (Sett ett kryss pr. linje)

	aldri/sjelden	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2+ pr. uke
Smeltet smør	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smeltet eller fast margarin/fett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seterrømme (35%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettrømme (20%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saus med fett (hvit/brun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saus uten fett (hvit/brun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For de ulike typene tilbehør du bruker til fisk, vær vennlig å kryss av for hvor mye du vanligvis pleier å spise.

- smeltet smør (ss) 1/2 1 2 3 4+
- smeltet margarin (ss) 1/2 1 2 3 4+
- seterrømme (ss) 1/2 1 2 3 4+
- lettrømme (ss) 1/2 1 2 3 4+
- saus med fett (dl) 1/4 1/2 3/4 1 2+
- saus uten fett (dl) 1/4 1/2 3/4 1 2+

Hvor ofte spiser du skalldyr (f. eks. reker, krabbe og skjell)? (Sett ett kryss)

- Aldri/sjelden 1 pr. mnd 2-3 pr. mnd 1+ pr. uke



Andre matvarer

Hvor ofte spiser du reinkjøtt?

- Aldri/sjelden 1 pr. mnd. 2-3 pr. mnd. 1 pr. uke
 2-3 pr. uke 4+ pr. uke



Hvor ofte spiser du følgende kjøtt- og fjærkreretter?

(Sett ett kryss for hver rett)

	aldri/sjelden	1 pr.mnd.	2-3 pr.mnd.	1 pr.uke	2+ pr.uke
Steik (okse, svin, får)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Koteletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kjøttkaker, karbonader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pølser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gryterett, lapskaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza med kjøtt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kylling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre kjøttretter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dersom du spiser følgende retter, oppgi mengden du vanligvis spiser: (Sett ett kryss for hver linje)

- steik (skiver) 1 2 3 4+
- koteletter (stk.) 1/2 1 1,5 2+
- kjøttkaker, karbonader (stk.) 1 2 3 4+
- pølser (stk. à 150g) 1/2 1 1,5 2+
- gryterett, lapskaus (dl) 1-2 3 4 5+
- pizza m/kjøtt (stykke à 100 g) 1 2 3 4+

Hvor mange egg spiser du vanligvis i løpet av en uke? (stekte, kokte, eggerøre, omelett) (Sett ett kryss)

- 0 1 2 3-4
 5-6 7+



Hvor ofte spiser du iskrem? (til dessert, krone-is osv.)

Sett ett kryss for hvor ofte du spiser iskrem om sommeren, og ett kryss for resten av året)

	aldri/sjelden	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2+ pr. uke
-Om sommeren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Resten av året	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mye is spiser du vanligvis pr. gang? (Sett ett kryss)

- 1dl 2 dl 3 dl 4+ dl

Hvor ofte spiser du bakevarer som boller kaker, wienerbrød eller småkaker (Sett ett kryss pr. linje)

	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-3 pr. uke	4-6 pr. uke	1+ pr. dag
Gjærbakst (boller o.l.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wienerbrød, kringle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pannekaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vafler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Småkaker, kjeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte spiser du dessert? (Sett ett kryss pr. linje)

	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-3 pr. uke	4-6 pr. uke	1+ pr. dag
Pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sjokolade/karamell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riskrem, fromasj	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kompott, fruktgrøt, hermetisk frukt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jordbær (friske, frosne)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre bær (friske, frosne)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor ofte spiser du sjokolade? (Sett ett kryss)

	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-3 pr. uke	4-6 pr. uke	1+ pr. dag
Mørk sjokolade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lys sjokolade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dersom du spiser sjokolade, hvor mye pleier du vanligvis å spise hver gang? Tenk deg størrelsen på en Kvikk-Lunsj sjokolade, og oppgi hvor mye du spiser i forhold til den.

1/4 1/2 3/4 1 1,5 2+

Hvor ofte spiser du snacks? (Sett ett kryss)

	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-3 pr. uke	4-6 pr. uke	7+ pr. uke
Potetchips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanøtter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andre nøtter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annen snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tran og fiskeoljekapsler

Bruker du tran (flytende)? Ja Nei

Hvis ja; hvor ofte tar du tran?

Sett ett kryss for hver linje.

	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-6 pr. uke	daglig
Om vinteren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resten av året	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mye tran pleier du å ta hver gang?

1 ts. 1/2 ss. 1+ ss.

Bruker du tranpiller/fiskeoljekapsler? Ja Nei

Hvis ja; hvor ofte tar du tranpiller/fiskeoljekapsler?

Sett ett kryss for hver linje.

	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-6 pr. uke	daglig
Om vinteren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resten av året	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvilken type tranpiller/fiskeoljekapsler bruker du vanligvis, og hvor mange pleier du å ta hver gang? Antall

Navn _____ Antall

Kosttilskudd

Bruker du kosttilskudd? Ja Nei

Hvis ja, hvor ofte bruker du kosttilskudd? (Sett ett kryss pr. linje)

Navn på vitamin/mineralttilskudd:	aldri/sjelden	1-3 pr. mnd.	1 pr. uke	2-6 pr. uke	daglig
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bruker du soyapreparater mot plager i overgangsalderen? Ja Nei

Varm mat

Hvor mange ganger i løpet av en måned spiser du varm mat?

	Antall
Til frokost	<input type="checkbox"/> <input type="checkbox"/>
Til lunsj	<input type="checkbox"/> <input type="checkbox"/>
Til middag	<input type="checkbox"/> <input type="checkbox"/>
Til kvelds	<input type="checkbox"/> <input type="checkbox"/>

Alkohol

Er du totalavholdskvinne? Ja Nei

Hvis Nei; hvor ofte og hvor mye drakk du i gjennomsnitt siste året? (Sett ett kryss for hver linje)

	aldri/sjelden	1 pr. mnd.	2-3 pr. mnd.	1 pr. uke	2-4 pr. uke	5-6 pr. uke	1 pr. dag	2+ pr. dag
Øl (1/2 l.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vin (glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brennevin (drink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likør/Hetvin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sosiale forhold

Er du: (Sett ett kryss)

gift samboer ugift skilt enke

Hvor mange års skolegang/yrkesutdannelse har du i alt, ta med folkeskole og ungdomsskole?

Hvor mange personer er det i ditt hushold?

Hvor høy er bruttoinntekten i husholdet pr. år?

under 150.000 kr.	<input type="checkbox"/>	151.000-300.000 kr.	<input type="checkbox"/>
301.000-450.000 kr.	<input type="checkbox"/>	451.000-600.000 kr.	<input type="checkbox"/>
601.000-750.000 kr.	<input type="checkbox"/>	over 750.000 kr.	<input type="checkbox"/>

Hva er din arbeidssituasjon? (sett kryss)

Arbeider heltid Arbeider deltid Pensjonist
 Hjemmearbeidende Under utdanning Uføretrygdet
 Under attføring Arbeidssøkende

Yrke:

Hvordan var de økonomiske forhold i oppveksten?

Meget gode Gode
 Dårlige Meget dårlige

Arbeider du utendørs i yrkessammenheng? Ja Nei

Hvis Ja; hvor mange timer pr. uke?Sommervinter

Solvaner

Får du fregner når du soler deg?Ja Nei

Hvilken øyefarge har du? (sett ett kryss) **+**

brun grå, grønn eller blanding blå


Hva er din opprinnelige hårfarge? (sett ett kryss)

mørkbrun, svart brun blond, gul rød

For å kunne studere effekten av soling på risiko for hudkreft ber vi deg gi opplysninger om hudfarge

Sett ett kryss på det tallet under fargen som best passer din naturlige hudfarge (uten soling)

+

									
1	2	3	4	5	6	7	8	9	10

Hvor mange ganger pr. år er du blitt forbrent av solen slik at du har fått svie og blemmer med avflassing etterpå? (ett kryss for hver aldersgruppe)

Alder	Aldri	Høyst 1 gang pr. år	2-3 g. pr. år	4-5 g. pr. år	6 eller flere ganger
Før 10 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-19 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-39 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40+ år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange uker soler du deg pr. år i syden?

Alder	Aldri	1 uke	2-3 uker	4-5 uker	7 uker eller mer
Før 10 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-19 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-39 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40+ år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siste 12 mnd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange uker pr. år soler du deg i Norge eller utenfor syden?

Alder	Aldri	1 uke	2-3 uker	4-5 uker	7 uker eller mer
Før 10 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-19 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-39 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40+ år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siste 12 mnd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

Hvor ofte dusjer eller bader du?

	mer enn 1 g. dagl.	1 g. dagl.	4-6 g. pr. uke	2-3 g. pr. uke	1 g. pr. uke	2-3 g. pr. mnd	sjel- den/ aldri
Med såpe/shampo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uten såpe/shampo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Når bruker du krem med solfaktor? (sett evt. flere kryss):

i påsken i Norge eller utenfor syden solferie i syden
 aldri

Hvilken solfaktor bruker du i disse periodene?

	påsken	i Norge eller utenfor syden	solferie i syden
I dag	<input type="text"/>	<input type="text"/>	<input type="text"/>
For 10 år siden	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hvor ofte har du solt deg i solarium?

