

## Women's Lifestyle and Health

### ADOLESCENCE AND EDUCATION

**1. In which country were you mainly resident for the first 7 years of life?**

- 1 Sweden
- 2 Finland
- 3 Norway
- 4 Denmark
- 5 Other

**2. Total number of years of education (include compulsory school)**

..... years

**3. How old was your mother at your birth?**

..... years  Don't know

**4. How many siblings do you have? (Include also half-brothers- or sisters, and siblings deceased).**

..... siblings

**5. How many of your siblings were born before you?**

..... siblings

**6. Do you have a twin brother or sister?**

- 1. Yes
- 2. No.

### MENSTRUATION

**7. At which age did you have your first menstruation?**

..... years

**8. How long did it take before you had regular cycles?**

- 1. Less than 1 year
- 2. 1 – 3 years

- 3. More than 3 years
- 4. Never
- 5. Don't know

**9. Number of days in cycle at age 18 (count from day 1 in one cycle to next day 1)**

Menstruation Day1	Menstruation Day 1
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x.....Number of days?.....x

- |                       |  |  |
|-----------------------|--|--|
| ..... days, at age 18 | <input type="checkbox"/> 1. Don't know | <input type="checkbox"/> 2. Irregular cycles |
| ..... days, at age 30 | <input type="checkbox"/> 1. Don't know | <input type="checkbox"/> 2. Irregular cycles |

**10. Has menstruation ever stopped in the past– apart from pregnancy – for more than six months?**

- 1. Yes
- 2. No → Proceed to question number 12

**11. Did menstruation stopped because of:**

	No	Yes	Number of months
Refusal to eat	<input type="checkbox"/>	<input type="checkbox"/> →	.....
Dieting	<input type="checkbox"/>	<input type="checkbox"/> →	.....
Oral contraceptive use	<input type="checkbox"/>	<input type="checkbox"/> →	.....
Stressful work situation	<input type="checkbox"/>	<input type="checkbox"/> →	.....
Physical activity	<input type="checkbox"/>	<input type="checkbox"/> →	.....
Other reason	<input type="checkbox"/>	<input type="checkbox"/> →	.....

**12. Is menstruation currently regular?**

- 1. Yes
  - 2. No, they are irregular
  - 3. No, I am currently pregnant
  - 4. No, menstruation has stopped since more than six months
- } Proceed to question number 15

**13. Why has the menstruations stopped?**

- 1. Stopped for natural reasons
- 2. Removal of ovaries
- 3. Removal of uterus
- 4. Don't know

**14. At which age did you stop menstruating?**

..... years

**HORMONE REPLACEMENT THERAPY**

**15. Have you entered the menopause yet?**

- 1. Yes
- 2. No → Proceed to question number 19

**16. Do you or did you use any hormone replacement therapy because of menopausal inconvenience?**

- 1. Yes
  - 2. No
  - 3. Don't know
- } Proceed to question number 19

**17. At which age did you start hormone replacement therapy for the first time?**

..... years

**18. How long have you taken hormones for menopausal disorders?**

..... months

**PREGNANCIES, DELIVERIES AND BREAST FEEDING**

**19. Have you ever been pregnant?**

- 1. Yes
- 2. No → Proceed to question number 23.

(If no delivery, proceed to question number 21)

**20. Please state for each child – year of birth (include stillbirth and children deceased later) and duration of breast feeding. Please also indicate weight change for each pregnancy.**

Child:	Year of birth	Number of months breast-fed	Weight change during pregnancy
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**21. Have you had any pregnancy lasting less than 6 months, i.e. interrupted because of miscarriage or abortion?**

1. Yes

2. No

**22. Have you ever had an extra uterine pregnancy?**

1. Yes

2. No

**23. Have you ever tried to become pregnant during a period of 1 year or more without success?**

1. Yes

2. No → Proceed to question number 26

**24. How old were you then?**

..... years

**25. How long was that period of time?**

..... years

#### **ORAL CONTRACEPTIVES**

**26. Have you ever used OC:s, low dose OC:s included? (Read more in the enclosed pamphlet).**

1. Yes

2. No → Proceed to question number 34

**27. For how long have you used them (total time)?**

..... years

**28. At which age did you start using OC:s?**

..... years

**29. If you have children, did you use OC:s before the birth of the first child?**

1. Yes

2. No

**30. Are you currently using OC:s?**

1. Yes

2. No

**31. Have you ever used OC:s for reasons other than preventing pregnancy?**

1. Yes

2. No

**32. Have you ever by your doctor been recommended to stop using OC:s for medical reasons?**

1. Yes

2. No

**33. Please answer the questions about OC use in more detail below. For each period having used the same kind of OC, we hope you could mention the name, age at start of usage and for how long using them.**

