Personal national registration number ☐☐☐☐☐☐ – ☐☐☐☐

LIFE HABITS AND HEALTH AMONG WOMEN

Please use a biro/pen with blue or black ink.

Answer this way: ☐ Make a small **cross** in the small boxes

☐ Write clear **numbers** in the big boxes.

WEIGHT

1. How much did you weigh at birth?

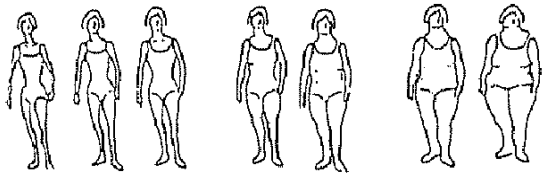
Less than 1500 grams	1500-2499	2500-3999	4000-4999	Over 5000	Don't know
☐	☐	☐	☐	☐	☐

2. Were you born more than a month too early?

☐ No ☐ Yes

3. Are you a twin? ☐ No ☐ Yes

4. How was your figure at 10 years of age?



10 years ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. How tall were you at the age of 20? ☐☐☐ cm

6. How much did you weigh at (in kilos):

20 yrs	30 yrs	40 yrs	50 yrs
☐☐	☐☐	☐☐	☐☐
60 yrs	**70 yrs**	**80 yrs**	**Weight now**
☐☐	☐☐	☐☐	☐☐

7. What are your measures around waist and hips?

Waist ☐☐☐ cm Hips ☐☐☐ Cm

8. Have you ever in your life lost 5 kg or more in less than 1 year? *If yes*, **why**?

☐ No, never ☐ Yes, after pregnancy

☐ Yes, due to dieting ☐☐ times, Illness ☐☐ times

more active ☐☐ times, Other ☐☐ times

9. If you ever dieted, what methods did you use?

☐ Weight watchers ☐ Less fat ☐ Fasting

☐ Fibre tablets ☐ Dieting powder *e.g. Nutrilett* ☐ Medicines *e.g. Obesedyl*

☐ Other

PHYSICAL ACTIVITY AND EXERCISE

10. Mark your level of physical activity **at different ages**:

Home/householdwork	15 yrs	30 yrs	50 yrs	this yr
Less than 1 hour/day	☐	☐	☐	☐
1-2 hours/day	☐	☐	☐	☐
3-4 hours/day	☐	☐	☐	☐
5-6 hours/day	☐	☐	☐	☐
7-8 hours/day	☐	☐	☐	☐
More than 8 hours/day	☐	☐	☐	☐

Walking/cycling	15 yrs	30 yrs	50 yrs	this yr
Hardly ever	☐	☐	☐	☐
Less than 20 min/day	☐	☐	☐	☐
20-40 minutes/day	☐	☐	☐	☐
40-60 minutes/day	☐	☐	☐	☐
1-1,5 hours/day	☐	☐	☐	☐
More than 1,5 hours/day	☐	☐	☐	☐

Work/occupation	15 yrs	30 yrs	50 yrs	this yr
Mostly sitting down	☐	☐	☐	☐
Sitting down half the time	☐	☐	☐	☐
Mostly standing up	☐	☐	☐	☐
Mostly walking, min. lifting /carrying	☐	☐	☐	☐
Mostly walking, sig. lifting/carrying	☐	☐	☐	☐
Heavy manual labour	☐	☐	☐	☐

Leisure time

Watching TV/reading	15 yrs	30 yrs	50 yrs	this yr
Less than 1 hour/day	☐	☐	☐	☐
1-2 hours/day	☐	☐	☐	☐
3-4 hours/day	☐	☐	☐	☐
5-6 hours/day	☐	☐	☐	☐
More than 6 hours/day	☐	☐	☐	☐

Exercise				
Less than 1 hour/week	☐	☐	☐	☐
1 hour/week	☐	☐	☐	☐
2-3 hours/week	☐	☐	☐	☐
4-5 hours/week	☐	☐	☐	☐
More than 5 hours/week	☐	☐	☐	☐