Alder	Aldri	Sjelden	1 gang pr. mnd.	2 ganger pr. mnd.	3-4 ganger pr. mnd	oftere enn 1 gang pr. uke
Før 10 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-19 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30-39 år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40+ år	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siste 12 mnd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvor mange uregelmessige føflekker større enn 5 mm har du sammenlagt på begge beina (fra tærne til lysken)? Tre eksempler på føflekker større enn 5 mm med uregelmessig form er vist i nedenfor.

0 1 2-3 4-6 7-12 13-24 25+



5 mm

Hvor ofte bruker du følgende hudpleiemidler? **+**

(Sett ett kryss pr. linje)

	aldri/ sjelden	1-3 pr.mnd.	1 pr.uke	2-4 pr.uke	5-6 pr.uke	1 pr.dag	2+ pr. dag
Ansiktskrem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Håndkrem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parfyme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Til slutt vil vi spørre deg om ditt samtykke til å kontakte deg på nytt pr. post. Vi vil hente adressen fra det sentrale personregister.

Ja Nei

Er du villig til å avgi en blodprøve?

Ja Nei

Takk for at du ville delta i undersøkelsen

Appendix 2

Description of methodology

Studies included in the Pooled Cohort

Name of Survey	Year Conducted	Populations from	Total included both genders	No of Surveys	CONOR
The Three Counties Follow up	1974-88 2006-08	Oppland, Sogn og Fjordane, Finnmark	Aprx. 93000 65000	10 incl follow-up (not included)	
Tromsø Health Study II	1979-80	Tromsø		1 (not included)	
Tromsø Health Study III	1986-87	Tromsø		1 (not included)	
40 years Survey	1985-99	40-42 year old	Aprx 382 000	19	
I	1985-87	Østfold, Aust-Agder, Vest-Agder, Sør-Trøndelag			
II	1988-94	All 19 counties			
III	1994-97	12 counties			
IV	1997-98	11 counties			
The Nord-Trøndelag Health Study (HUNT I) CONOR	1984-86 1994-2003	Nord-Trøndelag	181891	1 (not included)	
Tromsø Health Study IV	1994-95	Tromsø	26925	1	x
The Nord-Trøndelag Health Study (HUNT II)	1995-97	Nord-Trøndelag	65018	1	x
Hordaland Health Study (HUSK)	1997-99	Hordaland	25530	1	x
Tromsø Health Study V	2001	Tromsø	8077	1	
Oslo Health Study II	2001-2	Oslo	6919	1	x
Oppland and Hedmark Health Study (OPPHED)	2001-2	Oppland and Hedmark	12402	1	x
Troms and Finnmark Health Study (TROFINN)	2001-3	Troms and Finnmark	9327	1	x
Oslo Health Study (HUBRO)	2000-01	Oslo	22015		x
Oslo Immigrant Health Study (i-HUBRO)	2002	Oslo	3683		x
Romsås Study II (MoRo)	2003	Romsås (Oslo)	1995		x
Totalt 3C (89`)+ 40Y (382`) + CONOR (181`)			Aprx 652 000	Total of 38 studies	

METHODOLOGY DESCRIPTION
NORWEGIAN HEALTH STUDIES

***Randi Selmer 30 Nov 2007. Updated 23 June 2008.
Measurements in Health Surveys 1972-2003.***

Blood pressure

1. 1972-84: Systolic and diastolic blood pressure were measured twice with a standard mercury sphygmomanometer after 4 minutes rest. The second measurement has usually been used in follow up studies. The interval between first and second measurement was 1 minute. Diastolic blood pressure was recorded at the disappearance of the Korotkoff sounds (phase V). When phase V was absent, phase IV was used. Standard size cuffs were used throughout. The blood pressure was measured on the right upper arm with the person sitting on a chair.
2. 1985-2003: Pulse recordings, systolic and diastolic blood pressures were measured by an automatic device (DINAMAP, Criticon, Tampa, USA), which measured the blood pressure in mm Hg automatically by an oscillometric method. After 2 minutes preceding rest, three recordings were made at one-minute intervals. The values of the mean of the second and third systolic blood pressure measurements were used in calculating the cardiovascular risk score (CVD risk score). Arm circumference of right upper arm was measured 10 cm above fossa cubiti. From these measurements small, medium or large cuff was chosen. The blood pressure was measured on the right upper arm with the person sitting on a chair.

The two methods have been compared (PG Lund-Larsen: Blodtrykk målt med kvikksølvmanometer og med Dinamap under feltforhold- en sammenligning. Norsk epidemiologi 1997; 7 (2): 235-41)

Serum analyses

Sera from the screenings were sent to the Department of Clinical Chemistry, Ullevål University Hospital, Oslo, Norway

Serum lipids

Non-enzymatic methods: Total cholesterol and triglycerides

Non enzymatic methods were used in Oslo 1972-73, first screening in Finnmark, Oppland and Sogn og Fjordane 1974-78 and second screening in Finnmark 1977-78. Enzymatic methods were used from second screening in Sogn og Fjordane 1980.

Stensvold et al. BMJ 1993:

“A blood sample was taken from non-fasting subjects and analysed for serum concentrations of total cholesterol and triglycerides, both components being measured non-enzymatically on a Technicon AutoAnalyzer. On later comparison with enzymatic methods, the non-enzymatic methods used gave on average 10% higher triglyceride values and 8% higher cholesterol values. The participants reported the time since last meal.”

The triglyceride values included in the data set are corrected values compatible with enzymatic methods according to the formula:

$$(\text{New method}) = 0.90 \times (\text{Old method}) - 0.11$$

The cholesterol values included in the data set are corrected values compatible with enzymatic methods according to the formula:

$$(\text{New method}) = 0.92 \times (\text{Old method}) + 0.03$$

The formula was evolved after extensive test program comparing new and old method.

Enzymatic methods:

All measurements of HDL cholesterol were enzymatic. (Stensvold I, Urdal P, Thürmer H, Tverdal A, Lund-Larsen PG, Foss OP. High-density lipoprotein cholesterol and coronary, cardiovascular and all cause mortality among middle-aged Norwegian men and women. *Eur Heart J.* 1992 Sep;13(9):1155-63.)

Non-fasting serum total cholesterol, serum HDL cholesterol, glucose and serum triglycerides were measured directly by an enzymatic method (Technicon or Hitachi autoanalyzer). Seronorm Lipoprotein was used as internal quality control material for the lipid analyses and Autonom Human Liquid for the glucose. The control material was done at the start and for every 30th sample.

Stability of cholesterol measurements from 1972 has been documented (OP Foss and P Urdal: Kolesterol gjennom mer enn 25 år: kan svarene sammenliknes over så lang tid? *Norsk epidemiologi* 2003; 13 (1): 85-88))

Glucose

Serum glucose was measured in first screening in Finnmark, Oppland and Sogn og Fjordane 1974-78 and second screening in Finnmark 1977-78 and in a sample in second screening in Oppland 1981-83 by a non enzymatic method by Brown (ME Brown: Ultra-micro sugar determinations using 2, 9-dimethyl-1, 10-phenanthroline hydrochloride (Neocuproine). *Diabetes* 10:60, 1961.) The same method was used in Oslo 1972-73. The results obtained with this method were about 0.8-1.1 mmol/l higher than the true concentration defined as the value found with a specific enzymatic method.

From 1994 non fasting serum glucose was measured by enzymatic method described above. The old glucose values have not been adjusted to levels comparable with enzymatic methods.

Weight and height

Body weight (in kilograms, one decimal) and height (in centimetres, one decimal) was measured according to standard protocol with the participants wearing light clothing without shoes (manually recorded until 2000 and after that with an electronic Height and Weight scale)

Waist and hip

Waist and hip were measured from Finnmark and Akershus 1996/97 and onwards. Waist circumference was measured at the umbilicus to the nearest cm with the subject standing and breathing normally. In obese individuals, waist circumference was defined as the midpoint between the iliac crest and lower margin of ribs. Hip circumference was measured as the maximum circumference around the buttocks. Both waist and hip were measured with a measuring tape of steel – which was emphasized to be horizontal. Waist and hip circumference were used to calculate the waist-hip ratio using the formula waist (cm)/ hip circumference (cm).