**If you don't remember the name, please state "not sure". In order to help you remember, please consult the enclosed pamphlet including images of all OC:s ever sold in Sweden. Please state the name and the number.**

1. Age	Duration of use	OC No.	Name
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#### **OTHER CONTRACEPTIVES**

**34. How often have you or your partner used any of the following contraceptives?**

Never    Sometimes    Often    Always    No. of years

Condom

Diaphragm

**35. Are you currently using, or have you ever used, an IUD?**

1. Yes

2. No

**36. At which age did have an IUD for the first time?**

..... years

**37. For how many years have you been using an IUD totally?**

..... years

### **DISEASE HISTORY**

**38. Do you have, or have had any of the following diseases?**

	Yes	No	Age at diagnosis
High blood pressure			
Diabetes mellitus			
Blood clots (extremities)			
Cerebral haemorrhage			
Heart attack			
Rheumatoid arthritis			
Crohn's disease			
Ulcerative colitis			
Psoriasis			
Multiple Sclerosis			
Cancer			

**39. Have you ever seen a doctor for a benign lump or cyst in the breast?**

1. Yes

2. No

**40. Have you ever had an operation for a lump, tumor or cyst in the breast?**

1. Yes

2. No → Proceed to question number 43

**41. Year of last operation for a lump, tumor or cyst in the breast?**

**42. At which hospital?**

## ALLERGIES

**43. Do you have any of the following allergies?**

Yes No Age at debut

Eczema  
Hay fever  
Asthma

**44. Are you allergic to any of the following:**

Yes No

Gluten  
Other food  
Pollen  
Animals  
Other

## SELF ASSESSMENT OF HEALTH STATUS

**45. Are you considering your health being:**

1. Very good

2. Good

3. Poor

4. Very poor

## FAMILY HISTORY OF CANCER

**46. Have any of your closest relatives been affected by cancer? (Check all, i.e. also those deceased).**

	No	Don't know	Breast cancer	Gastro-intestinal cancer	Uterine cancer	Malignant melanoma	Other
Siblings							
Mother							
Father							
Mother's siblings							
Father's siblings							
Maternal grandmother							

Maternal grandfather							
Paternal grandmother							
Paternal grandfather							

**47. Have any of your closest relatives been affected by cancer before the age of 45?**

- 1. Yes
- 2. No
- 3. Don't know

**48. How many siblings have or had your parents? (State all, i.e. half-brothers – and sisters and siblings deceased).**

- Your mother ..... siblings  Don't know
- Your father ..... siblings  Don't know

**SCREENING FOR CANCER**

**49. How often do you perform breast self-exams?**

- 1. Never
- 2. Now and then, irregularly
- 3. Regularly

**50. Do you regularly attend the mammography screening program?**

- 1. No
- 2. Now and then, irregularly
- 3. Yes, with two years between visits

**51. Do you routinely go for gynecological check-ups?**

- 1. Never
- 2. Less than every 3<sup>rd</sup> year
- 3. Every 3<sup>rd</sup> year or more

## ANTHROPOMETRIC MEASUREMENT

**52. What was your weight at birth?**

- 1. Less than 2.500 g
- 2. 2.500 – 3.000 g
- 3. More than 3.000 g
- 4. Don't know

**53. Present height:** ..... cm.

**54. Present weight:** ..... kg

**55. Waist circumference:** ..... cm

**56. Hip circumference:** ..... cm

**57. Which was your weight at age 18?**

..... kg

**58. How many times have you lost more than 5 kg or more in weight?**

Number of times .....

**59. When you were in the first grade, were you:**

- 1. Very thin
- 2. Thin
- 3. Normal
- 4. Fat
- 5. Very fat

## SMOKING HABITS

**60. Have you ever smoked regularly?**

- 1. Yes
- 2. No → Proceed to question number 62

**61. Check the number of cigarettes smoked daily at different ages**

Number of cigarettes smoked per day

Years	0	1-4	5-9	10-14	15-19	20-24	25+
10-14							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45-49							

**62. Do you live with someone who smokes at home?**

- 1. Yes
- 2. No → Proceed to question number 64

**63. How many cigarettes does this person smoke per day?**

..... / per day

**64. Did anyone smoke at home when you were a child?**

- 1. Yes
- 2. No → Proceed to question number 66

**65. Who smoked in your home?**

- 1. Father
- 2. Mother
- 3. Others

**PHYSICAL ACTIVITY**

**66. In the table below, we ask you to state your physical activity at age 14, 30 and current physical activity.**

Age	Very low	Normal	Very high
14			
30			
Current			

**67. Have you ever competed in sports?**

- 1. Yes
- 2. No → Proceed to question number 69

**68. For how many years did you compete?**

..... years

**PERSONAL DESCRIPTION**

**69. Which is your natural hair color?**

- 1. Dark brown/black
- 2. Light brown
- 3. Blonde
- 4. Red

**70. Which is your eye color?**

- 1. Brown
- 2. Grey/Green
- 3. Blue

**71. Do you have freckles on your arms?**

- 1. No
- 2. Yes, a few
- 3. Yes, many

**72. How does your skin react to the sun at the beginning of the summer?**

- 1. It becomes brown without turning red
- 2. It becomes red
- 3. It becomes red and sunburned
- 4. It becomes sunburned with blisters