11. How many hours in 24 hours do you usually...

Sleep ☐☐ hours/ 24 hours Sit/lie down ☐☐ hours/ 24 hours

DIETARY HABITS IN THE LAST YEAR

12. How much do you drink/eat of the following:

1 glass=2 dl	Per day *or*		Per week	
Milk, skimmed (<0,5% fat)		Glass/d		glass/w
Milk, semi-skimmed (1,5% fat)		Glass/d		glass/w
Milk, whole (3% fat)		glass/d		glass/w
Sour milk/yogh, low-fat		glass/d		glass/w
Sour milk/yoghurt		glass/d		glass/w
Soft drinks/soda		glass/d		glass/w
Beer, 2,25% alc.		glass/d		glass/w
Tea 1 cup=1,5 dl		cups/d		cups/w
Coffee		cups/d		cups/w
Sugar/honey		Teasp. lumps/d		Teasp. lumps/d
Cheese		Slices/d		slices/w
Cheese, reduced fat		Slices/d		slices/w
Cottage cheese/quark		Table-spoons		Table-Spoons
Crispbread		Slices/d		slices/w
White bread/loaf		Slices/d		slices/w
Granary/wholemeal bread		Slices/d		slices/w

13. How many slices of bread with butter/margarine do you usually eat per day o*r* per week?

☐ Slices/day ☐ slices/week

14. How much butter/margarine do you usually spread on your bread?

☐ Fairly thick ☐ Thinly ☐ Very thin
☐ None at all

15. What types of fat do you usually use?

	Sand-wiches	Home-made dressing	For cooking
Butter (80% fat)	☐		☐
Bregott (50% butter/50% marg)	☐		☐
Margarine spread (80% fat)	☐		☐
Margarine spread (40% fat)	☐		☐
Margarine (80% fat)	☐		☐
Olive oil		☐	☐
Rapeseed/canola oil		☐	☐
Cooking oil (corn, sunflower, soy)		☐	☐
Liquid margarine		☐	
I do not use any type of fat	☐		