Measurements of lipids in three counties 1974-1988			
	Finnmark	Sogn og Fjordane	Oppland
Name			
Screening 1			
u1kol_mg	total cholesterol mg/dl old method	total cholesterol mg/dl old method	total cholesterol mg/dl old method
u1kolest	total cholesterol old method converted to mmol/l by factor 0.02586	total cholesterol old method converted to mmol/l by factor 0.02586	total cholesterol old method converted to mmol/l by factor 0.02586
u1kolenz	total cholesterol mmol/l converted to enzymatic values from u1kolest by formulae	total cholesterol mmol/l converted to enzymatic values from u1kolest by formulae	total cholesterol mmol/l converted to enzymatic values from u1kolest by formulae
No HDL measurements			
u1trigly	triglycerides mmol/l old method	triglycerides mmol/l old method	triglycerides mmol/l old method
u1trienz	triglycerides mmol/l converted to enzymatic values from u1trigly by formulae	triglycerides mmol/l converted to enzymatic values from u1trigly by formulae	triglycerides mmol/l converted to enzymatic values from u1trigly by formulae
Screening 2			
u2kol_mg	total cholesterol mg/dl old method	total cholesterol mg/dl enzymatic method	total cholesterol mg/dl enzymatic method
u2kolest	total cholesterol old method converted to mmol/l by factor 0.02586	total cholesterol enzymatic method converted to mmol/l by factor 0.02586	total cholesterol enzymatic method converted to mmol/l by factor 0.02586
u2kolenz	total cholesterol mmol/l converted to enzymatic values from u2kolest by formulae	u2kolenz=u2kolest	u2kolenz=u2kolest
u2hdlkol	mg/dl, enzymatic*	mg/dl, enzymatic*	mg/dl, enzymatic*
u2hdlkl	converted to mmol/l by factor 0.02586	converted to mmol/l by factor 0.02586	converted to mmol/l by factor 0.02586
u2trigly	triglycerides mmol/l old method	triglycerides mmol/l enzymatic method	triglycerides mmol/l enzymatic method
u2trienz	triglycerides mmol/l converted to enzymatic values from u1trigly by formulae	u2trienz=u2trigly	u2trienz=u2trigly
Screening 3			
u3kolest/u3kolenz	All values enzymatic mmol/l . Sometimes renamed u3kolest to u3kolenz to indicate that these are enzymatic values.		
u3hdlkl	No measurements	All values enzymatic mmol/l*	All values enzymatic mmol/l*
u3trigly/u3trienz	All values enzymatic mmol/l . Sometimes renamed u3trigly to u3trienz to indicate that these are enzymatic values.		
*Eur Heart J. 1992 Sep;13(9):1155-63.			
High-density lipoprotein cholesterol and coronary, cardiovascular and all cause mortality among middle-aged Norwegian men and women.			

The cardiovascular surveys in Finnmark, Sogn og Fjordane and Oppland 1974-78, 1977-83 and 1985-88. Sources: Final reports from each survey in each county

County	Period	Age groups invited	Number invited	Number attending	% attendance, fully invited ages
Finnmark	1974-75	All residents in age 35-49 by Dec 1974 (born 25-39). Age 20-34: 10% random samples	17401	14340	82.4 Men: 78.8, women: 86.2
	1977-78	All residents born 1925-42, samples in younger ages from 20 years.	20647	17145	83.0 Men: 79.2 women: 87.3
	1987-88	All residents in age 40-62 by Dec 1987 (born 1925-47) + those aged 30-39 and invited in 1977-78 + 10 % of non-invited in age 20-39. All residents 18 years or older in Bugøyenes.	22994	17852	77.6 Men: 73.4, women: 82.6
Sogn og Fjordane	1975-76	All residents in age 35-49 by Dec 1975 (born 1926-40) + 10 % random sample in age 20-39.	16603	14966	90.1 Men: 87.4, women: 93.1
	1980-81	All residents born 1926-40 + samples in younger ages from 17 years.	19506	17473	89.6 Men: 86.8, women: 92.6
	1985-86	All residents in age 40-54 by Dec 31 1985 (born 1931-45) + those younger than 40 years and invited in 1980-81 + 5-% sample of those in age 20-39 not invited in 1980-81 + 10 % sample of invited in 1980-81 in age 55-59. A few older subjects in a hypertension register.	21423	18669	87.1 Men: 83.9, women: 90.7
Oppland	1976-78	All in age 35-49 by Dec 1976 (born 1927-41) + 10- % random sample in age 20-39.	31620	28399	89.8 Men: 87.8, women: 91.8
	1981-83	All residents born 1927-41 + samples in younger ages from 20 years.	31581	28437	90.0 Men: 88.1, women: 91.9
	1986-88	All residents aged 40-54 on Dec 1986 (born 1932-46) + all residents below 40 years and a 10 % sample in age 55-59 if invited in 1981-83 + 5-% of not invited in 1981-83 in age 20-39. A few older subjects in a hypertension register.	37270	32124	86.2 Men: 83.5, women: 88.9

CONOR STUDY
MATERIALS AND METHODS
DESCRIPTION

Cohort Norway (CONOR): Materials and methods

Anne Johanne Sjøgaard, Norwegian Institute of Public Health, April 2006

CONOR (COhort NORway) is a large collaborative project between epidemiological centres at the University of Tromsø, the Norwegian University of Science and Technology in Trondheim, the University of Bergen, the University of Oslo, and the Norwegian Institute of Public Health.

Data from 10 regional studies

In CONOR, regional data from 10 different epidemiological studies have been merged into a national database, which is more representative of the Norwegian population than each of the individual sites.

The database consists of information obtained from questionnaires, a simple physical examination, analyses of blood samples, and frozen stored blood and/or DNA. The main purpose of CONOR is to study the aetiology of rare diseases by testing environmental, inheritable, cultural and social factors in order to describe the dispersion of diseases and risk factors by time, place and socio-demographic factors.

CONOR is particularly suitable for studying gene-environment interactions and for linkages to various national registers (eg. cancer-, cause of death-, hospital- and medical birth registers).

Invitation and procedures

Altogether 309,832 individuals were invited in the 10 studies based on addresses from the Population registry of Norway (Hammer, 2002). Some of the individual studies invited all subjects above a specific age (for example all above 19 years in HUNT II), whereas others invited all subjects in selected age groups (for example all 30-, 40-, 45-, 60 and 75 years in OPPHED and TROFINN). The web site for each study contains more detailed information (see Table 1).

In all CONOR surveys, the data collection followed a standard procedure. Letters of invitation were mailed about 2 weeks before the time of appointment and included a

questionnaire and a booklet with the aims of the study and information about the examinations and procedures. At the screening, the main questionnaire was collected from the attendees, they went through a physical examination and a non-fasting blood sample was drawn for analyses in fresh serum. Another sample was stored at minus 80 degrees. In most studies, the participants were given one or two supplementary questionnaires, which they were instructed to fill in at home and to return by mail in pre-addressed envelopes.

About four weeks after attending the examination, a letter with some results from the examination and blood tests was sent to all participants. Those with the highest scores of cardiovascular risk were offered a new clinical examination at the regional University Hospital - or, in some of the studies, were asked to visit their own general practitioner.

Measures

All surveys have been carried out in collaboration with the National Health Screening Service, Oslo (now Norwegian Institute of Public Health). Experienced and trained personnel conducted all procedures. Non-fasting serum total and HDL cholesterol, glucose and triglycerides were measured directly by an enzymatic method (Boehringer 148393, Boehringer-Mannheim, Federal Republic of Germany – from 2000 Hitachi 917 auto analyzer, Roche Diagnostic, Switzerland).

The Department of Clinical Chemistry, Ullevål University Hospital, Oslo, performed all laboratory assessments except for HUNT II where the analyses were performed at the Department of Clinical Chemistry, Innherad Hospital, Levanger. Comparisons of blood-samples were performed between the laboratories, and small differences were found (Tverdal A et al 1997). Calibration procedures were carried out between these laboratories in connection with the surveys (Dr. Lund-Larsen PG, National Health Screening Service, personal communication). An acceptable stability of the laboratory analyses over time in the population surveys has been reported (Foss & Urdal, 2003).

Heart rate, systolic and diastolic blood pressures were measured by an automatic device (DINAMAP, Criticon, Tampa, USA), which measured the blood pressure in

mm Hg automatically by an oscillometric method. After 2 minutes of preceding rest, three recordings were made at one-minute intervals. Mean values of the second and third systolic blood pressure measurements were used in calculating the cardiovascular risk score (CVD risk score) (Tverdal et al., 1989). The stability of the blood-pressure measures have been evaluated and deemed acceptable (Lund-Larsen, 1997).

Body weight (in kilograms, one decimal) and height (in cm, one decimal) was measured according to a standard protocol with the participants wearing light clothing without shoes (manually recorded until 2000 and after that with an electronic Height and Weight Scale). Body mass index (BMI) was calculated as kg/m^2 . Waist circumference was measured at the umbilicus to the nearest cm and with the subject standing and breathing normally. In obese individuals, waist circumference was defined as the midpoint between the iliac crest and lower margin of ribs. Hip circumference was measured as the maximum circumference around the buttocks. Both waist and hip were measured with a measuring tape of steel – which was emphasized to be horizontal. Waist and hip circumference were used to calculate the waist-hip ratio using the formula waist (cm)/ hip circumference (cm).

Most of the studies consist of a central core and several supplementary projects – for example extra samples of blood, ECG, ultrasonographic examination of carotid artery and abdominal aorta, and bone mineral densitometry (BMD). The web site for each study contains more detailed information (see Table 1). Only a limited and mutual core of each study constitutes CONOR. Most of the studies have published reference papers with more detailed information about their own study (Table 2).