**73. How does your skin react after lengthy sun exposure?**

- 1. It becomes dark brown
- 2. It becomes brown
- 3. It becomes light brown
- 4. It never gets brown

**74. How often are you using sun lotion when sun bathing?**

- 1. Never
- 2. Irregularly
- 3. Every two days
- 4. Almost always

**75. How many dysplastic naevi – larger than 5 mm – do you have totally on your legs (from toes to groins)?**

- 1. None.
- 2. One naevi
- 3. 2-3 naevi
- 4. 4-6 naevi
- 5. 7-12 naevi
- 6. 13-24 naevi
- 7. 25 or more

**76. At different ages, how many times did you get sunburned with blisters and peeling skin?**

- 1. Never
- 2. Once
- 3. 2-3 times
- 4. 4-5 times
- 5. 6 times or more

**77. At different ages, how many weeks per year do you take a vacation at the beach (in Sweden or abroad)?**

- 1. Never
- 2. 1 week
- 3. 2-3 weeks
- 4. 4-6 weeks
- 5. 7 weeks or more

**78. At different ages, how many times did you go to the solarium per month?**

- 1. Never
- 2. Rarely
- 3. Once
- 4. Twice
- 5. 3-4 times
- 6. 5 times or more

**FOOD FREQUENCY DURING THE LAST YEAR**

**79. What type and how much milk do you drink per day or per week, including milk used in porridge, stewed fruit, coffee? (1 glass = 2 dl)**

Light milk (0.5% fat or less)	glasses/day	glasses/week
Medium milk (1.5% fat)	glasses/day	glasses/week
Standard milk (3% fat)	glasses/day	glasses/week
Sour milk/yoghurt/kefir	glasses/day	glasses/week
Sour milk light/yoghurt light	glasses/day	glasses/day

- 1. I hardly ever drink or use milk

**80. What type and how much bread do you eat per day or week?**

White bread	slices/day	slices/week
Whole grain bread	slices/day	slices/week
Sweet bread/rusks	slices/day	slices/week
Crisp bread	slices/day	slices/week

**81. How many open sandwiches spread with butter/margarine do you eat per day or week?**

... slices/day                      ..... slices/week

**82. What kind of fat are you using for sandwiches and cooking (baking included)?**

Sandwiches                      Cooking/baking

Butter  
Bregott (butter/margarine mixture)  
Table margarine (Flora, Vår)  
Low-fat margarine (Lätt & Lagom, Lätta)  
Margarine (hard from fridge)  
Cooking oil (maize, sunflower, soy)  
Canola oil  
Olive oil

1. I don't use fat in cooking
2. I don't use fat on my sandwiches → Proceed to question number 84

**83. How thick do you butter your bread?**

1. Fairly thick
2. Thin
3. Very thin

**84. How often do you eat the following kinds of cheese, and how much – number of slices or tablespoons/day, number of slices or tablespoons/week?**

Slices/tablespoons/day                      Slices/tablespoons/week

Regular cheese  
Low fat cheese  
Spread cheese  
Low fat spread cheese  
Cottage cheese

1. I eat cheese infrequently or not at all

**85. How many cups of coffee do you drink per day or per week? (1 cup is 1,5 dl).**

86.  
.... cups/day                      ..... cups/week

1. I drink coffee seldom or not at all

**87. How much alcohol do you drink per week, month or year?**

Glass/week    Glass/month    Glass/year

- Class II beer (1 glass = 2 dl)
- Class III beer (1 glass = 2 dl)
- Wine (1 glass = 1 dl)
- Fortified wine (1 glass = 4 cl)
- Distilled spirits (1 glass = 4 cl)

1. I drink alcoholic beverages seldom or not at all

**88. What do you do with the visible fat on meat and the skin on chicken and other poultry?**

- 1. Eat all
- 2. Eat some
- 3. Cut off as much as possible

**89. How often and how much of the following food items have you eaten during the last year?**

Check appropriate box for how often and how much. (If you never or seldom eat a specific food item, you don't need to check the how much box).

SMALL portion = half of a MEDIUM portion or less.  
LARGE portion = one and a half of a MEDIUM portion or more.

The size of a median portion is indicated for each food item in parentheses.