16. On average, how often do you eat the following?
*Mark only **one** cross on **each** line.*

	Times per month		... week			... day		
CEREALS	0	1-3	1-2	3-4	5-6	1	2	3+
Oatmeal porridge	☐	☐	☐	☐	☐	☐	☐	☐
Other porridge/gruel	☐	☐	☐	☐	☐	☐	☐	☐
Cereals/muesli	☐	☐	☐	☐	☐	☐	☐	☐
Spaghetti/ macaroni	☐	☐	☐	☐	☐	☐	☐	☐
Pancakes/ crepes	☐	☐	☐	☐	☐	☐	☐	☐
Pizza	☐	☐	☐	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐	☐	☐	☐
Bran of wheat or oats	☐	☐	☐	☐	☐	☐	☐	☐
	Times per month		... week			... day		
MEAT	0	1-3	1-2	3-4	5-6	1	2	3+
Minced meat (Meatballs, hamburger, mincemeat sauce)	☐	☐	☐	☐	☐	☐	☐	☐
Pork (steak/casserole)	☐	☐	☐	☐	☐	☐	☐	☐
Beef/veal (steak/casserole)	☐	☐	☐	☐	☐	☐	☐	☐
Sausage (fried/grilled/boiled)	☐	☐	☐	☐	☐	☐	☐	☐
Blood pudding/sausage	☐	☐	☐	☐	☐	☐	☐	☐
Liver/kidney	☐	☐	☐	☐	☐	☐	☐	☐
Liver paté	☐	☐	☐	☐	☐	☐	☐	☐
Toppings: meat, sausage	☐	☐	☐	☐	☐	☐	☐	☐
	Times per month		... week			... day		
POULTRY/FISH/EGG	0	1-3	1-2	3-4	5-6	1	2	3+
Chicken/other poultry	☐	☐	☐	☐	☐	☐	☐	☐
Herring/mackerel	☐	☐	☐	☐	☐	☐	☐	☐
Salmon/whitefish/ red char	☐	☐	☐	☐	☐	☐	☐	☐
Cod/saithe/fish fingers	☐	☐	☐	☐	☐	☐	☐	☐
Caviar	☐	☐	☐	☐	☐	☐	☐	☐
Shellfish (shrimp, crayfish)	☐	☐	☐	☐	☐	☐	☐	☐
Eggs/omelette	☐	☐	☐	☐	☐	☐	☐	☐
	Time per month		... week			... day		
POTATOES ETC	0	1-3	1-2	3-4	5-6	1	2	3+
Boiled potatoes	☐	☐	☐	☐	☐	☐	☐	☐
Fried potatoes	☐	☐	☐	☐	☐	☐	☐	☐
French fries	☐	☐	☐	☐	☐	☐	☐	☐
Carrots	☐	☐	☐	☐	☐	☐	☐	☐
Beetroots	☐	☐	☐	☐	☐	☐	☐	☐
	Time per month		... week			... day		
VEGETABLES	0	1-3	1-2	3-4	5-6	1	2	3+
Lettuce/iceberg lettuce	☐	☐	☐	☐	☐	☐	☐	☐
Cabbage/red cabbage	☐	☐	☐	☐	☐	☐	☐	☐
Cauliflower	☐	☐	☐	☐	☐	☐	☐	☐
Broccoli/brussels sprouts	☐	☐	☐	☐	☐	☐	☐	☐
Tomato/tomato juice	☐	☐	☐	☐	☐	☐	☐	☐
Peppers	☐	☐	☐	☐	☐	☐	☐	☐
Spinach	☐	☐	☐	☐	☐	☐	☐	☐
Green peas	☐	☐	☐	☐	☐	☐	☐	☐
Onion/leek	☐	☐	☐	☐	☐	☐	☐	☐
Garlic	☐	☐	☐	☐	☐	☐	☐	☐
Mixed vegetables	☐	☐	☐	☐	☐	☐	☐	☐
Pea soup/beans/lentils	☐	☐	☐	☐	☐	☐	☐	☐
Soy bean products	☐	☐	☐	☐	☐	☐	☐	☐

FRUITS/BERRIES	Times per month 0	1-3	... week 1-2	3-4	5-6	... day 1	2	3+
Orange/citrus fruits	☐	☐	☐	☐	☐	☐	☐	☐
Orange/grapefruit juice	☐	☐	☐	☐	☐	☐	☐	☐
Apple/pear	☐	☐	☐	☐	☐	☐	☐	☐
Banana	☐	☐	☐	☐	☐	☐	☐	☐
Berries (fresh or frozen)	☐	☐	☐	☐	☐	☐	☐	☐
Other fruits	☐	☐	☐	☐	☐	☐	☐	☐
Jam/marmalade/sauce	☐	☐	☐	☐	☐	☐	☐	☐
Fruit fool/soup	☐	☐	☐	☐	☐	☐	☐	☐

CAKES/SWEETS ETC.	Times per month 0	1-3	... week 1-2	3-4	5-6	... day 1	2	3+
Buns and cakes	☐	☐	☐	☐	☐	☐	☐	☐
Biscuits/wafers/rusks	☐	☐	☐	☐	☐	☐	☐	☐
Gateau/pastries	☐	☐	☐	☐	☐	☐	☐	☐
Chocolate	☐	☐	☐	☐	☐	☐	☐	☐
Sweets (not chocolate)	☐	☐	☐	☐	☐	☐	☐	☐
Ice cream	☐	☐	☐	☐	☐	☐	☐	☐
Chips/popcorn/cheese puffs	☐	☐	☐	☐	☐	☐	☐	☐
Nuts/almonds	☐	☐	☐	☐	☐	☐	☐	☐
Salad dressing Light ☐	☐	☐	☐	☐	☐	☐	☐	☐
Mayonnaise Light ☐	☐	☐	☐	☐	☐	☐	☐	☐
Crème fraiche Light ☐	☐	☐	☐	☐	☐	☐	☐	☐
Cream	☐	☐	☐	☐	☐	☐	☐	☐
Ketchup	☐	☐	☐	☐	☐	☐	☐	☐