The CONOR-questions

All surveys used 50 common CONOR-questions agreed upon before the first CONOR survey in Tromsø in 1994. The exact wording of the questions is available at the CONOR web site (<http://www.fhi.no/dav/CA11310499.doc>). Some of these questions were placed on the second questionnaire handed out at the screening station – and thus have lower response rate.

The CONOR-questions cover the following main topics: Self-reported health and diseases such as diabetes, asthma, coronary heart disease, stroke and mental distress, musculo-skeletal pains, family history of disease, risk factors and lifestyle, environment while growing up, social network and social support, education, work and housing, some types of occupation, use of medications and reproductive history (women).

Several of these questions have been evaluated or validated previously and were deemed acceptable (Tretli et al., 1982; Jacobsen & Thelle, 1987; Løchen & Rasmussen, 1992; Thune et al., 1997, Joakimsen et al., 1998; Saltin & Grimsby, 1968; Derogatis et al., 1974; Ainsworth et al., 1996; Brugha et al., 1985; Strand et al., 2003; Sjøgaard et al 2003). The Population registry of Norway, which was used for invitation, contains information about gender, birth date, marital status, address and country of birth.

Participation in the CONOR studies

Altogether 181,891 subjects accepted to participate and provided a declaration of consent – 7,460 of these participated in more than one survey. The age distributing of these 174 430 participants is shown in table 3. The participation rate varied among the surveys. The participation was slightly reduced throughout the study-period 1994-2003 - and was higher in rural as compared to urban areas.

Ethics and approvals

All participants of the studies included in CONOR, have given their written consent. The participant's names and personal ID numbers are omitted when data are used for research purposes. The Norwegian Data Inspectorate has approved - and the Regional Committees for Medical Research Ethics has evaluated each individual study. The studies have been conducted in full accordance with the World Medical Association Declaration of Helsinki.

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TABLE 1. Number of invited and participating subjects in Cohort Norway (CONOR) 1994-2003.

Name of the study	Year of survey	Number invited [†]	Invited age-groups in years [‡]	Number of participants [*]			Web address
				Men	Women	Total	
Tromsø IV (The fourth Tromsø Study)	1994-1995	37,558	25 +	12,797	14,128	26,925	http://uit.no/tromsundersokelsen/tromso4/2
HUNT II (The second North-Trøndelag Health Study)	1995-1997	94,196	20 +	30,442	34,576	65,018	http://www.hunt.ntnu.no/
HUSK (The Hordaland Health Study)	1997-1999	38,587	40-44, 46-47, 70-72	11,678	13,852	25,530	http://www.uib.no/isf/husk/
Oslo II (The second Oslo Study)	2000	14,209 [§]	48-77	6,919		6,919	http://www.fhi.no/artikler/?id=54685
HUBRO (The Oslo Health Study)	2000-2001	58,660 [#]	30, 31, 40, 45, 46, 59/ 60, 75/ 76	9,751	12,264	22,015	http://www.fhi.no/artikler/?id=54464
OPPHED (The Oppland and Hedmark Health Study)	2000-2001	22,327	30, 40, 45, 60, 75	5,650	6,752	12,402	http://www.fhi.no/artikler/?id=28233
Tromsø V (The fifth Tromsø Study)	2001	10,353	30 +	3,491	4,586	8,077 ^{**}	http://uit.no/tromsundersokelsen/tromso5/2
I-HUBRO (The Oslo Immigrant Health Study)	2002	12,088 ^{††}	20-60	1,915	1,768	3,683	http://www.fhi.no/artikler/?id=28217
TROFINN (The Troms and Finnmark Health Study) ^{‡‡}	2002	16,229	30-77	4,318	5,009	9,327	http://www.fhi.no/artikler/?id=28261
MoRo II (The second part of the Romsås in Motion Study)	2003	5,535	34-70	899	1,096	1,995	http://www.fhi.no/artikler/?id=28254
CONOR (Cohort Norway)	1994-2003	309,742	20-103	87,157	92,928	181,891 [*]	http://www.fhi.no/artikler/?id=28138

* Number of participants equals those who attended the survey and/or answered at least one questionnaire and signed a written consent. 7,460 persons participated in a second CONOR survey and 1 person participated in a third. Thus, the total numbers of participants with consent were 174,430.

† The numbers include all individuals invited. The individual surveys could have published papers with slightly different total numbers.

‡ HUSK: All 40-44 years and those participating in a study in 1992-93 born 1950-51 and 1925-27; Oslo II: All those invited to the Oslo Study 1972-73, except those invited to HUBRO and MoRo I (Invited in 1972/73: all men born 1923-32 and 7% random sample of those born 1933-52); Tromsø V: All 30, 40, 45, 60, 75 years and all those participating in phase II in Tromsø IV - which included: all born 1920-1939, 5-10% sample of other age groups attending phase I, all women born 1940-44; I-HUBRO: 30% random sample of people born in Pakistan, all born in Turkey, Sri Lanka, Iran, Vietnam - except those invited to HUBRO; MoRo II: All those participating in a study in 2 local districts in Oslo in 2000 (MoRo

I) born 1933-1969 – except those participating in HUBRO; TROFINN: All 30, 40, 45, 60, 75 years and all those participating in three Finnmark studies in the period 1974-1988 – which included: All born 1925-1947, all born 1948-1968 invited to Finnmark I, II or III.

§ 2,515 more men who belonged to the Oslo II cohort, also belonged to the HUBRO cohort, and were only invited to HUBRO. Of these 1,320 men participated. They are only counted as invited to HUBRO. 50 more men belonged to the MoRo-cohort, and are only counted as invited there.

Include 17,308 invitees (31 and 46 years – additional cohorts) who were not reminded. The attendance-rate of these was low.

** 7,166 of these participated also in Tromsø IV.

†† Include 4,116 persons (20-30 years – additional cohort) who were not reminded. The attendance-rate of these was very low.

‡‡ Include 18 of 25 municipalities in Troms and 10 of 19 municipalities in Finnmark. The other municipalities participated in Tromsø V and in SAMINOR, i.e. a health survey in communities with Sámi and Norwegian population, at the same time.

Table 2. Reference papers to the 10 participating CONOR studies.

Tromsø IV: Wilsgard T. Longitudinal analyses of cardiovascular risk factors. The Tromsø study 1974-1995. ISM skriftserie nr. 65. Tromsø, Norway: Institute of Community Medicine, University of Tromsø, 2002.

HUNT II: Holmen J, Midthjell K, Krüger Ø, Langhammer A, Lingaas Holmen T, Bratberg GH, Vatten L, Lund-Larsen PG. The Nord-Trøndelag Health Study 1995-97 (HUNT 2): Objectives, contents, methods and participation. *Nor J Epidemiol* 2003; 13: 19-32.

HUSK: Bjelland I, Tell GS, Vollset SE, Refsum H, Ueland PM. Folate, vitamin B12, homocysteine, and the MTHFR 677C->T polymorphism in anxiety and depression: the Hordaland Homocysteine Study. *Arch Gen Psychiatry* 2003 Jun;60(6):618-26 - and Sanne B, Mykletun A, Dahl AA, Moen BE, Tell GS; Hordaland Health Study. Occupational differences in levels of anxiety and depression: the Hordaland Health Study. *J Occup Environ Med* 2003;45:628-38.

Oslo II: Lund Håheim L, Holme I, Hjermmann I, Sjøgaard AJ, Lund-Larsen PG, Leren P. Resultater fra Oslo-undersøkelser blant de samme menn i 1972/3 og i år 2000. Endring i risikofaktorer for hjerte- og karsykdom. *Tidskr Nor Laegefor* (Cond accepted)

HUBRO: Sjøgaard AJ, Selmer R, Bjertness E, Thelle D. The Oslo Health Study. The impact of self-selection in a large, population-based survey. *Int J Equity Health* 2004;3: 1-24. Online: <http://www.equityhealthj.com/content/3/1/3>

OPPHED: Only web-site - <http://www.fhi.no/artikler/?id=28233>

Tromsø V: Johnsen SH, Fosse E, Joakimsen O, Mathiesen EB, Stensland-Bugge E, Njølstad I, Arnesen E. Monocyte count is a predictor of novel plaque formation: a 7-year follow-up study of 2610 persons without carotid plaque at baseline the Tromsø Study. *Stroke*. 2005;36(4):715-9.

I-HUBRO: Holvik K, Meyer HE, Haug E, Brunvand L. Prevalence and predictors of vitamin D deficiency in five immigrant groups living in Oslo, Norway: the Oslo Immigrant Health Study. *Eur J Clin Nutr*. 2005;59:57-63.