Food item	How often									How much			
	Seldom Never	Per Month 1-3	Per week					Per day			Your portion during the last year		
			1	2	3-4	5-6	1	2	3				
											Small	Medium	Large
Oatmeal porridge (250 ml)													
Other porridge, gruel (250 ml)													
Dry cereal/müsli (200 ml)													
Spaghetti/macaroni (200 ml)													
Rice (200 ml)													
Wheat or oat bran (1 tablespoon)													
Boiled potatoes (2 potatoes or 200 ml)													
Fried potatoes (200 ml)													



Jam/marmelade/applesauces (1 tbs)																				
Stewed fruit/Fruit soap (200 ml)																				
Pancakes/crepes (1 portion)																				
Sweet wheat bread (1 bun)																				
Danish pastry (1 pastry)																				
Biscuits/crackers (1 biscuit)																				
Cookies (1 cookie)																				
Cream filled cakes/confections (1 piece)																				
Chocolate (50 g)																				
Ice cream (200 ml)																				
Sugar/honey (2 tbs)																				
Potato chips/popcorn (200 ml)																				
Nuts/almond (10 nuts)																				
Tea (1 cup – 200 ml)																				
Fruit syrup drinks/soft drinks ( 1 glass)																				
Light beer (class I) (1 glass)																				

Please check that two boxes on each line (how often + how much) has been filled in. Check box once for “never” or “seldom”.

**90. How often do you eat fried food?**

	Times/week	Times/month	Never/seldom
Meat			
Sausage			
Fish			
Egg/omelet			

**91. How hard fried is the food you usually eat?**

- 1. Hard
- 2. Medium
- 3. Light

**92. How often – on average - do you eat any of the following:**

	Times/week	Times/month	Never/seldom
Fruit and berries			
Vegetables			

Meat and sausage  
Fish  
Fat/oil in cooking

**93. Are you using vitamins, minerals or any other nutritional supplements?**

1. No, never → Proceed to question number 94

2. Yes, regularly or now and then

**93. What kind of vitamins, minerals and nutritional supplements and how much are you using?**

	Name	No. of tablets/ week	No. of weeks/ year
	Multivitamin		
	Vitamin C		
	Vitamin A		
	Vitamin E		
	B-vitamins		
	Kalcium		
	Magnesium		
	Selen		
	Zinc		
	Iron		
	Caroten		
	Fish oil		
	Other, state:		

**OCCUPATIONAL ENVIRONMENT AND PRIVATE LIFE**

**94. During the last year, have you been employed as:**

	Yes	No
Secretary	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Other health care position	<input type="checkbox"/>	<input type="checkbox"/>
In business (selling/ marketing)	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Cleaner	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**95. Which is your current work situation?**

- 1. Working at home
- 2. Working part-time outside home → Proceed to question number 98
- 3. Working full-time outside home
- 4. Unemployed → Proceed to question number 98

**96. Characterize your job by using the following code: 1 = often, 2= sometimes, 3 = seldom, 4= almost never**

	Yes, often	Yes, sometimes	No, seldom	No, never
Is your work hard?				
Is your work demanding?				
Is your work demanding a too big rate of effort?				
Do you have enough time to complete your tasks?				
Do you have conflicting demands?				
Do you learn much within the scope of your job?				
Is your work demanding high competence?				
Is your work demanding creativity?				
Is the nature of your work repetitive?				
Do you have freedom to organize your time?				
Do you have freedom to choose what to do in your work?				

**97. Characterize your work environment by using the following code: 1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree**

	Strongly agree	Agree	Disagree	Strongly disagree
There is a pleasant and cheerful atmosphere at work				
There is a strong feeling of camaraderie				
My co-workers are helpful to me				
People is understanding if I have a bad day				
I have good relationship with my superiors				
I like interacting with my co-workers				

**98. Characterize the type of people you know/come into contact with during a normal week, using the following code: 1 = almost none, 2 = 1-2 pers, 3 = 3-5 pers, 4= 6-10 pers, 5 = 11-15 pers, 6=15+ pers**

	None	1-2 pers.	3-5 pers.	6-10 pers.	11-15 pers.	15+ pers.
How many people do you know who share the same interests as you (including people from work and those you meet in your spare time)?						

**99.**

How many do you meet and speak with (not counting those who you only meet briefly and/or will not probably meet again)?						
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**100.**

How many can drop by your home anytime without warning? (For instance, neither you nor they mind if the house is messy, or if you are in the middle of a meal; do not include close relatives).						
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**101.**

How many can you speak openly with?						
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**102. Apart from your family, can you turn to other people when in trouble?**

1. No

2. Yes → Number of persons:.....

**103. How many people in your surrounding can you ask for favors if necessary?**

Number of persons:.....