17. On average, how often do you eat fried food?

			Rarely
Sausage/steak/pork chop *Fried in a pan*	☐	times/mon	☐
Fish fried in a pan	☐	”	☐
Chicken/fillet/casserole *Fried in a pan*	☐	”	☐
Grilled/roasted chicken	☐	”	☐
Gravy/meat-juice	☐	”	☐

18. What degree of browning do these courses usually have?

☐ Light brown ☐ Brown
☐ Dark brown ☐ Charred

19. How often do you drink alcohol?

☐ I have never had alcohol
☐ I stopped drinking alcohol at the age of ☐☐ Y

☐ I usually drink	Times per month Never	0-1	2-3	... week 1-2	3-4	5-6	... day 1	2	3+
Beer 2,8% alc	☐	☐	☐	☐	☐	☐	☐	☐	☐
Beer 4,5% alc	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wine	☐	☐	☐	☐	☐	☐	☐	☐	☐
Wine >18% alc.	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spirits 40% alc.	☐	☐	☐	☐	☐	☐	☐	☐	☐

20. How much do you drink on each occasion?

Beer ☐☐☐ cl Wine ☐☐☐ cl Spirits ☐☐☐ cl

1 can of beer=33/50 cl, bottle of wine/spirits=75 cl, 1 dl=10 cl

DIETARY SUPPLEMENTS

21. Do you take vitamin, mineral or other supplements?

☐ Yes, regularly ☐ Yes, sometimes ☐ No

If yes, **how much** *and* **since when?**

Multivitamins *with minerals*	☐☐	tablets per week	☐☐	yr
Multivitamins *Without minerals*	☐☐	”	☐☐	yr
Vitamin C	☐☐	”	☐☐	yr
Vitamin E	☐☐	”	☐☐	yr
Vitamin B_6	☐☐	”	☐☐	yr
Calcium	☐☐	”	☐☐	yr
Fish oil	☐☐	capsules per week	☐☐	yr

22. Which of the following do you usually take?

☐ Ginseng ☐ Vit B-complex ☐ Selenium ☐ Folic acid
☐ Gerimax ☐ Beta-carotene ☐ Zinc ☐ Oxigard
☐ Protector ☐ Magnesium ☐ Q10 ☐ Remifemin

WOMEN'S HEALTH

23. How old were you when your period started?

☐☐ yrs ☐ don't know

24. How many children have you had? ☐☐ children

Your age at the birth of the first child ☐☐ yrs

25. Were you ever treated for infertility?

☐ Yes, ☐ operation, ☐ hormonal stimulation, ☐ other
☐ No

26. Have you ever used contraceptive pills or injections? **How long?** *Don't include so called mini-pills*

☐ Yes, from ☐☐ yrs of age, total ☐☐ yrs
☐ No, I have never used contraceptive pills/injections

27. Do you still have menstrual bleedings?

☐ Yes, ”natural” ☐ Yes, due to hormonal treatment
☐ No, they ceased when I was ☐☐ yrs
☐ The bleedings ceased naturally
☐ because my ovaries were removed surgically
☐ because my womb was removed surgically

28. Have you taken hormones (estrogen) at menopause or later? *If yes*, **how long**?

☐ Yes, to ease hot flushes, sweating
from ☐☐ yrs of age, total ☐☐ yrs ☐ Use now

☐ Yes, to ease dryness in the vagina.
from ☐☐ yrs of age, total ☐☐ yrs ☐ Use now

☐ No, I have never received hormonal treatment.