TROFINN: Only web-site - <http://www.fhi.no/artikler/?id=28260>

MoRo II: Jenum AK., Anderssen SA, Birkeland KI, Holme I, Graff-Iversen S, Lorentzen C, Ommundsen Y, Raastad T, Ødegaard AK, Bahr R. Promoting physical activity in a low-income multi-ethnic district: behavioural, psychological and biological effects of a pseudo-experimental community intervention study to reduce risk factors for diabetes and cardiovascular disease (submitted)

CONOR: Engeland A, Sjøgaard AJ. CONOR (Cohort NORway) – en oversikt over en unik forskningsdatabank. *Nor J Epidemiol* 2003;13:73-7 - and Magnus P, Arnesen E, Holmen J, Stoltenberg C, Sjøgaard AJ, Tell GS. CONOR (Cohort NORway): historie, formål og potensiale. *Nor J Epidemiol* 2003;13:79-82.

Table 3 Number of participants in Cohort Norway (1994-2003) according to gender and age-groups (at the time they attended the screening station). If participating in more than one study, only the last one is counted.

Age	Men	Women	Total
	N	N	N
<20	116	148	264
20-29	5 884	7 236	13 120
30-39	13 322	15 547	28 869
40-49	27 969	32 148	60 117
50-59	10 517	10 176	20 693
60-69	12 229	10 373	22 602
70-79	13 119	11 883	25 002
80+	1 460	2 303	3 763
Total	84 616	89 814	174 430

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COHORT PROFILE

Cohort Profile: Cohort of Norway (CONOR)

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How did the study come about?

A number of large population-based cardiovascular surveys have been conducted in Norway since the beginning of the 1970s. The surveys were carried out by the National Health Screening Service in cooperation with the universities and local health authorities. All surveys comprised a common set of questions, standardized anthropometric and blood pressure measurements and non-fasting blood samples that were analysed for serum lipids at the Ullevål Hospital Laboratory. These surveys provided considerable experience in conducting large-scale population-based surveys, thus an important background for the Cohort of Norway (CONOR). In the late 1980s the Research Council of Norway established a programme in epidemiology. This also gave stimulus to the idea of establishing a cohort including both core survey data and stored blood samples. In the early 1990s, all universities, the National Health Screening Service, The National Institute of Public Health and the Cancer Registry discussed the possibility of a national representative cohort.¹ The issue of storing blood samples for future analyses raised some concern and it was discussed in the parliament. In 1994, the Ministry of Health appointed the Steering Committee for the CONOR collaboration. In 1994–95, the fourth round of the Tromsø Study was conducted, and became the first survey to provide data and blood samples for CONOR. During the years 1994–2003, a number of health

surveys that were carried out in other counties and cities also provided similar data for the network. So far, 10 different surveys have provided data and blood samples for CONOR (Figure 1). The administrative responsibility for CONOR was given to the Norwegian Institute of Public Health (NIPH) in 2002. The CONOR collaboration is currently a research collaboration between the NIPH and the Universities of Bergen, Oslo, Tromsø and Trondheim.

The purpose of CONOR

The CONOR cohort has not been established on the basis of any single hypothesis but is rather a multipurpose study. The ambition was to set up a sufficiently large enough cohort to study aetiological factors for a wide range of diseases. Additionally, this cohort should make it possible to describe Norwegian men and women in terms of distribution of exposures and health status according to time, place and socio-economic factors.

In 2002, CONOR and the Norwegian Mother and Child study (MoBa),² received a 5-year grant from the Norwegian Research Council to build a technology platform under the Functional Genomics programme (FUGE), called the Biobanks for Health in Norway (Biohealth) platform.³ The overall aim was to investigate separate and combined effects of genes and environment on the risk of disease.

Who is in the sample?

Altogether 309 742 individuals were invited to the 10 surveys based on the 11-digit personal identifier and addresses from the Population Registry of Norway.⁴ The goal is to include 200 000 participants. We defined those who attended the survey and/or answered at least one questionnaire and signed a written informed consent as participants. The numbers in Table 1 include individuals who participated and had given their written consent for research and linkage to health registries. A total of 7309 persons participated in two CONOR surveys, and one person participated in three. Thus, the total number of

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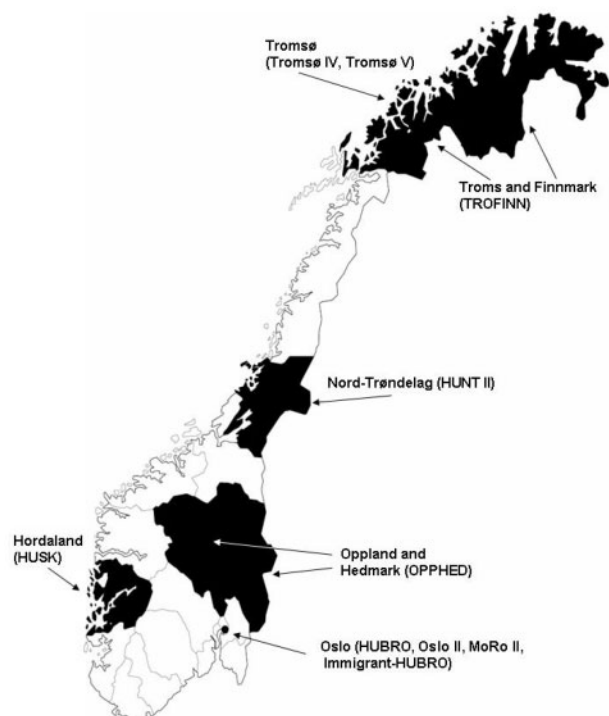


Figure 1 Map of Norwegian counties with location of each sub-study included in cohort of Norway (CONOR)

individuals in the CONOR cohort is 173 236. The distribution of age at the first examination and the number of deaths during follow-up through 2003 is given in Table 2. The individual surveys may have published papers with slightly different total numbers. Sampling procedures differed somewhat between the individual studies. The web site for each study contains more detailed information (Table 1).

What has been measured?

In all the CONOR surveys, the data collection followed a standard procedure. Letters of invitation were mailed about 2 weeks before the time of appointment and included a questionnaire and a brochure with the aims of the study and information about the examinations and procedures. At the screening, this initial questionnaire was collected from the attendees, participants underwent a physical examination and a non-fasting blood sample was drawn. In most studies, the participants were given one or two supplementary questionnaires, which they were instructed to fill in at home and return by mail in pre-addressed stamped envelopes.

About 4 weeks after attending the examination, a letter with selected results from the examination and blood tests was sent to all participants. Those with the highest scores of cardiovascular risk (a modified Framingham risk score based on multiplying the relative risks attributable to the subject's gender, serum cholesterol, systolic blood pressure the number of cigarettes currently smoked per day and family history of

Table 1 Number of invited and participating subjects in cohort of Norway (CONOR) 1994–2003

Name of the study	Year of survey	Number invited	Invited age-groups in years	Number of participants ^a			Web address
				Men	Women	Total	
Tromsø IV (The fourth Tromsø Study)	1994–1995	37 558	25+	12 797	14 128	26 925	http://uit.no/tromsundersokelsen/tromso4/2
HUNT II (The second North-Trøndelag Study)	1995–1997	94 196	20+	30 441	34 576	65 017	http://www.hunt.ntnu.no/
HUSK (The Hordaland Health Study)	1997–1999	38 587	40–44, 46–47, 70–72	11 678	13 851	25 529	http://www.uib.no/isf/husk/
Oslo II (The second Oslo Study)	2000	14 209	48–77	6919		6919	http://www.fhi.no/artikler/?id=54685
HUBRO (The Oslo Health Study)	2000–2001	58 660	30, 31, 40, 45, 46, 59/60, 75/76	9509	11 852	21 361	http://www.fhi.no/artikler/?id=54464
OPPHED (The Oppland and Hedmark Health Study)	2000–2001	22 327	30, 40, 45, 60, 75	5602	6661	12 263	http://www.fhi.no/artikler/?id=28233
Tromsø V (The fifth Tromsø Study)	2001	10 353	30+	3440	4457	7897	http://uit.no/tromsundersokelsen/tromso5/2
I-HUBRO (The Oslo Immigrant Health Study)	2002	12 088	20–60	1877	1737	3614	http://www.fhi.no/artikler/?id=28217
TROFINN (The Troms and Finnmark Health Study)	2002	16 229	30–77	4196	4836	9032	http://www.fhi.no/artikler/?id=28261
MoRo II (The second part of the Romsås in Motion Study)	2003	5535	34–70	896	1093	1989	http://www.fhi.no/artikler/?id=28254
CONOR (Cohort Norway) ^a	1994–2003	309 742	20–103				
Sum of participants				87 355	93 191	180 546	http://www.fhi.no/artikler/?id=28138
Sum of individuals				84 153	89 083	173 236	

^aNumber of participants equals those who attended the survey and agreed that information from the CONOR survey and blood samples can be linked to other registers and used in research. A total of 7310 individuals participated in more than one survey. Thus, the total number of individuals equals 173 236.

coronary heart disease) were advised to visit their own general practitioner, and in some cases offered a follow-up examination at the local hospital.⁵

Measures

Only a restricted core set of measurements and questionnaire responses constitute the CONOR data. Most individual studies that contribute to CONOR have more detailed measurements and questionnaire data. In the following section we describe the key core measurements that all studies contribute to CONOR; at the end we briefly describe some of the additional measurements that are in some of the contributing individual studies. All surveys were carried out in collaboration with the National Health Screening Service, Oslo (now the NIPH). Experienced and trained personnel conducted all procedures. Non-fasting serum total- and HDL-cholesterol, glucose and triglycerides were measured directly by an enzymatic method (Boehringer 148393, Boehringer-Mannheim, Federal Republic of Germany—from 2000 Hitachi 917 auto analyzer, Roche Diagnostic, Switzerland).

The Department of Clinical Chemistry, Ullevål University Hospital, Oslo, performed all laboratory assessments except for HUNT II (The second North-Trøndelag Study) where the analyses were performed at the Department of Clinical Chemistry, Levanger Hospital, Levanger. In Tromsø IV and V, cholesterol and triglycerides were measured at the Department of Clinical Chemistry, University Hospital North-Norway, Tromsø. Calibration procedures were carried out between these laboratories in connection with the surveys (Dr P.G. Lund-Larsen, National Health Screening Service, personal communication). An acceptable stability of the laboratory analyses over time in the population surveys has been reported.⁶

Heart rate, systolic and diastolic blood pressures were measured by an automatic device (DINAMAP, Criticon, Tampa, FL, USA). After 2 min of seated resting, three recordings were made at 1-min intervals. Mean values of the second and third systolic blood pressure measurements were used in calculating the cardiovascular risk score (CVD risk score) (Tverdal, 1989 5/id). The stability of the blood pressure measures has been evaluated and deemed acceptable.⁷

Body weight (in kilograms, one decimal) and height (in centimetres, one decimal) was measured according to a standard protocol with the participants wearing light clothing without shoes (manually recorded until 2000 and after that with an electronic Height and Weight Scale). Body mass index (BMI) was calculated as kilograms per square metre. Waist circumference was measured at the umbilicus to the nearest centimetre and with the subject standing and breathing normally. In obese individuals, waist circumference was defined as the midpoint between the iliac crest and lower margin of ribs. Hip circumference was measured as the maximum circumference around the buttocks. Both waist and hip were measured with a measuring tape of steel—which was emphasized to be placed horizontally. The waist-hip circumferences were used to calculate the waist-hip ratio.

Most individual studies that contribute to CONOR have several additional measurements—for example, extra samples of blood, ECG and ultrasonographic examination of carotid artery and abdominal aorta. Four of the study sites measured bone mineral density (DEXA and/or SXA) and have established a research group called Norwegian Epidemiologic Osteoporosis Studies (NOREPOS).⁸ Altogether, around 28 000 individuals

have had their bone mineral density measured and currently a number of collaborative studies are carried out.

The CONOR questions

All surveys used about 50 core CONOR questions agreed upon before the first CONOR survey in Tromsø in 1994. The exact wording of the questions is available at the CONOR website (<http://www.fhi.no/dav/CA11310499.doc>). Some questions have been slightly modified over the years.

The CONOR questions cover the following main topics: self-reported health and diseases such as diabetes, asthma, coronary heart disease, stroke and mental distress, musculo-skeletal pains, family history of disease, risk factors and lifestyle, social network and social support, education, work and housing, some types of occupation, use of medications and reproductive history (women).

Several of the questions have been evaluated or validated and deemed acceptable.^{9–18} The Population Registry of Norway that was used to identify eligible subjects, contains information about gender, date of birth, marital status, address and country of birth.

Blood samples

Blood samples were drawn from the CONOR participants. EDTA blood for CONOR and the other sub-surveys have normally been collected in 7 or 5 ml vacutainers. These vacutainers were made by different manufacturers but were normally made of polypropylene. DNA has been extracted from more than 90 000 specimens to medio 2007, and Biohealth intends to extract DNA from all samples by Spring 2008. The extracted DNA and an additional sample of 1.25 ml EDTA-blood will be stored at a national biobank storage site at HUNT/NTNU biobank in Levanger (Mid-Norway).

What has been found?

Although a number of analyses from each participating study have been conducted, the CONOR file has only recently been compiled and made available for research. The first CONOR project was anchored in NOREPOS describing urban-rural differences in forearm fractures.¹⁹ Other methodological and validation studies have been completed as described above.

What are the main strengths and weaknesses?

The CONOR database has several strengths: it is population based including populations from various parts of Norway, both rural and urban. The 11-digit personal identification number makes it possible to link cohort participants to national health registries. At present, several large linkages to other registers have been or are in the process of being conducted. These include linkages with census-based data for the whole population and the Medical Birth Registry of Norway, Disability Registry, Cancer Registry of Norway. Tables 2 and 3 present number of deaths and new cases of cancer in CONOR since date of examination by linkage to the death and cancer registries. Other large linkages include data from the Norwegian Drug Prescription Database and information from

Table 2 Number of participants (*n*) and number of deaths until December 31, 2003 in the cohort of Norway (CONOR) by age at inclusion in the surveys

Age (years)	Men		Women	
	<i>n</i>	Deaths	<i>n</i>	Deaths
<25	2037	15	2512	6
25–34	12 028	56	14 658	22
35–44	21 544	158	24 399	123
45–54	17 009	296	18 474	218
55–64	11 698	604	11 903	325
65–74	13 654	2008	9399	991
≥75	6183	2138	7738	2141
Total	84 153	5279	89 083	3826

Table 3 Follow-up 1994–2006^a of the CONOR cohort members. Number of cases of first cancer diagnosis in the Norwegian Cancer Registry after initial CONOR examination

Cancer site (ICD-7)	Men		Women	
	<70 years	≥70 years	<70years	≥70 years
Colorectal cancer (152-4)	582	631	528	476
Trachea, bronchus and lung (162)	191	300	133	110
Breast (170)	1	4	936	271
Prostate (177)	607	995	0	0
Bladder and other urinary organs (181)	102	235	33	51
Melanoma of skin (190)	170	89	238	82
All sites (including basal cell carcinoma of skin)	3180	3971	5411	2515

^aFollow-up approximately through March 2006.

health surveys in several counties in the 1970s. There are also a number of disease registers that may be linked to the CONOR database. Earlier this year, the government passed a new legislation to make the national hospital discharge register personal identifiable, which would be possible to link to CONOR in the near future.

A major strength of CONOR is its sample size that means it would be able to make a unique contribution to establish main genetic effects and gene–environmental interactions, since precise and robust estimation of these effects requires very large sample sizes.^{20,21} Our aim is to reach 200 000 individuals with blood samples and extracted DNA and we anticipate reaching this sample size by Spring 2008. For some hypotheses, it would be most efficient to employ a nested case control study design within CONOR, and we anticipate several such studies in the future. This comparatively large sample size means cases for a number of common and less common diseases may be identified from various sources.

There are some important weaknesses: the overall participation rate is 58% and is lowest in the surveys in Oslo and other

urban areas and became lower throughout the study period. However, the overall participation rate is influenced by low participation rate in those aged ≤30 years. The study population is somewhat heterogeneous as it includes sampling from 10 geographical areas with various age groups included over a 10-year period. The number of core variables is limited, and in some cases the wording of questions is slightly changed over the years.

Can I get hold of the data? Where can I find out more?

Guidelines have been developed for projects using data from CONOR (www.fhi.no). These shall ensure that projects will have a high scientific quality, facilitate quick publication of results from CONOR and make the data accessible for research. Research groups may apply for access. A project leader must be appointed. Researchers not residing in Norway are advised to seek contact with Norwegian counterparts. The study objectives should be within the broader aims of CONOR. Further details of these guidelines are provided at the CONOR website.

Applications and enquiries can be sent electronically to the Norwegian Public Health Institute (email: conor@fhi.no). Applications will be evaluated by the CONOR Steering Committee.

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Appendix 3

Variable descriptions

Project name	The role of smoking and socio-economy in explaining health disparities in breast cancer and colorectal cancer incidence and mortality
	Variables Description
Authors	Eivind Bjerkaas and Ranjan Parajuli
Finalized	
Date of masterfile	16 March 2012
Name of masterfile	master_sc_v_112.zip

Variables Description 160312 eb / rp_NEW20032014

Inclusions selected on survey from data manager:

3 Counties I	62 220
3 Counties II	9 188
3 Counties III	22 538
CONOR	137 182
40 Years (total)	403 691
Oslo I	17 973
Sum	652,792

Analytical cohort: 602, 242(m=299,376, f=302,866)

Cancer cases in cohort by smoking status

	Never-smokers	Former-smokers	Current-smokers	Total
Breast cancer	3,028	1,581	2,881	7,490*
Colon cancer	1,368	1,099	1,531	3,998
Rectal cancer	648	602	926	2,176

*Only among women

Cancer Mortality in cohort by smoking

	Never-smokers	Former-smokers	Current-smokers	Total
Breast cancer	459	216	431	1,106*
Colon cancer	1,607	443	642	1,607
Rectal cancer	202	181	343	726

*Only among women

Daily smokers

The daily-smokers variable in CONOR was based on question “Do you smoke daily?” (In CONOR, this question includes cigarettes, pipe and cigar daily smokers, according to CONOR documentation (variable a8_0)).