HEALTH

29. Have you had any of the following diseases?

State ***what year*** *you had the first diagnosis*

- ☐ Benign lump in the breast yr 19 ☐
- ☐ High blood pressure yr 19 ☐
- ☐ High cholesterol yr 19 ☐
- ☐ Thrombosis (deep) in the leg yr 19 ☐
- ☐ Angina pectoris yr 19 ☐
- ☐ Myocardial infarction yr 19 ☐
- ☐ Stroke yr 19 ☐
- ☐ Diabetes yr 19 ☐
- ☐ Fracture of the wrist/vertebra/femur yr 19 ☐
- ☐ Asthma yr 19 ☐
- ☐ Surgery of cataract ☐
- ☐ Kidney stone yr 19 ☐
- ☐ Gallstone yr 19 ☐
- ☐ Articular rheumatism yr 19 ☐

30. Have you regularly (at least 1 tabl/week) used any of the following medicines?

If yes, **how much** *and* **from what year***?*

Aspirin *(e.g. Magnecyl, Bamyl, Dispril, Aspirin, Alka-Seltzer, Treo, Albyl, Bamycor, Trombyl)*

☐ No ☐ Yes ☐ Tabl/ Week from19 ☐

Paracetamol *(e.g. Alvedon, Panodil, Citadon, Curadon, Distalgesic, Lemsip, Panocod, Reliv)*

☐ No ☐ Yes ☐ Tabl/ Week from 19 ☐

Indometacin *(e.g. Indomeé, Confortid, Indometacin)*

☐ No ☐ Yes ☐ Capsul/ Week from19 ☐

Medication for sleeping disorders

☐ No ☐ Yes ☐ Tabl/ Month from 19 ☐

Cortisone tablets ☐ No ☐ Yes ☐ courses

Cortisone for inhaling *(e.g. Pulmicort, Becotide, Flutide)*

☐ No, ☐ Yes, using now, ☐ Yes, for ☐ yrs

31. Has any of your parents or siblings had:

	No	Yes, M/r	F/r	Sibling *number*	Don't know
Breast cancer	☐	☐	☐	☐	☐
Colon cancer	☐	☐	☐	☐	☐
Prostate cancer	☐		☐	☐	☐
Other cancer	☐	☐	☐	☐	☐
Coronary *before the age of 60*	☐	☐	☐	☐	☐

OTHER QUESTIONS

32. Did you ever smoke cigarettes regularly?

☐ No, I have never smoked cigarettes

☐ Yes, I started smoking when I was ☐ yrs

☐ still smoking ☐ stopped smoking ☐ Yrs ago

Number of cigarettes per day at different ages

15-20 yrs	21-30 yrs	31-40 yrs	41-50 yrs	51-60 yrs	this yr
☐	☐	☐	☐	☐	☐

33. Did you ever use snuff regularly?

☐ No ☐ Yes

34. Were did you grow up?

☐ In a city /suburb ☐ In a medium-sized city

☐ In a smaller town/community ☐ In the country

35. How many whole/half siblings do you have?

Sisters ☐ Brothers ☐

36. How many children did your mother give birth to before you?

She gave birth to ☐ children before

37. What education/schools have you attended?

☐ Compulsory school ☐ Secondary school

☐ Junior secondary school ☐ University/college

☐ Vocational/Girls' school ☐ Other training

38. Do you live alone?

☐ No, there are ☐ persons in the household

☐ Yes, I live alone since 19 ☐

39. What is your present occupation?

☐ Full-time work ☐ Part-time work ☐ Housewife

☐ Retired ☐ Disability pension ☐ Unemployed

It is good if you can go through and check that the questions have been answered as completely as possible.

Would you be willing to help the research further by giving a blood sample for future studies of hereditary protective factors? ☐ Yes ☐ No

Were you to get ill - would you allow the researchers to study cells in a tissue sample taken in connection with a routine diagnosis or treatment? ☐ Yes ☐ No

Can we call you if there is anything further we might need to know? ☐ Yes ☐ No

Your phone number ☐ - ☐

Area code

MANY THANKS FOR YOUR PARTICIPATION !