In Oslo health study I, the question “Do you smoke daily?” is used for current smokers. Answering “yes” to this question will be current smokers.

In the Norwegian counties study (I, II and III), this was based on the question “Do you smoke daily now?” A positive answer will give a categorization of daily smoker. (We do not consider other answers regarding smoking to classify the current smokers.)

40 years I was based on the question “Do you smoke daily now?” Answering “Yes” will be current smokers.

40 years II was based on the questions “Do you smoke cigarettes daily? Or “Do you smoke cigar daily?” “Do you smoke pipe daily?” answering “Yes” to any of these questions gives daily-smokers.

The 40 years III and IV was based on “Do you smoke cigarettes daily?” or “Do you smoke cigar daily?” or “Do you smoke pipe daily?” If participants have answered “Yes” on any of the above questions, then they are categorized as current smokers.

Former smokers

After we got all current smokers, then we categorized remaining participants in the former-smokers category as below:

In CONOR if participants have valid answer (greater than 0) in questions “How long time since quit smoking (a_9)?” or numbers of cigarettes smoking daily (a_10) or “How old were you when you start smoking (a_11)? or “How many years of smoking in total(a_12_1).?” ,then categorized as former- smokers.

Oslo study I: Those who answered “Yes” to the question “Have you smoked cigarettes daily previously” (tidrok) in Oslo health study were classified as former smokers. In addition, we check if a valid value on (tidsidsl) “How long since quitting?!” , if there is a valid value then we categorized them as former smokers.

In the Norwegian counties those answering “Yes” to the questions “Have you smoked cigarettes daily previously?” were categorized as former-smokers. If answering any value (except zero) to the question “How long since you quit smoking?”, and “How many years have you smoked daily?” and “how many cigarettes do you or did you smoke daily?”, and not a current smoker, then categorized as a former smoker.

40 years I and II is done similar as the Norwegian Counties. Those answering “Yes” to the questions “Have you smoked cigarettes daily previously?” were categorized as former-smokers. If answering any value (except zero) to the question “How long since you quit

smoking?”, and “How many years have you smoked daily?” and “how many cigarettes do you or did you smoke daily?”, and not a current smoker, then categorized as a former smoker.

(Please note the comment from Randi about classification this question in 40 years II.)

40 years III and IV: any answer more than zero in the question “if you have smoked previously, how long since you quit?” then a former smoker. (As answering option is in years, we might misclassify those answering zero because they have quit less than 1 year ago.) Also, answering any value more than zero to the questions “how many cigarettes do you smoke or did you smoke daily”, “how old were you when you started to smoke daily?” or “how many years have you smoked daily?”, then classified as former smoker, if not already classified as a current smoker.

After we have categorized current and former-smokers, from the remaining group of participants, we categorized never-smokers in the following ways:

Never smokers

CONOR: Answering “No” to the question “Do you smoke daily (a8_0)?” then never smokers.

In the Norwegian counties study, participants answering “No” in the questions “Do you smoke cigarettes daily?” or “Do you smoke cigars daily?” or “Do you smoke pipes daily?” and if answering “No” to the question “Have you smoked cigarettes daily previously?” were categorized as never smokers.

In the 40 years I and II we did the same in the Norwegian counties. Participants answering “No” in the questions “Do you smoke cigarettes daily?” or “Do you smoke cigars daily?” or “Do you smoke pipes daily?” and if answering “No” to the question “Have you smoked cigarettes daily previously?” were categorized as never smokers.

40 years III: Participants answering “No” to the question “Do you smoke cigarettes daily?” “Do you smoke cigars daily?” or “Do you smoke pipes daily?” and not answering the question “if you have smoked previously, how long since you quit?”, then categorized as never smoker.

40 years IV: Participants answering “No” to the questions “Do you smoke cigarettes daily?” or “Do you smoke cigars daily?” or “Do you smoke pipes daily ?” and not answering the question “if you have smoked previously, how long since you quit?”, then they are categorized as a never smoker. In addition we include the question unique for IV: “Never smoked daily?”, then a never smoker. (Brings any records from missing to never, not from daily or former.)

Oslo: Those answering “No” to the both questions “Do you smoke daily?” and answering “No” to the question “Have you smoked cigarettes daily previously?” were categorized as never-smokers.

Ever-smokers (daily+ former- smokers)

Duration of smoking

The duration of smoking variable was based on two questions. In the CONOR and the Oslo health study I, daily and former smokers answered the questions “Numbers of years smoked?” In the Norwegian counties study and the 40 years cohort, subjects answering that they were ever smokers were asked “How many years all together have you smoked daily?” Duration of smoking will be further categorized into three groups (1-29, 30-39 and >40)(Ref: Cigarette smoking and risk of colorectal cancer among Norwegian women). Suggestion: Look in EPIC article for different categories which can be appropriate to use in our cohort)

Age at smoking initiation

The age at smoking initiation variable in CONOR and 40 years III+IV was based on question “How old were you when you started smoking”?

In the Norwegian counties study, 40 years I and II cohort and Oslo health study I, this variable is constructed. We subtracted total years of smoking from age at enrollment to construct the age at smoking initiation. This variable was available for both daily and former smokers.

Numbers of cigarettes

The numbers of cigarettes variable was based on question “Numbers of cigarettes smoked daily?” in CONOR and Oslo health study I. In the Norwegian counties study(I, II and III) and 40 years cohort(I,II,III and IV) , ever-smokers were asked “How many cigarettes do you smoke/smoked daily?” to extract information on numbers of cigarettes. We will further categorized it into three groups (1-9, 10-14 and > 15) (Ref: Gram et al: Cigarette smoking and risk of colorectal cancer among Norwegian women). This can be modified during the analysis by other categorizations if more groups needed.

Time since quitting smoking (former smokers only)

The time since quitting smoking variable was based on question “How long since you have quit smoking?” in CONOR, 40 years III and IV.

Answering option in CONOR and 40 years III and IV was “time in years” continuous variable. (rokslutp3 roykslutp4)

In the Norwegian counties study, Oslo health study I and 40 years I there were four different answering options:

- a. Quit since 3 months
- b. Quit since 3 months to 1 year
- c. Quit since 1 to 5 years
- d. Quit for more than 5 years

In 40 years II the question was “If you have smoked previously, how long since you quit” with answering options “less than one year” and “more than one year”. (roykslutp2)

Answers > 60 years is set to missing as outlier (n=4).

Conclusion:

- For *current* smokers “time since quitting smoking” can be handled ok.
- For former smokers it is a problem for 40 years II because we can only differ between <1 year and > 1 year.
- We decide that *former smokers* from Norwegian Counties, 40 years I and II and Oslo I will be called missing in the continuous variable, but can still be handled as categorical variable with four options.

Latency

We have used information from several variables (see below.). For current smokers the information is good. For former smokers, we have information from CONOR and 40 years III and IV. The others are set to missing.

Latency is a constructed variable

Latency for current smokers:

- a. Years between smoking initiation and cohort enrollment(latency 1)
or
- b. Years between smoking initiation and censoring/failures(latency 2)

For former-smokers

- a. Years between smoking initiation and time since quitting

In some of the surveys, like in the Norwegian counties study 40 years I+II and Oslo health study I, we have “time since quitting” variable which was used for constructing latency for former-smokers was available only in four different options as:

1. Less than three months
2. Three months to 1 year
3. 1 year to 5 years
4. 5 years to more

Our main goal was to create a continuous latency variable which was not possible for former-smokers in these surveys.

a. Latency

Latency 1 (Total years from smoking initiation and quitting or cohort enrollment – current smokers only)

b. Latency 2 (Total years between smoking initiation to failure/censoring – current smokers only)

c. Latency 3 (Total years between smoking initiation and quitting or cohort enrollment- former smokers only)

“Only for CONOR, 40 years III and IV”

missing here includes if participants are from other surveys rather than CONOR, 40 years III and IV”.

d. Latency 4 (Total years between smoking initiation to failure/censoring – former smokers only)

“Only for CONOR, 40 years III and IV”

Pack- years of smoking

This is calculated as number of cigarettes smoked per day, divided by 20 and multiplied by the number of years smoked.

Pipe smokers

The “pipe_smoker_sc” variable yes/no comes from all our surveys.

The amount of pipe smoking (*packs pr week*) will come from 3C I, II, III, 40Y I, II, and Oslo I. Variable name “number_pipetobacco_sc”.

In Oslo 1 they only ask about nr of packs in 3 categories. We have estimated that if answering 0-0,5 pack will be 0,25 pack, 1-2 packs will be 1,25 and 2 packs will be 2 packs. Then they are categorized in the variable “number_pipetobacco_sc”.

Further, if any answer then considered “yes”, if no answer then considered “no”, in the “pipe_smoker_sc” variable.

(For BC analysis pipe smokers are disregarded due to very low number of female pipe smokers.)

Alcohol Variables

The alcohol variables are from the CONOR and the 40 years study III and IV. The 40 years study I and II, the Oslo study and the Norwegian county study has no alcohol information.

Teetotalers

In CONOR and 40 years study III and IV the question was “are you a teetotaler?” and there was a “yes/no” answering option.

We have added the persons who are light/moderate/heavy drinker from the “alcohol frequency” variable into the non-teetotalers group, to increase the numbers of non-teetotalers.

Alcohol frequency

Our alcohol frequency variable is constructed to become a light, moderate and heavy (n=42, drinker as categorical variable. In general, we have considered a heavy drinker to drink more than once a week, a moderate drinker once a week, and a light drinker to drink less than once a week.

CONOR

In the CONOR study the variable “drinking pattern” is a 1 to 5 categorical variable: 1. Drinking more than once a week 2. Drinking once a week. 3. 2-3 times pr month 4. Once a month. 5. Less than once a month. The following categorization has been made: if answering 1 in CONOR, then categorized as heavy drinker. If answering 2 in Conor, then categorized as a moderate drinker. In answering 3,4 or 5 in CONOR, then categorized as a light drinker.

40 years

There is no information about alcohol consumption in 40 years I and II. In 40 years III and IV the question was “how many times pr month do you drink alcohol?”. If drinking 5 times or

more pr week, then categorized as a heavy drinker. If drinking 4 times pr month (once a week) then categorized as a moderate drinker. If drinking less, then categorized as a light drinker.

The Norwegian counties study and Oslo health study I
No information.

Alcohol grams pr day

This variable has been constructed from information about drinking frequency and type of drink. According to the (ref: www.fhi.no), one glass of wine equals 14,4 grams of pure alcohol, one glass of beer equals 11,9 grams of pure alcohol, and one glass of spirits equals 12,8 grams of pure alcohol. Values larger than 100 grams pr day has been considered extreme, and have been set to missing (n=12).

CONOR

In CONOR the question was “how many glasses of wine / beer / spirits do you drink in a two weeks period?” The calculated amount of grams was divided on 14, to get the alcohol consumption per day.

40 years

In 40 years III and IV the question was “how many glasses of wine / beer / spirits do you drink in a two weeks period?” (Calculation as above).

BMI

Height and weight were recorded at the health station for all participants, and body mass index (BMI) was calculated by standard formula (ref). Observations with extreme values for height and weight were set to missing as follows: height <100 or >250 cm, weight <35 or >250 kg, BMI <15 or >60 kg/m². (Ref: T Stocks Me-Can Cohort Profile 2009).

BMI is categorized in 4 different groups according to WHO classifications in following order:

1. <18.5
2. 18.5-24.9
3. 25-29.9
4. >30

In the analysis we will collapse category 1 and 2 due to low number in category 1 (1.17%) giving BMI as a 1-3 category.

Other variables

Menopause assessment (women only)

Women were categorized as pre-, peri- or postmenopausal. Only 10 per cent of our cohort was equal to, or older than 48 years old at inclusion, therefore most in our cohort was premenopausal at inclusion.

Questions about menopause were present in CONOR and 40 years III and IV as a continuous variable “age at menopause”. In the County Study and in 40 years I and II, this was a question with 6 options: “

1=Ja, menopause inntrådt

2=Nei, menopause ikke inntrådt

3=Usikker om menopause

4=Gravid

5=primær amenorrhoe

6=Hysterectomy

Answering 1 and 6 were classified as postmenopausal, 2 and 4 were premenopausal, 3 and 5 were uncertain and classified as the other missing according to age (see below):

If missing information, women were classified as premenopausal if they were less than 46 years of age. If they were older than 55 years of age, they were classified as postmenopausal. Women who were between 46 and 55 years of age were classified as perimenopausal / unknown. (Ref: EPIC).

Oral contraceptive use (woman only)

We made the variable “oral contraceptive use” a binary variable (ever / never). In CONOR it was reported in questionnaires as current, former or never user, and the current and former category were collapsed into ever user by us. There is no information about OC in the County Study.

In the 40 years study, this information was initially collected through interviews, later from questionnaires. Due to inconsistent information from several of these studies, we have only used information from 40 year III in our study. This is in accordance with advice from tex. Anders.

Post- menopausal hormonal therapy (PMHT) (women only)

Post-menopausal hormonal therapy (PMHT) in CONOR was 5 category options, with different answering options for never users, former users, and for users of PHT with or without prescriptions. In the 40 years study, the answering options were ever, former, never. There is no information about PHT in the Norwegian counties study.

Menarche (women only)

Age at menarche was categorized as a continuous variable. Information about menarche is in CONOR and 40 years III and IV.

Comment from Anders: use average age for menarche?

Women reporting menarche at age 6 years old or less (n=9), or 22 years old or more (n=31), were set to missing.

Parity (women only)

Information about parity was provided by the Statistics Norway, and is the reported number of live born children at 31. December 2001. This is the official data and is more updated than the questionnaire.

Age at first childbirth (women only)

Variable created from information provided by the SSB, which provided the year for the persons first child, and birth year.

Year first childbirth – year born = age at first childbirth

Smoking exposure before first childbirth (woman only)

Year at first childbirth was given by the SSB.

Age at smoking initiation is a continuous variable in CONOR and 40 years III and IV.

The age at smoking initiation variable in CONOR and 40 years III+IV was based on question “How old were you when you started smoking”?

In the Norwegian counties study, 40 years I and II cohort and Oslo health study I, this variable is constructed. We subtracted total years of smoking from age at enrollment to construct the age at smoking initiation. This variable was available for both daily and former smokers.

We therefore have good information about smoking exposure before first childbirth, for both former and current smokers.

Formulas:

1. Year of survey assessment – total years of smoking = year of smoking initiation
Year of smoking initiation – year of birth = age at smoking initiation
2. Age at enrollment - total years of smoking = age at smoking initiation

Total: Age at smoking initiation

Year first childbirth – year smoking initiation = years of smoking before first childbirth

Excluded:

- Male sex
- Non-smokers

- Smokers initiating after first childbirth
- No parity

In the variable `exposure_before_first_childbirth` are those with negative number (ie those initiating *after* first childbirth) not included.

Physical activity

The physical activity variable was created as a 1 to 4 categorical variable, with the variable description from CONOR as a reference: 1. Reading, watch TV, other sedentary activity, etc. 2. Walking, bicycling, etc. 3. Light sports, heavy gardening > 4 hours pr week. 4. Hard exercise, competitive sports regularly. In all the included studies except 40 years III, there were a 1 to 4 categorical variable.

In the 40 years III, there were two questions for physical activity: “how much light activity do you do pr week?”, and “how much heavy activity do you do pr week”, with a 1 to 4 answering option for both questions.

If answering 1 or 2 to I aktiv then 1
 3 or 4 to Iaktiv then 2
 1 or 2 to h_aktiv then 3
 3 or 4 to h_aktiv then 4

Group 1: Light physical
 Group 2: Mild physical activity
 Group 3: Moderate physical activity
 Group 4: Hard physical activity

Education

We have information about education level from SSB, and the 1970, 1980 and 1990 census. By consensus, we decide to use the highest level of education from the 1980 or 1990 census. If the information is missing, then we use the 1970 census. If no information from any census, then real missing.

Educational level was given in 1-8 categorical variables from SSB. Value 9 is not answered or unknown level of education:

1. 7 years primary school
2. 9-10 years primary/secondary school
3. Technical school, middle school, vocational school, 1-2 years senior school
5. University or university college level 1
6. University or university college level 2
7. University or university college level 3

8. University researcher level

9. Not answered or unknown level of education

These were merged into four levels of education as follows:

1: 1 and 2 low education level

2: 3 and 4 low/medium education level

3: 5 and 6 medium/high education level

4: 7 and 8 high education level

This made four education categories (new_ses4groups_NEW).

Income

As for education, information provided by SSB from the 1970, 1980, 1990. Information about income was categorized in different ways in the different census, which makes it difficult to compare the different time periods.

Income was categorized as follows: Distribution of all incomes at one census was categorized in quartiles. The first quartile was given value 1, the second quartile was given value 2, the third quartile was given 3, and the fourth quartile was given 4. This was done for all three census independently.

The highest quartile registered at either census counted for that individual. The income files were organized by Knut Hansen in the master file (income_max_quart).

SES

To create four groups for socioeconomic status (SES), income and education categories were added. The sum classified the individuals as follows:

A) 2 score= SES group 1

B) 3 and 4 score = SES group 2

C) 5 and 6 score= SES group 3

D) 7 and 8 score= SES group 4

Comment: we suggest creating 3 SES groups instead of 4. The reason for this is that the groups 2 and 3 will be very homogenous, if we create 4 categories.

If we create 3 categories, we will have a low, middle and high SES category, which is a common way of classifying social groups. It probably gives a more correct picture of the data, as the most important issue about SES will be to differ between low and high SES. We therefor also create a variable (ses3groups_NEW), where the above group 2 and 3 is merged.